

# **Children's Rights and Sustainable Development in Rwanda**

*A Situation Analysis*

UNICEF Rwanda

2017

## Foreword

Children are Rwanda's greatest asset and the custodians of its future. Therefore, investing in children's rights to survival, development, protection and participation are investments in Rwanda itself – in its sustainable future, its cultural integrity and its economic and social potential. It is within this context, and with great optimism, that UNICEF presents this 2017 Situation Analysis (SitAn). It has been developed both to tell the story of the progress made for children in Rwanda and to identify key challenges requiring further consideration and dedicated action.

Significantly, the SitAn comes at a time when the Government of Rwanda is planning for Vision 2050 and developing a National Strategy for Transformation I (NST I) for 2017-2024. With support from One UN, efforts are also underway to harmonize current and future development objectives and key indicators with the Sustainable Development Goals and their relevant targets. With its focus on children's wellbeing, the importance of investing in children for achieving national economic and social prosperity, and environmental and economic sustainability, this SitAn provides a basis for discussion and acts as a voice for Rwanda's children.

Employing a mixed-methods approach, the SitAn considers validated and most up-to-date Government of Rwanda data and analysis, alongside research and evaluation supported by development partners. It examines progress towards the establishment of an enabling environment for children and sustainable development, access to (and quality of) key services for children and women in all relevant sectors, and the demand (at both community and household level) for services. The SitAn also addresses income poverty, household environmental conditions, food insecurity, environmental management, institutional capacity, children's participation and the situation of adolescents.

Finally, the SitAn offers several overarching recommendations which prioritize investments in children as the key means of ensuring sustainable development and the progressive realization of child rights. They also seek to guide efforts to strengthen sub-national capacity for evidence-based planning, the mining of best practice and the management of integrated service delivery. Specific sector-based recommendations are also proposed as priority interventions to accelerate progress towards reducing child malnutrition, improving the child- and gender-sensitivity of social protection programmes, further reducing under-5 and maternal mortality and morbidity, scaling up access to safe water and sanitation, expanding access to community-based early childhood development, promoting inclusive child-centred education and ensuring the protection of children from violence and abuse.

UNICEF and the Government of Rwanda would like to thank all the stakeholders who contributed their time and their views, members of the Government of Rwanda Technical Committee who so diligently offered their time to review drafts of the SitAn, and the team at UNICEF who oversaw its development and finalization. It is sincerely hoped that this work represents an investment that will add to our knowledge of the situation of children, and to our understanding of their importance as human beings and as the enablers of our collective future.

## Contents

Acronyms and abbreviations .....	5
Executive Summary.....	8
1. Introduction.....	11
1.1 Purpose of the Situation Analysis.....	11
1.2 Methodology .....	12
1.3 Guiding principles .....	13
1.4 Data usage and limitations .....	13
1.5 Structure of the SitAn .....	13
2. Towards an enabling environment for sustainable development and child rights.....	15
2.1 Vision 2020 and Rwandan national development.....	15
2.2 Economic growth and poverty reduction.....	16
2.3 Governance and policy for children .....	18
2.4 Future directions and SDG domestication.....	19
3. Children and sustainable development: investing where it matters .....	21
3.1 Moving beyond the Millennium Development Goals .....	21
3.2 Equity and the SDGs .....	22
3.3 Children’s agency and the SDGs .....	22
4. The situation of children: what the data tells us.....	24
4.1 Understanding poverty in Rwanda.....	24
4.2 Mother and child health.....	29
4.3 Early childhood development.....	40
4.4 Opportunities for education.....	42
4.5 Child protection .....	47
4.6 Opportunities for participation .....	54
4.7 Understanding inequity in Rwanda .....	56
5. Sectoral challenges to children’s rights and sustainable development .....	57
5.1 Addressing under-nutrition in children .....	57
5.2 Towards equitable and child-sensitive social protection .....	65
5.3 Sustaining health sector progress .....	73
5.4 Universal access to safe water, sanitation and hygiene.....	81

5.5	Investing in early childhood development .....	86
5.6	Improving the quality of education .....	90
5.7	Strengthening the child protection system .....	99
6.	Emerging challenges to children’s rights and sustainable development .....	105
6.1	Financing for development and budgeting for children.....	105
6.2	Environmental risks and disaster management .....	107
6.3	Working with adolescents .....	110
6.4	Decentralization and children .....	111
7.	Conclusions and recommendations .....	114
8.	Bibliography and further reading .....	124

## Acronyms and abbreviations

<b>ANC</b>	Antenatal care
<b>ASD</b>	Agenda for Sustainable Development
<b>BMI</b>	Body Mass Index
<b>CAPF</b>	Common Assessment Performance Framework
<b>CARI</b>	Consolidated Approach for Reporting Indicators of Food Security
<b>CBC</b>	Competency-based curriculum
<b>CEDAW</b>	Convention on the Elimination of all forms of Discrimination against Women
<b>CECHP</b>	Comprehensive Evaluation of the Community Health Programme
<b>CFSVA</b>	Comprehensive Food Security and Vulnerability Analysis
<b>CHP</b>	Community Health Programme
<b>CHW</b>	Community health worker
<b>CRC</b>	Convention on the Rights of the Child
<b>CRO</b>	Child Rights Observatory Office
<b>CRVS</b>	Civil Registration and Vital Statistics
<b>CwD</b>	Children with disabilities
<b>DDP</b>	District Development Plan
<b>DP</b>	Development partner
<b>DPAF</b>	Development Partners Assessment Framework
<b>DPCG</b>	Development Partners Coordination Group
<b>DPEM</b>	District Plan for the Elimination of Malnutrition
<b>ECD</b>	Early childhood development
<b>ECE</b>	Early childhood education
<b>EDPRS</b>	Economic Development and Poverty Reduction Strategy
<b>EICV</b>	Integrated Household and Living Conditions Survey
<b>ELDS</b>	Early Learning and Development Standards
<b>EMIS</b>	Education Management Information System
<b>ENA</b>	Essential Nutrition Action
<b>ESSP</b>	Education Sector Strategic Plan
<b>FARG</b>	Genocide Survivors Assistance Fund
<b>FPHC</b>	Fourth Population and Housing Census
<b>GAVI</b>	Global Alliance for Vaccines and Immunization
<b>GDP</b>	Gross domestic product
<b>GER</b>	Gross enrolment rate
<b>GoR</b>	Government of Rwanda
<b>HW</b>	Health worker
<b>HMIS</b>	Health Management Information System
<b>HSSP</b>	Health Sector Strategic Plan
<b>ICRP</b>	Integrated Child Rights Policy
<b>ICT</b>	Information and communication technology
<b>IMF</b>	International Monetary Fund
<b>ITN</b>	Insecticide-treated (mosquito) net
<b>IYCF</b>	Infant and young child feeding
<b>JADF</b>	Joint Action Development Forum
<b>JAPEM</b>	Joint Action Plan to Eliminate Malnutrition
<b>JSR</b>	Joint Sector Review
<b>JSBR</b>	Joint Sector Budget Reviews
<b>KAP</b>	Knowledge, attitudes and practice
<b>LARS</b>	Learning Achievement in Rwandan Schools
<b>LODA</b>	Local Administrative Entities Development Agency

<b>MDG</b>	Millennium Development Goal
<b>MCH</b>	Mother and Child Health
<b>M&amp;E</b>	Monitoring and evaluation
<b>MIDIMAR</b>	Ministry of Disaster Management and Refugees
<b>MINEAC</b>	Ministry of East African Community
<b>MIFOTRA</b>	Ministry of Public Service and Labour
<b>MIGEPROF</b>	Ministry of Gender and Family Promotion
<b>MINAFFET</b>	Ministry of Foreign Affairs and Cooperation
<b>MINAGRI</b>	Ministry of Agriculture and Animal Resources
<b>MINALOC</b>	Ministry of Local Government
<b>MINECOFIN</b>	Ministry of Finance and Economic Planning
<b>MINEDUC</b>	Ministry of Education
<b>MINICOM</b>	Ministry of Trade and Industry
<b>MINIJUST</b>	Ministry of Justice
<b>MINILAF</b>	Ministry of Land and Forestry
<b>MININFRA</b>	Ministry of Infrastructure
<b>MININTER</b>	Ministry of Internal Security
<b>MINISANTE</b>	Ministry of Health
<b>MINISPOC</b>	Ministry of Sport and Cultural
<b>MINIYOUTH</b>	Ministry of Youth
<b>MIS</b>	Management information system
<b>MoE</b>	Ministry of Environment
<b>MTR</b>	Mid-term review
<b>NCC</b>	National Commission for Children
<b>NCD</b>	Non-communicable disease
<b>NCHR</b>	National Commission for Human Rights
<b>NCPD</b>	National Council of Persons with Disabilities
<b>NER</b>	Net enrolment rate
<b>NFNP</b>	National Food and Nutrition Policy
<b>NGO</b>	Non-governmental organization
<b>NISR</b>	National Institute of Statistics Rwanda
<b>NmSEM</b>	National Multi-Sectoral Strategy to Eliminate Malnutrition
<b>NST</b>	National Strategy for Transformation
<b>NTD</b>	Neglected tropical disease
<b>ODA</b>	Official development assistance
<b>OVC</b>	Orphans and vulnerable children
<b>PTA</b>	Parent-teacher association
<b>PRS</b>	Poverty Reduction Strategy
<b>RDHS</b>	Rwanda Demographic and Household Survey
<b>RDRC</b>	Rwanda Demobilization and Reintegration Commission
<b>REB</b>	Rwanda Education Board
<b>REMA</b>	Rwanda Environment Management Authority
<b>ROI</b>	Return on investment
<b>RRA</b>	Rwanda Revenue Authority
<b>RSB</b>	Rwanda Standards Board
<b>RURA</b>	Rwanda Utilities Regulatory Agency
<b>RWF</b>	Rwandan franc
<b>SDG</b>	Sustainable Development Goal
<b>SitAn</b>	Situation analysis
<b>SSP</b>	Sector Strategic Plan
<b>SPAT</b>	Strategic Plan for the Transformation of Agriculture in Rwanda

<b>STI</b>	Sexually transmitted infection
<b>SWG</b>	Sector Working Group
<b>TMM</b>	<i>Tubarerere Mu Muryango</i>
<b>TWG</b>	Technical Working Group
<b>TVET</b>	Technical and Vocational Education and Training
<b>U5</b>	Child under the age of five years
<b>UN</b>	United Nations
<b>UNDP</b>	United Nations Development Programme
<b>UNGA</b>	United Nations General Assembly
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children’s Fund
<b>USD</b>	United States Dollar
<b>USAID</b>	United States Agency for International Development
<b>VUP</b>	Vision 2020 <i>Umurenge</i> Programme
<b>VTC</b>	Vocational training centre
<b>WASAC</b>	Rwanda Water and Sanitation Corporation
<b>WHO</b>	World Health Organization
<b>WSS</b>	Water Supply and Sanitation

## Executive Summary

Over the last two decades, Rwanda has achieved remarkable progress by actively promoting and advancing democracy and inclusion, the rule of law, fiscal and administrative decentralization, and the wellbeing of children, families and communities. As a direct result of Government of Rwanda (GoR) leadership, and through the implementation of the Vision 2020 National Development Policy, economic growth has been steady for several years at around 8% and economic production continues to outpace population growth. According to official government data, the proportion of Rwandans living in poverty declined from 45% in 2010/11 to 39% in 2013/14. At the same time there were increased opportunities for education, improved access to basic services and steady declines in fertility.

A solid enabling environment for children's rights and sustainable development has been established, and the government has ratified the Convention on the Rights of the Child (CRC) and other human-rights instruments. Under Vision 2020 and successive economic growth and poverty reduction strategies, the government has developed a comprehensive legal system and policy environment which is supportive of children and families, and lays the foundations for sustainable development.

A National Commission for Children (NCC) has been established under the leadership of the Ministry of Gender and Family Promotion (MIGEPROF), and an Integrated Child Rights Policy (ICRP) has been in place since 2012. Substantial efforts are being undertaken to develop the national and sub-national capacities necessary to realize and respect the rights of Rwandan children, including the most vulnerable. To date, many positive outcomes have been achieved but some children continue to face challenges and slip through social safety nets. If unaddressed, these challenges may undermine progress towards sustainable national development, as well as Rwanda's medium- and longer-term prospects for enduring social and economic prosperity.

In 2015 the United Nations General Assembly (UNGA) adopted the Agenda for Sustainable Development (ASD) and the Sustainable Development Goals (SDGs). This presents the government and development partners with a pivotal opportunity to ensure child rights and wellbeing are prioritized within inter-governmental and partner efforts to align the SDGs with national development objectives. In this context, and in accordance with UNICEF's mandate to uphold and promote children's rights, the purpose of this report is to assess the key challenges faced by Rwandan children, analyze their underlying causes, and recommend actions that will further enhance outcomes for children. It will also – by extension – support Rwanda's longer-term development outlook. Complying with the SDGs' overarching principle of 'Leaving No One Behind' requires recognition that children form a critical segment of the 'hard-to-reach' population. This requires consideration of the vulnerabilities (in all walks of life) that stand in the way of children's rights and welfare for sustainable development.

In terms of child survival, infant and under-5 (U5) mortality have declined and immunization coverage is high, suggesting that overall access to children's health services is good. Access to safe water and sanitation has also increased markedly, although efforts are still required to improve access to safe water and improved sanitation, promote hygiene, and ensure appropriate waste management. However some challenges remain, including under-nutrition and stunting, and the



need to further reduce neonatal mortality and childhood anaemia. Ongoing efforts to remove barriers to access by the poorest and isolated rural households need to be strengthened. The provision of antenatal care has expanded but too few women – especially poor rural women – receive antenatal care four-or-more times (as recommended by the World Health Organization) and maternal mortality remains high.

Key challenges in the health and water and sanitation sectors include expanding access to services in a potentially restrained fiscal environment, and ensuring district-level capacity for the effective and efficient implementation and monitoring and evaluation of sectoral policies and programmes. Moving forward, District Plans for the Elimination of Malnutrition (DPEM), scaling up the provision of sanitation services and other critical interventions with cross-sectoral implications require more dedicated actions and improved coordination.

As recognized by the government and evidenced in the data, limited household resources and household income poverty have a negative influence on national development as well as on child and family wellbeing. The government has therefore 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. These two core VUP programmes increasingly benefit households with children: 67% and 89% of the households benefiting from Direct Support and Public Works, respectively, are households that have children. Other social protection measures include Financial Services and Skills Training (under VUP), Community-Based Health Insurance (which covers more than 70% of the population) and the One Cow Per Poor Family Programme (*Girinka*).<sup>1</sup> Current priorities for the sector include enabling households to graduate more easily from poverty and providing more child- and gender-sensitive social protection services.

In terms of early childhood development (ECD), Rwanda is performing well in that child-sensitive policies, strategies and minimum standards for services are in place. Coverage of immunization and most child health services is near-universal, but more needs to be done to promote positive parenting and care, early childhood learning and children's participation in organized early childhood education (including pre-primary education). Gaps in the coverage of nutrition interventions and in relation to access to adequate sanitation and appropriate early nurturing and care practices are issues for some households. To address these challenges and increase the coverage of ECD services and appropriate care practices, the government is working with UNICEF and partners to develop a national parenting curriculum and to scale up cost-effective community- and home-based approaches to ECD.

In the education sector, huge progress has been achieved in increasing primary enrolment with gender parity for boys and girls, but more investment is required to continue expanding access to secondary schooling, especially for girls and poor and / or vulnerable children. Despite recent declines, somewhat elevated primary school repetition and dropout rates indicate the need to

---

<sup>1</sup> Other programmes worth noting are the One cup of milk per child and school feeding programme (designed to address school drop-outs) and the crop Intensification Programme (CIP) which aims to increase agricultural productivity through promotion of land consolidation and the use of improved seeds, fertilizers and irrigation. The *Ubudehe* programme encourages communities themselves to identify solutions to poverty that can be implemented through community-based interventions.

maintain focus on the quality of primary school education. For both primary and secondary schooling there is a need to further prioritize English language skills for both teachers and students, and support the ongoing roll out of the competency-based curriculum. Additional investments are required to increase access to technical and tertiary education to build the critically needed human capital and meet national development objectives. Ensuring inclusiveness, gender equity and that the education system is able to cater for the learning needs of disabled and / or acutely disadvantaged children are also priorities. Further decentralization and capacity development for education-sector management, policy implementation and cross-government coordination are needed to institutionalize positive changes.

Under MIGEPROF and the NCC, there has been significant progress towards the establishment of a child protection system, and interventions continue to be undertaken under the Ministry of Disaster Management and Refugees (MIDIMAR) to address the rights and humanitarian needs of refugee and disaster-affected children.

In addition to the Integrated Child Rights Policy noted above, the government adopted a Strategy for National Child Care Reform in 2012, which set out a progressive shift away from institutionalization. As a result, 2,559 disadvantaged children have benefited from placement in family-based care arrangements. A Justice for Children Policy is also in place, and an increasing awareness of the need for a more child-sensitive judicial system is evidenced in the *Maison d'Accès à la Justice* programme. The Ministry of Justice has established district-level Justice Sector coordination committees to address justice issues, including those affecting children, at decentralized level.

Violence against children and women is a concern and the government is currently supporting a major study to inform policy development. In addition, various initiatives (such as He for She commitments) are in place to highlight this issue. One Stop Centres for victims of violence have been established, and there are toll-free numbers to support victims of violence. Moreover, with support from development partners, 68 professional social workers and psychologists are deployed to focus on child care and protection, working alongside 29,674 community-based child and family protection volunteers known as *Inshuti z'Umuryango* (Friends of the Family). Yet despite steady progress there remains a need to improve the enforcement of laws relating to child protection and to continue to generate disaggregated evidence on protection needs.

Some cross-cutting challenges remain, including poverty and the impact of climate change on household livelihoods, potentially restrained social-sector budgets and the need for better disaggregated, up-to-date data (including data sharing and cross-tabulation) to support district-level planning, budgeting and implementation. Developing institutional capacity for collaboration across government, for knowledge generation and management, and for highlighting and sharing best practice (including home-grown initiatives) are also critical for resource mobilization and to ensure that Rwandan development continues to be inclusive, just and sustainable.

Rwanda stands at a crossroads. As a nation, Rwanda has repeatedly proved to be resilient and capable of rising to the challenges presented by history. The government and all development partners must continue working together to ensure that the rights and wellbeing of Rwandan children are prioritized to guarantee further progress towards national development objectives and achievement of the SDGs. It is hoped that this Situation Analysis can inform and support this objective.

# 1. Introduction

## 1.1 Purpose of the Situation Analysis

Undertaking a Situation Analysis (SitAn) is an integral part of the United Nations Children’s Fund (UNICEF) programme and planning cycle. It is realized through a process that builds consensus around key priorities and current and emerging themes of major importance to children, policy makers and development partners. The 2015 adoption of the 2030 Agenda for Sustainable Development (ASD) and the Sustainable Development Goals (SDGs) gives particular importance and relevance to the SitAn within debates about the direction of Rwandan national development.<sup>2</sup>

The commitment of the Government of Rwanda (GoR) and development partners to achieve the SDGs presents a seminal opportunity to close the gaps between universal children’s rights and inequitable outcomes for children.<sup>3</sup> However, for this to happen the progressive realization of child rights must be strategically positioned as essential to Rwanda’s prosperous and sustainable and for achieving the SDGs. For these reasons, the ASD and the SDGs reaffirm and build upon the importance of the Universal Declaration of Human Rights and fundamental international human rights instruments, including the UN Convention on the Rights of the Child (CRC).

All nations of the world face significant challenges to the achievement of equitable and sustainable development. Across the planet many children, families and individuals continue to endure multiple deprivations, are denied rights to reach their full potential as citizens and are therefore often unable to fully realize opportunities to make their best contribution to national and global wellbeing. Rising income inequality within and between countries, disparities of wealth and power, gender inequality and discrimination based on ethnicity, disability and age all present obstacles to sustainable development. Youth unemployment and under-employment are a concern, as are, for example, current and emerging threats to population health, urban agglomeration, inadequate educational quality and the potential for disaster and conflict. Natural-resource depletion and climate change may exacerbate the list of challenges children will face unless concerted action is taken.

Rwanda has made significant progress towards addressing many of these current and emerging challenges. It has reduced inequities and has systematically addressed other structural barriers to sustainable development through the development and implementation of a progressive, integrated strategic policy framework. Moving forward, efforts to promote child and human rights, reach national development objectives and achieve the SDGs will benefit from improved accountability and enhanced stakeholder alignment.

---

<sup>2</sup> The SDGs (officially known as *Transforming our world: the 2030 Agenda for Sustainable Development*) were adopted as the successor to the Millennium Development Goals by the United Nations General Assembly on 25 September 2015. The SDGs contain 17 specific goals that broadly address poverty, the provision of quality services, environmental protection, climate change adaptation, governance and partnership. For more information see: United Nations General Assembly Resolution A/RES/70/1 – available at: <http://www.ipu.org/splz-e/unga16/2030-e.pdf>

<sup>3</sup> For the purpose of this SitAn – and in accordance with article 1 of the Convention of the Rights of the Child and Rwandan National Law (Article 3, National Law no. 54/2011) – a ‘child’ is any person below the age of 18 years.

This UNICEF SitAn provides a timely assessment of progress for children, achievements to date, and remaining challenges and barriers to the realization of children's rights in Rwanda. In parallel, the SitAn emphasizes the critical importance of investing in children as a key means of enabling and promoting sustainable national development. Over recent years, Rwanda has made steady progress towards national development objectives (see next section) and towards achieving the Millennium Development Goals (MDGs). Yet as the government and development partners address challenges and step up efforts to realize the SDGs, there is a need to take stock of progress for children, to assess remaining challenges, and to explore the reasons why investing in children is so critical.

UNICEF is mandated throughout the world to uphold and advocate for children's rights as a part of its work with governments, donors, other UN agencies and programmes, civil society, citizens and children. However, in the lead up to Vision 2050, the new National Strategy for Transformation (NST) 2017-2024, and in the context of ongoing SDG domestication in Rwanda, the purpose of this SitAn is not only to meet this obligation, but also to position children at the forefront of national development planning. The SitAn aspires to become an important advocacy tool for the government, for UNICEF, and for all partners with an interest in promoting children's rights and their importance to sustainable economic and social development.

## **1.2 Methodology**

UNICEF guidance for the preparation of a SitAn emphasizes an equity-focused approach that presents a critical assessment of trends in the realization of children's rights and an analysis of the key underlying and structural causes of shortfalls and disparities. From this assessment and analysis it is possible to make policy recommendations that can accelerate progress towards development goals and the fulfilment of rights obligations. Guidance also points to the need for a process that maximizes context-specific opportunities at country level which include, for this SitAn, a consideration of how the prioritization of child rights issues can inform discussions on national development and in relation to the achievement of the SDGs.

Processes agreed for the development of the SitAn must also be appropriate and relevant to the operational, policy and programming context, address potential opportunities and limitations, and attempt to facilitate agreement amongst stakeholders on key advocacy positions. To this end, a government-led Technical Committee was established to guide the SitAn process and to comment on draft outlines and proposed methodologies.

A number of key steps were taken before the consultation stage. They include the recruitment of an international consultant to oversee data analysis, facilitate consultations with stakeholders and draft the SitAn text; the review of existing data, government policy and analysis; and the development of a conceptual framework and methodology.

To ensure the relevance and appropriateness of the final product, it was agreed to undertake consultations with key government and development partners. Discussions were convened in Kigali with government officials, representatives from UN programmes and agencies (in Rwanda, One UN), and with bi-lateral donors and non-governmental organizations (NGOs). These consultations revealed much consensus on the challenges faced by children in Rwanda, in relation to both underlying causality and the key actions to be prioritized. The consultations have been used to guide and inform the development of priority arguments, and to validate and support key findings.

### 1.3 Guiding principles

Five guiding principles underscore the approach employed for the SitAn. These are:

1. A critical consideration of inequities, deprivations, vulnerability and gender issues as they relate to children.
2. A rights-based perspective that considers the situation of rights-holders, state obligations and the role of duty-bearers.
3. A multi-dimensional approach entailing an assessment of the manifestations of child rights deprivations; an analysis of underlying causes; and recommendations for action.
4. An analysis of barriers and bottlenecks to improved outcomes for children.
5. A consideration of the challenges and emerging issues faced by children and a focus on advocacy supporting investments in children and the benefits such investments can yield.

### 1.4 Data usage and limitations

Key quantitative data has been extracted from a variety of sources, including from official government statistical publications. These include the 2010 and 2015 Rwanda Demographic Health Surveys (RDHS), the 2012 Fourth Population and Housing Census (FPHC), the 2010/11 and 2013/14 Integrated Household and Living Conditions Surveys (EICV 3 and 4), and the EICV Thematic Reports. Other key sources of quantitative data include the 2015 Comprehensive Food Security and Vulnerability Analysis (CFSVA), and Health and Education Management Information Systems (HMIS/EMIS) data published in the 2015 Rwanda Annual Health Statistics Year Book, and the 2015 and 2016 Education Statistics Yearbook. A wide range of validated government and development partner qualitative analysis, grey literature, small-scale surveys, sector reviews and programme and policy documents relating to the situation of children were also reviewed.

The SitAn is not a substitute for the in-depth thematic or sectoral technical reviews required to develop and implement specific policies and programmes designed to benefit children or achieve SDG objectives. Nor is it intended to function as a review that comprehensively assesses and analyses the situation of children in relation to all articles of the CRC, or in relation to all SDGs and corresponding targets. Rather, the SitAn provides a platform for discussion around children and the SDGs, and functions as an advocacy tool providing an overview of the most critical challenges (based on an informed, consultative consolidation of trends and issues). Moreover, the sheer diversity of issues relevant to children and sustainable development in Rwanda necessitates a selective approach, both to keep the scope of the SitAn manageable, and to ensure that the narrative remains focused on the most pressing challenges.

### 1.5 Structure of the SitAn

**Section 1** explains purpose and methodology of the SitAn.

**Section 2** provides an overview of the Rwandan national development context, including key government policies; progress to date; future directions; and current discussions around the alignment of the SDGs with national development objectives. It also looks at institutional arrangements, and the policy and legislative environment for children.

**Section 3** describes the relationship between children’s rights and sustainable development, and makes the case for investing in children.

**Section 4** considers disaggregated data relating to children’s rights to survival, development, protection and participation and – where appropriate – highlights inequities linked to income poverty, gender, household characteristics and geographic location.

**Section 5** provides analysis of sectoral achievements and challenges to children’s rights and wellbeing, with particular reference to the sustainability of progress to date and priorities for future investment. Analysis focuses on progress and challenges in relation to nutrition, social protection, health, water, sanitation and hygiene services, early childhood development, quality education and child protection.

**Section 6** considers some emerging and cross-sectoral challenges to children’s rights and sustainable development, and **Section 7 provides** conclusions and key recommendations.

## **2. Towards an enabling environment for sustainable development and child rights**

Since 1994 Rwanda has progressed rapidly towards ensuring peace, security, economic growth and the realization of human and child rights. It is an amazing story of recovery, reconciliation and regeneration. Determined leadership, effective and decisive governance, clear policy objectives and a strong emphasis on implementation have consistently delivered results for the Rwandan people and for Rwandan children. Economic growth is significant, poverty has declined, economic opportunities continue to expand and social-sector outcomes for children and women have steadily improved. Yet the dynamics of all social and economic development contexts evolve over time and Rwanda is no exception. Accordingly, and in the context of the SDGs and preparations for Vision 2050 and NST I, the government and development partners must now reflect on the trajectory of Rwandan progress, including the lessons that can be extracted from public policy and its national and sub-national implementation. The following section presents an overview of progress towards national policy objectives, the development and integration of child-rights-related legislative and policy instruments, and of progress towards SDG domestication in Rwanda.

### **2.1 Vision 2020 and Rwandan national development**

Clearly articulated ambitions for peace, security and prosperity, the public elevation of shared purpose, commitments to accountability and maximizing returns on investment are the enduring themes that have shaped Rwanda's national development framework. Following post-conflict instability and largely humanitarian responses by government and partners, Vision 2020 was adopted in 2000 as the country's overarching national development framework. Widely accepted and embraced by the general public and development partners alike, Vision 2020 provides a clear aspirational roadmap for Rwanda's progressive transformation into a middle-income country by 2020.

Initially considered as perhaps over-ambitious, the very scope and ambitions of Vision 2020 have proved inspirational for both government and development partners, ultimately galvanizing vigorous and dedicated efforts, and a drive for results. With support from bilateral and multilateral donors, international financial institutions, One UN, NGOs, civil society and the Rwandan people, the government has led the country through a recent period of outstanding progress towards national development objectives.

At its heart, Vision 2020 aspires for Rwanda to become a business-friendly, inclusive, middle-income country underpinned by structural reform and an expanding information- and knowledge-based economy. Vision 2020 pillars include good governance; human resource development; infrastructure development; agricultural reform; private sector growth and investment; regional cooperation; gender equality; and the effective management of natural resources and biodiversity. Importantly, Vision 2020 also recognizes the importance of education, reducing population growth and improving population health.

Key achievements realized within the Vision 2020 framework include:

- The consolidation of a state administration which promotes security and the rule of law, the welfare of its citizens, participatory democracy and decentralization.

- Sustained economic growth and significant poverty reduction.
- Improved access to health services and sustained improvement in mother and child health outcomes, including declining fertility.
- Expanded access to education at all levels – especially primary school – and in all provinces.
- Legal reforms and policies which have improved the business and investment climate, including, for example, the establishment of a free economic zone, reorganization of the taxation system, and eased business regulation.
- Infrastructure investments for road and dam construction, public services, markets and information technology.
- Agricultural reforms targeted at diversification and increased productivity.
- Regional integration through membership of the East African Union, and regional and bilateral trade arrangements.
- Policy and legal reforms that promote gender equality, and child and human rights.
- Improved access to water and sanitation, efforts to rehabilitate degraded land and the development of policies and laws that ensure environmental protection and appropriate natural resource management.

## 2.2 Economic growth and poverty reduction

Progress towards Vision 2020 objectives has been underpinned by poverty reduction and economic development. To this end the government has developed and successfully implemented three successful strategies: 1) a 1999-2001 interim Poverty Reduction Strategy (PRS) focused on rebuilding state structures and the provision of essential services, justice and unity; 2) a three-year PRS (2002-2005) focused on improving living standards, food security and income support while also investing in infrastructure to support economic development, encourage private sector investment, promote good governance and build institutional capacity; and 3) a first (2007-2012) Economic Development and Poverty Reduction Strategy (EDPRS I).

The 2013-2018 EDPRS (EDPRS II) is now building on the achievements of the previous strategies, continuing to emphasize the importance of local ownership; consultation and participation; institutional learning; improved management, coordination and transparency; confidence building; and the need to enhance government credibility. However, challenged with rising public debt and the need to boost revenues, EDPRS II places greater emphasis on economic expansion as the primary means by which to increase revenues to pay for services and meet public expenditure. Key thematic priorities for EDPRS II are economic transformation, rural development, productivity and youth employment, and good governance. Foundational issues for EDPRS II include macroeconomic stability; sustainable population growth; food security and nutrition; literacy; early childhood development; basic education; quality, demand and accessibility of health care; ensuring the rule of law and security; effective management of public finances; and the consolidation of decentralization. Cross-cutting concerns addressed within EDPRS II include institutional and individual capacity development; environmental protection and climate change; gender and family; strengthening regional integration; controlling HIV/AIDS; disaster management; and disability and inclusion.<sup>4</sup>

---

<sup>4</sup> For the full EDPRS II Policy Document see: <http://www.minecofin.gov.rw/index.php?id=149>



EDPRS II also emphasizes the need to continually improve development planning and management processes, and to support sectoral and inter-sectoral coordination mechanisms. However, stakeholders have noted that EDPRS II could be further strengthened through improved policy alignment and monitoring and evaluation, and by ensuring that policies with cross-sectoral implications are well communicated, adequately prioritized and more comprehensively implemented at sub-national levels. These are key challenges for both the government and development partners.

To support realization of Vision 2020 and EDPRS II, five-year Sector Strategic Plans (SSPs) are developed by the line ministries, and five-year District Development Plans (DDPs) are developed to reach agreed SSP targets and address community concerns (DDPs are based, in part, on community consultation and priority-setting).<sup>5</sup> DDPs are then implemented by district authorities under the leadership of the district mayor who is required to sign – and be responsible for the implementation of – a performance contract (*Imihigo*). District *Imihigos* have proved very effective in motivating local government and district mayors to achieve results against specific targets, and are agreed between the President of Rwanda and district mayors.

Both SSPs and DDPs detail expected sources of revenue (including both government and donor financing), projected recurrent and capital expenditures, expected budgetary gaps and high- and low-expenditure scenarios. Public financial management in Rwanda is generally rated well, with EDPRS progress and budget execution regularly discussed in Joint Sector Reviews (JSRs), which include Joint Sector Budget Reviews (JSBR). However, stakeholders suggest that SSP and DDP budgeting and projections would benefit from an improved assessment of fiscal bottlenecks and potential financial barriers to implementation.

There are several planning and coordination mechanisms designed to ensure coherence and the harmonized implementation of national development strategies, SSPs and DDPs – they bring line ministries, agencies, the private sector, development partners and civil society together to deliberate on progress, methods of implementation and future priorities. The mechanisms include Sector Working Groups (SWGs), Technical Working Groups (TWG) that focus on sub-sector challenges, Joint Action Development Forums (JADFs) – functioning as district-level consultative forums in all 30 districts – and the high-level Development Partners Coordination Group (DPCG). The DPCG is chaired by the Minister of Finance and Economic Planning, and brings together heads of bilateral and multilateral donor agencies, civil society and the private sector. Systems to support planning and monitoring include the Common Assessment Performance Framework (CAPF), the Development Partners Assessment Framework (DPAF) and, as mentioned above, institutional and individual annual performance contracts (*Imihigo*).

Overall, economic growth and development under Vision 2020, the 2002-2005 PRS, and EDPRS I and II has been substantial. Coupled with improved access to services, including social protection, this growth has led to a decline in overall income poverty. Based on data from Integrated Household

---

<sup>5</sup> Decentralization has been a key GoR policy since 2000 when its first phase was introduced; a second phase was enacted in 2012. Challenges and opportunities in relation to decentralization are addressed in Section 6.4.

Living Conditions Surveys (EICV)<sup>6</sup> undertaken in 2005/06 (EICV 2), 2010/11 (EICV 3) and 2013/14 (EICV 4), key achievements include:

- Steady economic growth between 2001 and 2014 averaging around 8% per annum, with gross domestic product (GDP) per capita more than tripling from USD 211 in 2001 to USD 718 in 2014. Between 2007 and 2014 growth in crop production significantly outpaced population growth and, since 2001, agriculture and services have contributed the most to total GDP output.
- Business establishment increased by 24%, and mobile phone ownership increased from 45% in 2011 to 64% in 2014, contributing to an improved enabling environment for small-scale commerce. Over the same period, ownership of mobile phones more than doubled to 36% among the poorest 20% of Rwandans.
- The proportion of the population living below the national poverty line reduced from 57% in 2005/06 to 39% in 2013/14. The proportion of the population living in extreme poverty decreased over the same period from 36% to 1%.
- Income inequality, as measured by the Gini coefficient, reduced from 0.52 in 2005/06 to 0.45 in 2013/14. The ratio of the wealthiest 10% to the poorest 10% also dropped from 6.36 to 6.01 between 2010/11 and 2013/14.
- Improved access to services, increased educational enrolment, falling child and maternal mortality, and increased access to safe water and adequate sanitation.

### 2.3 Governance and policy for children

Rwanda is a member of the UN and has ratified many international human rights conventions committing the government to adhere to internationally agreed principles and standards. The Constitution of the Republic of Rwanda dedicates numerous Articles to fundamental human rights and freedoms, and government commitment to realize citizens' rights is manifest in the intent and purpose of Vision 2020, and in the results delivered under successive poverty reduction strategies.

Rwanda ratified the CRC in 1991 and the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) in 1981. The CRC is incorporated into Rwanda Domestic Law via the 2003 Constitution, which states in Article 109 that treaties ratified and published in the Official Gazette are part of the Domestic Law of Rwanda and therefore can be invoked before a court of law. In 2012, the government also enacted the Law Relating to Rights and Protection of Children, updating and replacing the previous Law on the Rights and Protection of the Child against Violence. The most recent state reports to the CEDAW and CRC committees were submitted by the government in 2015<sup>7</sup> and 2011, respectively.<sup>8</sup> Clearly, children's rights are enshrined within the Constitution of the Republic of Rwanda and are protected in legislation. Yet, as is the case in many countries, gaps and inequities in relation to the implementation and enforcement of child-related laws and policies require further attention.

---

<sup>6</sup> French acronym

<sup>7</sup> CEDAW: Seventh to ninth periodic reports of States parties due in 2014, submitted July 2015:

[http://tbinternet.ohchr.org/\\_layouts/TreatyBodyExternal/Countries.aspx?CountryCode=RWA&Lang=EN](http://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Countries.aspx?CountryCode=RWA&Lang=EN)

<sup>8</sup> Consolidated third and fourth periodic reports of States parties due in 2008 submitted in January 2011:

<http://www2.ohchr.org/english/bodies/crc/docs/co/CRC-C-RWA-CO-3-4..doc>

The Ministry of Gender and Family Promotion (MIGEPROF) is the key government ministry responsible for ensuring the strategic coordination of policy implementation related to gender, families, women's empowerment and children. Under MIGEPROF a National Commission for Children (NCC) was established in 2011, mandated to undertake child-rights monitoring and oversight, and to develop and implement child-protection interventions. A Child Rights Observatory Office (CRO) also exists within the National Commission for Human Rights (NCHR) with responsibility for child-rights advocacy.

Other ministries with key responsibilities for the wellbeing of children, women and families include the ministries of Finance and Economic Planning (MINECOFIN), Local Government (MINALOC), Health (MINISANTE), Education (MINEDUC), Justice (MINIJUST), Youth (MINIYOUTH), Environment (MoE) and Infrastructure (MININFRA). There are also numerous government institutions and agencies whose policies and actions effect children's lives. Notable examples include the National Institute of Statistics (NISR), the Local Administrative Entities Development Agency (LODA), the National Gender Observatory, the National Aids Control Commission and the National Youth Council.

Because responsibility for the delivery of policies and programmes relevant to children's lives is dispersed across various ministries, agencies and institutions, a national Integrated Child Rights Policy (ICRP) was adopted in 2011 to coordinate and align policy provisions relating to children. It also provides a framework for the development and implementation of policies promoting children's rights by bridging gaps in existing policies and laws, and by providing assessments of how proposed reforms might benefit (or compromise) children's wellbeing.

Rwanda has well developed sectoral policies which, through SSPs, set out priorities and direction for the provision of services; the management of human and financial resources; civic engagement; and decentralized planning and implementation.<sup>9</sup> Unlike many developing countries, approved policies in Rwanda are in the main accompanied by dedicated budget lines, clear targets, specific accountabilities and staggered implementation strategies. However, a consensus is emerging that policy development and implementation would benefit from efforts to strengthen government and development partner capacity for evaluation, review of policy implementation and lessons learned.

In addition, policy with clear inter-sectoral implications (such as the 2011 ICRP, the 2016 Early Childhood Development (ECD) policy, and the National Food and Nutrition Strategic Plan) sometimes struggles to achieve adequate across-government support and adequate resources at district level. However, sustained efforts by the government to develop and implement a comprehensive policy framework that recognizes the importance of human capital, economic growth, social sector service-delivery and the wellbeing of children and families must be commended.

## **2.4 Future directions and SDG domestication**

Rwanda is advancing towards the development of a new national development policy (Vision 2050) to build upon the achievements of Vision 2020, and the new NST I to set strategic directions following the conclusion of EDPRS II in 2018. The development of both of these policies will be informed by recent global and international agreements, including adoption of the SDGs, the 2015

---

<sup>9</sup> Sectoral policies are addressed in more detail in Section 5 of the SitAn

Addis Ababa Action Agenda (financing for sustainable development), and the Paris Declaration on Climate Change, the East African Community Vision 2050 and the African Agenda 2063.<sup>10, 11</sup> Vision 2050 and NST I will also be developed with reference to an analysis of synergies between government policy and the SDGs; the evaluation of EDPRS II achievements and limitations; lessons learned from other countries; the development of innovative sector financing strategies; and the potential impact of new technologies.

Two key benchmarks (upper middle income by 2035, and high income by 2050), and five main themes (quality of life; transformation for prosperity; modern infrastructure and livelihoods; values and international cooperation) have been established to guide the development of Vision 2050 and NST I. Consultations for the development of Vision 2050 and NST I are ongoing across the government and with development partners, the private sector, the public, the Rwandan diaspora, civil society and academia. Following the submission of drafts to a National Steering Committee it is expected that final drafts of Vision 2050 and NST I will be submitted for Cabinet approval at the end of 2017. In the lead up to cabinet approval, a nationwide communication strategy will be implemented to boost widespread public awareness and support.

In terms of SDG domestication, there have been a range of discussions within sector and technical working groups, and efforts are underway to map synergies and divergences between SDG indicators and government sectoral indicators. The Cabinet approved a roadmap for SDG domestication in December 2015 and there is a comprehensive national plan for SDG domestication led by MINECOFIN, with support from One UN and other development partners. It is expected that by the beginning of the 2017/18 financial year the SDGs will be fully integrated into new SSPs and DDPs, and fully reflected in the final draft versions of Vision 2050 and NST I that will be submitted at the end of 2017.

Although SDG domestication efforts have been impressive, a 2016 government planning gap analysis suggested that more effort might still be required to align national policy with the SDGs. Other key themes revealed within the gap analysis relate to the need to invest in human capital and institutional capacity; data quality and monitoring and evaluation (M&E) systems; financing for development; and the prioritization of government resource allocation. Discussions in relation to the SDGs are ongoing and planning activities have so far focused on peace, justice and strong institutions, quality education, and improving access to water and sanitation. Efforts are being made to ensure a comprehensive review of available national data in support of SDG monitoring, and to fully utilize results from the forthcoming multi-dimensional poverty analysis of children. The government is also developing sectoral strategies to address SDG priorities (in line with preparations for NST I) and inform SDG domestication and planning.

---

<sup>10</sup> Addis Ababa Action Agenda:

<http://www.un.org/esa/ffd/ffd3/press-release/countries-reach-historic-agreement.html>,

Paris Declaration on Climate Change:

<http://www.un.org/sustainabledevelopment/cop2>

East African Community Vision 2050:

[https://www.google.com.au/#q=East+African+Community+Vision+2050&\\*](https://www.google.com.au/#q=East+African+Community+Vision+2050&*)

<sup>11</sup> For more information see:

<http://archive.au.int/assets/images/agenda2063.pdf>

### **3. Children and sustainable development: investing where it matters**

The SDGs are critical for children because they create an inspirational, fully integrated and ambitious agenda for action which aspires to develop a more inclusive, equitable and sustainable world. The SDGs are not just important for children because they represent a roadmap for realizing the world that today's children want and deserve, but also because realizing the SDGs requires the active engagement of children and sustained investments in their capacity to contribute to future economic, social and environmental wellbeing. A child born in 2030 must become the living realization of everything that the SDGs aim to achieve, and will in turn reach adulthood as an enabler of future sustainability and a guardian of human rights, equity and inclusion and the planet's natural resources. For Rwanda, where children represent more than 50% of the population, ongoing investment in children is a key strategy to achieve the SDGs and sustain achievements beyond 2030.

#### **3.1 Moving beyond the Millennium Development Goals**

From 2000 to 2015, the MDGs mobilized governments and development partners around the achievement of eight key targets measured against national data. For many countries, including Rwanda, progress towards national MDG targets – while highly commendable – has tended to divert attention away from sub-national inequities, and from overcoming context-specific and institutional barriers to equitable social and economic development.

To better address these inequities and other emerging global issues (as discussed at the 2012 Rio +20 Conference on Sustainable Development), a set of 17 SDGs with 169 targets was developed. Not all of them directly reference children but all are relevant to children's lives and wellbeing, and to their (and Rwanda's) future prosperity. The SDGs and attendant targets also address issues and themes critical to the realization of child rights including health (SDG 3); ECD and quality education (SDG 4); gender equality (SDG 5); water, sanitation and hygiene (SDG 6); and violence against children (SDG 16.2). Other issues addressed within the SDGs critical for children's current and future prosperity include food security, protecting the environment and expanding employment prospects. Overall, the SDGs are complementary to – and reinforce – state obligations under the CRC, especially SDGs 1-8 and SDGs 10, 11, 13 and 16. Consequently, the pursuit of the SDGs will present opportunities for the government and development partners to advance child rights while concurrently enhancing sustainable social and economic prosperity.

Given the scope and ambition of the SDGs, and inevitable constraints on the availability of financing for development (see Section 6.1), there will be a need to prioritize resource allocation with the goal of maximizing returns on investments. For Rwanda (as for all other countries), this provides a key rationale and justification for prioritizing investments in children.

As the Addis Ababa Action Agenda highlights, investing in children (including adolescents and young people) is essential for achieving the broader SDG objectives of inclusive sustainable development. Children must be understood not just as recipients of social assistance but also as active agents and drivers of future growth and development.

### **3.2 Equity and the SDGs**

Towards the end of the MDG era, there was increasing recognition within the international community of the need to address inequality. Global inequality was growing and there was a consensus that the MDG focus on nationally aggregated data had partially concealed inequities endured by the poorest.<sup>12</sup> Inequities are apparent not only in terms of wealth or consumption, but also in relation to many key development indicators. In general terms, inequities have underlying causes that relate to income poverty and also to discrimination and exclusion linked to gender dynamics, geographic location, age, ethnicity, social status, religion and other general and / or context-specific factors. The pursuit of equitable outcomes for children and all members of society is therefore a critical cross-cutting theme within the SDGs and is reflected in SDG 10, which targets reductions in inequality (through an equity approach) within and between countries. Other SDG goals and targets also speak to the importance of an equitable approach to development and include improving incomes for the bottom 40%; empowering and promoting social, economic and political inclusion; ensuring appropriate and non-discriminatory laws, policies and practices; adopting wage and social protection policies that reduce inequality; and ensuring high-quality and appropriately disaggregated data to inform pro-poor policy and programme evaluation and development.

Given the need to reduce inequities to achieve sustainable development, social cohesion and peace and stability, a focus on redressing inequitable outcomes for children is a practical starting point. As inequities are often more structurally defined and rigid within adult communities, working to reduce inequities in outcomes for children is the most productive investment for medium- and longer-term economic, social and political sustainability. For Rwanda, more equitable and improved outcomes for children in relation to, for example, learning achievement, delayed childbearing, environmental awareness, skills development and economic opportunity will work to lower levels of inequality, increase sustainable economic growth, provide stability and, in turn, enable future investment in the wellbeing of children and families, and society as a whole.

### **3.3 Children's agency and the SDGs<sup>13</sup>**

Ensuring that children realize rights to survival, wellbeing and protection enables and assures their development and participation within the education system and more broadly as they reach adolescence and venture into the world. For all children (including marginalized and / or vulnerable children) developing and participating to the fullest of their abilities and capacity requires that they first survive infancy, be adequately nourished, be protected in the home and community, be supported to interact with other children and adults, and benefit from organized early childhood education and care. If these prerequisites are met, if the education system provides adequate

---

<sup>12</sup> The use of the term 'equity' recognizes that there will always be a degree of inequality in society but represents a practical approach to poverty reduction and development aiming to realize a more just and socially cohesive level of equality within societies.

<sup>13</sup> A large part of this SitAn is concerned with the analysis of data and issues that affect children's rights to survival, development, protection and participation. However, given the sectoral orientation of work undertaken for children by the GoR, UNICEF and DPs, the data and analysis in Sections 4 and 5 are organized by sector to increase their utility and practical application.

learning opportunities, and if children and adolescents are encouraged to participate in decision-making and productively engage with their social, political and physical environment, children can then be empowered as key drivers of sustainable development.

In relation to intellectual development and learning (covered by SDG 4), work towards achieving this SDG will be greatly enhanced through investments in the quality of children's education, particularly in ECD and in primary and secondary schooling. Making sure that children acquire literacy and problem-solving skills is essential for economic and social development. It also enables children to learn about, understand and find solutions to issues such as environmental management, agricultural and technological innovation, public health challenges and emerging threats to sustainability (such as climate change, over-population, land misuse and inadequate waste management). Education is also the key means through which to raise community awareness in relation to sustainability, climate change and environmental management. This is especially relevant for vulnerable children and families who can be empowered to learn about specific risks to their livelihoods and communities and, subsequently, increase their resilience to economic and environmental disruption.

In relation to participation, children must be understood as key actors who can – if supported – progressively realize the SDGs. Although ambitious, the SDGs together provide an extremely important framework for international development because their very scope and ambition oblige a longer-term perspective and a pragmatic prioritization of investments that will lay the foundations for a sustainable future. Investment in children's rights to survival, wellbeing, protection and development (at all levels, and for all children) will therefore enable and assure their economic, social and political participation in Rwandan society over the coming years and beyond.

In the context of international development, advocacy and debate around child rights over the past 25 years has shifted perceptions of children from being seen as passive recipients of development assistance to individuals who have rights and needs, and who are also active participants in their own development, as well as that of their community and country. Yet achieving the SDGs will require the government and development partners to go a step further and position children as key agents of social change who, over the course of the next generation, will move to the forefront of decision-making and civic responsibility.

To prepare children for these responsibilities, and to ensure the best chances of achieving the SDGs, there needs to be a greater shift towards promoting and enabling social accountability, especially at the local level where children and their communities must be further supported to become active participants in the effective – and sustainable – management and utilization of local resources. For this to happen, children, women and families must first be empowered to understand their rights and responsibilities, alongside parallel interventions that promote and engender enhanced community capacity, and fruitful engagement with local political, environmental and economic contexts.

## 4. The situation of children: what the data tells us

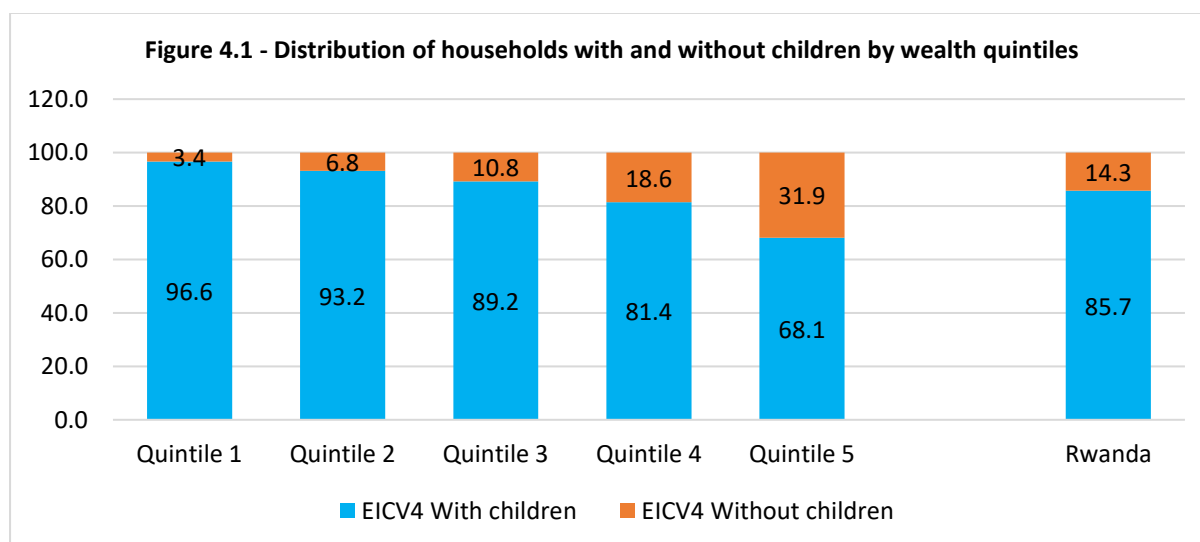
### 4.1 Understanding poverty in Rwanda

#### 4.1.1 Demographics and household dependency

In 2012, the government population and housing census recorded Rwanda's population at 10,515,973. Of that total, 5,207,720 were children (under the age of 18). In rural areas 51% of the resident population were children, compared to 45% in urban locations. Census data show slightly more boys than girls, with the proportion of boys (as a percentage of the total male population) marginally higher across all wealth quintiles (slightly more than 50%) than the proportion of girls (slightly less than 50% of the total female population). In terms of age distribution, most children in Rwanda are under the age of 10 with 30% aged 0-4 years and 29% aged 5-9. Children aged 10-14 and 15-18 represented 24% and 18% of the total population, respectively.

The number of children as a percentage of the total population declined by 6% between the 1991 and 2012 census, with EICV data also showing a decline in fertility from 6.1 children per woman in 2005 to 4.2 children per woman in 2014. Data show the percentage of the total child population has declined for all wealth quintiles, even though the actual number of all children almost doubled between 1978 and 2012.

According to UNICEF equity analysis of EICV 4 data, 59% of households in the poorest quintile (Q1) have at least one child under five years of age (U5). Variations in the percentage of households with children U5 are not particularly acute across wealth quintiles (ranging from a low of 47% in Q2 to a high of 61% in Q5). However, as Figure 4.1 below reveals, there are more children of all ages (under 18) living in households in the poorer quintiles.



Source: EICV 4

Dependency ratios measure the ratio of dependents (under 15 and over 65 years of age) to household members of working age and can provide insights into the potential impact of poverty on the capacity of households to care for children. In Rwanda, EICV 4 data reveal an overall decline in the dependency ratio (dependents per 100 persons of working age) from 86 to 83 per 100 between



2010/11 and 2013/14. However, data also reveal that levels of dependency remain high nationally, and that the poorest (Q1) households have the highest total number of dependents. The poorest households (Q1) have 110 dependents for every 100 people of working age (although not necessarily working) falling to 97 for Q2, 85 for Q3, 77 for Q2 and 56 for Q5. Even though one or more child U5 and / or aged 5-15 is present in households across all wealth quintiles at quite similar levels, the overall burden of household dependency is higher for the poor. In Rwanda, as for many other countries, children are over-represented among the poor largely because fertility rates are higher in poorer quintiles, ranging from 5.1 in the poorest quintile to 3.3 in Q5. Because there are more children of all ages within poorer quintiles, income poverty has an inequitable impact on children.

#### 4.1.2 Incidence and distribution of poverty

Poverty is measured in relation to a nationally determined poverty line calculated against the cost of a basic basket of goods (food and non-food). For 2014 the Rwanda national poverty line, or minimum level of annual consumption, was set at RWF 159,375. Extreme poverty is measured against a minimum annual level of consumption of RWF 105,064.<sup>14</sup> Employing these thresholds, EICV 4 revealed the share of the population who cannot afford a basic basket of goods – or the percentage below the poverty line – to be 39% in 2013/14. Extreme poverty was assessed by EICV 4 to affect 16% of the population.

As for the percentage of children living in poverty and extreme poverty, UNICEF equity analysis of EICV data reveals a significant decline since 2010/11, but also that children remain overrepresented among the poor and the very poor. Table 4.1 below shows that between 2010/11 and 2013/14 the percentage of children living in poverty declined from 49% to 44%, and children in extreme poverty from 27% to 19%.

**Table 4.1 - Percentage of general and child population living in poverty and extreme poverty based on national poverty line, by age group**

Age group	EICV 3 (2010/11)		EICV 4 (2013/14)	
	Poverty	Extreme poverty	Poverty	Extreme poverty
0-4	47	24.9	40.9	17.3
5-9	52.2	29.1	47.5	20.7
10-14	50.9	29.3	46.8	20.8
15-18	43.9	24.3	39.6	16.5
10-18	48	27.2	44	19.1
<b>0-18</b>	<b>48.9</b>	<b>27.1</b>	<b>44.2</b>	<b>19.1</b>
<b>All population</b>	<b>44.9</b>	<b>24.1</b>	<b>39.1</b>	<b>16.3</b>

Source: NISR, EICV 3 and EICV 4 – UNICEF Equity Analysis

Regarding urban and rural distribution of poverty, EICV data presented in Table 4.2 below show that child poverty and extreme poverty (and overall poverty and extreme poverty) remain concentrated

<sup>14</sup> EICV 4 also calculates average consumption for five wealth quintiles. For the poorest quintile (Q1), average annual consumption is RWF 88,212. Average consumption for the other quintiles: Q2 RWF 137,433; Q3 RWF 187,027; Q4 RWF 265,500; and Q5 RWF 513,492.

in rural areas of Rwanda. The data also show that child poverty and extreme poverty have decreased in both rural and urban areas since 2010/11, and that decreases in child poverty have been consistent with overall decreases in poverty.

**Table 4.2 - Percentage of general and child population living in poverty and extreme poverty based on national poverty line, by area of residence**

Area of residence	EICV 3 (2010/11)		EICV 4 (2013/14)	
	Poverty	Extreme poverty	Poverty	Extreme poverty
<b>Children aged 0-18</b>				
Urban	25.8	12.3	18.7	6.7
Rural	52.5	29.4	48.5	21.2
<b>Total</b>	<b>48.9</b>	<b>27.1</b>	<b>44.2</b>	<b>19.1</b>
<b>All population</b>				
Urban	22.1	10.4	15.2	5.1
Rural	61.9	26.4	43.6	18.3
<b>Total</b>	<b>44.9</b>	<b>24.1</b>	<b>39.1</b>	<b>16.3</b>

Source: NISR, EICV 3 and EICV 4 – UNICEF Equity Analysis

With regard to the geographic distribution of all poverty and child poverty, poverty declined at consistent rates between 2010/11 and 2013/14 throughout Rwanda, except for Western Province where an increase of less than 1% was recorded. EICV 4 data still show particularly high concentrations of all poverty in the south and west of the country, as well as in Gicumbi and Burera districts in Northern Province. Nyamasheke in Western Province has the highest proportion of people of all ages living in overall poverty and extreme poverty (62% and 39%, respectively), and poverty is lowest in the Kicukiro, Nyarugenge and Gasabo districts in Kigali City (16%, 20% and 23%, respectively).

Rural poverty (44% of rural population live below the poverty line) is almost three times as high as urban poverty (15% of urban population live below the poverty line), even though poverty declined between 2010/11 and 2013/14 more sharply in rural areas (7% decrease) than urban (2% decrease). EICV 3 and 4 data reveal a 7% decrease in overall poverty over the same time but also that poverty remains a challenge in the country and – to a varying extent – is evident in all provinces and districts.

#### **4.1.3 Poverty correlates and characteristics**

EICV data show remarkable progress in Rwanda across many key poverty indices, but also reveal a distinct correlation between income poverty and opportunities for children and women. How poverty and other deprivations actually manifest for children, women and families varies across different contexts but in general terms income poverty – and particularly extreme income poverty – consistently emerges as having an identifiable causal relationship with sub-optimal outcomes. Living in a rural location, lower levels of education in the household, higher levels of household dependency and gender inequalities are also strongly linked to inadequate outcomes for children. Since these other factors also consistently correlate to income poverty (see below), income poverty emerges from the data (from a programming and policy perspective) as perhaps the most reliable

indicator of the actual or potential risk for child deprivation(s).<sup>15</sup> Accordingly, it is important to look more closely at the profile of income poverty, including its distribution and observable characteristics.

With regard to poverty and household levels of education, 2015 RDHS data reveal that although 17% of men and 16% of women have completed primary school in the wealthiest quintile (Q5), this falls to 7% (men) and 9% (women) in the poorest quintile (Q1). Looking at EICV 4 literacy data, in Q1 78% of the population over the age of 15 are considered literate, whereas in Q5 91% are considered literate. Literacy is also higher in urban (93%) than rural areas (85%). Computer literacy provides another example of the correlation between income and education (or access to knowledge), with EICV 4 showing that while 3% of household members can be considered computer literate in Q1, this rises to 24% in Q5. Interestingly, the differences in computer literacy between the bottom four quintiles are small whereas the difference in computer literacy between Q4 and Q5 is more pronounced – 10% versus 24%. Similarly, participation in tertiary education is less than 1% for Q1 and under 2% for Q4 but then jumps to 8% for Q5.

In terms of gender- and disability-specific household characteristics, EICV 4 data show female-headed households are slightly more likely to be poor than male-headed households: 19% of all households in the poorest quintile are male-headed, whereas 22% are female. Moreover, while 29% of households are female-headed in Q1, this falls to 23% in Q5. Households headed by someone with a disability are also slightly more likely to be poor, with 11% of all households in Q1 being headed by a disabled person, compared to 7% in Q5. The presence of single orphans in the household is marginally higher in Q1 at 22% than for Q5 where it is 21%, although the presence of single orphans is relatively consistent across all quintiles, ranging between a low of 18% in Q3 to a high of 21% in Q5. However, there are more than twice as many double orphans living in Q5 than in the poorest quintile.

Access to key services may in some instances be limited for the poor. For example, EICV 4 data shows that while 14% of households reported seeking a medical consultation in the preceding four weeks, this rises to 19% of households in Q5. Additionally, household residents in Q1 travel on average for 64 minutes to reach a health centre, whereas household residents in Q5 travel for an average of 43 minutes. Health insurance coverage provides another example, with 83% of households in Q5 and just 57% in Q1 having health insurance.

A correlation between income poverty and access to safe water and sanitation is also apparent. EICV 4 data show that 81% of households in Q1 (compared to 89% of households in Q5) have access to an improved source of drinking water (the national average is 85%). However, when it comes to access to improved sources of drinking water, there is evidence of equity in terms of access to an improved water source between households with children and all other households.

In terms of the average time required to access an improved drinking-water source, households in Q1 travel on average 16 minutes, whereas households in Q5 travel on average 11 minutes. Looking at access to improved drinking water pumped to the dwelling or yard, the disparity is more apparent, with 28% of households in Q5 but under 1% of households Q1 having access to pumped

---

<sup>15</sup> Child deprivations can of course occur in all wealth quintiles and in all locations. However, income poverty (and its key correlates) is often strongly indicative of a higher probability of child deprivation.

water. Access to improved sanitation is also limited for the poor although a pro-poor strategy was adopted in the 2016 policy: 94% of households in Q5 are able to access improved sanitation but the figure is only 70% in Q1 (the national average is 83%).<sup>16</sup>

Regarding access to electricity, markets and assets, 2% of households in Q1 use electricity as their main source of lighting, compared with 57% of households in Q5. Similarly, the poorest in Q1 travel for almost an hour to get to market, but households in Q5 travel 39 minutes. Limited access to assets such as mobile phones and televisions are reflected in disparities across wealth quintiles. Mobile phone ownership in Q5 is more than double that for Q1 (88% and 36%, respectively). For television sets, well under 1% of households in Q1 own a television set as opposed to 35% in Q5.

The occupation of the household head has an impact on consumption and poverty. Having an occupation in agriculture remains associated with poverty, even though the percentage of usually employed people working in agriculture has decreased since 2010. EICV 4 data show that 24% of all employed people in Q1 have a paid farm job, compared to just 4% in Q5: rates of paid farm employment steadily decrease relative to increased levels of consumption. Being an independent farmer is also associated with poverty – EICV 4 data show that 61% of employed people are independent farmers in Q1, rising to 65% for Q4 and 68% for Q3 but dropping to 34% in Q5. Inversely, not being engaged in agricultural employment is associated with higher levels of consumption, with data showing, for example, that 42% and 10% of employed people have non-farm paid jobs in Q5 and Q1, respectively.

Household food insecurity correlates to income poverty, principally because the poor have less financial capacity to purchase food.<sup>17</sup> In Rwanda, the 2015 CFSVA reveals that severe food insecurity is much higher for the poorest in Q1 than for all other quintiles: 58% of households in Q1 are considered by the CFSVA as severely food insecure, falling to 24% for Q2, 13% for Q3 and 5% for Q4. The CFSVA also found that 42% of Q1 households were moderately food-insecure, declining to 26% of households in Q2, 20% in Q3, 11% in Q4 and just 1% in Q5. Looking at household expenditure on food, the CFSVA found that, overall, Rwandans spend on average 64% of their total budget on food. Not surprisingly, the percentage of total household budget spent on food is higher for the poor, ranging from 74% for Q1 but then falling progressively across the quintiles to 47% of total household budget for Q5. Across the provinces, the 2015 CFSVA shows that the proportion of households spending more than 75% of their total budget on food ranges from 37% in Eastern Province to 47% and 41%, respectively, in the poorer Southern and Western Provinces. In Kigali, the proportion of households spending more than 75% on food is much lower, at 14%, again indicative of the predominantly rural distribution of poverty and food insecurity in Rwanda.

Across the bottom consumption quintiles (Q1 and Q2), poverty has consistent features. Most – but not all – poor households are rural, have benefited less from education, are employed largely in the agricultural sector, are at risk of food insecurity and are more isolated from infrastructure and

---

<sup>16</sup> 2015 RDHS data reveal lower national levels of household access to safe water (improved source 73%) and sanitation (71%). However, because 2015 RDHS data relating to access to safe water and sanitation are not disaggregated by wealth quintile, EICV 4 data are presented to illustrate disparities across wealth quintiles. 2015 RDHS data (and EICV 4 data) relating to access to safe water and sanitation are further discussed in Section 5.4.

<sup>17</sup> Food insecurity is also compounded by a range of interrelated causes relating to agricultural production, environmental issues and access to market infrastructure, which are discussed in more detail in Section 5.1.

services. Data also indicate that poorer households have more dependents, particularly child dependents, and that these children face multiple and often similar challenges. Poor children and families do not always have adequate access to nutritious food, or safe water and sanitation, or basic services, and often live in households where caregivers do not always have adequate financial resources to support their development.

## **4.2 Mother and child health**

Both EICV and RDHS data show solid progress against key mother and child health (MCH) indicators over at least the last decade. The following section considers key MCH (and MCH-related) indicators and what can be inferred from these data. Focusing especially on the burden of poor nutrition and ill health, situational data is sourced primarily from the 2015 RDHS, which offers the most recent comprehensive, disaggregated source of national-level population health statistics.

### **4.2.1 Household living conditions and environment**

Before considering how poor nutrition and morbidity manifest in Rwanda, it is important to emphasize the importance of family living environments. Fundamentally underpinning good child health and nutrition is the necessity for safe drinking water and sanitation, adequate food and nutrient intake and a healthy home environment. How household conditions affect the health of the poor varies across spatial, environmental and social contexts, but the inadequate living conditions and challenging circumstances that frequently correlate with household income poverty frequently have a causal relationship with poor health outcomes.

As discussed in the previous section, household food insecurity and limited access to safe drinking water, improved sanitation and basic services are all examples of living conditions more frequently evident within lower wealth quintiles and rural populations. One example of sub-optimal living conditions more prevalent among poor and rural populations is the presence of a beaten earth floor in the dwelling. EICV 4 data shows that earthen floors are common across rural Rwanda and for all wealth quintiles, but particularly so for quintiles 1 to 4 (ranging from 94% to 74%). Even in Q5, where the presence of earthen floors is substantially lower, the percentage is still high (39%). Overall, the presence of earthen floors in Rwandan households decreased from 78% in 2010/11 to 74% in 2013/14, and the proportion of dwellings with cement floors increased by 4% to 21% in 2013-14. In urban areas 63% of households have cement floors, compared with only 12% of households in rural areas.

Air pollution in the household (a major cause of childhood respiratory diseases) caused by the use of solid fuel for cooking is also an issue. Although the RDHS does not disaggregate data on the use of solid fuels in the household by wealth quintile, it does show that the use of solid fuels is widespread and common in both rural and urban households. According to 2015 RDHS data, 98% of all households in Rwanda use wood (68%), charcoal (15%) or straw/shrubs/grass (14%) for household cooking inside the dwelling.

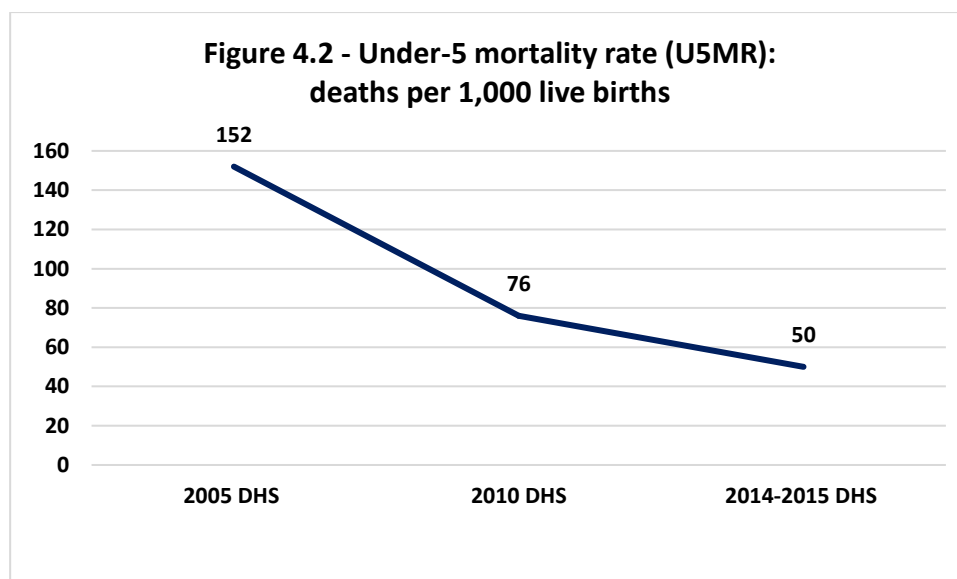
2015 RDHS data indicate that many households lack facilities for hand washing. By proxy, this suggests that hand-washing practices are probably inadequate, and that more could be done to promote hand washing as a key behaviour in support of good health and communicable disease control. RDHS data show a slight increase in the percentage of households with an observed place

for hand washing from 10% in 2010 to 12% in 2015. Similarly, there was also an increase in the presence of soap and water from 21% of households that had a place for hand washing in 2010 to around one third of such households in 2015. The absence of any place for hand washing was observable across all quintiles, but particularly for Q1 to Q4 where the presence of hand-washing facilities ranged from 9% to 10% in 2015. In Q5 the presence of facilities for hand washing is higher but still low, at 20%.

The use of insecticide-treated nets (ITN) to prevent the spread of mosquito-borne disease is also less frequent among the poor: 47% of households in Q1 reported sleeping under an ITN the night before the survey. This percentage rises to 56% in Q2, 63% in Q3, 68% in Q4 and 74% in Q5.

#### 4.2.2 Declining maternal and under-5 mortality

Over the last 20 years, Rwanda has taken great strides towards building a comprehensive health system, and in doing so has substantially improved population health. RDHS data showing declines in U5 and maternal mortality over the last decade (considered as sensitive to overall health systems performance) demonstrate this achievement. Yet despite substantial progress, 2015 DHS data also point to a continued high burden of maternal and U5 mortality, with indicators suggesting that increased investment in expanding the reach and quality of services will be required if further progress is to be made.

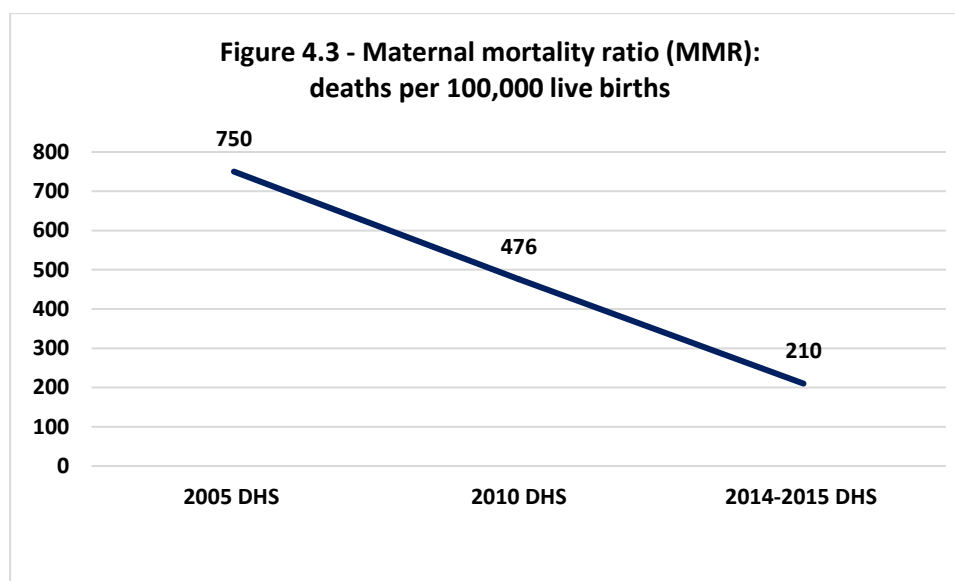


Source: RDHS

##### 4.2.2.1 Maternal mortality

Good maternal health is critical to child development in utero, in infancy and throughout the child's growth. RDHS does not disaggregate maternal mortality data by wealth quintile, but other maternal health indicators suggest that although the coverage of key maternal health interventions is high, poorer women still face challenges accessing some services. 2015 RDHS data also show that while maternal mortality has declined significantly it remains high at 210 per 100,000 live births (the 2030 SDG target is 70/100,000 live births), with the estimated range of 134 to 287 per 100,000 indicating that disparities in outcomes for women persist. MINISANTE 2015 HMIS data indicate that

postpartum haemorrhage causes 26% of all maternal death in Rwanda followed by infections, obstructed labor, eclampsia and abortion.<sup>18</sup>



Source: RDHS

#### 4.2.2.2 Risk of pregnancy

Being able to control fertility is widely acknowledged as having a positive influence on women's maternal health, lifelong wellbeing, self-esteem and access to opportunity. As noted in the previous section, fertility has declined significantly from 6.1 births per woman of child-bearing age in 2005 to 4.2 in 2014/15. However, higher fertility rates continue to be correlated with income poverty and lower levels of education and, while knowledge of any form of birth control is close to universal across all wealth quintiles, the actual use of any method of birth control is higher among wealthier quintiles and better-educated women. 2015 RDHS data show that 48% of women in Q1 have used birth control (of any form), rising progressively across the quintiles to 57% in Q5. In relation to education levels, 48% of women with no education have used birth control compared to 55% of women who have had secondary or higher education. 2015 RDHS calculates that the total unmet need for family planning is highest for Q1 at 22%. Unmet need for family planning decreases in Q2 to 21%, to 18% in Q3 and Q4, and to 16% in Q5. Although the poorest women have the greatest unmet need for family planning, it is reasonable to infer that unmet need is actually high across all quintiles.

#### 4.2.2.3 Nutritional status of women

Women from lower wealth quintiles are slightly more likely to have a lower body mass index (BMI) and be shorter and thinner which, along with anaemia and other micronutrient deficiencies, is a risk factor for increased maternal and infant mortality. They are also more likely to have obstructed labour, post-partum haemorrhage, low birth-weight babies and to produce lower-quality breast milk. Inversely, women from higher quintiles are slightly more likely to be overweight or obese, which is a risk factor for non-communicable diseases such as diabetes. Clear correlations are evident across all five wealth quintiles, with the proportion of women shorter than 145cm and with a low

<sup>18</sup> The percentage of maternal deaths caused by abortions is relatively high, suggesting that women may be resorting to unsafe abortions to terminate pregnancies.

BMI increasing incrementally alongside declining household income levels: 6% of women in Q1 are shorter than 145cm and 11% are considered thin and have a BMI below 18.5. These figures decrease respectively to 2% and 5% in Q5. Inversely, 36% of women in Q5 are either overweight or obese but this falls to 11% in Q1.

2015 RDHS data also indicate that the prevalence of maternal anaemia (contributing to poor women's health as well as low birth-weight and birth defects) is 19%. While 25% of women in Q1 have anaemia, this falls incrementally to 7% and 6% in Q4 and Q5, respectively (the incidence of acute anaemia is extremely low across all quintiles). Micronutrient intake is another indicator used to assess women's nutritional status. Here there is very little variation across wealth quintiles, with 49% of women in Q1 and 48% in Q5 having received at least one postpartum dose of Vitamin A. Approximately half of all women across all wealth quintiles also self-administered de-worming tablets during their most recent pregnancy, and nearly all women surveyed for the 2015 RDHS live in households where iodized salt is present.

#### **4.2.2.4 Women and HIV**

RDHS data show that the prevalence of HIV among adults aged 15-49 remained stable between 2005 and 2015 at around 3%.<sup>19</sup> However, 2015 RDHS data reveal that prevalence is higher for women (4%) than men (3%) and that prevalence is highest in Kigali at 6% (women 6% and men 4%), in urban areas (urban 8% and rural 3%), amongst women with no education (5% with no education, 4% with primary and 3% for secondary or higher education) and within the highest and lowest wealth quintiles (Q1: 4% and Q5: 6%). Blood samples are taken from consistently high numbers of pregnant women during antenatal care visits at facilities. The 2015 RDHS reports that 98% of all pregnant women received their HIV test results: this is corroborated by 2015 HMIS data which shows that of the 346,603 pregnant women of unknown HIV status who received antenatal care in 2014, 342,768 (99%) were tested for HIV. 2015 RDHS also found that although awareness among women of HIV and prevention (including the prevention of mother-to-child transmission) is relatively high across Rwanda, awareness and knowledge is greater within higher wealth quintiles. For example, 75% of women of child-bearing age in Q5 (compared to just 59% in Q1) have comprehensive knowledge about HIV. Disaggregated data relating to the access and utilization of anti-retroviral drugs to treat HIV are not available, but 2015 MINISANTE HMIS data show that 75% of all HIV-positive people of all ages were receiving anti-retroviral drugs (an increase of 8% since 2014).

#### **4.2.2.5 Antenatal, postnatal and delivery care**

The coverage of antenatal care has increased steadily since 2005 and coverage is now high, with 2015 DHS data showing that 99% of all pregnant women received antenatal care at least once, with no significant differences apparent in relation to rural locations or wealth quintile. However, data also suggest that pregnant women from higher quintiles sometimes receive more comprehensive care when attending facilities and are more likely to be attended to by a doctor.<sup>20</sup> Looking at the percentage of pregnant women receiving antenatal care four or more times (as recommended by

---

<sup>19</sup> Prevalence for children aged less than 2 years is 0.7% for girls and 0.4% for boys. Prevalence among all children aged 0-14 is 0.2% for both girls and boys, suggesting that PMTCT interventions in Rwanda have been quite successful.

<sup>20</sup> For example, 2015 RDHS data show that while 55% of pregnant women from Q1 had a urine sample taken, the figure for Q5 is 75%. Similarly, while just 3% of pregnant women from Q1 received antenatal care from a doctor, this percentage rises to 13% for Q5.

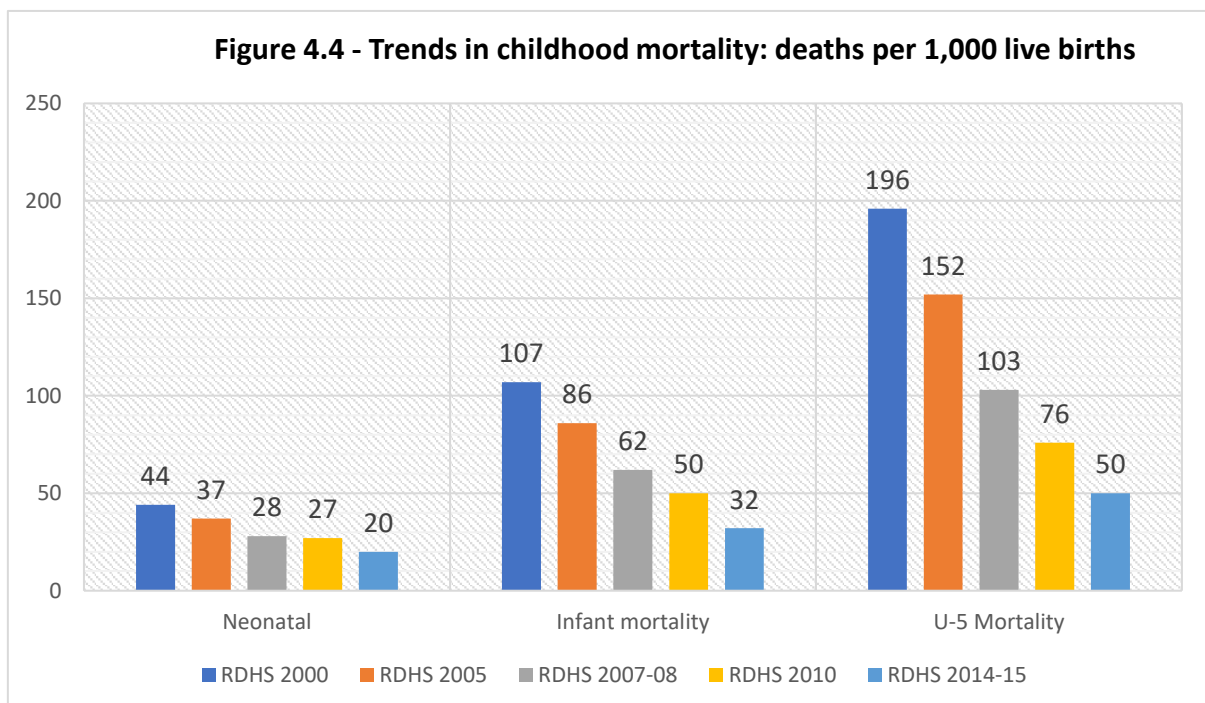


the World Health Organization, WHO) 2015 RDHS data show that while coverage is relatively equitable, the overall national average of 44% remains too low, and consequently presents a risk to further improvement in Rwanda’s maternal health status. The coverage of postnatal care also requires attention, with just 40% of women from Q1 and 50% of women from Q5 receiving a postnatal check-up within two days of giving birth. With regards to skilled assistance at delivery, there has been a huge increase in the percentage of women whose delivery was assisted by a skilled provider (39% to 91%) between 2005 and 2015. However, inequities are also evident, with 2015 RDHS data showing that although 97% of women in Q5 benefit from skilled assistance, only 84% of women in Q1 do so. Rural women are also less likely to benefit from skilled delivery assistance, with data showing that 89% of women from rural locations and 97% of women from urban locations received skilled assistance. In relation to education, 83% of women with no schooling benefited from skilled assistance at delivery, compared to 97% of women with secondary school or higher education.

#### 4.2.2.6 Under-5 mortality

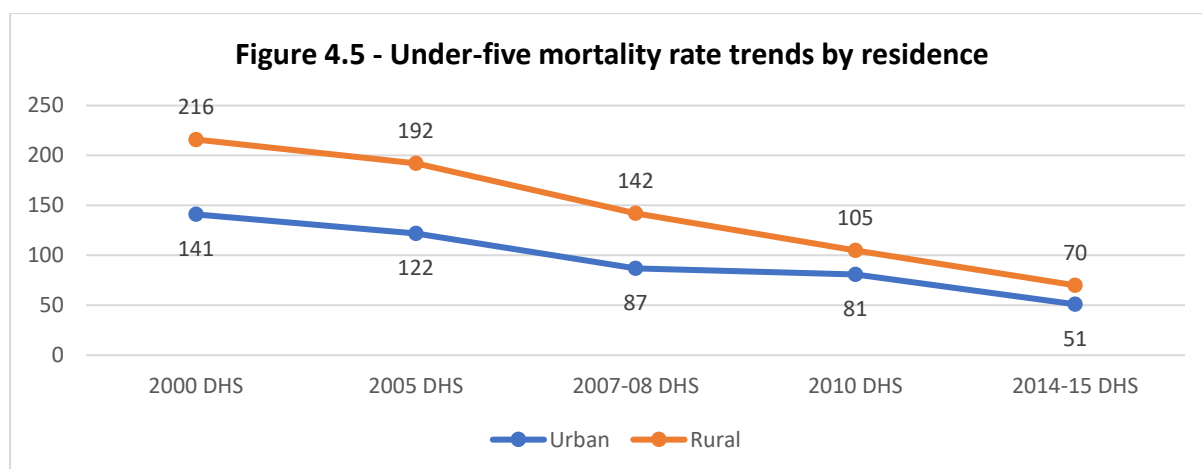
RDHS data reveal a steady decline in infant and U5 mortality between 2000 and 2015, Rwanda was among few countries who achieved the MDG target in this area, which underlines the steady progress towards establishing a comprehensive health system in Rwanda. However, as for other key MCH indicators, inequities persist and U5 mortality (and by proxy U5 morbidity) remains too high. Also of concern, and as illustrated in Figure 4.4 below, declines in neonatal mortality have been more modest than the declines in U5 and infant mortality, indicating that further investments in neonatal and antenatal care are required.

Source: RDHS



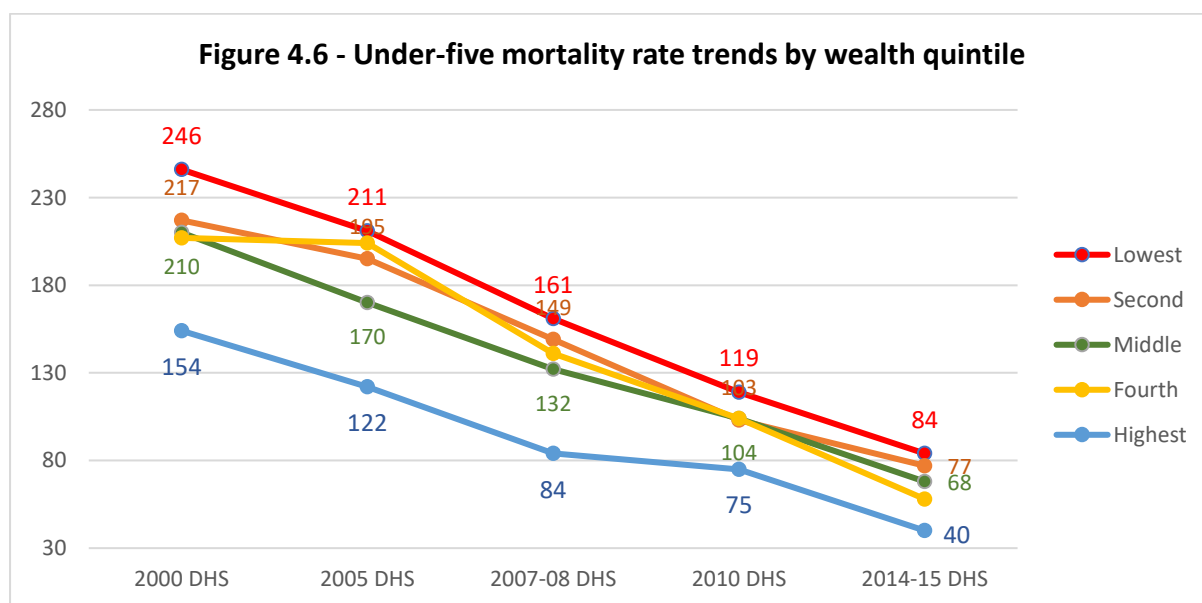
Considering again all U5 mortality, Figures 4.5 and 4.6 below show the overall progress between 2000 and 2015, but also that U5 mortality remains significantly higher in rural areas than urban, and for the poorest quintiles. Higher levels of all U5 mortality are still found in rural locations and

relatively evenly across all the provinces, except for Kigali City where rates of all types of U5 mortality are lowest.



Source: RDHS

Higher rates of all forms of U5 mortality correlate with higher levels of poverty. Despite progress in narrowing equity gaps, and a reduction from 76 per 1000 live births in 2010 to 50 per 1000 in 2015, 2015 RDHS data indicate higher rates of all types of U5 mortality among the lower four wealth quintiles (ranging from 84 per 1000 live births in Q1 to 58 per 1000 live births in Q4). The data also reveal a significantly lower level of all U5 mortality for children born into families in quintile 5 (40 per 1000 live births).



Source: RDHS

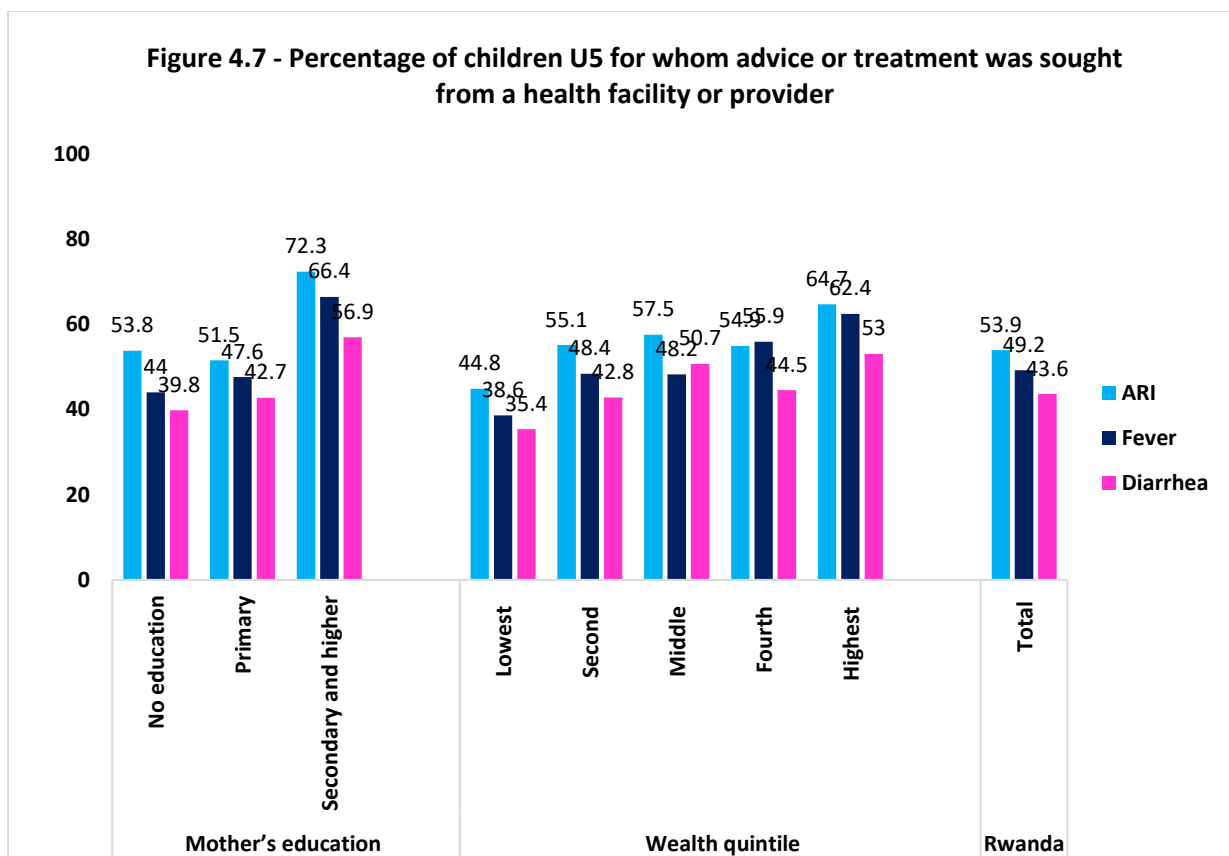
In terms of the causes of U5 mortality, 2015 MINISANTE HMIS data show that neonatal deaths continue to present the biggest challenge, with 68% of all U5 deaths occurring as a result of neonatal complications. Apart from neonatal causes, respiratory infections, septicaemia, malaria and malnutrition-related morbidity were recorded by MINISANTE as the main causes of U5 mortality.

#### **4.2.2.7 Childhood immunization**

Child immunization coverage has steadily improved over the last 10 years suggesting – despite some inequities (in particular relating to whether children receive all basic vaccinations) that overall access to health services for both children and women is good, and has increased. 2015 RDHS data reveal that 93% of children aged 12-23 months have received all basic vaccines and that 94% have vaccination cards, with no statistically meaningful difference between boys and girls. The percentage receiving all basic vaccinations is almost the same for rural and urban areas at about 93%, although coverage is higher in Kigali (96%) than in the provinces (South 95%, West 90%, North 95% and East 91%). Notably, coverage of all basic vaccines increases with wealth quintile, rising from 87% in the poorest quintile to 95% in Q5. Additionally, the mothers' level of education also has a bearing, with data showing coverage at 86% for children of women with no education, rising to 93% for women with some primary, to 95% for women with secondary education or higher.

#### **4.2.2.8 Childhood illness and the utilization of services**

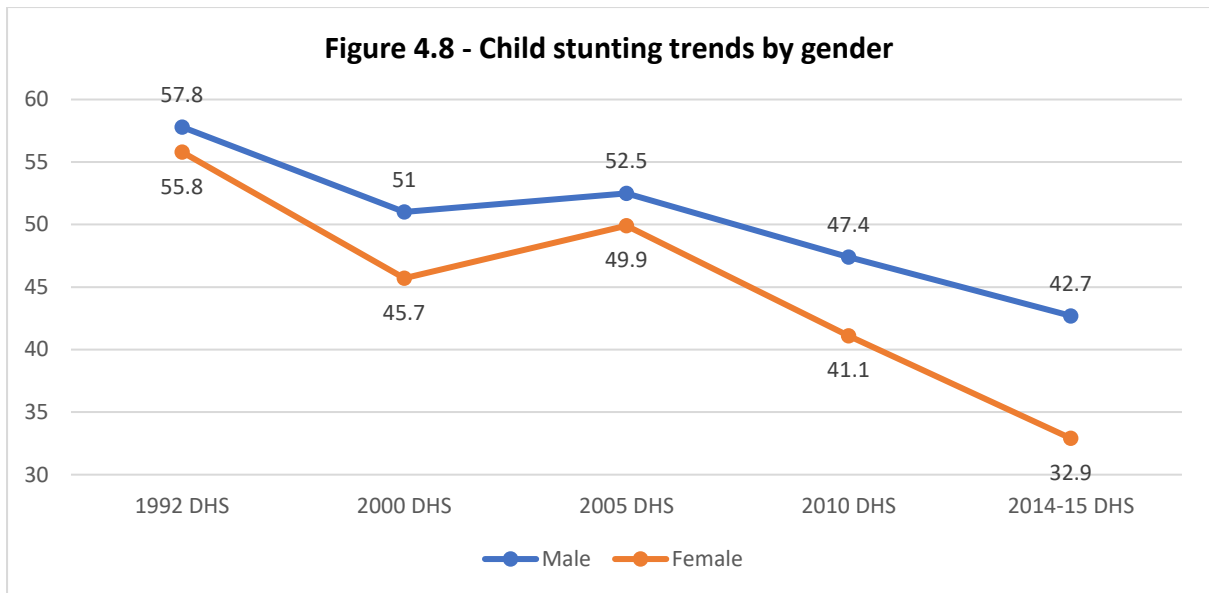
The RDHS collects data relating to the presence of symptoms of acute respiratory infections (ARI), of fever (indicative of malaria), of diarrhoeal illness, and in relation to health-seeking behaviour for each. In relation to the symptoms of ARI, fever and diarrhoea, 2015 RDHS data show a statistically higher prevalence of symptoms among the poorer quintiles and in rural areas: 6% of U5 children in Q1 had ARI symptoms in the two weeks prior to the 2015 RDHS survey, whereas the figure was 4% in Q5. For fever, a 20% incidence of fever symptoms was reported in Q1, with incrementally lower levels to 16% in Q5. Similarly, the prevalence of diarrhoea was 15% for Q1, decreasing to 8% in Q5. Looking at utilization of health services or health-seeking behaviour, 2015 RDHS data show that caregivers in higher quintiles, from urban areas and with more education, more frequently seek advice from a health facility or provider than those from lower quintiles.



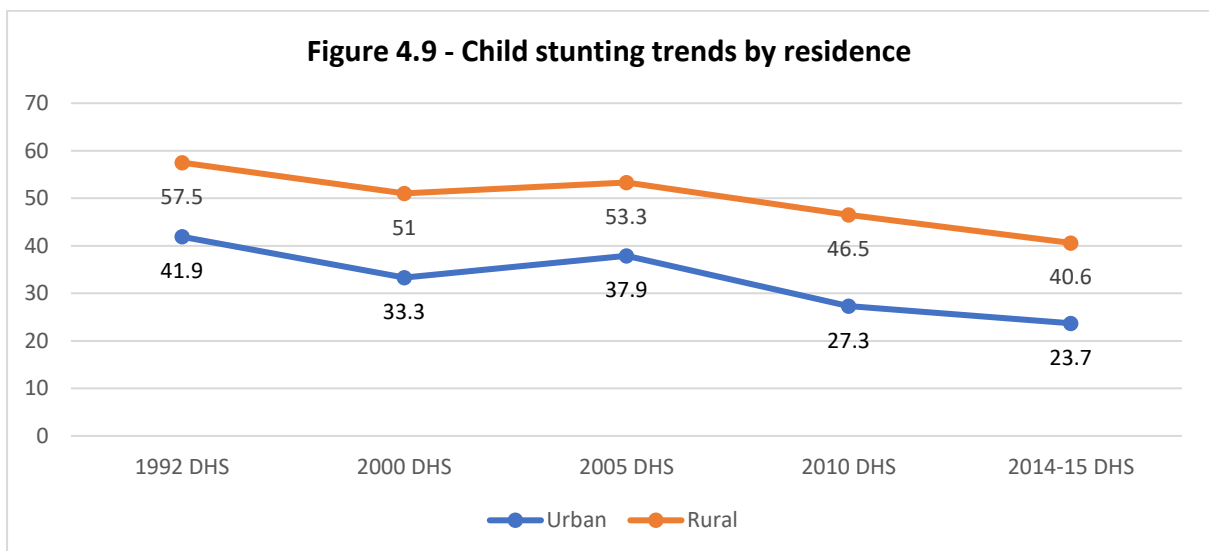
Source: RDHS 2015

#### 4.2.2.9 Under-5 nutritional status

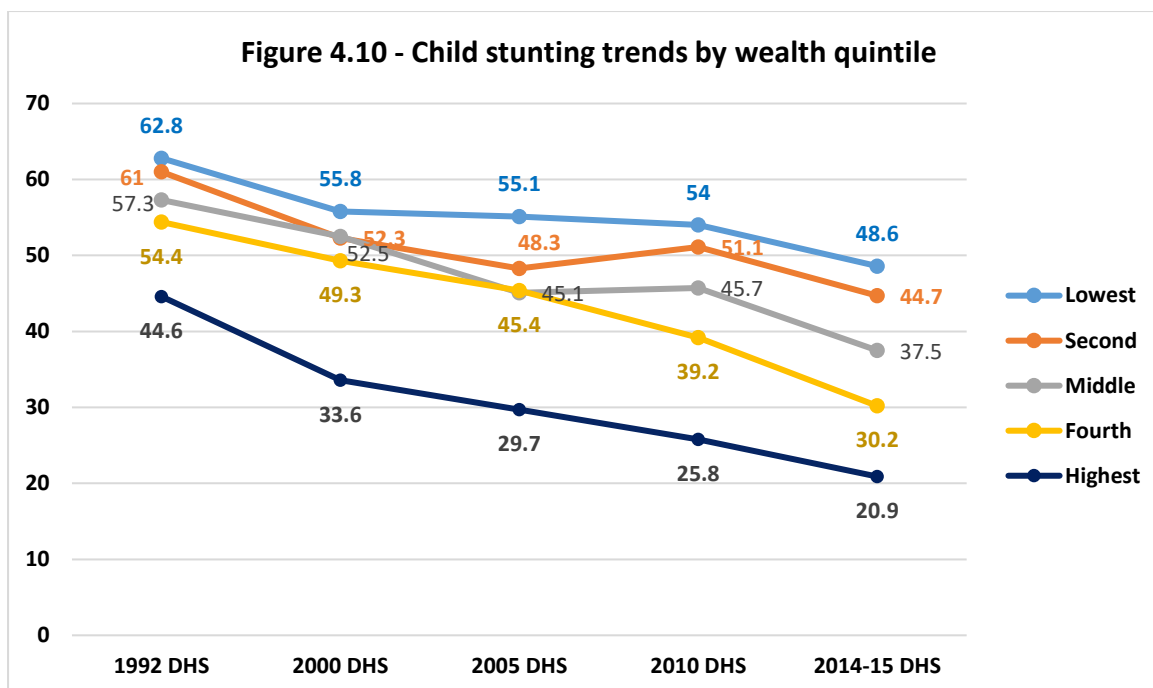
Adequate nutrition (especially in utero and up to 24 months of age) is critical to child growth and cognitive development. The causes of child under-nutrition are complex (and often interconnected) but relate to a combination of poor maternal nutrition and wellbeing, inadequate child feeding and care practices, childhood diseases and environmental issues such as inadequate household food security and poor access to safe water and sanitation. If children are not adequately nourished they become increasingly at risk of poor physiological development; micronutrient deficiency; greater vulnerability to respiratory infections, diarrhoea and malaria in early childhood; an overall higher incidence of ill health throughout childhood; and ultimately poorer educational outcomes and life opportunities. RDHS data indicate that childhood malnutrition decreased significantly between 2005 and 2015, but also that stunting remains a major concern. Figures 4.8, 4.9 and 4.10 below illustrate progress in reducing stunting, but also how stunting tends to most adversely affect boy children; children from rural locations; and/or children from households from lower consumption quintiles.



Source: RDHS



Source: RDHS



Source: RDHS

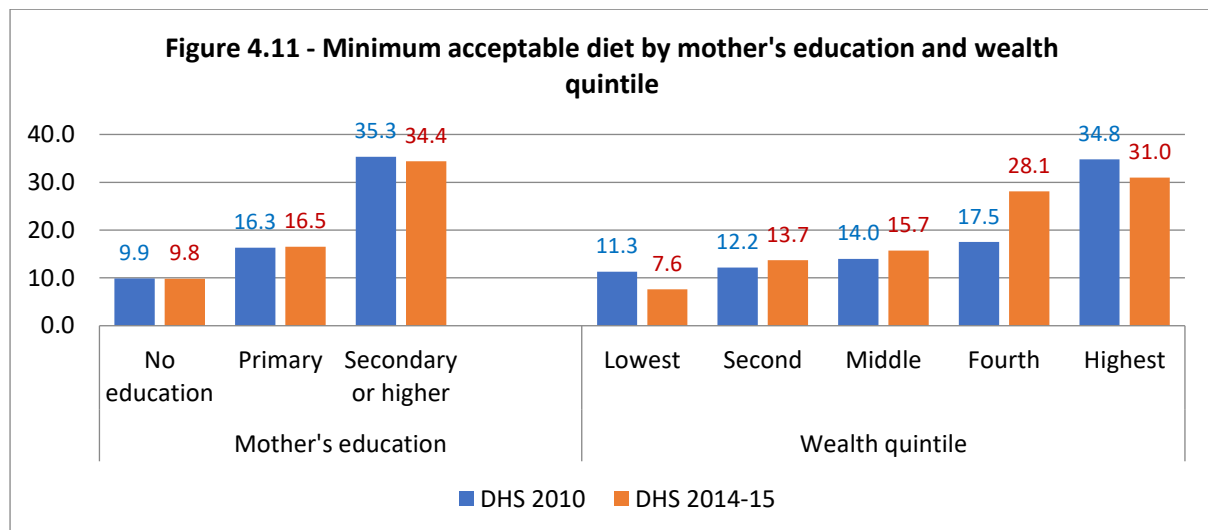
Considering low birth weight (a risk factor for childhood stunting), the 2015 RDHS reports that 8% of infants born to women in Q1 are of low birth-weight (less than 2.5 kg). The number of infants born with low birth-weight then decreases incrementally by quintile to a low of 4% in Q5. Low birth-weights are also associated with less education and rural locations.

For stunting, data presented in the graphs above show that nationally 38% of U5 children are stunted, starting from a low of 21% in Q5 and then rising to 30% in Q4, 38% in Q3, 45% in Q2 and 49% in Q1. Stunting rates are much higher in rural than urban areas (41% and 24%, respectively), and for children whose mothers have no education (47%) or only primary (39%). For children with mothers who have secondary or higher education, stunting levels are much lower (19%). Overall stunting levels are highest in Western, Southern, Northern and Eastern Provinces (45%, 41%, 39% and 35%, respectively) and decline significantly in Kigali to 23% (but even this must be considered high). Wasting levels in Rwanda are low at 2% of all U5 children, and vary only slightly in relation to location and wealth quintile. However, the prevalence of underweight children is four times higher in Q1 (13%) than Q5 (3%).

In relation to the prevalence of childhood anaemia, 2015 RDHS data show a gradual decline since 2005 but also that it remains an issue and continues to correlate with coming from a poorer wealth quintile and lower levels of caregiver education. 2015 RDHS data indicate that childhood anaemia is high across the country in both urban (30%) and rural locations (38%), and for all wealth quintiles, decreasing gradually from a high of 41% in Q1 to the still-high level of 29% in Q5. Fortunately, the coverage of vitamin A supplementation and de-worming interventions is pro-poor, widespread and equitable, with 2015 RDHS reporting between 84% (Q5) and 86% (Q1) of children having received vitamin A supplements in the last six months. Similarly, 81% of children in Q5 and 79% of children in Q1 received de-worming medication in the six months following the survey.

#### 4.2.2.10 Infant and young child feeding

WHO recommends that all infants be exclusively breast-fed for six months, after 6 months breast-feeding should be supplemented with four basic food groups: animal-source foods (protein), dairy products, vitamin-A-rich fruit and vegetables and staple carbohydrates (e.g. grain-based). In this context, appropriate infant and young child feeding (IYCF) has three components: 1) breastfeeding; 2) ensuring that children aged 6-24 months are progressively fed at least four basic food groups every day; and 3) increasing the frequency of feeding as the child gets older. The 2015 RDHS found exclusive breastfeeding from 0-6 months to be high at 87% nationally and slightly more likely to be evidenced in rural areas and among lower wealth quintiles. Most (96%) children aged 6-23 months were also given breast-milk or milk products. However, nationally, only 30% of children aged 6-23 months received food from at least four food groups; just 47% were fed with adequate frequency; and only 18% were fed in accordance with all three minimum recommended IYCF practices. Looking at data on feeding in accordance with all three minimum recommended IYCF practices, Figure 4.11 below illustrates that children whose caregivers have less education and children from lower wealth quintiles are less likely to have their nutritional requirements adequately met.



Source: RDHS

#### 4.2.2.11 Adolescent sexual and reproductive health

Although significant data relating to the health and nutrition status of U5 children in Rwanda is generated, much less information is available to assess the health of adolescents. However, data relating to adolescent sexual and reproductive health provides some insight into overall adolescent wellbeing.

In addition to posing a greater risk of pregnancy complications, child mortality and illness,<sup>21</sup> teenage pregnancy also undermines the opportunities girls and young women might otherwise have to pursue education or employment. The 2015 RDHS reports that 7% of all girls and women aged 15-19 have begun childbearing (either had a live birth or currently pregnant). Looking at age-specific fertility, data show that 21% of 19-year-old women have begun childbearing. The percentages fall to

<sup>21</sup> For example, RDHS data reveal that the infant mortality rate for women and girls under 20 is 54 per 1,000 live births, compared to a national average infant mortality rate of 32 per 1,000 live births.

4% at age 17, 2% at 16 and 1% at 15. Notably, the burden of teenage pregnancy is higher for the poorest, with 11% of all girls and young women aged 15-19 in Q1 having begun childbearing, falling to about 6% in Q4 and Q5.

Unlike most MCH outcomes, higher incidences of HIV and / or sexually transmitted infections (STI) do not seem to correlate with higher levels of poverty, coming from a rural location or lower levels of education. In fact, higher levels of HIV infection can be observed in higher wealth quintiles and in urban areas. Additionally, data relating to HIV, STIs and adolescent reproductive health illustrate other aspects of adolescent vulnerability, including gender dimensions. RDHS data point to a slight increase in HIV prevalence among adolescents aged 15-19, from 0.5% in 2010 to 0.6% in 2015 (0.9% girls and 0.3% boys). Reviewing STIs, 2015 RDHS reveal that 13% of girls but just 4% of boys aged 15-19 self-reported either having had an STI or common STI symptoms. Age-disaggregated data on seeking treatment for STIs is not available but the 2015 RDHS reports that men are more likely to seek treatment than women, with 57% of men and 51% of women aged 15-49 seeking treatment from a health provider for STI symptoms. Similarly, while knowledge of where to get tested for HIV is widespread among girls and boys aged 15-19 (99% and 97%, respectively), the percentage actually getting tested and receiving results (utilizing services) is much lower (53% and 42%, respectively). Data also show that HIV-related stigma and discrimination (which can have a negative impact on rates of testing) is pronounced among adolescents aged 15-19. Based on four key indicators of acceptance of another person's HIV status, 2015 RDHS data reveal that just 54% of boys and 44% of girls expressed accepting attitudes towards people living with HIV (all four indicators).<sup>22</sup>

### **4.3 Early childhood development**

Investments in early childhood development (ECD) support children's full cognitive, physical and emotional development and benefit not only children's future learning and personal achievement, but also overall prospects for sustainable national development. Effective ECD requires interventions that address maternal and child nutrition and health, the quality of parental care, child protection, early childhood education (ECE), and poverty reduction through effective and child-sensitive social protection interventions and policies (see Section 5.2). Given the cross-sectoral nature of ECD, data relating to the coverage of other ECD interventions (water and sanitation, hygiene, maternal and child nutrition, maternal and child health, social protection and child protection) are discussed sectorally in Sections 3, 4 and 5. MINEDUC EMIS data on participation in pre-primary schooling and 2015 RDHS data on participation in any organized form of early childhood learning are discussed in Section 4.4.

To assess the percentage of children aged 3-6 that can be considered as developmentally on track, the 2015 RDHS calculates an early childhood development index score in relation to four key domains (literacy and numeracy, physical, social-emotional and learning). 2015 data show that 63% of all children are developmentally on track overall, with children whose mothers who have less education, from rural locations and from poorer quintiles being less likely to be developmentally on track. Looking at literacy and numeracy specifically, 2015 RDHS data reveal that 18% of all Rwandan children aged 3-6 can be considered on track and rural children from poor quintiles and children

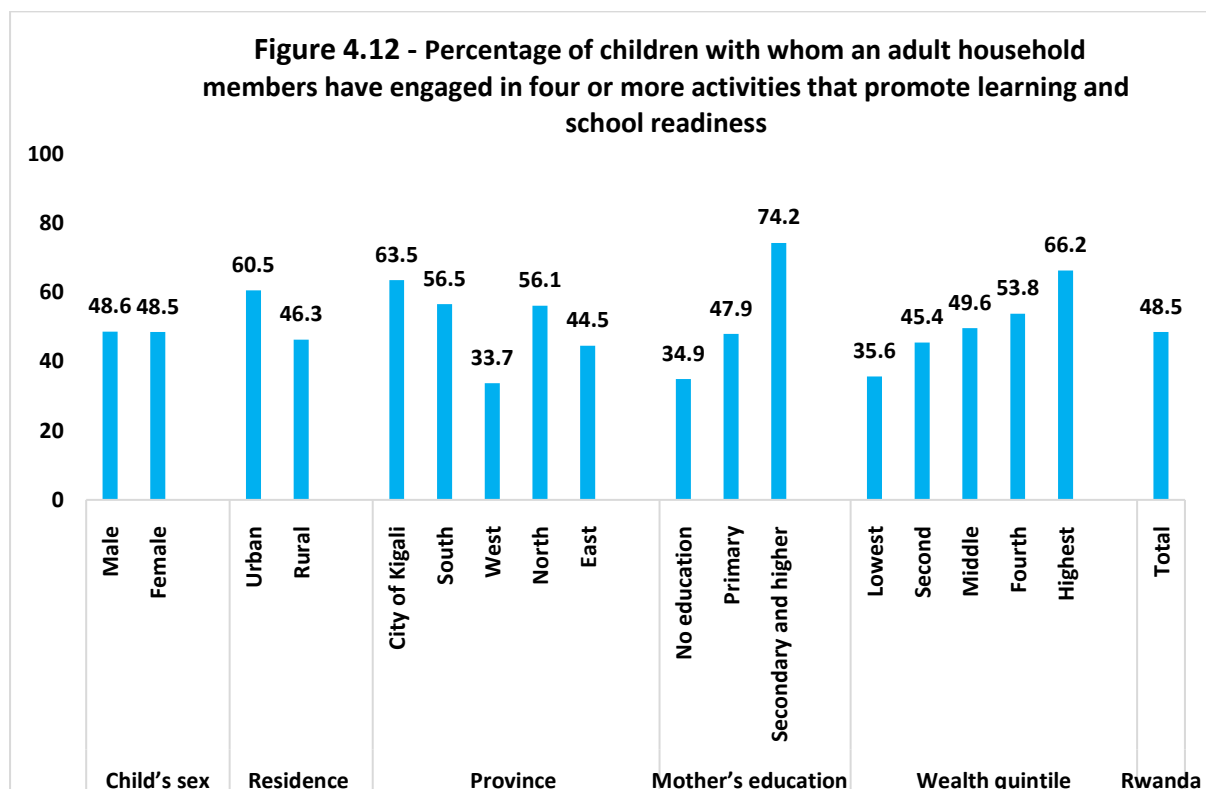
---

<sup>22</sup> These indicators are 1) willing to care for an HIV+ family member; 2) willing to purchase vegetables from an HIV+ shopkeeper; 3) agreeing that a teacher who is HIV+ should be allowed to continue teaching; and 4) not wanting to keep HIV+ status of a family member secret.



whose mothers have lower levels of education are disadvantaged. The percentage of children aged 3-6 developmentally on track for literacy and numeracy is 6% in Q1 and 5% in Q4, jumping to 18% in Q5. In relation to mothers' education, under 3% of children with mothers who have no education are on track for literacy and numeracy, compared with 19% of children with mothers who have secondary or higher education.

Early childhood education should also be fostered in the home through adult involvement in learning activities. 2015 RDHS measures the percentage of children who have been engaged in four or more activities by an adult household member in the three days preceding the survey. Looking at this indicator, it is clear that children from poorer quintiles, whose mother has less education and who live in a rural area are disadvantaged.



Source: RDHS 2015

Access to play things and learning materials such as children's books also aids and supports early childhood education and development. However, 2015 RDHS data report that less than 1% of children in quintiles 1 to 4, and just 3% of children in Q5 have access to three or more children's books. Children's access to homemade toys in the household is also limited with just 21.7% of children in Q1 and 30.4% of children in Q5 having access to homemade toys. Moreover, data on access to shop-manufactured toys reveal that while just 3.5% of children in the poorest quintile have access to manufactured toys, this rises incrementally to 15.1% in Q4, jumping to 43% in Q5.

Beyond access, the poor quality of childcare and inadequate psychosocial stimulation (only about half of parents surveyed engaged in activities that stimulate a child's development and early learning), and a lack of opportunities for optimal child development are evident. Children in rural

areas (37%) are more often left home alone compared to children in urban (23%), averaging 30% of children nationally (RDHS 2015).

From the equity perspective, therefore, the ECD target group consists of children and caregivers living in poverty and in rural areas: specifically, children who are not meeting expected developmental milestones (who are likely to be stunted as well) and whose caregivers have little education and inadequate parenting skills. These highly vulnerable children suffer from multiple interconnected deprivations cutting across poor child care and protection practices, WASH, education, health and nutrition, that compound in to mutually reinforcing conditions of stunted growth (38%) and developmental delay (37%).

#### **4.4 Opportunities for education**

Ensuring the realization of children's rights to inclusive and quality education is a key government priority and an essential prerequisite for sustainable social and economic development. Education enables children's personal development by providing a structured and safe social environment where children can progressively acquire the knowledge and personal and technical skills to improve their lives and contribute to society. This section of the SitAn considers data relating to pre-primary/early childhood education (ECE, for children aged 3-6), primary school (children aged 7-12) and secondary school (children aged 13-18).<sup>23</sup> Learning achievement and participation in Technical and Vocational Education and Training (TVET) and tertiary education are also discussed. The most recent 2015 and 2016 MINEDUC data is employed, supplemented where appropriate by 2013/14 EICV4 survey data, which is more comprehensive and benefits from a greater degree of disaggregation.<sup>24</sup>

##### **4.4.1 Pre-primary schooling and early childhood education**

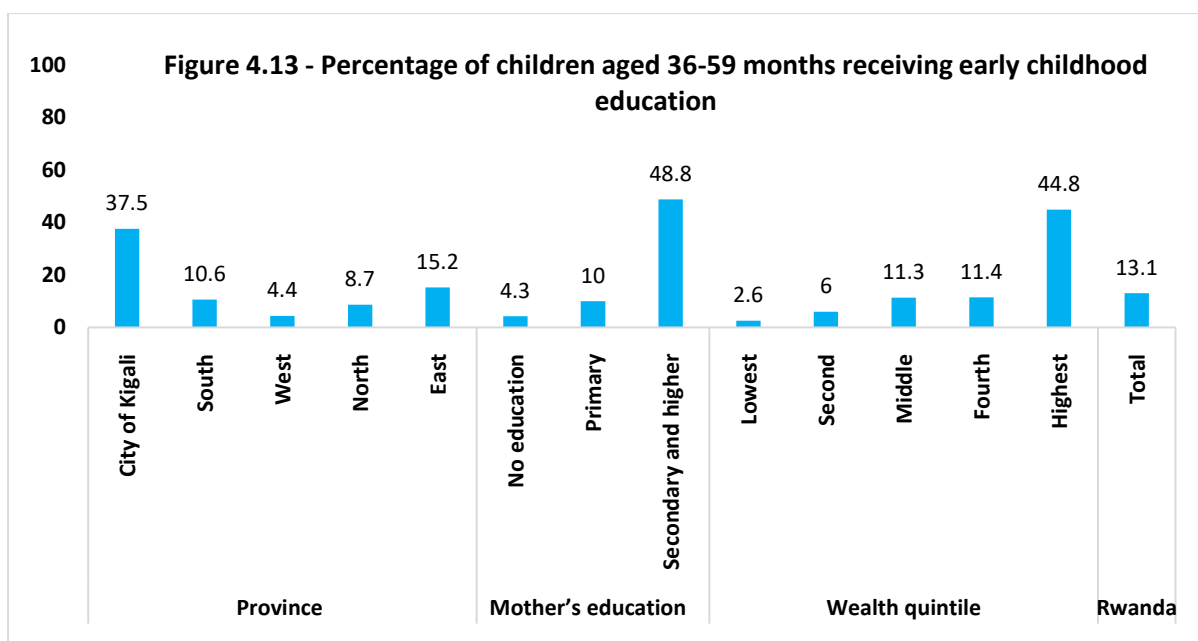
EICV 4 does not assess access to pre-primary education but MINEDUC EMIS data reveal that the net enrolment rate (NER) for pre-primary increased from 10% in 2011 to 17.6% in 2016 (17.1% for boys and 17.9% for girls). Demonstrating the government's commitment to increasing access, the number of public pre-primary schools has increased substantially from just two in 2011 to 2,757 in 2016. (This includes both public and private schools – there are 1,474 public and 1,283 private.) The number of children enrolled in public pre-primary schools has increased accordingly, from 343 in 2011 to 96,441 in 2016 (this figure is almost on par with the number of children enrolled in private or community based pre-primary schools in 2016, which was 89,225 children). For both public and private pre-primary schools, girls continue to have slighter higher levels of enrolment. 2016 EMIS data also show that roughly 1% of all children enrolled in pre-primary were disabled, and that approximately 4% of all children enrolled are either orphans or double orphans.

MINEDUC data on pre-primary enrolment is not disaggregated by location or wealth quintile. However, 2015 RDHS data on participation in any early childhood education reveal inequities with rural children, children from poorer quintiles, and children whose mother has had less education being much less likely to attend any organized early childhood education programme or facility.

---

<sup>23</sup> Although MINEDUC data relate to children aged 6-12, all Rwandan children are required by law to commence primary schooling at the age of 7.

<sup>24</sup> Data relating to primary and secondary school repetition, dropouts and transition are discussed in the context of educational quality (see Section 5.6)

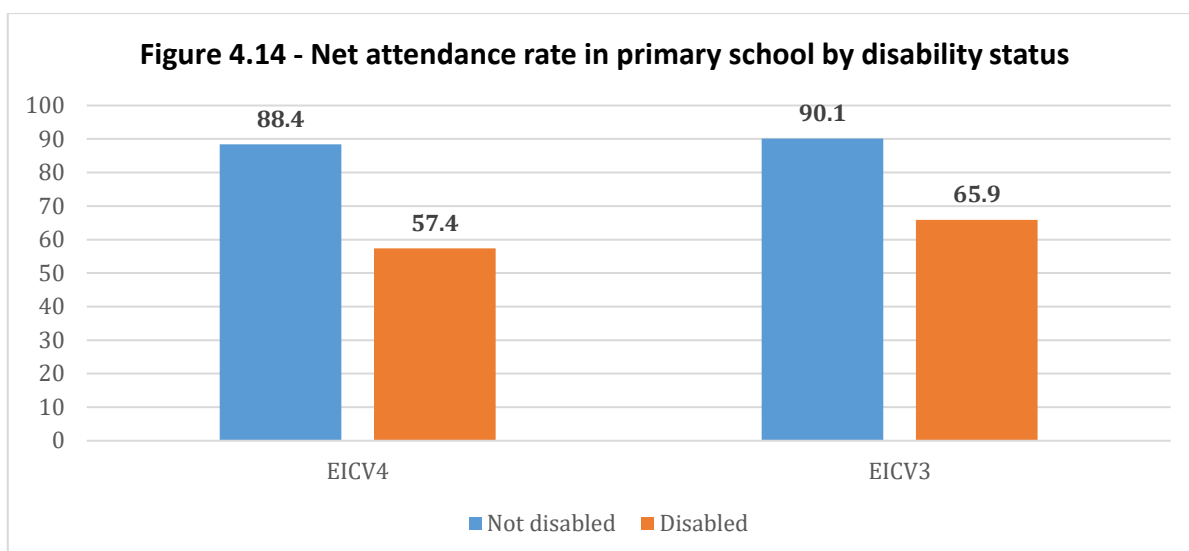


Source: RDHS 2015

#### 4.4.2 Primary schooling

Enrolment in primary education has increased steadily since universal free primary school education was introduced in 2003, and gender parity has been achieved. MINEDUC EMIS data show that 2,546,263 children were enrolled in primary school in 2016 (205,117 more than in 2011). However, EICV 4 primary school attendance data or net attendance ratios (NAR, which measure attendance at primary school relative to the primary school population)<sup>25</sup> show that nationwide access to primary school for children aged 7-12 has declined slightly to 88% since EICV 3. Attendance is slightly higher for girls (89%) than for boys (87%), and increases with children's age, from 69% at age 7 to 87% at age 8, and then above 90% for ages 9-12 (indicating that some children are entering primary school late). As illustrated in Figure 4.14 below, attendance at primary school is much lower for children with disabilities (57%) and has declined since EICV3 (when the figure was 66%).

<sup>25</sup> Data is calculated in relation to 2012 FPHCR population estimates.



Source: EICV

In terms of geographic and socio-economic determinants, access is relatively equitable across the country. However, there is an incremental decrease in access to primary school across the wealth quintiles, with net primary attendance decreasing from 92% in Q5 to 82% in the poorest quintile. EICV4 data also reveal that primary school access is slightly better in urban (91%) than rural areas (87%), and that access is higher in Kigali city (91%) and Northern Province (92%), than in Western (87%), Eastern (87%) and Southern (87%) Provinces.

EICV4 data on children aged 7-8 (the age when children are expected to start primary schooling) who are not attending primary school illustrate disparities in access across consumption quintiles. Whereas 24% of children in the poorest quintile are not attending primary school at age 7 or 8 this falls to 12% in Q2 and Q3, and to 5% and 4% in Q4 and Q5, respectively. As would be expected, more rural children aged 7-8 are out of school (13%) than urban children (8%), and more children from a family where the household head has never been to school are out of school (18%) than children from a family where the household head has secondary education and above (7%). EICV4 data show that levels of primary promotion (to the next school grade) are too low across the country (71% nationally, and lowest for ages 8 and 9 at 58%) and that repetition for children aged 8-9 (26%) and absenteeism (20%) are too high. These indicators are all affected by levels of income poverty, rural location and lower education levels of household heads.

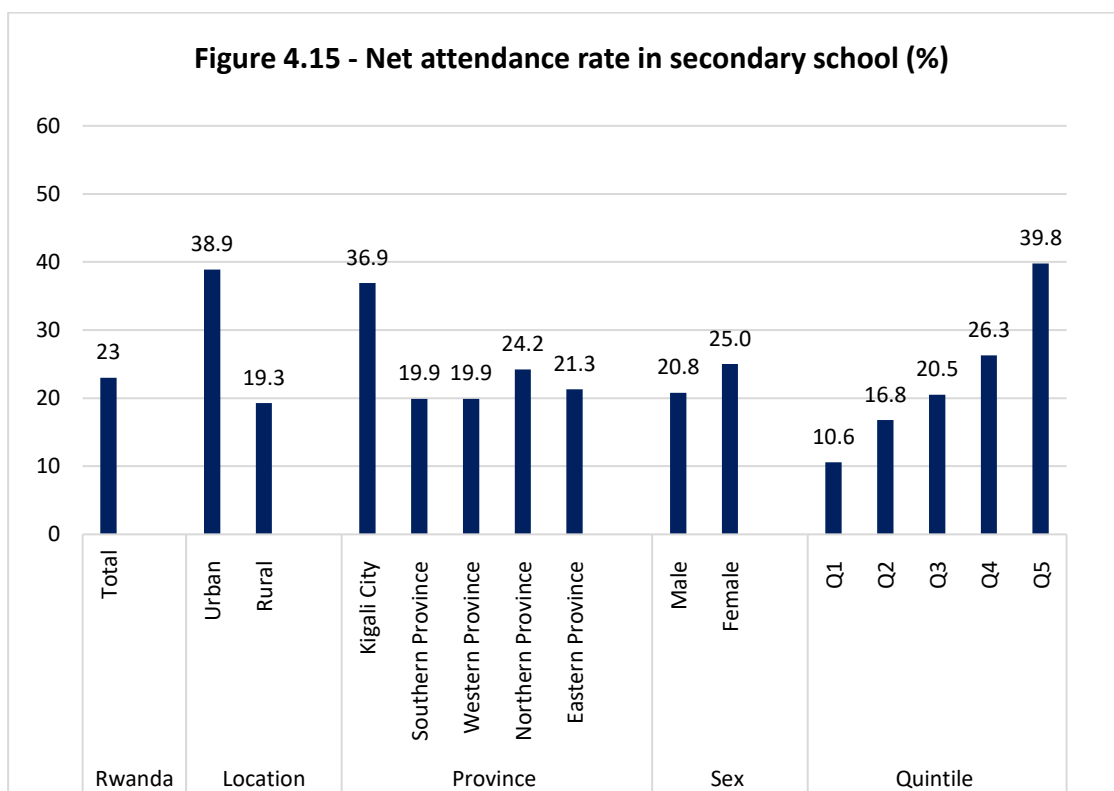
#### 4.4.3 Secondary schooling

2016 EMIS data reveal that the number of students enrolled in lower and upper secondary schools increased from 486,437 to 553,739 between 2011 and 2016. Of the total students enrolled in lower and upper secondary, 63% were in lower secondary school. MINEDUC data also show that overall secondary school enrolment for 2015 is 33% (increased from 26% in 2011). Net secondary school enrolment continues to be higher for girls (35%) than for boys (31%).

EICV4 data show that access to secondary school has increased since 2011 from 18% to 23%, across all quintiles. Net attendance by children with disabilities has also increased from 10% to 16%. Attendance is higher among girls (25%) than boys (21%), and increases relative to children's age, indicating – as with primary school – that children are starting secondary school too late. According

to UNICEF equity analysis of EICV data, 6% of children aged 13 attend secondary school, rising progressively to 13% at 14, 25% at 15, 31% at 16, 35% at 17, then falling slightly to 35% for children aged 18.

Data also show that access to secondary schooling is less equitable and widespread than for primary schooling, with significant disparities evident in relation to consumption quintiles and rural or urban location. EICV4 data (see Figure 4.15 below) reveal that secondary school attendance is lowest for the poorest quintile (11%), increasing steadily to 17% in Q2, 21% in Q3, 26% in Q4 and 40% in Q5. Access to secondary education is twice as high for urban children (40%) than for rural children (19%), reinforcing the rural-urban divide. As would be expected, secondary school attendance is much higher in Kigali City (37%) than the Northern (24%), Eastern (21%) and Western and Southern (20%) provinces.



Source: EICV4

According to EICV4 data, repetition levels are much lower and promotion (to the next grade) levels are much higher for secondary school than primary: 3% of children repeated a year of secondary school in 2013/14 (urban 2% and rural 4%), and repetition was highest in Southern Province (6%) and lowest for Kigali City (1%). Data also show that 88% of children successfully moved into the next secondary school grade in 2013/14, and that secondary school promotion levels are less influenced by wealth quintile or rural or urban location than other education indicators. Promotion rates vary from 84% in Q1 to 91% in Q5, and from 82% in Southern Province to 92% in Kigali City. Promotion rates are higher for students aged 14-15 (96%) and for boys (87%) than girls (86%), but lower for children with disabilities of all ages (79%).

#### **4.4.4 Technical and vocational education and training**

2016 MINEDUC data show that government commitment to TVET has resulted in a significant increase in the number of Vocational Training Centres (VTC) from 98 in 2011 to 179 in 2016. Over the same time, the number of Technical Secondary Schools also increased from 151 to 199 and the number of Technical Tertiary Institutions from 2 to 16. Overall, the number of students enrolled in any type of TVET has increased from 67,919 in 2011 to 93,158 in 2016, although male participation remains higher than female (58% versus 42%).

EICV4 data presented in the Youth Thematic Report shows that although participation in TVET for adolescents and adults aged over 14 increased between 2010/11 and 2013/14, overall participation is still low (male: 5%, female: 3%). Age-disaggregated data show that just 2% of young people aged 14-24 attend TVET programmes, rising to 5.37% for students aged 25-29. Attendance at all ages is lowest in the poorest quintile (1%), increasing to 2% in Q2, 2% in Q3, 3% in Q4 and 4% in Q5. Attendance in urban areas is higher than attendance in rural areas (4% and 3%, respectively).

#### **4.4.5 Tertiary education**

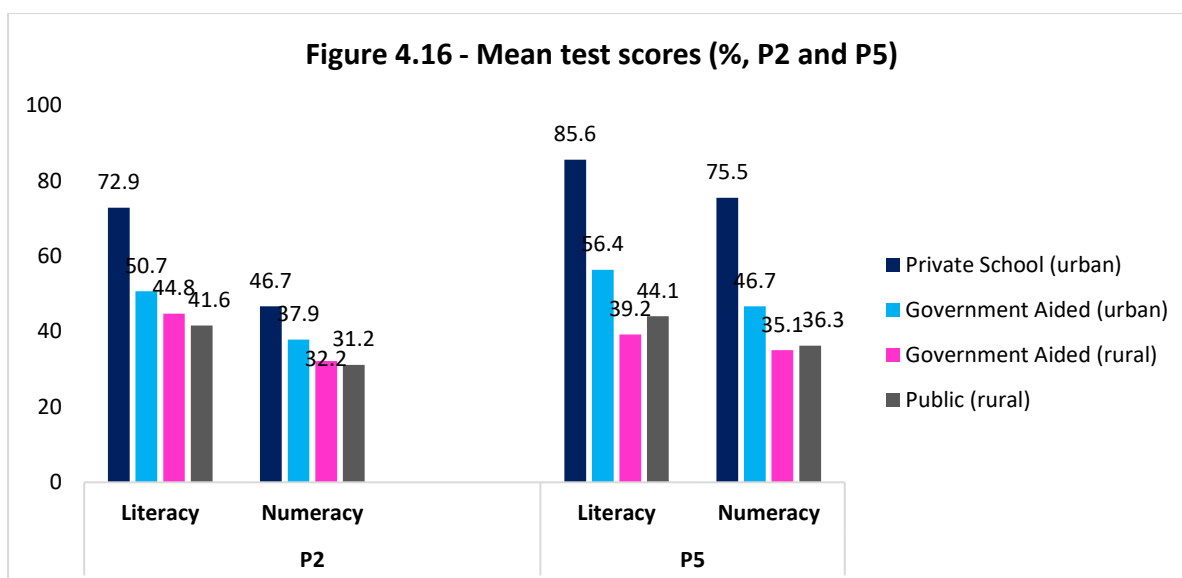
2016 MINEDUC data show that the total number of students enrolled in tertiary education increased from 73,674 in 2011 to 90,803 in 2016 although, as is the case with TVET enrolment, male enrolment is significantly higher (58% versus 42%), suggesting that young women are missing out on opportunities for higher education.

EICV4 data show that just 3% of the population aged 16-30 attended tertiary institutions (male: 3%, female: 2%). Attendance was much higher in Kigali City (9%) than in all the provinces, where attendance is roughly 2%. Attendance is lowest in the poorest quintile at just over 0%, rising to 2% in Q4, before jumping to 8% in Q5.

#### **4.4.6 Learning achievement**

Although access to primary schooling is near-universal and there is almost gender parity, there are gaps in access to secondary and further education across all strata, particularly for poor and rural children and adolescents. There are also concerns about quality (see Section 5.6) at all levels. As a consequence, education outcomes do not yet meet the human capital requirements needed to ensure sustainable economic and social prosperity. Many children are not adequately acquiring the foundational knowledge and skills required to fully benefit from secondary and further education.

Developed by the Rwanda Education Board (REB), the Learning Achievement in Rwandan Schools (LARS) is an assessment of literacy and numeracy in primary schools in Rwanda. For the second LARS in 2014, 3,500 children in primary grade 2 (P2), and 3,500 children in P5 were tested in literacy and numeracy. Mean test scores for children in P2 were 45% for literacy and 33% for numeracy, and 44% and 38%, respectively, for children in P5. While LARS II results are not disaggregated by consumption quintiles, they reveal that children in urban areas score significantly better than rural children. For example, mean P2 and P5 literacy scores in urban areas were 58% and 68%, whereas in rural areas mean scores were 44% and 41%, respectively. Mean scores were considerably higher in urban private primary schools than for any other category (see Figure 4.16 below).



Source: LARS II

There is little data on learning achievement in secondary schools. However, 2015 MINEDUC data suggest that children who attend secondary school (and do not drop out) pass leaving examinations at relatively high rates. In 2015 89% of students sitting their secondary school leaving exams passed (girls: 85%, boys: 92%).<sup>26</sup> There is also a shortage of data relating to TVET learning achievement, but 2015 MINEDUC reveals that the number of graduate from VTCs almost tripled from 7,547 in 2011 to 20,489 in 2016: 62% of VTC graduates were male and 38% were female.

## 4.5 Child protection

Vulnerability can be heightened and exacerbated by a range of other risks to children’s wellbeing that can compound other deprivations and further limit individual and household capacity to promote and realize children’s rights. Categories of vulnerable children that may be particularly at risk and in need of protection include children whose birth has not been registered; children with disabilities (CwD) and / or children in institutions; children in contact with the justice system; and children living on the street, or involved in exploitive or harmful labour. Violence, and sexual abuse and exploitation, both inside and outside of the home, are also a concern.

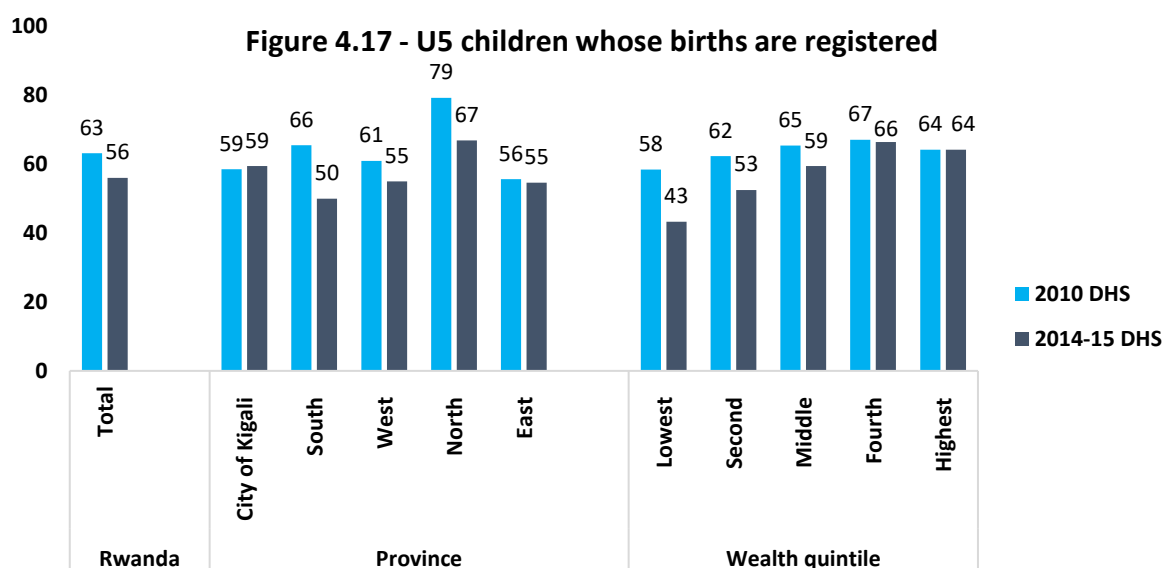
### 4.5.1 The right to an Identity

Registering a child’s birth fundamentally establishes a child’s right to a name and a nationality, and confirms a child’s right to be recognized by his or her parents and community. Registration at birth cements state responsibilities to protect children from mistreatment, and to ensure appropriate access to social assistance and services. Ensuring birth registration also provides national and sub-national authorities with key social and demographic data to inform policy development, programme planning and the evaluation of service delivery.

Data on birth registration collected through the RDHS reveal that 56% of children under the age of 5 had their births registered in 2015. The data also show that children aged 2-4 are more likely to be

<sup>26</sup> These data are not available in the 2016 MINEDUC Statistical Yearbook.

registered than those younger than 2 and, of concern – just 3% of RDHS respondents could produce a birth certificate for their child. U5 birth registration (and the presence of birth certificates) declines outside Kigali and for the bottom consumption quintiles (see Figure 4.17 below).



Source: RDHS

#### 4.5.2 Children with disabilities

According to EICV 4, 4% of people in Rwanda have some form of disability. Disability prevalence is higher in rural than urban areas (4% and 3%, respectively) and is about 4% in quintiles 1 to 4, dropping to 3% in Q5. Age-disaggregated data show disability increases with age.<sup>27</sup> Just under 1% of children aged 0-4 have a disability, rising to just over 1% for children aged 5-9 and about 2% for children aged 10-19. No significant gender differences are observable.

There are limited data pertaining to disability-specific challenges. However, EICV 4 data reveals that under 1% of adolescents with disabilities are employed, and that net attendance at primary school is much lower for children with disabilities (57%) than for children with no disability (88%).<sup>28</sup> Also of concern is the high level of institutionalization of such children, with a 2016 assessment revealing that some 4,359 children with disabilities are in institutional care. In terms of access to health services, relevant EICV, RDHS and MINISANTE data are not disaggregated by disability and there is little qualitative evidence relating to the physical and social barriers or discrimination that children with disabilities may be facing. Disability is evident at fairly consistent levels in all wealth quintiles in Rwanda, although the extra financial burdens associated with disability can affect the wellbeing of children (with and without disabilities) more acutely in poorer households.

<sup>27</sup> The 2012 FPHCR show a slightly higher percentage, with 5% of the population assessed as having some form of disability.

<sup>28</sup> The 2012 FPHCR reports net attendance at primary school for children with disabilities at 68%.



### **4.5.3 Orphan children**

EICV4 data reveal that 10% of children under 18 in Rwanda are single orphans (have lost one parent), and that over 1% are double orphans (have lost both parents). There are slightly more single orphans in urban (12%) than rural areas (10%) and in the poorer quintiles (12% for Q1 and 10% for Q5). As for single orphans, the presence of double orphans is higher in urban (3%) than rural areas (1%), and in Kigali (3%). However, the percentage of double orphans is higher in Q5 (2%) than for the lower quintiles (around 1%).

EICV4 data on the percentage of the population aged 7-8 not attending school show that 21% of single orphans in that age group are not at school (compared to 13% at the national level). However, double orphans are more likely to be attending primary school than other Rwandan children, with only about 6% of double orphans aged 7-8 out of school. Qualitative and quantitative data pertaining to the wellbeing and household situation of orphans is limited.

### **4.5.4 Children in institutions**

International evidence has shown that institutional care can be detrimental to the mental, behavioural and emotional development of children, and can sometimes place children at risk of violence or abuse. To better understand the circumstances of children's institutionalization in Rwanda, MIGEPROF undertook a survey of all 33 registered institutions for children without parental care in 2011/12. Of these 33 institutions, all were opened after 1979, occupancy ranged from 8 to 566 and more than half were faith-based. The survey also revealed that a total of 599 people (of varying ages and educational levels) were employed in institutions, of whom only 27% had received training in relation to childcare or child development.

There were 3,323 children and young adults in institutional care at the time of the survey (male 55% and female 45%), of whom 26% were over 18 years of age. The survey found also that 11% were aged 0-3 years, and that 38% of children were placed in institutions before the age of 3. Almost a third (30%) of the children living in institutions reported having been there for more than 10 years. The most common reasons for being in institutionalized care were the loss of one or both parents, abandonment and poverty; most children were in institutions in their district of origin; and most children were referred to institutions by parents or relatives, or by the authorities. Thirty-six per cent of the children reported regular contact with parents but 50% reported no contact at all. Almost all children of school age were enrolled at school. Children exit institutional care at a rate of just over 4% a year, although the vast majority (91%) are reunited with their families.

Looking at the potential impact of institutionalization on children, the qualitative component of the survey identified the following risks for children: loss of connection with family and community; lack of independent skills development; personal psychological distress; poor health outcomes; and the lack of parental love.

### **4.5.5 Corporal punishment and violence in the home**

In Rwanda, positive discipline is promoted, and the use of corporal punishment is unlawful in schools and the penal system,<sup>29</sup> but not fully prohibited in the home or alternative care settings. The

---

<sup>29</sup> The government, through the Ministry of Education, has abolished caning and any corporal punishment in schools. Schools receive related instructions and there is a code of conduct for teachers under preparation. There is also a

recently revised Early Childhood Development Policy (2016) includes positive parenting as a key driver for the appropriate education of children. In addition, parents and caregivers will regularly benefit from training sessions at model ECD Centres and home visits with trained Friends of the Family workers (Inshuti z'Umuryango), promoting a gradual move from corporal punishment to positive discipline. Furthermore, parents' evening forums (Umugoroba w'Ababyeyi) promote positive non-violent disciplinary practices, and there are community training sessions (Noza imibanire mu muryango wawe – live in harmony with your family members) which further promote positive parenting.

Up-to-date data on the prevalence of corporal punishment in the home and in pre-primary, primary and secondary schools are not available. However, a 2015 Knowledge, Attitude and Practice (KAP) survey undertaken by MINISANTE and UNICEF in 15 districts across Rwanda reveals that corporal punishment does occur in Rwandan households.<sup>30</sup> While 33% of caregivers reported talking to children aged 0-1 as their preferred method of discipline, 27% reported slapping and 15% reported shouting. Results also revealed that different child discipline options are practised across different economic strata with, for example, economically advantaged caregivers favouring talking (33%) and shouting (67%), but not slapping (0%).

However, survey data relating to the disciplining of slightly older children aged 2-3 reveals that corporal punishment is probably practised across all economic strata as the child gets older, even if talking remains the preferred method of discipline. Across economic strata – defined by the survey as poor, lower middle and upper middle – slapping remains the second most common form of child discipline for 50% of poor, 51% of middle, and 31% of upper middle caregivers. Next is shouting at 28%, 25% and 28%, respectively, followed by beating with a stick, belt or rod at 24%, 21% and 14%, respectively.

Children and women's rights to good health, education, emotional wellbeing and personal independence and respect are undermined by violence in the home, including violence perpetrated by relatives, family friends or peers. The 2015 RDHS comprehensively assesses and disaggregates the experience of violence by girls and women (and boys and men) aged 15-49. It also explores forms of intimate partner violence and issues of marital control. Key findings in relation to violence against girls, women and boys are summarized in the following paragraphs.

About a quarter (24% of girls and 28% of boys) of young people aged 15-19 have experienced physical violence. This percentage rises steadily with age to 43% for women and 48% of men aged 40-49. There is no significant correlation between experience of violence and rural or urban location, but the experience of violence by women and men is more frequent in lower quintiles: 44% of all girls and women aged 15-49 have experienced violence in the poorest quintile, compared to 30% in

---

Ministerial Order specifying the necessary educational measures and other forms of non-violent disciplinary punishments, care and treatments for the child.

<sup>30</sup> GoR/UNICEF, 2014. *Knowledge, Attitudes and Practices Assessment on Early Nurturing of Children Report*. This survey used both qualitative and quantitative methods of data collection and analysis, and conducted 2,000 interviews with female caregivers, 600 interviews with male spouses and 12 focus group discussions with caregivers.

Q5. Violence against all women is mostly perpetrated by a current (or former) intimate partner or husband (58% and 27%, respectively)

There is gender disparity in the experience of sexual violence, reported by 14% of girls but only 3% of boys aged 15-19. Sexual violence against both women and men is more frequently reported in urban areas and Kigali City, and correlates with higher levels of education. Sexual violence against girls and women occurs across all wealth quintiles, ranging between 19% and 25% with no clear trend. Intimate partners are usually the perpetrators of sexual violence. Six per cent of girls aged 15-19 have experienced both physical and sexual violence, and 22% of 15-19-year-old female victims of any type of violence sought no outside assistance or informed anyone.

The RDHS does not explore children's exposure to violence in the home but data from a 2014 UNICEF-supported baseline study of early childhood development and family services reveals that 44% of primary caregivers reported arguing about their relationship in the presence of children, and 43% reported saying unpleasant things to each other in front of children.<sup>31</sup> Caregivers in the poorest wealth quintile reported arguing in front of their children much more often (63%) than couples in the wealthiest quintile (25%). Almost a third of children were found to be living in a household where caregivers reported physical or verbal conflict in the past six months.

#### **4.5.6 Child labour and exploitation**

According to EICV 4, 13% of children aged 6-17 years are engaged in some form of labour. Slightly more boys were involved than girls. The data also show that about 3% of the same age group are child labourers and that 2% were found to be involved in hazardous labour. A recent 2015 UNICEF-supported rapid assessment of domestic child labour in Kigali City found that 80% of children working in domestic service were girls, and that children worked on average just over 12 hours per day. Qualitative results from the assessment suggest that the children (mostly girls) dropped out of school as early as 13 to work in domestic service; bartered their services for food, accommodation or clothing; and faced problems in relation to verbal, physical and sexual abuse, perceived lack of respect, and / or late or withheld payments.

Limited data is available on the prevalence of sexual exploitation, or transactional and intergenerational sex in Rwanda. However, anecdotal evidence and small-scale surveys on HIV prevalence among commercial sex workers suggest that these practices have a detrimental impact on the lives of girls and women. Recent 2015 Rwanda Biomedical Centre survey data relating to female sex workers (FSW) and HIV prevalence show that 10% of all surveyed FSW respondents were aged 15-19. In terms of the risks posed to girls and women, 71% of all FSW of any age had been a victim of sexual or physical violence. The HIV prevalence for all FSW was 41%, ranging from a high of 51% in Kigali to 34% in Eastern Province, suggesting that FSWs of all ages, including those aged 15-19, are much more vulnerable to HIV infection than women in Rwanda overall. Of concern, just 48% of all FSW had comprehensive knowledge of HIV prevention, and just 36% to 51% reported consistent condom use.

---

<sup>31</sup> The baseline study was carried out in 10 districts and involved 884 households and 81 qualitative interviews and cannot be considered as nationally representative.

#### **4.5.7 Children on the street**

Children not in school, from dysfunctional homes and who have often already been victims of violence and abuse can end up homeless and / or living on the street. This increases their vulnerability to further violence, abuse and exploitation. Various initiatives have been introduced to address these issues, for example a Ministerial Order provides sanctions against parents who do not send their children to school, and sanctions against individuals employing children, which may prevent them from going to school, or encourage them to drop out of school. A joint team has been established to monitor and investigate child rights protection, including cases of street children and school dropout.

In 2012 MIGEPROF commissioned a study on the situation of street children to support reintegration programmes. The study identified and interviewed 1,087 street children in 11 districts and found that 86% of them were boys; 35% were from Kigali; and over half (53%) were living on the street full time (47% returned home at night).

Qualitative findings from the study suggest that children were living on the street as a consequence of family poverty, the death of one or both parents, the need for income to survive, juvenile delinquency and / or mistreatment at home. Three quarters of the street children were working in some paid capacity, whereas the remaining 25% reported collecting and selling different food items to survive. Money earned was mainly used for clothes and food, watching movies and substance abuse (particularly cannabis, glue, illicit spirits and petrol). Street children also reported the risks of physical and sexual abuse and violence, being robbed by other street children and being taken to transit centres by police.

#### **4.5.8 Children in contact with the law**

To inform the 2012 Justice for Children Policy, a justice for children assessment was undertaken by MINIJUST with support from UNICEF in 2013. The following key conclusions were identified through key informant interviews, visits and observations, and 10 focus group discussions with key stakeholders, including children in conflict with the law. This assessment highlighted that – at that time – children in contact with the law were at risk during long periods of pre-hearing detention in often-unfriendly environments and were sometimes incarcerated alongside adults. The average time minors spent in prison sometimes spanned months.

However, the Justice for Children policy has since been adopted, and many positive changes have been implemented. Currently the period for prehearing detention is 15 days and, except in cases of recidivism, a child cannot be held on remand if charges are punishable by less than 5 years' imprisonment. Children are not detained with adults: the Nyagatare rehabilitation centre is specifically for child offenders. Children in conflict with the law now have a right to legal assistance – the Ministry of Justice has signed a contract with the Rwanda Bar Association and advocates assist children in conflict with the law, including at police stations.

**Table 4.3 - Numbers of children in conflict with the law assisted at all levels**

Years	Numbers of children in conflict with the law assisted
2013-2014	1,197
2014-2015	1,194
2015-2016	1,232
2016-2017	1,317

The code of criminal procedure now states that a child cannot be legally remanded in a police station for longer than five days, and cases relating to children are prioritized in courts. Children in conflict with the law have to face judicial proceedings when they are criminally responsible but a child under the age of 14 cannot be held criminally responsible for his/her deeds. There is also a strategy of reconciling child offenders with the victim when the offence is punishable by imprisonment for not more than five years.

There is a specialized chamber for children at intermediate courts, and periodic training/workshops for legal professionals are provided. Any criminal proceeding concerning a child must consider his/her welfare and the judge's decision must always take into consideration his/her personality. In pronouncing penalty against a child, the judge may decide on an alternative to imprisonment such as a deferred sentence or placement in a re-education centre to ensure the child's social welfare. As a rule, children are released on parole – full completion of a punishment is the exception.

Child victims of crime can benefit from legal assistance; child victims of sexual violence are legally allowed to sue for damages without incurring court fees.

#### **4.5.9 Refugee children**

Child refugees require special humanitarian responses and protection when adverse circumstances arise, even when those circumstances are fluid and unpredictable. As of October 2017 there were 87,922 Burundian refugees in Rwanda, of whom 52% were children. 55,730 Burundian refugees were living in the Mahama camp (the main refugee camp) and 33,691 were living in urban areas of Kigali and Huye.<sup>32</sup> As of September 2016, UNHCR report 2,087 cases of registered unaccompanied and separated Burundian children, of whom 1,071 have been reunited with their parents, customary caregivers or relatives. In the last two weeks of December 2016, the rate of arrival of new refugees – mostly women and unaccompanied or separated children – ranged from 22 to 80 per day. Acute respiratory infections and malnutrition have been the most frequently reported child health issues, and 6% of children in Mahama are estimated to be out of school. To address child vulnerability, the Ministry of Disaster Management and Refugees (MIDIMAR) and humanitarian partners have provided primary healthcare services (including therapeutic feeding, hygiene promotion, antenatal care, immunization and water and sanitation). Education services have also been established through the provision of equipment and temporary school structures, and through the promotion of ECD services. Case management services have been established for vulnerable children and women, and lighting is being improved to reduce night-time assaults and generally improve camp security. Monitoring of the situation for children in Mahama camp and the implementation of appropriate

<sup>32</sup> For more details see: <http://reliefweb.int/report/rwanda/unicf-rwanda-humanitarian-situation-report-burundi-refugees-31-january-2017>

sectoral interventions is an ongoing priority for the government, MIDIMAR and development partners.

## **4.6 Opportunities for participation**

### **4.6.1 Children's civic participation**

All people (including children) are guaranteed the right to freedom of expression by the Constitution of the Republic of Rwanda (Article 33). Children's rights to participation are also upheld in law and emphasized through the 2011 National Integrated Child Rights Policy. To actively promote children's civic participation, the government established annual national Children's Forums and Children's Summits. A National Commission for Children and Children's Committees comprising elected children (including children with disabilities) aged 6-15 are established every three years, with the most recent committees having been elected in 2015. Key responsibilities for these committees include leading the Children's Forum and providing key advice to authorities on issues relating to children's rights and wellbeing. Other responsibilities include participating in district-level decision-making, monitoring the implementation of interventions, and communicating discussions and resolutions emanating from annual National Children's Summits. The National Commission for Children has responsibility to work with district administrations to strengthen the capacity of the Children's Committees and the National Children's Council, particularly in relation to children's rights and obligations, and good governance.

The most recent National Children's Summit was held in December 2016 under the theme '*Positive Parenting*' and brought together 48 children's representatives (including refugee children) from across Rwanda. At the Summit children praised efforts by stakeholders to address challenges raised by the Children's Council at previous summits, but also asked for more action to address issues still affecting children. During the Summit, children identified key priorities as building more ECD centres nationally, improving access to family planning, and addressing the education needs of child refugees.

Other processes to enhance children's civic participation are actively promoted by the government and development partners. Of particular note, side events entitled 'reading data with children' were organized by the National Institute of Statistics and UNICEF to facilitate dialogue with children during events held for African Statistics Day in November 2015 and 2016 (events aimed at actively promoting the importance of statistics for planning and evaluating economic and social development). Child representatives discussed and presented recommendations in relation to indicators for 16 key themes. During this event the children, from all walks of life, emphasized several key issues which relate to children included more equitable access to primary and secondary school; safe water and sanitation; birth registration and family planning; mother and child health services; and health insurance. Children also commended the government for progress to date, but noted that increased access to information – and children's active participation – are critical to further progress.

### **4.6.2 Participation in the labour force**

EICV 4 data relating to youth employment provides insight into how young people (aged 14-19) participate economically in Rwanda. According to EICV 4, 49% of boys aged 14-19 and 47% of girls in the same age-group were employed in 2013/14 (34% of boys and 36% of girls were categorized as

students). For the same age-group the mean number of working hours was just over 31, with little variation between girls and boys. However, more than 25% of those aged 14-19 work more than 40 hours a week and 18% work more than 51 hours a week. The majority of boys and girls aged 14-19 work on the family farm (boys: 48%, girls: 59%), 28% of boys and 20% of girls have non-farm wage employment, and 16% of boys and 13% of girls have farm wage employment. A small percentage of girls and boys (7%), work independently or are unpaid in non-farming sectors.

EICV data in general does not provide age-disaggregated data on the usual jobs of girls and boys aged 14-19 but looking at EICV 4 data for all youth (defined by the government as 14-35), it is clear that most non-farm wage employment is in Kigali: 72% of all male and 52% female non-farm wage employment was recorded as being in Kigali. Non-farm wage employment in the four provinces ranges from 9% to 12% for all female youth, and from 25% to 33% for all male youth.

Looking at EICV 4 data on the types of industries where boys and girls aged 14-19 are employed, it is clear that girls are more likely to be employed in agriculture, forestry or fishery than boys (girls: 72%, boys: 64%), and that these industries provide the vast majority of employment for girls and boys. The other main industries are categorized by EICV 4 as 'activities of households as employer' (girls: 15%, boys: 13%); 'wholesale, retail trade, repair' (girls: 8%, boys: 9%); 'construction' (girls: 2%, boys: 6%); and 'transportation and storage' (girls: 0%, boys 2%); 'mining and quarrying' (girls: 0%, boys: 2%) and 'manufacturing' (girls and boys both about 1%). Data show that levels of employment for this age-group in other technical, administrative, knowledge and serviced-based industries range from 0% to 1%, with a consistently higher percentage of boys being employed in these types of industries than girls. Looking at EICV 4 data for older age groups (19-35) gender biases become further consolidated, with men increasingly dominating in technical, administrative, knowledge and serviced-based industries, whereas female representation in the agriculture, forestry or fishery industries continues to rise. For example, male employment in agriculture, forestry or fishery category declines from 64% (for ages 14-19) to 52% (for ages 30-35) but levels of female employment in these industries increases from an already high 72% at 14-19 to 76% for women aged 30-35.

#### **4.6.3 Access to information and communication technology (ICT)**

As recognized in government policy and successive poverty reduction strategies, increasing access to ICT is critical to national development, for communication, and for social and economic participation. However, computer literacy and mobile phone ownership are more frequently observed in the highest wealth quintile. Although data on mobile phone ownership is not age-disaggregated, EICV data on computer literacy show that just 5% of boys and girls aged 15-19 are computer literate, and that for all youth (aged 15-35) computer literacy ranges from 2% in Q1 to 8% in Q4, but jumps to 27% for Q5.

Access to information is also a key enabler of communication and societal participation. EICV4 data show that 8% of girls and boys aged 14-19 access the internet (sometimes: 5%, often: 2%, and regularly: 1%). Moreover, 2015 RDHS data reveal that just 3% of boys and girls aged 15-19 access three forms of media (newspaper, television and radio) at least once a week. Looking at data for all respondents (aged 15-49) only a little over 0% of this cohort accesses all three forms of media in Q1. 2015 RDHS data reveal that boys and girls aged 15-19 access all three forms of media at significantly higher rates than older age groups, and that media access declines with age. With regard to radio

access (the most accessed form of media by all ages and across all wealth quintiles), 67% of girls and boys aged 15-19 reported having listened to the radio in the last week, which then falls incrementally to 54% for those aged 45-49.

#### **4.7 Understanding inequity in Rwanda**

Any determination of how vulnerabilities and deprivations coalesce and interact in discrete communities and / or household is most reliable when undertaken in relation to local circumstances, resources and developmental contexts. However, clear vulnerability trends emerge in Rwanda and they illuminate where and when multiple interconnected vulnerabilities are likely to occur. For example, being from a rural location does not necessarily imply disadvantage, but the data show that it is a risk factor for disadvantage, especially when correlated with other risk factors, particularly income poverty and high levels of household dependency. Similarly, an orphan child may be acutely disadvantaged in a poor and geographically isolated household, but relatively well provided for in another.

This section of the SitAn does not attempt to quantify or rank the extent of multiple deprivations, but rather to illustrate key trends in child and household vulnerability and inequity, and to consider what these trends imply about the overall situation of children. Clear patterns emerging from the data are summarized below.

- Overall, substantial progress has been made towards ensuring that children in Rwanda increasingly realize their rights to good health, education, protection and participation.
- Poverty and extreme poverty continue to correlate to varying degrees with lower levels of household education, higher rates of household dependency (poorer households have larger number of dependent children and elderly, as outlined in the latest EICV), limited access to services and sub-optimal health, nutrition and education outcomes for children and women. Nevertheless, sub-optimal outcomes for children, women and families can be identified within all wealth quintiles, not only within families living in poverty and extreme poverty.
- Income poverty is more common in rural areas but is also evident in urban locations. Similarly, poor outcomes for children (stunting for example) are more commonly observed in rural areas, but are also evident in urban areas. It is therefore important to emphasize that despite geographic and rural / urban variations in the incidence of poverty, poverty affects the lives of children and their families in all districts of the country, and in both rural and urban locations.
- Income poverty consistently correlates with poor educational, health and household-level outcomes but its causal relationship to other dimensions of child vulnerability is less clear. National-level data must therefore continue to be supplemented with surveys and research that focus on how specific vulnerabilities and inequities – and patterns of vulnerability and inequity – affect children in poverty, both from a countrywide perspective, and in relation to specific locations and circumstances.



## 5. Sectoral challenges to children's rights and sustainable development

### 5.1 Addressing under-nutrition in children

#### 5.1.1 Enabling environment

There have been real improvements recently in Rwandan children's overall nutritional status and progress has been made towards reducing in the level of stunting in under-5 children. However, persistent child under-nutrition and malnutrition, if left unchecked, may well undermine child wellbeing and prospects for sustainable development. Only if reductions are further accelerated (a key government priority) will all children be able to reach their full potential and make their best contribution to Rwandan future prosperity. As noted in Section 4.2, the 2015 RDHS reports under-five stunting at around 38% with clear correlations between high levels of stunting and income poverty; household food insecurity; lower levels of education; and being from a rural location.<sup>33</sup> The data also reveal sub-optimal IYCF practices and relatively high levels of childhood anaemia across the country, with similar correlations.

The CFSVA (2015) confirms that food insecurity is directly correlated with labour supply within the household. In Rwanda there are approximately 130,000 households living in extreme poverty that do not have sufficient labour capacity to engage in productive activities and become self-reliant. Such households usually contain older people living alone or caring for children, or a single adult caring for someone with severe disabilities. Beyond these extremely labour-constrained households, all households are exposed to a range of life-cycle-related risks and shocks (such as pregnancy, childbirth, sickness, disability and old age) that have a negative impact on household labour supply, productivity and capacity to withstand other economic and climatic shocks. Female-headed households are particularly vulnerable given their significantly higher economic dependency ratios (NISR, 2014).<sup>34</sup>

As part of the *Cost of Hunger in Africa* initiative supported and organized through the *African Union Commission*, Rwanda (one of 12 participating countries) in 2013 released estimates on the potential economic and social consequences of under-nutrition.<sup>35</sup> The report highlights that that poor nutrition has high costs in terms of mortality, poor educational achievements and reduced productivity in adulthood. For instance, under-nutrition is associated with child mortality, and stunted primary-school-aged children have a higher grade-repetition rate than their peers

The widespread prevalence of stunting across all economic quintiles and districts of the country certainly emphasizes the scope of the challenge faced in Rwanda, but also suggests that there are factors other than income poverty that are leading to the high burden of child under-nutrition and malnutrition (most - but not all – stunted children come from poor families). The data indicate that stunting and malnutrition are the result of a complex array of causes and influences relating to

---

<sup>33</sup> Data from the 2015 CFSVA reflect similar trends in child under-nutrition and similar correlations. The 2015 CFSVA also offers detailed analysis of the characteristics of food-insecure households, and of factors relating to childhood under-nutrition.

<sup>34</sup> VUP Update Programme Document – draft: July 2016

<sup>35</sup> The 2012/13 *Cost of Hunger in Rwanda* study was led by a national implementation team chaired by MINISANTE and co-chaired by MINAGRI. The team also included representation from MINECOFIN, MINEDUC, MINAFET, MINALOC and the World Food Programme.

inadequate access to nutritious food; inadequate maternal nutrition; poor IYCF practices; unhygienic living environments; and in some instances limited access to preventive health services.<sup>36</sup>

Different causal factors have varying levels of influence on children's nutrition outcomes, depending in part on the social, economic and location-specific contexts in each case. This inherent complexity (and the need to increase the coverage of several core nutrition actions to effectively tackle child under-nutrition) necessitates multi-sectoral approaches which address child under-nutrition at the individual, household, community, district and policy levels. Key underlying issues such as income poverty (resulting in limited household access to food and poor IYCF practices) and access to safe water and sanitation should always be assessed in relation to interventions addressing child under-nutrition, but such an assessment should be undertaken alongside a parallel consideration of nutrition-sensitive variables including access to pre and post-natal maternal care; access to MCH services (including micronutrient supplementation and child immunization); the quality of childcare practices; the unmet information needs of caregivers; prevailing social mores; and local government capacity to deliver services.

Increasingly cognizant of the urgency of the situation and the need to promote multi-sectoral action, the government has set an ambitious target to reduce under-five stunting to 18% by 2018 (HSSP III).<sup>37</sup> This commitment is in accordance with the SDG objective to end hunger (Goal 2) and all forms of malnutrition by 2030 (Goal 2.2). It also reflects the intent of the Vision 2020 and EDPRS II, which correctly position nutrition and food security as foundational issues for national development. To provide guidance on nutrition interventions, and to better coordinate government ministries and development partners with capacity and responsibility for improving nutrition, a first National Nutrition Policy was developed in 2007. A second National Food and Nutrition Policy (NFNP) and Strategic Plan for 2013-2018 were subsequently developed by the government to guide the identification and management of child under-nutrition at sub-national level; to back-stop multi-sectoral district plans; and to provide a framework to coordinate community-based programmes.

The 2013-2018 NFNP builds upon previous nutrition interventions and advocacy work including National Nutrition Summits in 2009 and 2011, and recognizes and acknowledges the importance of links between food security and nutrition. A Third National Nutrition Summit was held in February 2014 and focused on setting strategic direction for the 2013-2018 NFNP and the '1<sup>st</sup> One Thousand Days in the Land of One Thousand Hills' government promotional campaign to prevent stunting. This emphasizes the importance of nutrition to a child's development, particularly from conception through to the age of 24 months.

The 2013-2018 NFNP was developed primarily by MINISANTE, MINAGRI and MINALOC and has strategic objectives that cut across the responsibilities of multiple ministries, including MIGEPROF, MIFOTRA, MINEDUC and MIDIMAR. Strategic priorities include strengthening and reinforcing political commitment; promoting optimal IYCF practices; scaling up community-based nutrition; food fortification; promoting household food security; nutritional support to children and people living

---

<sup>36</sup> This includes micronutrient supplementation and immunization, maternal health services and counselling for caregivers on nutrition, IYCF and dietary diversity.

<sup>37</sup> Both the GoR and DPs recognize that systematically addressing U5 stunting necessitates interventions that also have a positive impact on maternal under-nutrition, maternal and child micronutrient deficiency, and the overall capacity of service providers to address under-nutrition in its broader manifestations.

with HIV/AIDS; promoting school and pre-school nutrition; and communication for behaviour change.<sup>38</sup>

A 2010-2013 National Multi-Sectoral Strategy to Eliminate Malnutrition (NmSEM) was developed in 2011 and District Plans to Eliminate Malnutrition (DPEM) have been adopted by every district since 2012. To track and support the implementation of the NmSEM and the DPEMs a Joint Action Plan to Eliminate Malnutrition (JAPEM) is developed each year by the government ministries with core responsibility for NmSEM implementation (MINISANTE, MINAGRI, MINEDUC, MINALOC and MIGEPROF). In 2016, at the behest of the national leadership, a National Nutrition Secretariat (chaired by MINALOC) was established to better coordinate policy and government and development partner interventions at national and district levels.<sup>39</sup> This National Nutrition Secretariat was moved in 2017 to MIGEPROF, under the National Early Childhood Development Program (NECPD), which has the general mission to coordinate all interventions that support adequate early childhood development for children, from their conception to six years of age, as outlined in the ECD policy. A National Food and Nutrition Technical Working Group chaired by MINISANTE meets on a monthly basis to coordinate and provide stewardship for the work of all agencies and development partners active in promoting improved nutrition.

### **5.1.2 Key challenges**

Addressing child (and maternal) under-nutrition and malnutrition, and achieving nutritional security, is a hugely complex endeavour that requires multiple sustained interventions across multiple sectors.<sup>40</sup> As a consequence of this complexity, diffused multi-sectoral responsibilities, and the broad structural nature of the reforms required to address under-nutrition and malnutrition, it has proven difficult in Rwanda – as it has in many other countries – to ensure fully coordinated interventions. MINISANTE and MINAGRI provide leadership through the TWGs and at policy level and the National Food and Nutrition Coordination Secretariat seated within MIGEPROF, provides coordination oversight. However, while interventions supporting improved nutritional status are budgeted for within specific ministries, there is as yet no overall cross-sectoral budget to support or promote a fully multi-sectoral approach. A comprehensive assessment covering the full depth and scope of challenges to adequate child nutrition (and related issues) is beyond the scope of this SitAn. However, key challenges identified by the 2015 CFSVA through consultations with stakeholders and from analysis by government and development partners include food insecurity, income poverty, and limited dietary diversity, among others, as outlined below.

---

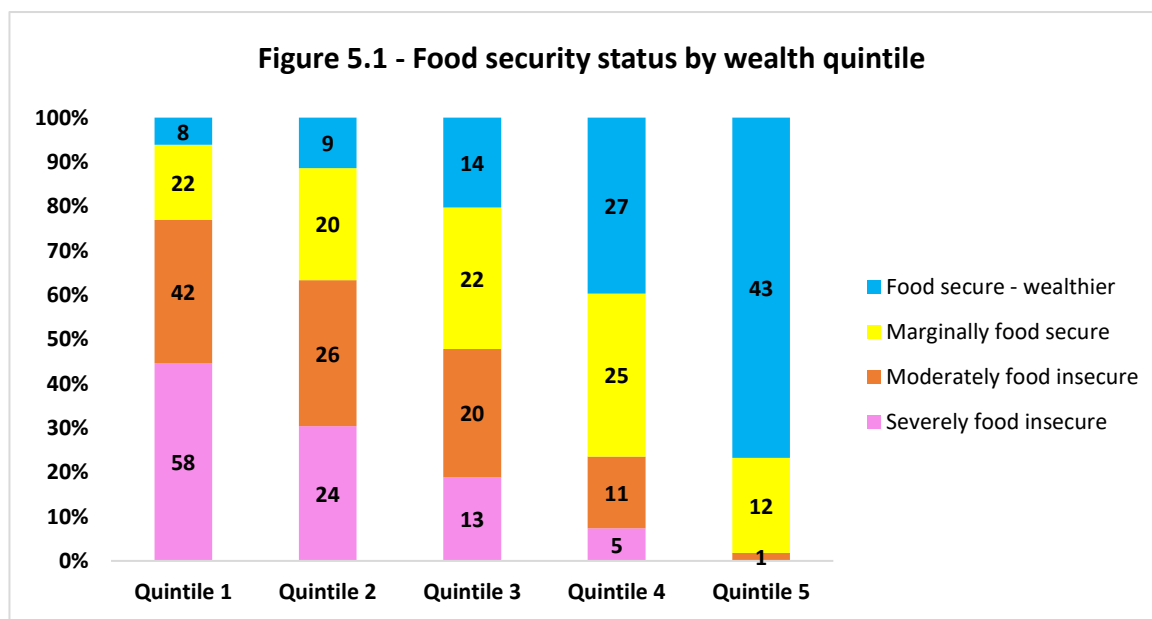
<sup>38</sup> The Scaling up Nutrition (SUN) movement also played a key role in shaping the Rwanda National Food and Nutrition Policy, and helps to guide and coordinate national efforts. The UN Renewed Effort against Child Hunger and Undernourishment (REACH) initiative functions as a convener for SUN, and the private sector has established the SUN National Food Fortification Alliance under the National Food and Nutrition TWG. However, private-sector participation in food and nutrition coordination platforms remains limited.

<sup>39</sup> There are also a number of policy mechanisms in other sectors with direct relevance to the reduction of child under-nutrition and stunting. These include The 2004 National Agriculture Policy; the 2013 Strategic Plan for the Transformation of Agriculture (phase 3); the third Health Sector Strategic Plan (HSSP III); the 2011 National Strategy for IYCF; the 2009 National Child Health Policy; the 2013-2018 National Policy on Community Health; and the 2016 Early Childhood Development Policy.

<sup>40</sup> Nutritional security is achieved when a household has secure physical, economic and environmental access to a balanced diet and safe drinking water, a sanitary environment, adequate health services and knowledgeable care to ensure adequate nutritional status for an active and healthy life for all its members.

### 5.1.2.1 Food insecurity

Despite steady reductions in income poverty (see Section 4) and a doubling of agricultural production between 2000 and 2012, food insecurity remains a major challenge and is among key causes of malnutrition. Utilizing the Consolidated Approach for Reporting Indicators of Food Security (CARI), the 2015 Comprehensive Food Security and Vulnerability Analysis (CFSVA) revealed that 20% of all Rwandan households were food-insecure, and of these 3% were assessed as severely food-insecure while 17% of households are moderately food insecure.<sup>41</sup> Forty per cent of households were assessed as food secure and the remaining 40% were considered marginally food secure (food secure but with lower coping capacity and greater vulnerability to shocks). The 2015 CFSVA does disaggregate food security data by districts, and the highest levels of food insecurity are seen in Western Province and the lowest levels in Kigali. However, while Kigali has the highest levels of food security, rates of moderate and marginal food insecurity are high across the country, with the latter indicating sub-optimal levels of vulnerability to food insecurity in all provinces. In terms of the characteristics of food-insecure households, the 2015 CFSVA reveals that they are typically rural rather than urban; have few adult household members and more dependents; are usually agricultural wage-labourers or small-scale agricultural producers; are located further from markets; and are slightly more likely to be female-headed than male-headed. Food-insecure households spend a greater share of income on food, and are more likely to be poor – 58% of all severely food-insecure households are from the poorest quintile which declines to 24% for Q2, 13% for Q3, 5% for Q4 and 0% for Q5.



Source: CFSVA 2015

### 5.1.2.2 Income poverty/access to markets

<sup>41</sup> The CARI is a World Food Programme indicator used to assess the multiple dimensions of food security. See the following link for more details:

<https://www.wfp.org/content/consolidated-approach-reporting-indicators-food-security-cari-guidelines>

2015 CFSVA data show that most food consumed is accessed through markets, and food is available at markets all year round. Even in agricultural households, 63% of food is acquired through cash purchases and 31% through the household's own food production (for all households the proportions are 70% cash purchases and 24% own production). Household consumption of its own produce is high for both food-secure (66%) and food-insecure households (84%), indicating that all households – but especially food insecure households – have limited surplus to sell or trade, which in turn limits their purchasing power at markets. Nevertheless, the dependence on cash transactions and markets clearly indicates that levels of access to food (i.e. sufficient food rather than adequately diverse food) correlates primarily to levels of household income rather than food availability. The 2015 CSFVA also reports that reliance on markets renders households – particularly poor households – more vulnerable to seasonal fluctuations in food prices. Approximately half of all households reported problems accessing food as a consequence of seasonal price rises, with poorer households (which tend to have large number of children) reporting difficulties even when market prices are stable. Access issues become particularly acute because market prices usually increase at the same time as household food stocks are depleted. In this context, policies, actions and services (including social protection services) targeted at reducing income poverty and diversifying income sources are critical not just to poverty reduction, but also to the reduction of food insecurity and child under-nutrition.<sup>42</sup>

### **5.1.2.3 Limited dietary diversity**

As noted in Section 4.2, just 29% of all children aged 6-24 months are fed from at least four food groups, with children less likely to be fed appropriately when mother's education levels are lower and household income poverty is higher. Although the knowledge of caregivers in relation to appropriate IYCF is clearly important to children's wellbeing, it may be that qualitative research is needed to clarify the extent to which the mother's level of education is actually a causal factor for child under-nutrition. Additional research may reveal that the production and availability of nutritionally diverse foods and household financial capacity to access sufficiently diverse food for dependents may prove to have more relevance than a perceived lack of awareness of appropriate IYCF on the part of caregivers. Certainly, 2015 CFSVA data suggest that both availability of, and access to, sufficiently diverse foods may be particularly salient with, for example, the data showing that of the 74% of Rwandan households practising agriculture, the vast majority cultivate just three crops: beans, sweet potato and maize. Moreover, while the severely food-insecure cultivate an average of just 2.3 crops, this rises only slightly to 3.3 for the food-secure, suggesting that diversity of crop cultivation is limited across most households – both food secure and food insecure, poor and non-poor. This has implications not only in relation to the diversity of food consumed, but also in relation to the diversity of produce available in markets.

Looking at food consumption (rather than diversity), 2015 CSFVA data show similar trends, with 97% of households in Kigali having acceptable levels of food consumption,<sup>43</sup> falling to 78% in Eastern, 72% in Southern, 71% in Northern and 57% in Western Provinces. Kigali has the highest level of dietary diversity, with households consuming from eight out of 12 food groups, which then falls to between

---

<sup>42</sup> Social protection, including social protection measures that address food insecurity and nutrition, are addressed in the following section.

<sup>43</sup> Acceptable food consumption is constituted as including starches, pulses, vegetables and oil almost daily with the addition of sugar, milk, fruits and meat a few times a week.

five and six out of 12 for the remaining provinces. Dietary diversity declines in relation to increasing food insecurity, with severely and moderately food-insecure household consuming just three or four foods out of 12 food groups, respectively. In short, the 2015 CFSVA found that food-insecure and marginally food-insecure households have nutrient-low diets. For example, while 92% of food-secure households consume some protein daily (pulses, nuts, fish, meat, eggs and dairy products), almost half of food-insecure households had not consumed any protein-rich food items in the past week.

#### **5.1.2.4 Agricultural challenges**

Crop intensification programmes, including land-use consolidation, improved seed and fertilizer utilization and access to extension services have over recent years led to significant increases in agricultural production. However, yields are still considered below potential and there is a need to further increase crop diversity. Most farming is subsistence, undertaken on small-holdings that employ traditional manual farming techniques with very little irrigation. Food production and households are therefore vulnerable to rainfall variability and / or adverse climatic conditions. The 2013-2017 Strategic Plan for the Transformation of Agriculture (SPAT) has been drawn up to address these challenges. The plan is led by MINAGRI and directed towards shifting Rwanda towards developing an increasingly market-orientated and commercialized agricultural sector that adds value, boosts production and increases rural incomes.

There is a need to invest further in research and in developing policy options that promote pro-poor land tenure reforms and increase the availability of modernizing inputs at all levels. The 2015 Rwanda Nutrition, Markets and Gender Analysis<sup>44</sup> suggests that greater levels of woman's empowerment and influence within the household and a reduced agricultural labour burden for women can have a positive correlation with improved child nutrition outcomes. There is a need to more comprehensively explore the relationship between household gender dynamics and poor maternal and child nutrition, with a view to the development of strategies that can enhance women's capacity to negotiate (at household and community level) and to access and utilize resources that improve the quality, quantity and diversity of agricultural production.

#### **5.1.2.5 Inadequate coverage of Essential Nutrition Actions**

Developed in 1997, the Essential Nutrition Actions (ENA) framework has been utilized in Africa, Asia and Latin America to improve maternal and child nutrition. The ENA framework is currently employed in Rwanda to achieve government policy and Scale up Nutrition (SUN) objectives. It is also provides a platform for advocacy, planning and the delivery of an integrated and contextually determined package of interventions that, when delivered at scale, can have a positive and sustainable impact on child and maternal nutritional status. The specific issues covered within the ENA framework have been identified internationally<sup>45</sup> as essential to adequate nutrition in the first one thousand days of life and include improved maternal nutrition, appropriate IYCF, micronutrient supplementation (specifically, vitamin A, iron, zinc, calcium and iodine), and access to safe water and sanitation.<sup>46</sup> In Rwanda, 23 ENAs have been identified and are delivered via community health workers (CHW), through MINISANTE (health facilities), MININFRA, district authorities, community

---

<sup>44</sup> 2015, Government of Rwanda/International Centre for Tropical Agriculture, Rwanda Nutrition, Markets and Gender Analysis

<sup>45</sup> See, for example, the 2008 and 2013 *Lancet* series' on Maternal and Child Under-nutrition

<sup>46</sup> Key challenges in the water and sanitation sector are addressed in Section 5.4.

groups, and via NGO and UN partners.<sup>47</sup> According to 2015 data compiled under the REACH initiative (accelerating the scale-up of food and nutrition actions), the coverage of certain ENAs is at 100% for some districts, and all districts are implementing at least one. However, only one district is addressing all 23 ENAs, and only one district (with 75% coverage of ENAs) is reaching over 30% of the target population. Key obstacles include a lack of consistent and adequately geographically-focused support for all 30 districts, and the low levels of beneficiary coverage in some districts where ENAs are being implemented. Other challenges include inadequate community and individual level demand for ENAs; the sometimes inconsistent availability of key commodities such as therapeutic milk (therapeutic milk is distributed by health centres to malnourished children but the demand may be larger than supply given the impacts of climate change on food security) and iron-folate supplements at health facilities; and the lack of available resources for the pre- and in-service nutrition training of health workers and CHWs. At 4% per annum, Rwanda is achieving only average levels of stunting reduction (range: 0%-10%) and will have to scale up interventions and investments if reductions are to increase to 10% per annum and government 2018 targets are to be achieved.<sup>48</sup>

#### **5.1.2.6 Institutional capacity**

Despite increased investments and sustained progress, there are significant gaps in capacity to address child and maternal under-nutrition and malnutrition in Rwanda. This situation is partly a consequence of the scale and complexity of the nutrition challenges faced, but also reflects a shortage of resources and the need to increase across-government awareness of the risk under-nutrition and malnutrition pose to children's and women's rights, and to economic prosperity and sustainable development. In this context, stakeholders in the sector broadly recognize the need to step up efforts to further sensitize policy makers, national and district level authorities and major donors on the economic and social costs of under-nutrition, and to strengthen implementation modalities and political commitment. There is also a need to strengthen coordination at all levels, including horizontally within and across the diverse ministries, donors, and other actors active in nutrition, and vertically through the various tiers of government down to district- and community-levels. Shifting some of the burden of responsibility for coordination to the recently established National Early Childhood Development Program should help to emphasize the cross-sectoral nature of nutrition. Although nutrition is a core public health priority and concern, it is important to reiterate (through appropriate institutional arrangements) that further improvements in maternal and child nutrition will require dedicated cross-sectoral collaboration to deliver interventions at scale, and to maximum effect.

Other key challenges include a shortage of in-country nutrition expertise, and high levels of nutrition expertise attrition within government ministries and agencies; the absence of integrated 'nutrition' budgets at national and district levels; the uncertainty of funding for nutrition interventions; a

---

<sup>47</sup> These are child growth monitoring and screening; treatment of moderate and severe child malnutrition; diarrhoea treatment; deworming; micronutrient powder supplements; vitamin A and iron and folic acid supplementation; the provision of specialized nutritious food for complementary feeding; ensuring optimal complementary feeding and breastfeeding; community nutrition education; nutrition education in schools; school feeding (one cup of milk); social protection (safety nets); promoting small-scale horticulture (kitchen gardens); small-scale husbandry; food storage and preservation (stockpiling); crop bio-fortification; improved water, sanitation and hygiene; and promoting 4+ antenatal visits for pregnant women.

<sup>48</sup> Average annual rates of reduction for stunting are calculated from the 4-6 best consecutive years of reduction for different countries. For Rwanda 4% reduction is derived from 2010 and 2015 RDHS data (REACH, 2015).

tendency towards the district-level prioritization of short-term interventions over the longer term investments needed to reverse under-nutrition trends; the absence of effective functional linkages between District Development Plans and DPEMs; the need to improve coordination between the Food Security Working Group, the Nutrition Working Group and the National Early Childhood Development Program; and the need for joint reporting mechanisms at district level that reinforce local accountabilities and responsibilities.

#### ***5.1.2.7 Financing for nutrition***

Partly because achieving nutritional security requires multi-sectoral interventions – and across-government support – assessing nutrition-related budget expenditure and / or expenditure projections is a complex task requiring detailed analysis of reconstructed budgets and forward estimates within the various relevant sectors. The 2013-2018 National Food and Nutrition Strategic Plan notes the responsibilities of budget agencies and the various ministries, but there is less clarity in relation to what key funded activities are actually implemented by various actors. A 2016 UNICEF analysis of public financing for children concludes that the bulk of government ‘nutrition-related’ funding is directed to activities which cannot be considered as core nutrition programming. Secondary school feeding, for example, targets adolescents rather than children in the critical first 1,000 days of life. It is therefore important that modalities are developed to better capture nutrition-related interventions in the national budget and to ensure greater clarity in relation to how DPEMs are costed and financed within district budgets.



## 5.2 Towards equitable and child-sensitive social protection

### 5.2.1 Enabling environment

Alongside the state-funded provision of key social-sector services, the social protection sector in Rwanda has been developed and expanded as a key means by which to reduce poverty.<sup>49</sup> Providing evidence-based social protection – including through the provision of social transfers – supports children’s wellbeing and has broad relevance to the SDGs (particularly 1, 2 and 3). Well targeted social transfers (cash and in-kind) can alleviate income poverty, thereby helping families to ensure that children are adequately nourished; can benefit from education; and are able to receive appropriate healthcare.

Accordingly, social protection programmes in Rwanda are designed to provide income support to poor households, microcredit (financial services) to help the poor overcome financial barriers to accessing public services (such as health care and education), and in-kind support to improve household food security, nutrition and livelihoods.<sup>50</sup> Government commitment to social protection services was consolidated under EDPRS I when the flagship Vision 2020 Umurenge Programme (VUP) was established in 2008. Under the current 2013-2018 EDPRS II, social protection interventions are intended to also contribute to the priority of 'enabling graduation from extreme poverty' under the theme of rural development. Cabinet approved a first National Social Protection Strategy in 2011, and an updated version was released in July 2013 to align timeframes with EDPRS II.

The current Social Protection Strategy outlines processes that build on, and improve, the core set of social protection programmes delivered by MINALOC, and better align complementary initiatives delivered by other government ministries. Key priorities for the Social Protection Strategy include increasing the coverage of social protection programmes targeting the extremely poor and vulnerable; addressing child poverty and vulnerability in the poorest households; building a sustainable, efficient, effective and harmonized social protection sector; mitigating the impacts of climate change; and measuring and communicating social protection results and impact.

Alongside the flagship VUP, managed under MINALOC by the Local Administrative Entities Development Agency (LODA), the social protection sector has two other core programmes: the Genocide Survivors Assistance programme, managed through the Genocide Survivors Assistance Fund (FARG); and the Demobilization, Reintegration and Reinsertion programme, managed by the Rwanda Demobilization and Reintegration Commission (RDRC). These two programmes have very specific mandates, and beneficiaries qualify according to criteria over and above those related to poverty levels.

Households with children are generally well covered within all social protection programmes, with a recent UNICEF-supported equity analysis of EICV 4 data showing that 79% of households benefitting from FARG are households with children aged 0-18. For the RDRC, 95% of beneficiary households

---

<sup>49</sup> The UN Research Institute for Social Development defines social protection as concerned with preventing, managing and overcoming situations that adversely affect people’s wellbeing.

<sup>50</sup> Under GoR classification, social protection also includes women’s empowerment and child protection. Child protection is addressed in Section 5.7.

have children, whereas for VUP Direct Support and Public Works, 67% and 89% of households have children, respectively.

Due to its coverage and specific focus on poverty alleviation, the VUP has a direct relevance to the wellbeing of Rwandan children and their caregivers, and is therefore the key focus of the following discussion. However, key issues relating to the coverage of community-based health insurance, direct assistance, in-kind food assistance, and child and gender sensitivity are also addressed.

Specifically targeted at extremely poor families, the VUP contains VUP has three components: 1.) Safety Net Component that is inclusive of Direct Support (cash transfers for very poor households unable to work); Classic Public Works Scheme (cash for work); Expanded Public Works Scheme (cash for work); and Nutrition Support Services. The second, Livelihoods Enhancement Component, comprises Asset Transfers, Skills Development and Financial Services. The third component focuses on Sensitization and Community Mobilization. Targeting the VUP programme is based on the *Ubudehe* community categorization, which ranks households in relation to household socio-economic status. The community-level categorization of household poverty (largely considered to be transparent and fair)<sup>51</sup> takes several aspects of poverty into account (including distance to health and education facilities and access to safe water), but is principally linked to the presence and availability of household assets such as land and livestock, and the capacity of households to sustain livelihoods.

Until mid-2016 households were categorized into 6 *Ubudehe* categories.<sup>52</sup> Only the poorest households in categories 1 (abject poverty) and 2 (very poor) were eligible for support under the first two pillars of the VUP, depending on whether the household included at least one able-bodied adult (eligible for Public Works), or not (eligible for Direct Support).<sup>53</sup> Households in *Ubudehe* category 3, as well as those in categories 1 and 2, may apply for a financial services loan, as can households ranked in higher categories provided that they do so as part of a group containing *Ubudehe* categories 1, 2 and 3.

In addition to social protection measures under the VUP, FARG and RDRC, health insurance is provided under *Mutuelle de Sante* community-based health insurance to households currently categorized as *Ubudehe* 1 (previously *Ubudehe* 1 and 2). The social protection system also allows for the allocation of ad hoc income support to meet education and healthcare costs to households in *Ubudehe* 1, allocated at district level, and based on identified priority needs. Agricultural social protection measures, in particular the Girinka 'One Cow per Poor Family' intervention, have also

---

<sup>51</sup> *Ubudehe* categories are validated through community processes where multiple households are interviewed by district authorities at the same time and reported to promote transparency. Further validation is undertaken by Joint Action Development Forums at sector and district levels.

<sup>52</sup> Households are currently assigned into 4 categories where households in category 1 are considered to be 'very poor'; in category 2 as 'poor'; in category 3 as 'resourceful poor'; and in category 4 as 'the rich'. However, VUP coverage data is only available in relation to prior *Ubudehe* categories. The analysis here references these prior categories. 16% of households in Rwanda are now classified in *Ubudehe* 1, 30% in *Ubudehe* 2, 54% in *Ubudehe* 3 and 1% in *Ubudehe* 4.

<sup>53</sup> Apart from access to the VUP, other benefits are associated with membership in *Ubudehe* categories 1 and 2 including – in principle – contribution-free healthcare, freedom from land taxes and subsidised electricity (if available).

been implemented by the government in an effort to improve livelihoods and household nutritional status.

### **5.2.1 Key challenges**

In 2014, LODA, with support from the World Bank, commissioned and supervised an Impact Evaluation of the VUP which assessed VUP household surveys implemented by LODA in 2009, 2011 and 2014 and available qualitative evidence. Utilizing EICV data, analysis within the EICV 3 and 4 Social Protection Thematic Reports and findings from the LODA Impact Evaluation, the following section considers the coverage and impact of the VUP, health insurance, the Girinka programme, and income support for health and education. Challenges relating to key capacity gaps in the sector are also summarized.

#### **5.2.1.1 VUP programme coverage**

Commencing in 2008 in one sector for each of the 30 Districts in Rwanda, VUP expanded by adding at least 30 sectors each year. As a result, and according to data reported in the Joint Sector Report for 2015/16, VUP coverage has expanded to cover 416 Sectors (Direct Support), 210 Sectors (Public Works), with coverage of the expanded Public Works offering more acceptable modality of work for households with low labour capacity and caring responsibility for children or persons with disability rolled-out in 30 sectors with the aim of the gradual roll-out to all VUP sectors. Coverage of Financial Services includes 239 sectors. According to the EICV 4 Social Protection and VUP Thematic Report, 61% of households included in the VUP sample (and eligible for VUP) participated in the VUP programme at the time of the survey. The most recent administrative data, however, indicate that less than 52% of households in Ubudehe 1 are covered by Direct Income Support schemes (direct support and public works).

However, EICV 4 data show that households receiving benefits under Direct Support (where the benefits are adjusted to the size of the household) appears well targeted towards its intended beneficiaries (i.e. families where the community has determined that no member is able to work). The Direct Support households are much smaller than is typical for Rwanda as a whole, containing an average of just 3.1 members. They also have fewer children (67% compared to 89% in households included in Public Works) and are about five times more likely to include a household member over the age of 60. Half of households on Direct Support include a member with a disability, compared with only one in six households nationally.

The composition of households supported by the Public Works and Financial Services components differs markedly from those receiving Direct Support. Households participating in Public Works or accessing Financial Services tend to contain more working-age adults and children and young people (under 21) than average. This is particularly the case for Financial Services, where the typical household has 2.1 adults aged 21–59, compared with 1.8 adults per household nationally. Beneficiary households contained around the same number people aged over 60 as the national average, and about the same proportion of households include a member with a disability as in Rwanda overall (slightly less in the case of Public Works: 14% compared to 16% nationally).

Regarding consumption quintile characteristics of VUP participants, around 30% of household members in VUP-participating households were in the poorest quintile (Q1), and around 8% of the VUP beneficiaries are in the highest quintile (Q5). Forty-three per cent of household members

participating in Public Works programmes were from the poorest quintile (Q1), and 70% of participating household members were in either Q1 or Q2.

#### **5.2.1.2 Income support**

Data suggest that income support coverage providing public support such as financial assistance or food relief out of VUP programme is quite limited, with just 14% of all households reporting having received any financial assistance. With regard to payments to cover health and education costs, the poorest households in Q1 received the most Direct Support (18%), which falls progressively to 6% in Q5. The data also show that families in Q1 (19%) and female-headed households (22%) are twice as likely to receive any income support as households in Q5 (10%), and households headed by men (11%). However, income support is skewed towards the elderly, with households headed by a member over the age of 60 being twice as likely to receive income support as households headed by those of working age. Therefore, despite higher levels of income support for female-headed households, the data suggest that income support could be more child-sensitive.

#### **5.2.1.3 Agricultural social protection**

EICV 4 data show that the coverage of the Girinka programme has increased for all quintiles since 2010/11, however EICV 4 data shows that about 7% of households in quintiles 1-4 reported having received livestock under Girinka, which then falls 4% in Q5. Very little variation in levels of support under Girinka can be observed in relation to household heads being male or female, or in relation to whether the household head is over 60 or of working age. It is expected that this situation will further improve through an increasing coherence between the agricultural and social-protection sectors. The 2016 Multi-Sector High-level Stakeholder Meeting and Policy Dialogue on Social Protection and Agriculture, as well as increased focus on agriculture and livestock acquisition for the poorest households under the Minimum Package for Graduation from Extreme Poverty have resulted in strong collaboration to strengthen targeting and delivery of agricultural inputs to the poorest.

#### **5.2.1.4 Health insurance coverage**

According to EICV 4 Social Protection thematic report, coverage of health insurance is relatively high at 70% for all of Rwanda, with 79% of VUP programme beneficiaries covered by *Mutuelle de Sante*.<sup>54</sup> Coverage generally increases with wealth quintile: 84% of individuals in Q5 have health insurance, with figures falling progressively to 57% for individuals in the poorest Q1 households. However, comparing EICV 4 and EICV 3 data suggests that the coverage of health insurance in Q1 and Q2 increased between 2010/11 and 2013/14 from 53% to 57% for Q1 and from 61% to 64% for Q2. With regard to children, UNICEF equity analysis of EICV4 data estimates that, overall, children have slightly higher access to health insurance than the general population (72% for children and 70% for all Rwanda).

#### **5.1.2.5 VUP impact**

Challenges identified with regards to the VUP programme (derived from the LODA VUP Impact Evaluation Assessment) relate to coverage of the Public Works (cash for work programme); the

---

<sup>54</sup> Community-based health insurance (*Mutuelle de Sante*) constitutes 94% of all health insurance coverage in Rwanda.

duration of work-days and the availability of work; and inclusion and exclusion errors. However, the number of Public Works participants from higher Ubudehe categories has been decreasing over time (from 34% in 2009 to 29% in 2014 for Ubudehe 3, and from 10% in 2009 to 4% in 2014 for Ubudehe 4); and poor families – and families vulnerable to poverty – are increasingly benefiting from participation in Public Works. Nevertheless, the data do suggest that more needs to be done to maximize coverage for the very poor.

The LODA Impact Evaluation suggests that a larger number of beneficiary households were male-headed in 2014 (63% in 2014) than does EICV 4, which assess 55% of households as male-headed. Furthermore, the LODA Impact Evaluation reports that most of the households participating in Public Works do so for 1-3 months. The Evaluation does not provide information on the reasons for non-participation but the EICV 4 Social Protection Thematic Report reveals that some 40% of potential VUP beneficiaries said the reason for not participating was the lack of active public works programmes.

Direct support to households with children is considered to be of most potential benefit to young children. When it comes to the household composition of Direct Support beneficiaries under the VUP programme, EICV 4 data indicate that direct support households are much more likely to be female-headed (70%), are smaller than public works households (with the average size ranging from 3-5 members), and in most cases comprise of one elderly member, one adult and one child aged 6-18. Direct support households are typically less likely to include young children than they are elderly people, or children aged 6-18. The recent equity analysis of the EICV 4 data undertaken by UNICEF indicates that 67% of households benefiting from Direct Support are households with children under 18.

The Financial Services component of the VUP (microcredit) is considered (in combination with other VUP components and skills training) a key strategy to enable graduation from extreme poverty. Yet EICV 4 data still show limited coverage, with 5% of eligible Direct Support households and 27% of households participating in Public Works having taken out a loan in the last 12 months. As the EICV 4 Social Protection Thematic Report suggests, the use of loans was not confined to investments in business or assets, but often included expenditure on day-to-day consumption, and health and education costs.

Looking at how transfers are used, EICV 4 data show that most households spend payments on food and clothes (39% for public works recipients and 37% direct support). However, data also reveal that expenditure on health and education is much lower (12% for public works and 5% for direct support) than expenditure on other categories, including the purchase of livestock and materials for home improvement. This suggests that where households with children are beneficiaries of Public Works or Direct Support, there may be inadequate household funds available to fully cover out-of-pocket expenses related to children's health and education.

Looking at the impact on household consumption, the LODA Impact Evaluation concludes that VUP Public Works and Direct Support have had somewhat limited effect on the level of household assets in the period up to 2014 (other than livestock assets, particularly in Eastern Province and Kigali City). However, the data also show that the VUP has enabled an increase in the level of food expenditure for both Direct Support and Public Works households, but also that it has only impacted significantly

on food consumption levels for Direct Support households (measured in terms of number of meals consumed).

#### **5.1.2.6 Quality issues**

Despite difficulties in assessing the full impact of the VUP and other social protection measures on the wellbeing of children, the government has gone to considerable lengths to establish and expand a relatively comprehensive social protection system, overseen by a Sector Working Group and orientated and governed through an overarching sectoral policy. According to a 2016 UNICEF analysis of public financing for children, the share of the national budget dedicated to social protection measures increased by one percentage point to 4.3% between 2012/13 and 2015/16 (from RWF 45.3 billion to RWF 75.5 billion).<sup>55</sup> Considering the restrained fiscal space available to the government for social sector programming, this represents a major accomplishment. However, anecdotal evidence and consultations with stakeholders reveal that several critical challenges persist, particularly in relation to the sensitivity of the social protection system to children's and women's needs and wellbeing, and in relation to management and sector capacity. These are summarized below:

- Despite a consensus that the *Ubudehe* categorization process is relatively transparent, there are concerns about the overall quality of VUP targeting including, in particular, the inappropriate inclusion of households from higher *Ubudehe* categories, and exclusion errors of eligible households within VUP programmes.
- Regarding the timeliness of payments, the 2014 LODA Impact Evaluation assessed that just above half of Public Works-related transfers were received by beneficiaries on time. For Direct Support transfers, around 30% of payments were received late, and delays are often substantial (more than one month).
- Awareness of the Appeals and Complaints Process for the VUP is also a challenge - the 2014 LODA Impact Assessment reported less than 2% of VUP households being aware of procedures. Anecdotal evidence cited in the Impact Evaluation and based on interviews suggests that interviewees did not recognize the name (Appeals and Complaints process) but were aware of where to go to address their complaints. The main cause for an appeal or complaint was that households felt that they had been incorrectly assigned to an inappropriate *Ubudehe* category. However, for households that had lodged an appeal or complaint, most considered that complaints had been handled fairly.
- In relation to gender issues and the VUP, studies (including the 2013 VUP Gender Assessment) reveal a number of challenges.<sup>56</sup> In practice, there was found to be a limited recognition of the gender barriers to women's participation that can affect selection and targeting; and sometimes result in an inequitable level of participation by women. This relates, in particular, to the gender-based division of productive and reproductive labour at household level, with many women facing hidden barriers to participation relating to

---

<sup>55</sup> The percentage of the national budget dedicated to social protection measures in Rwanda is much higher than for many other African countries. For examples the percentages of national budgets devoted to social protection in 2014 were 1.1% in Burundi, 1.6% in DRC, 0.9% in Malawi and 0.2% in Uganda (Source: [www.governmentspendingwatch.org](http://www.governmentspendingwatch.org)).

<sup>56</sup> FAO. 2015. *Research on Rural Women's Economic Empowerment and Social Protection - Rwanda Vision 2020 Umurenge Public Works* (Qualitative report).

domestic and childcare responsibilities (this is particularly the case for single, female-headed households where extra responsibilities place acute restrictions on their time). However, according to the VUP Gender Assessment, the VUP has improved income generation at household level, and has increased access to markets. Most respondents also indicated an improvement in the sharing of household decision-making, and identified improvements in the equality of household relationships and in the quality of women's community-level participation. In relation to gender issues and the VUP, a 2016 FAO-supported qualitative study on rural women's economic empowerment and social protection (based on 2014 research) also revealed a number of challenges.<sup>57</sup> These include the limited impact of the VUP on the gendered division of household labour; the predominant use of Public Works and Direct Support transfers for household consumption; the limited impact of the VUP on women's business investment; and the need for the VUP to do more to enable changes in women's bargaining power at household level, particularly in relation to the control of household assets, and agricultural production. Also noted as obstacles to women's empowerment were the relatively low level of working days; the generally limited value of cash transfers; the burden of local credit account opening fees and government taxes levied on transfers; and, significantly, the inability of many women in households with high household dependency to be able to participate in Public Works. The FAO report also assessed that the VUP programme design has insufficiently addressed linkages between the VUP, community-based services and livelihood interventions which limit opportunities for female beneficiaries to move towards achieving viable economic livelihoods and graduate from poverty.

- In relation to children, limitations in data relating to the sensitivity of the Social Protection Sector to children and their basic needs impedes assessment of its effectiveness. However, in response to concerns about the Public Works component of the VUP (including negative influences on child nutrition due to the impact of strenuous physical work on the nutritional status of women and the conflict of interest for children between participation in Public Works and their childcare responsibilities), Public Works now has an 'expanded' component. The expanded Public Works should address issues such as primary caregivers self-excluding (and missing out on benefits) due to their care responsibilities, and the negative consequences for children brought to Public Works locations or left at home without adequate care. It should also address the issue of older children missing school to care for younger children while household caregivers participate in Public Works activities.

Recently the government has undertaken measures to address the above challenges. These include:

- Piloting an Expanded Programme of Public Works which continues to provide regular benefits for the community, but also offers year-round employment with more predictable payments, more flexible working hours, and work that is less physically demanding and closer to beneficiary households. Households with only one adult worker and at least one

---

<sup>57</sup> FAO. 2015. Research on Rural Women's Economic Empowerment and Social Protection - Rwanda Vision 2020 Umurenge Public Works (Qualitative report).

dependent are prioritized for participation in Expanded Public Works programmes. Work-site crèches at Public Works sites are also being trialled for children aged 0-24 months, and caregivers participating in public works are now being supported to develop home-based childcare arrangements.

- Endorsing a Child-sensitive Social Protection Options Paper (and its costed Implementation Plan) to better prioritize child and gender-sensitive measures, including Expanded Public Works and childcare.
- Piloting child-sensitive social protection options (including expanded public works) and nutrition-sensitive interventions in three sectors of two districts, which have demonstrated the viability and effectiveness of the CSSP approach. In particular, a recent 2017 UNICEF-supported evaluation of the pilot revealed a positive impact on household livelihoods and suggested that expanded public works offer a more flexible arrangement for caregivers able to work closer to home, and on less onerous tasks. The evaluation also found that the introduction of mobile crèches has provided a hub for caregivers to learn about children's developmental needs, resulting in improvements in home care, and infant and young child feeding practices. In addition, parents reported improvements in their children's nutrition and community health workers were able to provide evidence of closely monitored nutritional progress, demonstrating the evident value of generic feeding for children in crèches. Finally, the evaluation also found evidence of enhanced income-saving practices, and improved health outcomes for some children in pilot sectors.
- Scaling up child-sensitive Expanded Public Works, targeting 3,000 households for 2016/17, and an additional 12,000 households for 2017/18.
- Through the Ubudehe 2015 exercise the government has initiated steps towards developing a more effective targeting and appeals process. This includes work on an SMS-based appeals system, and wider dissemination of information in relation to the appeals process to communities.
- The VUP management information system (MIS) is being strengthened to improve targeting and real-time monitoring. Household profiling is also proposed as a means of improving the targeting of the beneficiaries and improving the integration of complementary measures.
- An integrated MIS for Social Protection is under development to further strengthen the targeting of beneficiaries, and to improve the integration of different programmes through the creation of a single registry, and the application of a sector-wide monitoring and evaluation framework.
- The Graduation from Extreme Poverty Minimum Package is being piloted by the government in 30 Sectors (one in each district) to strengthen the delivery of an integrated set of measures which combine the provision of safety nets with livelihood diversification to enable a more rapid graduation from extreme poverty, and to foster resilience to potential shocks.
- The VUP Programme Document has been redesigned to include three components: a safety net component, which covers Direct Support, Public Works (expanded and classic) and Nutrition Support Services; a Livelihoods Enhancement Component, which will include Financial Services (education, credit extension and insurance) and Formal Skills Training and Asset Grants; and a Sensitization and Community Mobilization component, which will disseminate information and introduce the Proximity Advisory Services at local level.



## 5.3 Sustaining health sector progress

### 5.3.1 Enabling environment

RDHS data presented in Section 4.2 clearly demonstrate that great progress has been made over the last 10-15 years in reducing all categories of under-5 and maternal mortality and morbidity, indicating a greatly improved coverage of key child and maternal health interventions. Other key achievements include a steep reduction in HIV prevalence from around 11% in 2000 to 3% in 2015; 90% coverage of all basic vaccinations for children aged 12-23 months; increased antenatal care (99% of pregnant women attending antenatal care at least once); increased delivery at facilities (91%); and the establishment of a comprehensive regulatory and health sector policy environment. Access has also been expanded through the establishment of health posts in every cell; the promotion of universal health insurance; the establishment of a comprehensive community health programme; and strengthened accountability.

Despite these achievements, under-5 and maternal mortality remains high and, although MDG targets for under-5 mortality reduction have been achieved, gains have been realized through mortality reductions in the post-neonatal period - reductions in neonatal mortality have been modest. Ongoing challenges in relation to the provision of timely neonatal care (coupled with high levels of maternal mortality, relative to the coverage of skilled delivery and ANC) suggest that the quality of services at facilities needs further strengthening.

Although there is a need to further expand health sector infrastructure, government commitment is evident in the substantial expansion of health sector resources over recent years. Data from the 2015 MINISANTE HMIS Statistical Yearbook show that between 2013 and 2015 there was a significant increase in the number of National Referral Hospitals (from 5 to 8); Provincial Hospitals (0 to 4); Health Centres (465 to 499); and Health Posts (252 to 471). The coverage of other types of health facility remained relatively unchanged except for the number of District Hospitals, which declined as a consequence of upgrades to Provincial Hospitals. According to HMIS data, there were 36 District Hospitals in 2015 (more than the number of districts in Rwanda); 123 private dispensaries; 5 private hospitals 13 community-owned health facilities; and 26 Voluntary Testing and Counselling Centres.<sup>58</sup> 2015 HMIS data also reports that all hospitals and 94% of Health Centres had viable internet connections. In terms of human resources, the number of health professionals and allied health professionals increased slightly or remained stable between 2013 and 2015. There are 1,392 medical doctors (1 doctor per population of 8,484 – WHO target is 1/10,000), 10,975 nurses (1 nurse per population of 1,094 – WHO target is 1/1,000) and 752 midwives (1 per 3,942 women of child bearing age).

Key priorities for the Rwanda health sector over recent years have primarily related to achieving improvements in maternal and child health; HIV/AIDS care and prevention; malaria control; infrastructure and human-resource development; increasing financial and geographic access; and ensuring effective health system financing and performance management.

Stewardship for the health sector in Rwanda is provided by MINISANTE and guided by the third 2012-2018 Health Sector Strategic Plan (HSSP III), and an updated (2015) Health Sector Policy. There is also an active multi-partner Health Sector Working Group and a number of technical working

---

<sup>58</sup> 2016 Ministry of Health HMIS Statistical Yearbook

groups that cover, for example, immunization, MCH, nutrition and HIV/AIDS. The overall aim of the Health Sector Policy and HSSP III is to achieve universal access to equitable and affordable health care services by improving coverage, demand and quality. The Policy and Strategic Plan also aim to strengthen sub-sector policies, resource management, monitoring and evaluation systems and health sector governance. There are also several other MINISANTE and government policy instruments that have a significant bearing on children's and women's health. Of particular relevance are the National Water Supply and Sanitation policies; the National Food and Nutrition Policy; the National Community Health Policy; the Health Financing and Sustainability Policy; the Rwanda Family Planning Policy; the Adolescents Sexual and Reproductive Health Policy; and the Strategic Plan for Child Survival.<sup>59</sup>

Most MCH services in Rwanda (e.g. antenatal care, management of childhood illnesses and immunization) are delivered through health facilities (Provincial and District Hospitals, Health Centres and Health Posts). There is also a Community Health Programme implemented through a network of approximately 45,000 CHWs (elected by communities) who form a critical link between services, health facilities and the community. Trained CHWs are currently deployed to all 30 districts in the country at a ratio of three CHWs per village (one in charge of maternal and newborn health, and a pair of male and female CHWs who provide general services).<sup>60</sup> CHWs are supervised at cell level by more experienced CHW (*Assistante Maternelle de Santé*) and an 'in-charge' at health-centre level.

Service delivery is organized in two key streams: Maternal, Community and Child Health; and Disease Control and Prevention. The former includes all key MCH services, including health promotion, family planning, sexual and gender-based violence, vaccine-preventable diseases and nutrition, and the latter addresses both communicable and non-communicable diseases as well as mental health, and drug abuse prevention and treatment.

### 5.3.2 Key challenges

As a consequence of well-targeted investments and of the high priority afforded to health sector development in Vision 2020 and successive poverty reduction strategies, the sector has achieved remarkable successes, including in relation to mother and child health. Many of these are evident within the data presented in Section 4.2 and are detailed in several readily available publications.<sup>61</sup> Therefore, and as for other sectors, the challenges identified in the Rwandan health sector must be understood in relation to the enormity of the obstacles that were faced; the extent of achievement since 1994; and the constrained fiscal space available to the government. Current health sector shortcomings must also be understood in relation to the acute challenges of delivering healthcare in Rwanda, and the substantial health needs of a densely populated, youthful and agrarian nation.

Overall, the sustainability of health sector gains continues to be challenged by population growth and demographic pressure; restrictions on geographical and financial access for key populations;

---

<sup>59</sup> NB: A review of the effectiveness, impact, efficiency and/or implementation of individual health sector policies is beyond the scope of the SitAn. For more information on current health sector policies please see: <http://www.moh.gov.rw/index.php?id=183>

<sup>60</sup> CHWs are also trained to provide community level education on children's and women's nutrition, and undertake child growth monitoring and screening for malnutrition.

<sup>61</sup> For example, see: UNDP. 2015. National Human Development Report (chapter 5); and MINISANTE. 2015. *Success Factors for Women's and Children's Health*.

human resource shortages; sub-tropical climatic conditions that foster disease; inadequate child and maternal nutrition; limited access to safe water and sanitation in some locations; gaps in the coverage of health insurance; sometimes inadequate utilization of health services; and the limited fiscal space for continuing expansion and quality improvements.<sup>62</sup>

Drawing primarily on discussions with health sector stakeholders, the recent 2015 Mid Term Review of the HSSP III (referred to below as 2015 HSSP MTR), and the 2016 UNICEF-supported Comprehensive Evaluation of the MINISANTE Community Health Programme (referred to below as CECHP), the following section summarizes key challenges facing the sector.<sup>63</sup> The description of challenges is organized in relation key components of the HSSP III, and emphasizes issues of particular relevance to the health of children and women.

#### **5.3.2.1 Management of common childhood illnesses**

Despite significant achievements in raising awareness around malaria and in relation to the increasingly widespread use of insecticide-treated bed nets (ITNs), the incidence of malaria has increased (as indicated by an increase in the slide positivity rate from 15% in 2010 to 37% in 2015 - HSSP III MTR). Causes are thought to relate to climatic changes; insecticide resistance; and the lack of an effective multi-sectoral malaria control strategy. In relation to treatment seeking, 2015 RDHS data show that advice from a health facility or service provider was sought for just 49% of under-5 children with fever (13% from a CHW). RDHS data also show advice was sought for 54% of under-5 children with acute respiratory infections (14% from a CHW), and for 44% of under-5 children with diarrhoea (10% from a CHW).

#### **5.3.2.2 Maternal and newborn health**

Key challenges include the high incidence of maternal and neonatal mortality; inadequate coverage of optimal ANC (4+ visits) and postnatal care; shortfalls in relation to intra-partum care and the management of newborn illness; and delays to the timely arrival in hospitals of pregnant women for delivery.

#### **5.3.2.2 Family planning**

Challenges include unmet demand for family planning (see Section 4.2); misconceptions relating to family planning, limited coverage and quality of adolescent-friendly reproductive health services; and a lack of clarity around the impact of user-fees for family planning services.

#### **5.3.2.4 Health promotion**

According to the HSSP MTR, health promotion is undertaken largely at the community level by CHW cadres at an average of two sessions per month per cluster of CHWs. Topics most covered include

---

<sup>62</sup> MINISANTE has considerable responsibility for promoting and coordinating effective nutrition interventions, particularly in relation to stewardship through the TWG, and by ensuring the provision of micro-nutrient supplementations and nutrition monitoring. However, the scope and complexity of challenges in relation to improving maternal and child nutrition in Rwanda, and the multi-sectoral nature of the responses required, necessitates that nutrition is addressed independently. Therefore, and with exception of micronutrient supplementation and nutrition monitoring, the SitAn covers challenges in relation to improving nutritional status separately in Section 5.1.

<sup>63</sup> 2015. MINISANTE, Mid Term Review of the Rwanda third Health Sector Strategic Plan (HSSP III: 2012 – 2018); and, 2016. MINISANTE/Liverpool School of Tropical Medicine, Comprehensive Evaluation of the Community Health Programme in Rwanda.

hygiene promotion, health-seeking behaviour and use of ITNs. However, despite the existence of a Health Promotion Strategy and a Department of Health Promotion, interventions are rarely evaluated and there is insufficient technical and supervisory capacity for health promotion at district level. Other challenges include the absence of collaboration between CHW cadres across the districts, and the prevalence of ad hoc approaches to health promotion. As noted in relation to health-seeking behaviour for child fever, respiratory infections and diarrhoea, there is a need to further invest in generating demand for services.

#### **5.3.2.5 Other communicable diseases**

The most-reported communicable diseases are diarrhoeal diseases, acute respiratory infections and malaria (see management of common childhood illnesses above), HIV and AIDS, tuberculosis and neglected tropical diseases (NTD). According to the 2015 HMIS Statistical Yearbook, NTD continue to be an important cause of morbidity in Rwanda. Ascariasis (round worms) is by far the most common form of NTD and the prevalence of Schistosomiasis is estimated at 2%. Key challenges identified by the 2015 HSSP III MTR include difficulties in assessing extent to which NTD control strategies have been implemented; the absence of donor funding for NTD control; and the need for coordinated multi-sector interventions, increased coverage of safe water and sanitation, and improvements in waste water management. In relation to tuberculosis, detection among children remains a serious challenge and financial constraints are similar to those currently faced by malaria and HIV programmes.

#### **5.3.2.6 Non-communicable disease**

A non-communicable disease (NCD) policy is in place and clinical guidelines have been developed for a range of NCDs. According to the 2015 HSSP MTR, challenges include the increasing incidence of NCDs (as life expectancy in Rwanda increases); a shortage of specialized services; the high cost of NCD interventions; and the risks NCDs present to future health sector financial sustainability.<sup>64</sup>

#### **5.3.2.7 HIV/AIDS**

According to the 2015 HSSP III MTR, HIV prevalence has stabilized between 2005 and 2015 at around 3%; PMTCT services are well established and 80% of those in need receive treatment. The 2013/14 National HIV Annual Report data on mother-to-child transmission show that transmission rates have reduced from 7% in 2009 to 2% in 2013/14. However, the same report also shows that mother-to-child transmission rates are higher among younger women and female sex workers (more than 5% for young women and 8% for female sex workers). Overall sectoral challenges include potential funding decreases for HIV/AIDS programming; evidence of emerging drug resistance; and the need to strengthen prevention services for most-at-risk groups including adolescent girls, young women, men who have sex with men and female sex workers.

---

<sup>64</sup> Stakeholders in the sector have noted concerns about increasing levels of childhood obesity (currently 8% U5) which may – particularly in urban areas – become a factor contributing towards higher levels of non-communicable disease. Similarly, if not soon addressed, rising levels of obesity, diabetes and hypertension among pregnant women may threaten the gains achieved in maternal health.

### **5.3.2.8 Mental health**

There is a 2005 National Mental Health policy and, according to HMIS data, there were 154 mental health workers and 161 clinical health psychologists in 2014. In addition, the 2015 HSSP III MTR reports that 15,000 CHWs have been trained to recognize mental health suffering. Challenges include inadequate internal and external resources; inadequate research and documentation in relation to the extent of mental health challenges; stigma against people with mental health challenges; the abuse of alcohol and drugs, including among young people and adolescents; and the shortage of qualified staff, with HMIS data showing that there is only one mental health worker for every 73,805 people, and one clinical psychologist for every 72,827 people.

### **5.3.2.9 Immunization**

As noted previously, coverage is high. However, sustainability of the immunization services may become a challenge in the face of declining sector resources. At the same time, global vaccine prices have declined, alleviating some of the pressures on a declining budget.

### **5.3.2.10 Health financing**

The Government of Rwanda budget allocated to health is 16.52%, which surpassed the 15% required under the 2001 Abuja Declaration, demonstrating the high commitment and support to the development of the health sector.<sup>65</sup> The HSSP III MTR assesses a high degree of dependency on external financing (61% of the total health sector budget allocation) and notes that actual and potential reductions in the level of external financing (particularly in relation to GAVI, GFTAM and PEPFAR funding) for the health sector present a challenge to the sustainability of service provision. In addition, challenges such as population growth; variations in the incidence of malaria; imperatives to reduce neonatal mortality and increase ANC coverage to 4+ visits; and the need to maintain HIV prevention and care services, will all put further pressure on health sector resources. Other key challenges identified include a 33% resource gap in relation to ongoing HSSP III implementation; low private-sector contributions (under 2%); stagnant coverage of community-based health insurance; some management inefficiencies, including unnecessarily high administrative costs; inadequate financial reporting and accounting for some health facilities; problems with community-based health insurance reimbursements; and the need for increased investments in the analysis of cost-effectiveness in the health sector. Stakeholders have also raised concerns about the introduction of user-fees for services which may affect access and generate insufficient revenue to cover financing gaps. Also identified as a challenge is the limited contribution to sector financing made through the CBHI (less than 40% according to MINISANTE) and the future sustainability of CBHI.

---

<sup>65</sup> 2015 Ministry of Health, Midterm Review of the 3<sup>rd</sup> Health Sector Strategic Plan 2013-2018

### **5.3.2.11 Access to healthcare services**

Over recent years, access to services has increased as a result of more operational health centres and health posts, and increased coverage of core services, including through the Community Health programme. There is at least one health center per sector and plans to roll out one health post per cell. Physical access has also improved, with EICV 4 showing an average walking time to health centres of around 56 minutes (64 minutes for the poorest households in Q1, falling to 43 minutes for households in Q5). However, these figures are averages and Rwanda's hilly topography would suggest that distances to health facilities remain a challenge, in particular for rural households which are typically further away from facilities.

Access to health insurance has significantly improved (84%)<sup>66</sup>, particularly for the poorest households. Overall, possession of health insurance remains lower in the poorest consumption quintile compared to the highest.<sup>67</sup> The capacity of households in the poorest quintiles to make out-of-pocket payments and co-finance visits to health services (health services for Ubudehe categories 1 are free) has not been adequately researched, but looking at 2015 RDHS data it is likely that finding money for healthcare is often more of an obstacle to care-seeking than physical distance.<sup>68</sup> While 49% of all women aged 15-49 report financial barriers as the most significant obstacle, just 22% report physical access as a challenge (education levels, getting permission or having children seem to have little bearing on access). For women in the poorest quintile, 77% report 'getting money for treatment' as a major challenge. While financial barriers to seeking care decline progressively from 63% in Q2 to 24% in Q5, 2015 RDHS data seem to indicate that financial barriers are significant across all wealth quintiles. Moreover, a comparison of 2010 and 2015 RDHS data reveals that while overall financial barriers were reported as slightly less prevalent in 2015 for Q3 (2015: 51%, 2010: 55%) and for Q4 (2015: 36%, 2010: 45%) and Q5 (2015: 24%, 2010: 32%), financial barriers have increasingly become more of a barrier for households in the poorest quintiles (Q2: 2015: 63%, 2010: 61%, and Q1: 2015: 77%, 2010: 74%). Working as a disincentive to care-seeking (particularly care-seeking that might be inaccurately perceived within households as non-essential) financial barriers to the utilization of services – including user fees – may in the longer term prove to undermine children's and women's health gains, and possibly the viability of co-financing systems. 2015 RDHS data show that 82% of women in Q1 report one or more problem accessing services, which falls progressively to 51% in Q4, and 32% in Q5. In this context, health promotion efforts designed to foster utilization should be evaluated in relation to both the physical and financial barriers to access, in addition to the role that social norms and cultural values may or may not have in undermining utilization.<sup>69</sup>

---

<sup>66</sup> MOH Annual Report 2016

<sup>67</sup> EICV4

<sup>68</sup> A nominal user fee was introduced in 2014 at all levels (including for CHW visits) and ranges from 200 to 500 RWF per visit (depending on the services offered and the type health insurance coverage). Although these amounts are considered nominal, global evidence generally indicates that the introduction of user fees of any amount can have a significant impact on access to services.

<sup>69</sup> Gaps in caregiver knowledge and negative social mores relating to health services are often assessed as a cause of inadequate utilization, whereas more focused qualitative research sometimes reveals that these gaps can be less of a barrier to health seeking and service utilization than financial or geographic challenges. This is supported by a recent 2016 evaluation of the use of rapid SMS by CHWs as a means to improve the uptake of MCH services. The evaluation found that communication interventions were most effective in locations where supply-side issues were also addressed. However, the evaluation does not address the extent to which improvements to the uptake of services were more or less attributable to improved communications or to

### **5.3.2.12 Service delivery**

According to the HSSP III MTR, district health service delivery is sometimes undermined by gaps in leadership, planning, budgeting and management, and by insufficient funds for the full implementation of district health plans in some districts. Gaps in the collection, analysis and use of evidence are apparent, and communication between sectors and districts, and between districts and district-level health sector constituents, also needs strengthening. Funding for health facilities is sometimes inadequate and sustainability is also a challenge, given that 12%-16% of clients are not making co-payments. Health workers sometimes quickly exit the system when partner funding abruptly ends, and there are also challenges in relation to assessing district-level performance.

Service delivery at provincial and referral hospitals is challenged by a shortage of specialized health workers and a high turnover of health professionals and allied health workers as a consequence of unpredictable funding; reductions in external funding; and staff exiting for private sector opportunities. Equipment maintenance and utilization is also reported an issue, with the HSSP III MTR reporting a lack of adequate skills for using some equipment and for maintenance. Provincial hospitals have limited mechanisms for the generation of internal revenue.

In relation to the CHP, the recent CECHP reports that while most users report overall satisfaction they expressed concerns about the quality of care, the poor education of some CHWs, and their lack of trust for some CHWs. In this context, the CECHP found that training for the CHW networks is sometimes affected by inconsistencies and gaps, with some CHWs not having received training on core CHP components under their responsibility. Duplications and reporting challenges are also noted, and CHW supportive supervision is not always optimal, with a low level of 'in-charges' to CHWs, and limited resources for supervision. Challenges in relation to the timely procurement and distribution of medicines are evident, as are problems with the provision of sometimes less essential medicines, and medicines that have expired. Sectoral stakeholders have also raised concerns that financial resource restraints affecting the health sector as a whole may in turn affect the sustainability of the CHP.

### **5.3.2.13 Institutional capacity**

The 2015 HSSP III MTR reveals challenges relating to the operation and management of the health sector as a whole. These are summarized below.

- In relation to planning and budgeting, the availability and use of district-level data is limited and comprehensive district-wide health sector plans are not always in place. In addition, the alignment of development partner and government planning processes is not fully effective, and resource-tracking systems are not adequately used for planning.
- Although HSSP III targets for doctor / population ratio, nurse / population ratio and midwife / population ratio have been achieved, and a despite a significant expansion in medical education, the HSSP III MTR assesses that there are still not enough health workers (particularly specialist doctors, including paediatricians) to meet population needs.

---

improved services, or to a combination of both (see: University of Rwanda. 2016. *Evaluating the Impact of Rapid SMS: Final Report*).

- With regard to quality assurance, standards and accreditation, there is as yet no independent accreditation body, although coordination is currently undertaken through the MINISANTE accreditation steering committee.
- Research and knowledge generation are limited and although HSSP III targets stipulate a 1% investment of funds for research, only 0.18% was invested in 2014. The research that is undertaken is usually funded by development partners, and relates to specific and planned interventions.
- Aside from MINISANTE stewardship and policy guidance, health sector governance is coordinated through the Health Sector Working Group. However, the 2015 HSSP III MTR observes that following requests for a greater division of development partner labour (and the subsequent exiting of some partners from the sector) policy dialogue within the SWG has become less robust, with the SWG tending to delegate policy discussions to the TWGs (resulting in a fragmentation of health sector components). Communication and harmonization among development partners is reported to be in need of improvement, and progress has been limited in bringing more off-budget development partner resources into on-budget processes. Monitoring and evaluation tends to be undertaken in relation to sector programming which can undermine the development of an effective sector-wide monitoring and evaluation system (also compromised by staffing shortages and capacity gaps).
- There is no comprehensive report on financial management or budget execution in the health sector, including for government, development partner and NGO spending. This limits programme evaluation (as noted in the 2016 CEHP) and undermines effective planning.



## 5.4 Universal access to safe water, sanitation and hygiene

### 5.4.1 Enabling environment

Ensuring universal, equitable access to safe water and adequate sanitation and hygiene services underpins sustainable socio-economic development and is critically linked to efforts to improve nutritional status, overall population health, poverty reduction food security<sup>70</sup> and environmental management. Access to safe water, sanitation and hygiene services is fundamental to the prevention of waterborne diseases including diarrhoea, malaria and intestinal parasites, all of which weaken children's immune systems and leave them vulnerable to disease and malnutrition (through decreased food intake, impaired nutrient absorption and direct nutrient losses). As noted in Sections 4.2 and 5.1, malnutrition, under-nutrition and childhood illnesses pose a great risk to young children's cognitive and physical development and consequently to prospects for future economic and social prosperity.

The government recognizes the foundational – and cross-sectoral – importance of ensuring universal access to safe water, sanitation and hygiene services (which are among the priorities of Vision 2020 and EDPRS II). The government has also endorsed SDG 6 (Ensure availability and sustainable management of water and sanitation for all), has recognized the importance of this SDG to national development, and has demonstrated commitment by stating that the Vision and Mission of the National Water Supply and Sanitation Policies are to ensure sustainable, equitable, reliable and affordable access to safe drinking water and sanitation for all Rwandans by 2020. The government has significantly increased the allocation of resources towards the achievement of this goal and demonstrated strong commitment through the 2016 adoption of revised national policies and implementation strategies for drinking water supply and sanitation. These new policies include measures to strengthen the decentralization of water and sanitation services, with a focus on the development of innovative financing mechanisms for decentralized service-provision and enhancing the performance of public-private partnerships.

In terms of sector management, MININFRA is the lead government ministry responsible for the formulation of sector policies and strategies, sector oversight, budgeting and resource mobilization; and overall sector performance monitoring. There is also a Sector Working Group which brings key actors together and is co-chaired by a development partner (currently Japanese International Cooperation Agency). The Ministry of Land and Forestry formulates water resource management policies, strategies and laws, while the Ministry of Environment leads in enforcement of environmental regulations and awareness promotion.

MINISANTE manages and leads for household sanitation and hygiene promotion; MINALOC – in charge of decentralization – supports district-level planning, administration and financing; and MINEDUC oversees water and sanitation elements of school health. Project planning and implementation, including service provision, is undertaken by district authorities (and in Kigali by the Kigali City Council), with support from the Rwanda Water and Sanitation Corporation (WASAC).

---

<sup>70</sup> In countries where land resources are scarce, irrigation can help to mitigate the effects of land scarcity, and allow for increased cultivation of otherwise unused or underused lands, thereby potentially increasing agricultural production.

Services are provided through public-private partnerships managed at the district level by District Water Supply and Sanitation (WSS) boards, with support from the WASAC Rural Water Supply Directorate (and by WASAC for Kigali). Independent regulation is provided through the Rwanda Utilities Regulatory Agency (RURA), the Rwanda Standards Board (RSB) and the Rwanda Environment Management Authority (REMA).

Under the new water supply and sanitation policies, water quality is monitored through a three-tier approach which comprises mandatory water self-monitoring by private-sector providers; the oversight of water quality-monitoring by WASAC in rural areas and regular monitoring in urban areas, and external spot-checks undertaken by RURA. To facilitate and enhance these processes WASAC, in cooperation with MINISANTE and RURA, are developing Water Safety Plans and will build capacity for regular water-quality surveillance.

#### **5.4.2 Key challenges**

As described in Section 4, Rwanda has made remarkable progress towards increasing access to both safe water and adequate sanitation facilities, with EICV data showing that access to safe water increased from 74% to 85% between 2010/11 and 2013/14, and access to improved sanitation from 75% to 83% over the same period. Significant progress has also been made towards closing equity gaps with regard to rural-urban disparities, and access to water and sanitation for the poorest (see below). However, if 2020 access and coverage targets are to be met a number of challenges will need to be addressed. Based on analysis contained with the revised water and sanitation policies, and on consultations with key sectoral stakeholders, these challenges are summarized below. Key actions to address these challenges are also noted. It should be noted that the EICV data uses the MDG level of ambition while the SDG level of ambition is far greater and more complex. Therefore the SDG baseline data that exists provides a different picture.

##### **5.4.2.1 Water supply**

- Although significant progress has been made towards ensuring access to safe water, some barriers to access remain, especially for poor rural households. EICV4 data indicate that 81% of households in Q1 and 89% of households in Q5 have access to safe water, although access can be considered pro-poor given that 81% of households in Q1 do not pay water fees (compared to 42% of households in Q5). Times required to collect water reveal inequities, households in Q1 walking for an average of 5 minutes longer to collect water than households in Q5 (16.4 minutes and 11.4 minutes, respectively).<sup>71</sup>
- Issues relating to rural access and water supply for unplanned and scattered settlements in hilly and / or relatively remote locations are recognized in the 2016 National Water Supply Policy, as are challenges related to securing funding to increase access. For this reason, the Policy notes the need to identify and prioritize high-impact projects that can fill access gaps, and to develop corresponding financing plans.

---

<sup>71</sup> As noted previously, the 2015 RDHS does not disaggregate access to safe water or sanitation by wealth quintile. However, RDHS data do reveal that 55% of rural households spend 30 minutes or longer walking (round trip) to collect water for the household. This seems to be at odds with EICV data, and has implications for children and women tasked with collecting water, who may be exposed to violence or abuse, and/or are suffering from under-nutrition. For children, time missed from school may also be an issue.

- In terms of rural water supply management, the 2016 National Water Supply Policy identifies a need to promote economies of scale by clustering service areas to make them more attractive (and potentially profitable) for private-sector suppliers, and to improve the availability of technical and managerial capacity. Also identified is the absence of a fully developed operation and maintenance support structure that can provide services including technical advice, spare parts supply, credits for major repairs or scheme extensions, and training. Monitoring and evaluation for rural water supply schemes also need improvement and would benefit from a strengthened RURA presence at district level, and the development of an internet based management information system that can be accessed by different stakeholders (WASAC, RURA, Districts, private sector operators and the general public).
- For urban water supply, the 2016 policy identifies the need to develop a strategic plan that prioritizes actions to achieve 100% coverage, to intensify private sector engagement and to undertake further research into options around the financial viability of increased coverage for the urban poor.
- Most importantly, the policy recognizes the necessity of a developing and implementing a pro-poor approach that includes a clear demarcation of policy measures to address vulnerable populations (including children and the disabled), a review of tariffs and their impact on the poor, and improved oversight and regulation of water suppliers.
- Impacts of climate change on rainfall patterns (and thus water flows) are emerging, which could indicate a change in water availability. There is inadequate data to understand the impact that changes in rainfall patterns will have on drinking water sources.

#### **5.4.2.2 Sanitation**

- Despite improvement in sanitation services, EICV data indicate that the coverage of sanitation is less equitable than for safe water, which has implications in terms of children's health and nutritional status. While EICV4 reported that 94% of households in Q5 access improved sanitation, this falls progressively to 74% in Q1. Some 37% of Rwandan households are sharing sanitation facilities (at relatively similar rates across all quintiles) which, according to the RDHS series, does not constitute the use of improved sanitation.<sup>72</sup>
- Although most households have financed and built their own pit latrines, the quality of some open-pit latrines is considered inadequate. Poor households – particularly in relatively remote and/or hilly areas – also face challenges in terms of raising the necessary resources to fund pit latrines. There is therefore a need to develop a pro-poor financing mechanism if 2020 sanitation coverage targets are to be met. This would include efforts to make sanitation facility products available at local markets, as well as access to micro-finance to encourage households to construct or rehabilitate latrines.

#### **5.4.2.3 Hygiene**

- As noted in Section 4.1, 2015 RDHS data show that a place for handwashing was observed in just 12% of households (9%10% for Q1 to Q4, and 20% in Q5) and that among these households, 37% had soap and water. This suggests that despite the benefits of handwashing being well understood, practice remains inadequate.
- Community health clubs have been established in all districts (and are registered in 98% of villages) to promote improved sanitation (supported by CHWs). Further efforts are required, 42.3% of community health clubs are fully functional.
- There are major challenges in terms of solid waste management including the high levels of

---

<sup>72</sup> It should also be noted that the reliability of access figures is acknowledged in government sanitation policy as a consequence of inherent difficulties in correctly assessing the quality of the private pit latrines.

household waste dumped in fields and bushes (recorded by EICV4 as practiced by 31% of households). Management of solid waste has been previously delegated to households, communities, NGOs, the private sector, community associations and district authorities, which often operate with limited technical and financial means. Although some waste sorting, composting and recycling activities have been implemented over recent years, and efforts are made to maintain communal environments, there is a need to further develop recycling incentives, invest in landfill sites and establish a national waste-management task force to support and advocate the establishment of a waste management MIS, as well as increased decentralized waste management capacity (including through the recruitment of District Hygiene and Sanitation Officers).

#### **5.4.2.4 WASH in institutions**

- WASH coverage in primary and secondary schools is 36%.
- Support to girls to manage menstrual hygiene in schools is inadequately monitored, although signals are that it is weak.

#### **5.4.2.5 Cross-sectoral challenges**

##### *Financing*

EDPRS II targets for achieving 100% water supply and sanitation coverage by 2017/18 are considered ambitious (although motivational). This is particularly the case for sanitation, given the scale of the improvements required, the limited availability of options for low-cost household sanitation, and estimates in the 2016 Sanitation Policy which suggest that at least 500,000 new household sanitation facilities will need to be rehabilitated or newly constructed. Hygiene promotion – which has received a very small share of overall sector budgets – will also need to be prioritized, as will community-level demand, district-level waste management and district-level capacity development for improved sanitation. Solid waste and storm water management will require enhanced institutional capacities and costly new infrastructure. Investments with low financial return are usually not particularly attractive for the private sector and will probably require public finance and/or subsidies, which have cost implications. Other potential challenges with financing implications include limits to private-sector capacity and opportunities for additional public-private partnerships; supply-chain issues including the absence of local manufacturers and readily available spare parts (e.g. for pumps); challenging hilly topography; and the costs involved in transporting supplies and equipment from Mombasa on the Kenyan coast.<sup>73</sup>

In terms of past expenditure in the water and sanitation sector, figures from the National Budget Law reveal financing for the sector has increased, with total revised allocations increasing from Rwf 21,116,244,307 in FY 2013/14 (1.4% of total national budget) to Rwf 32,274,400,82 in FY 2014/15 (1.9% of total national budget).<sup>74, 75</sup> Water supply at all levels has consistently received the lion's share of expenditure, with expenditure for sanitation and hygiene representing just 6% of the total sector budget allocation in 2015/16.<sup>76</sup> This is below expenditure targets for sanitation and hygiene

---

<sup>73</sup> Climate change also has implications for the water and sanitation sectors and is discussed in Section 6.2.

<sup>74</sup> The FY 2016/17 allocation for the WSS sector (Rwf 31,549,319,478) is at similar levels as for 2015/16.

<sup>75</sup> However, these figures seem to be contradicted by data coming from Joint Sector Review processes, which show that central-level expenditure on water and sanitation fell from Rwf 14.8bn in 2013/14 to Rwf 12.9bn in 2014/15 (UNICEF, 2016).

<sup>76</sup> Gaps in the provision of hygiene and sanitation services are being to some extent by DPs; however, the extent to which this is the case remains difficult to assess from publicly available expenditure data.

(34% of total sector budgets) within the 2016 water supply and sanitation policies, and provides some explanation of why investments in sanitation and hygiene are now so urgently required.

Unlike budgetary allocations to health and education, the available data on planned budget allocations for water and sanitation (Annex II-2 of National Budget Laws – MINECOFIN) show that total budget allocations to the districts fell by 23% (from Rwf 13,432,761,358 in FY 2013/14 to 10,566,344,748 in FY 2015/16), with almost an equal amount planned for 2016/17. Although the government has increased earmarked transfers for water and sanitation, these have not been sufficient to compensate for large falls in project and grant-related funding provided to districts through transfers from other agencies and via external grants. In terms of external financing for the water and sanitation sector, there have been (and continue to be) a multitude of active donors including the African Development Bank (AfDB), the Government of the Netherlands, Swiss Development Cooperation, the Japanese International Cooperation Agency and the European Union. Assistance is provided in the form of both on- and off-budget allocations and, as for other sectors, it is sometimes difficult to ascertain whether or not donor funds are being adequately captured by MINECOFIN breakdowns of external and domestic financing in National Budget Laws. However, MINECOFIN data do show a decline in external financing with the 'drinking water access' budget line showing that external financing for this budget category declined from 66% in 2013/14 to 18% in 2015/16. However, some of the donor-funded projects may not be accounted for within MINECOFIN data.

Nevertheless, and regardless of specific detail, the level of external financing seems insufficient to meet the expenditure projections required to meet EDPRS II WSS coverage targets by 2020. Stakeholders reveal that the government faces a funding gap of some USD 240,000,000 if EDPRS targets are to be reached. In this context, the new Water Supply and Sanitation Policies rightly identify the need for sector, sub-sector and district-level financing plans, and an overall investment plan for the sector that includes the development and implementation of a 'continuous investment' approach to sector financing.

#### *Institutional capacity*

As for other sectors, a comprehensive review of WSS sector capacity is beyond the scope of this SitAn and would require an ongoing and detailed capacity gap analysis that addressed shortcomings across a range of key ministries, government agencies and private-sector implementing partners. However consultations with stakeholders and analysis within the 2016 water supply and sanitation policies reveal a number of challenges.

- In relation to coordination, the depth and complexity of the challenges faced requires a consolidation and strengthening of roles and responsibilities for all government agencies active in the sector (in particular WASAC, RWS and RURA) and greatly heightened coordination among the various government, private sector and development partner actors. As noted, there is a SWG under MININFRA but to date the SWG has perhaps been overly preoccupied with water supply at the expense of sanitation improvements, which will in future require greater and more consistent collaboration between MINISANTE, MINALOC and MININFRA.
- In relation to district capacity, the new water and sanitation policies note significant improvements as a result of increased decentralization but also ongoing gaps in relation to the level of technical expertise required to ensure compliance with implementation standards. The new policies thus recommend sector-specific backup to the districts and revised training arrangements to eventually

replace existing project implementation units. The 2016 Water Supply and Sanitation policies also recommend sector capacity needs assessments with specific emphasis on the district level, as well as the coordination of capacity development strategies and activities with the MINEDUC Workforce Development Authority, and Integrated Polytechnic Regional Centres. Other capacity development priorities identified include the need to strengthen the enforcement of existing and emerging regulations with regard to issues such as sludge emptying services, household solid waste separation, and storm water management standards.

- There is also a need to improved data disaggregation, and the quality of data and indicators relating to coverage, implementation, and sector and sub-sector financing. As the 2016 WSS policies note, monitoring and evaluation and performance measurement require strengthening, and a further shift towards results-orientated management, planning and budgeting. With regard to the Joint Sector Review (JSR) processes, the policies note a need for well-defined performance indicators and that the current JSR review process does not allow for a sufficient analysis and discussion of underlying challenges and constraints. Finally, there is a need to improve the collection of disaggregated data relating to how interventions and policies affect children’s and women’s wellbeing, and in relation to social equity issues.

## **5.5 Investing in early childhood development**

### **5.5.1 Enabling environment**

During the first few years of life a child’s brain and body grow rapidly and are extremely sensitive to a range of environmental factors. Conclusive international evidence clearly demonstrates that negative influences, including poor maternal health and nutrition, depression during pregnancy, poor infant and child nutrition, infectious diseases, child mistreatment, poor nurturing and the absence of opportunities for early childhood learning and interaction undermine cognitive, social and emotional development. This being the case, investing in integrated interventions that promote positive parenting, good maternal and child health and nutrition, and early childhood education will maximize children’s physical, intellectual and emotional development over the first six years of life. These interventions will also result in long lasting benefits for children and lay the essential foundations for future learning and achievement at school, personal growth and social and emotional wellbeing.<sup>77</sup> As recognized by the government, investing in early childhood development (ECD) pays significant dividends for society and is essential to ensuring the necessary human capital to realize VISION 2050 and sustainable national development. SDG 4 (Ensure that all girls and boys have access to quality early childhood development, care and pre-primary education) is of critical importance.

The government developed a first multi-sectoral ECD policy in 2011 under MINEDUC, and the importance of ECD was further emphasized within EDPRS II, which recognizes the importance of early learning as a key foundation priority for national development. In 2016 the ECD policy was revised and updated to better align with other sectoral policies, to address gaps in the earlier policy, to foster integrated approaches to delivering ECD services and to more comprehensively reflect national commitments (including the SDGs) and international evidence on the benefits of ECD. The revised 2016 ECD Policy sets out key cross-sectoral interventions that cover child health and

---

<sup>77</sup> Investments in ECD can also improve the efficiency of the schooling systems (see next section) by reducing grade repetitions and dropouts.

nutrition, access to safe water and sanitation, hygiene, early childhood education, child protection and social protection. These interventions aim to ensure the optimal development of 'children's full sensory-motor, social-emotional and cognitive-language potential from conception to the age of six years'.<sup>78</sup>

The responsibilities of key ministries under the 2016 National ECD policy are summarized below:<sup>79</sup>

- MIGEPROF has responsibility for overall coordination and leadership, for monitoring and evaluation, and for the national regulation of ECD services.
- The National Commission for Children is responsible for child protection and for promoting and respecting the rights of children in the family and community (see Section 5.7)
- MINEDUC will scale up access to pre-primary education and develop an appropriate early childhood learning curriculum.
- MINISANTE has broad responsibilities including for the provision of antenatal and postnatal care, capacity building of CHWs for provision of ECD-related health services, child immunization, mother and child nutrition, detection and management of child disability, and for the promotion of community hygiene (see Section 5.3).
- MININFRA has responsibility for scaling up access to safe water and sanitation (see Section 5.4).
- MINECOFIN supports appropriate resource mobilization and allocation, and ensure the integration of ECD within national development planning.
- MINAGRI and MINALOC support the alignment of ECD objectives with social protection programmes. MINALOC are also responsible for scaling up birth registration and community mobilization.
- MINIJUST provides legal support, promote protection and care of disadvantaged and disabled children, and provides an enabling environment for access to justice for children in conflict with the law.

### 5.5.2 Key challenges

2015 RDHS data presented in Section 4.3 show that not all children in Rwanda aged 0-6 are developmentally on track, and that children from rural areas and from poorer households are less likely to be on track and / or attending either pre-primary school, or any form of organized early education. Data in Section 4 also reveal disparities in relation to access to safe water and sanitation, hygiene practices and access to, and utilization of, health services. Under-nutrition and stunting are major challenges, as is ensuring comprehensive antenatal and postnatal care for pregnant women. Challenges in relation to access to pre-primary and ECE are addressed within the broader context of education in Rwanda (see next section), and health, nutrition, water and sanitation, social protection and child protection challenges relevant to ECD are addressed comprehensively in Sections 5.3, 5.1, 5.4, 5.2 and 5.7. The following section therefore only considers challenges relating to provision of ECD services and highlights key achievements.

Consultations with stakeholders, ECD strategy and policy documents, including the updated and revised 2016 National ECD policy, and a recent UNICEF-supported end-line evaluation of ECD implementation in 10 districts reveal several key challenges to the provision of ECD services. These include:

---

<sup>78</sup> GoR. 2016 National Early Childhood Development Policy

<sup>79</sup> Full details of responsibilities across the GoR (including at district level), and of the responsibilities of development partners and communities and parents, are detailed in the policy.

- The scale up of ECD approaches has been hampered by a shortage of qualified ECD workers (teachers and caregiver); coordination challenges at national and district levels, and inadequate linkages across key sectors; and varying ECD standards, resulting in inconsistent approaches to ECE and ECD. However, much has been achieved in recent years. Upon the validation of the ECD policy in 2011, the number of qualified ECD teachers has increased, with 500 graduates to date (of the Teach Training Programme for ECD teachers). The ECD curriculum has been revised and now competence-based.
- The scale up of ECD services has also been constrained by inadequate awareness of the importance of ECD for children within communities and among key providers of ECD services in the health, nutrition, water and sanitation, and social protection sectors. Since 2016 the scale up of ECD has been included in district performance contracts, national coordination has been enforced, and Social Cluster ministries work together to implement the ECD policy.
- A shortage of core infrastructure (e.g. facilities) has also limited an expansion of the coverage of ECD services over recent years.
- A critical shortage of play and learning materials to support effective ECD and early learning.
- Distance to ECD services and the difficulty of reaching ECD service centres after heavy rains, with some caregivers reporting not having either the finances to cover transport, or the time to walk with their children to access services.
- Some knowledge of good hygiene practices and early stimulation gained from ECD centres was not reinforced at home because of lack of appropriate resources, for example toilet paper was not available in most households, and most households did not have play and learning materials
- Finally, in terms of community perceptions of barriers and obstacles to children’s participation in ECD, a recent UNICEF-supported qualitative end-line evaluation of ECD interventions in 10 districts reveals that many community members found having to make a financial contribution as being extremely difficult or beyond their capacity, and that some families were forced to withdraw their children as a consequence of the costs, however minimal. This same challenge was also highlighted in a recent ECD baseline and endline evaluation report (2014 and 2017).

### 5.5.3 Progress to date

The government has made excellent progress, working with development partners, civil society and communities, towards operationalizing the 2016 National ECD policy, and increasing investments in pre-primary education. 2015 EMIS data show that between 2014 and 2016 the pre-primary NER increased from 13% to 18% and the number of children enrolled in pre-primary school increased 159,291 to 185,666 (2015) at near gender parity (boys 49% and girls 51%). In addition, between 2014 and 2015 the number of pre-primary staff increased from 4,671 to 5,386 and the number of classrooms from 3,648 to 4,177. Other key achievements include:

- With support from development partners, local authorities and communities (and in partnership with the Imbuto Foundation, a non-governmental organization founded and chaired by the First Lady) the government has established 15 model ECD centres in 14 districts, benefiting some 13,000 children. Three hundred home-based ECD models have been established, benefiting 6,000 children, and 10,000 parents and primary caregivers have benefited from increased skills to support child development through parenting sessions and coaching. Key results achieved through the establishment of these centres include the development of an essential package for early learning and sessions for parents on appropriate parenting, nutrition, child health and hygiene. Using a ‘hub and spoke’ approach, home-based ECD services have also been provided in villages away from the main district ECD model centre and managed by selected parents who receive relevant training. Visits by trained ‘home-visitors’ provide counselling sessions for parents with infants (and expectant parents) on key nutrition, hygiene and home-based early learning and stimulation best practices. The government and



the Imbuto Foundation will build an additional three Centres of Excellence and, by the end of 2017, 18 out of 30 planned centres will be in place. Ultimately, it is intended that one Centre of Excellence will be established for each district in Rwanda by the end of 2025.

- To address infrastructure shortfalls, efforts are underway to collaborate with key stakeholders, including faith-based organizations and the private sector, to develop and acquire (or utilize existing) infrastructure that meets minimum quality standards for ECD. To maximize the scale-up of ECD, the most cost-effective ECD models will be identified and, to ensure the provision of ECD services for all children, the government is establishing market-based ECD centres for children whose parents earn a living trading at markets and across borders.
- To improve efficiency and streamline financing for ECD services, a financing mechanism will be developed to pool stakeholder resources and communities, and parents will be encouraged to provide in-kind support to ECD (e.g. time, labour or materials).
- To enhance coordination, mechanisms have now been established including a national ECD TWG to better monitor and evaluate the activities of all stakeholders, and to sustain cross-sectoral dialogue. A monitoring, evaluation and reporting framework will also be developed.
- To improve the quality and consistency of ECD services, standards and norms have been finalized by MIGEPROF and disseminated in communities to ensure ECD service-providers adhere to minimum standards. The ECD standards also set out principles which will foster healthy community-level interactions between caregivers, teachers and parents.
- Plans are underway to expand human resource capacity for ECD through supporting skills enhancement for existing caregivers, and through training new caregivers. The development of parenting curriculum and caregivers' training programmes will be aligned with MIGEPROF ECD standards.
- Shortages in learning materials and toys will be addressed through investments that stimulate the local production of appropriate children's toys and suitable learning materials.
- In relation to social protection and ECD, the Expanded Programme of Public Works will offer flexible arrangements more compatible with caregiver responsibilities. Another strategy will be the establishment of mobile crèches and home-based ECD for the children of caregivers participating in Public Works.
- Home-based ECD has also been supported through radio programmes that promote early childhood learning, and awareness of ECD at the household level. Launched in October 2014, the *Itetero* ('children's nurturing space') radio programme is aired by the Rwanda Broadcasting Agency and covers the whole country.
- The end-line evaluation of the provision of ECD services in 10 districts revealed that despite the barriers identified by caregivers, there have been significant improvements. These include parents reporting that participating children have become more sociable and happy, and more engaged with their parents, with improved language ability and school readiness. Parents also reported children adopting positive behaviours such as washing their hands after using the toilet and before eating. Parents also said that their own perception of ECD had changed, with many parents reporting improved family relationships, improved connections in the community and with other parents, greater shared decision-making between mothers and fathers, and their own increased engagement with children in a more positive way, including through play and learning in the home. Finally, and in relation to travel and distance-related barriers to participation, respondents noted the relative convenience of home-based ECD models and how they liked to remain close to their children when they were participating in ECD.
- Moving forward, future priorities will include addressing the special needs of children aged 0-3 years through the development of a comprehensive ECD package that addresses children of this age, and by supporting parents to develop the literacy and numeracy skills of young children through home-based practices. Paying greater attention to the acute needs of vulnerable children and families by further

mainstreaming ECD within social protection systems will also be a focus. This will include linking the VUP programme to ECD services through expanded public works, amongst other measures. A comprehensive ECD curriculum sensitive to the needs of all young children including children with disabilities will also be developed, alongside training modules for caregivers.

## **5.6 Improving the quality of education**

### **5.6.1 Enabling environment**

In 1994 Rwanda's education sector – like the Rwandan health sector – was in crisis. Key educational infrastructure was missing and the system was faced with major human resource deficits, the absence of an adequate policy and regulatory environment, high levels of illiteracy and acute shortages of skilled labour to fuel economic growth. In this context, and as for other sectors, achievements have been remarkable. Currently, and as discussed in Section 4.4, Rwandan children enjoy near-universal access to primary school and gender parity has been achieved at primary school level. Moreover, primary-school-aged children have been provided with safe environments where they can acquire essential literacy and numeracy skills and, importantly, grow, play and interact with other children. In the context of the difficulties and challenges that Rwanda has faced over the last two and half decades the importance of increasing enrolments, and providing children with a positive, safe school environment which protects children from abuse, economic exploitation and risky behaviours cannot be over-emphasized. While challenges remain in relation to quality, and in terms of ensuring fully equitable access to pre-primary, secondary, TVET and higher education, there are now in Rwanda more children and young people benefiting from education at all levels than ever before.

As is widely recognized internationally (and by the government) education is not only a fundamental child and human right, but it also underpins economic and social progress and sustainable development. The high priority afforded to education is reflected in SDG 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all) and its targets, notably ensuring that all girls and boys have access to quality early childhood care, development and pre-primary education, and are able to complete free, equitable and quality primary and secondary education. Universal literacy, increased and equitable access to TVET, gender equality and effective learning in support of sustainable development are also key priorities.

Government education-related policy inherently recognizes the importance of education for sustainable development and will prioritize ensuring synergy and complementarity with SDG 4 and its targets. The high priority afforded education is reflected in Vision 2020, which emphasizes enabling the development of an information-rich and knowledge-economy, and within EDPRS II, which identifies quality early childhood education and basic education as core foundational issues. The education sector itself is overseen by MINEDUC. The Rwanda Education Board (REB) is the implementation agency for basic education. There is also a SWG which guides policy development and various TWGs which address issues such as quality, pedagogy, curriculum development and the role of information and communication technology. There is an overarching Education Sector Policy and a variety of other education sector policies including the revised 2016 Early Childhood

Development Policy and Strategic Plan; a Nine Year Basic Education Policy; a Teacher Development Policy; a Girls Education Strategy; a TVET Policy; and a Special Needs Education Policy.<sup>80</sup>

Of critical importance is the second 2013-2018 Education Sector Strategic Plan (ESSP II) which sets out an ambitious plan for expanded access, improved quality and strengthened labour market alignment. Key priorities for ESSP II include increasing completion and transition rates; investment for human resource development; improving post-basic education; expanding training in science and technology; and strengthening institutional capacity to deliver educational services. In short, ESSP II is the strategy through which the government and MINEDUC are developing the human capital to achieve and sustain socioeconomic development in Rwanda.

## **5.6.2 Key challenges**

Based on the 2016 ESSP II MTR and discussions with key government and development partner stakeholders in the education sector, the following section presents sectoral challenges in relation to pre-primary/ECE, primary schooling, secondary schooling, and TVET and higher education (HE). Challenges and sector capacity gaps must be viewed in the light of the enormous progress that has been made, particularly in relation to expanded access to primary school.

### **5.6.2.1 Pre-primary education**

The provision of pre-primary education in Rwanda is constrained by limited infrastructure and resources, and there is a pressing need to increase investments to accelerate ECD and maximize children's educational gains at all levels of education. There is a growing awareness of the fundamental importance of ECD and of expanding access to pre-primary education. Yet ECD is still an emerging – albeit critical – priority in Rwanda and significant challenges remain in terms of expanding access to any form of organized ECD and ECE. These challenges include:

- The declining share of the overall education sector budget that pre-primary education has received over recent years, which reflects fiscal constraints rather than on any lack of commitment. The 2016 UNICEF-supported analysis of government budget data reveals that expenditures on pre-primary education declined between 2012/13 and 2014/15 from 1.9% to 1.5% of total education-sector allocations. Nevertheless, EMIS data also show that net enrolment in pre-primary increased over the same period from 13% to 14%.
- EMIS data on pre-primary enrolment are not disaggregated by wealth quintile but, as noted in Section 4.3, 2015 RDHS data on access to pre-primary and/or ECE show that, of the 13% children attending early childhood education, under 3% of children aged 36-59 months in Q1 participate in any sort of ECE program (including pre-primary school). Participation in ECE then rises gradually to 6% in Q2, 11% in Q3 and Q4 and then jumps to 45% in Q5. Participation is also far more likely in urban areas (37%) than in rural (9%) and in Kigali (38%) than in the provinces, where participation ranges from 4% to 15%. 2015 RDHS data also show that, as a consequence of low levels of participation, children from rural poor households are less likely to be developmentally on track.
- The 2014 UNICEF baseline study on Early Childhood Development and Family Services implemented in 10 locations in Rwanda observed that communities and families are expected to financially contribute to ECE / pre-primary participation (e.g. transport fees, school uniforms, and in-kind contributions such as food or firewood) and that parents report costs as a key barrier to participation. A recent 2016 Education Sector Strategic Plan Mid Term Review (ESSP MTR: see next section) also notes financial

---

<sup>80</sup> For more information see: <http://www.mineduc.gov.rw/resource/policies/>

challenges and suggests that because many parents know that children can enrol in P1 for free at the age of 7 they choose not to incur the costs of pre-primary education for younger children. The 2016 ESSP MTR also suggests that as long as there are significant household costs associated with ECE/pre-primary, enrolment will only increase gradually.

- Social norms are a challenge, with a 2014 UNICEF-supported KAP study on Early Nurturing of Children revealing that many parents feel that young children should be close to the family rather than participating in pre-primary/ECE. This being the case, there is a need to invest in activities that increase awareness of the lifelong importance of ECD-ECE, and foster community and family engagement in the provision of ECD-ECE services (see previous section). However, 2016 MINEDUC EMIS data show that access to pre-primary increased from 10% in 2011 to 18% in 2015. The data also show a rising and significant disparity between pre-primary net and gross enrolment rates (NER and GER), with 2016 EMIS data showing NER at 18% and GER at 24%. This suggests that many children enrolled in pre-primary are not from the target age-group of 4-6 years, which undermines efficiency and affects the quality of ECE. The 2016 ESSP MTR notes that this may be contributing to higher primary school GERs as older children remain in pre-primary and parents delay primary school enrolment, and/or, in cases where pre-primary facilities are linked to primary schools, teachers may be delaying the transition of some students to grade 1 (P1) level in primary schools.
- Whereas significant efforts have been invested in recent years to build capacities and improve service quality, there has been limited systematic inquiry into the quality of ECE/pre-primary schooling. Anecdotal reports suggest that some pre-primary and ECE facilities lack appropriate early childhood play and learning materials. Many ECE/pre-primary teachers are either unqualified or under-qualified and, although decreasing, teacher / pupil ratios in pre-primary remain high (EMIS data showing a ratio of 32:1 in 2016). The Rwanda Education Board (REB) is working to develop standards for pre-primary schools which meet minimum standards of child-friendly design, including gender-sensitive sanitation facilities. Efforts are also underway to step up the training of ECE/pre-primary teachers, including within the umbrella of University of Rwanda College of Education, and to develop pedagogical tools that will improve the quality of pre-primary education.

The management of ECE/pre-primary facilities is incorporated into the management of government schools and, as of 2017, is included within primary school capitation grants to avoid duplicating management structures. Nationally, early learning is coordinated through the technical working group and feeds into the Basic Education Sector Working Group.

### **5.6.2.2 Primary schooling**

As discussed in Section 4.4, there have been substantial gains in the provision of primary schooling, as well as community engagement in the development of school infrastructure and the establishment and active engagement of parent-teacher associations (PTA). In line with ESSP II, substantial efforts are also underway to increase the number of teachers and to improve pedagogy through teacher training. There has been a shift from the use of knowledge based learning modalities towards a competency-based curriculum (CBC), which represents a major achievement. Nevertheless, the quality of education is still in need of further improvement and, as is evident from data presented in Section 4.4, more investment is needed to ensure that children acquire adequate literacy and numeracy skills. Key challenges relating to primary schooling are summarized below:

- A capitation grant (based on a per pupil formula) has been put in place and has increased the overall allocation of resources. However, according to UNICEF analysis of MINECOFIN data, the overall allocation of financial resources to primary education decreased slightly between FY 2012/13 and FY 2014/15 from 32% to 29% of the total education sector budget. Of concern to stakeholders are gaps between education sector policies (particularly the more ambitious and reform-orientated elements)

and the level of resources available to implement policies, and the privileging of expenditure on the construction and renovation of facilities rather than on quality improvements.

- Alongside gaps in literacy and numeracy, key proxy indicators for quality – gross enrolment ratios and repetition rates – reaffirm the need to increase investment to retain students, ensure appropriate progression through the grades and improve learning outcomes. MINEDUC EMIS data show that between 2011 and 2015 primary school repetition rates increased from 13% to 21%, with boys slightly more likely to repeat a grade than girls (2015: boys 21% and girls 20%). Looking at gross enrolment rates, EMIS data reveal that between 2011 and 2016 the GER increased from 127% to 140% indicating that there are too many children attending primary school who fall outside the primary school age range (7-12). High GERs and high rates of repetition (evidenced in high GERs) swell the number of school children in primary school and the number of school children in grades often already congested by repetition.<sup>81</sup> This places an added burden on teachers, and on the adequacy of school facilities and learning materials. Additionally, the 2016 ESSP MTR notes that the visible strain placed on primary schools by high GERs, and high pupil repetition – sometimes recommended by teachers – may lead to systems inputs being prioritized over the quality improvements that would have a more direct bearing on learning outcomes.
- Another proxy indicator for quality (primary school completion rates) are low for both boys and girls, with EMIS data showing that between 2011 and 2016 completion rates declined from 79% to 65%.
- Dropout rates also indicate quality issues, as well as household conditions that undermine sustained school attendance. Between 2011 and 2015, EIMS data show dropout rates increasing to 14% in 2013 but then dropping sharply to 6% in 2015. Comprehensive evidence on causes of dropout is not available, but a MINEDUC-commissioned assessment of repetition and dropout in basic education is currently under way and will soon shed more light on causes and potential solutions. Data on absenteeism is not available, but temporary dropouts are often a result of household illnesses and the absence of adequate in-school support for children with learning difficulties.
- Language issues are also a challenge for primary school children and the system itself. Since 2008, Rwandan primary-aged children are taught in Kinyarwanda for grades P1 to P4 and in English for grades P5 and above. This creates challenges for pupils who may not adequately achieve literacy in either their native Kinyarwanda or in English due to inadequate exposure to instruction in Kinyarwanda in early years, and – despite significant investment by government and development partners – broader challenges relating to the provision of English language instruction. These include limited English language capacity among both primary and secondary school teachers; limited exposure to English at home and in the community; and low levels of Kinyarwanda and English reading activity in schools and at home. English language instruction also presents risks to learning as children switch from Kinyarwanda to English at P4 level and confront difficulties understanding what is being explained or asked of them, and in relation to communicating their own ideas and thoughts. Moreover, a child who is not functionally literate will struggle not only in language-focused classes, but also in regard to all subjects in the curriculum, including mathematics and science.<sup>82</sup>

---

<sup>81</sup> The ESSP II MTR reports anecdotal evidence suggesting that repetition rates in higher primary grades are greater but that the Rwandan system, where teachers instruct subjects rather than by classroom, ultimately renders the disaggregation of GER and repetition rates challenging. The ESSP MTR also noted that the range and robustness of indicators included in the ESSP for measuring the quality of learning outcomes is currently weaker than its importance to developing Rwanda's education sector warrants.

<sup>82</sup> The ESSP MTR also observes that high repetition and dropout rate in P5 and P6 are likely to have a direct relationship with the change in medium of instruction, including the very high dropout at the end of P5, the year before preparation for the final exam and transition to lower secondary school.

### 5.6.2.3 Secondary schooling

As noted in Section 4.4, MINEDUC EMIS data show that enrolments in secondary school (all grades average) increased between 2011 and 2013 to 36%, but then decreased between 2013 and 2016 to 33%. EMIS data also show higher enrolment of girls than boys (girls: 35% and boys: 31%). Challenges relating to secondary schooling are summarized below:

- Unlike access to primary schooling, which is almost universal, access to secondary schooling is skewed in favour of wealthier and urban households. As noted in Section 4.4, 2013/14 EICV4 data show that children from urban areas were twice as likely to be attending secondary school as children from rural locations (39% and 19%, respectively). Children from households in the wealthiest quintile were almost four times more likely than those in the poorest quintile to be attending secondary school (Q5: 40% and Q1: 11%). Probably as a consequence of incidental household costs associated with secondary schooling, access directly correlates to household consumption levels, with access steadily improving as household consumption levels rise. Apart from household resources (which EICV data show as strongly correlating to access) the ESSP MTR speculates that other challenges to secondary school access may include children (particularly rural poor children from agricultural households) being required to work and contribute to household livelihoods; perceptions among parents that primary schooling alone is sufficient; perceptions among children that working is a better option than continuing schooling; limited geographical access for some rural communities; and insufficient secondary schools, and/or available secondary school places in some districts. The ESSP II MTR also notes that further analysis is needed to better ascertain the dynamics of limitations to secondary school access in Rwanda.
- Declining rates of transition from primary to secondary school also affect secondary school enrolment. MINEDUC EMIS data show that between 2011 and 2014 primary school transition declined from 86% to 73% and that transition rates have been consistently higher for boys than girls, and have widened - the 2014 transition rate was 75% for boys and 71% for girls.<sup>83</sup> The ESSP MTR suggests that the causes of declining levels of transition to secondary school cannot be extrapolated from ESSP indicators. However, the MTR suggests that primary school children are sometimes not learning adequately to be approved to sit for the primary school exam (mandatory for transition, and in English). The MTR also notes that approaches to teaching, learning and assessment must be strengthened to improve levels of transition (especially for girls) and primary completion.
- In relation to proxy indicators for secondary school quality, EMIS data show that transition rates from lower secondary to upper secondary have declined from 96% in 2011 to 88% in 2015, with girls transitioning at a higher rate for the most recent years that data is available (2014: girls: 96%, boys: 81%).<sup>84</sup> In relation to gross enrolment rates, the secondary school GER has declined from 42% in 2013 to 37% in 2016 (slightly higher for females). However, net enrolment also declined from 36% to 28% in 2015, with an increase to 33% in 2016 – widening the gap between GER and NER and implying an increase in age-inappropriate enrolment. EMIS data enabling longitudinal comparisons of secondary school dropouts and repetition are not available, although 2014 EMIS data do show that high levels of repetition and dropout are observable in the lower secondary grades. For 2015, EMIS data show that dropout rates were 6% for lower secondary (3% for upper secondary), and that repetition rates for

---

<sup>83</sup> Despite higher transition rates for boys, primary school completion rates for girls have been significantly higher between 2011 and 2015 with, for example, EMIS data showing that 66% of girls and 55% of boys completed primary school in 2015. This may suggest that parents are prioritizing secondary education for boys over girls.

<sup>84</sup> For previous years, male and female transition rates have been closer and there is no evidence to indicate why 2014 witnessed a sudden decrease in boys' transition although it may be related to increased economic growth and agricultural production and the employment options that may have become available to boys. Further research is required.

lower secondary were 12% (upper secondary were 6%). This suggests that some children in lower secondary may be struggling to learn enough to progress to the next grade, and perhaps become more pressured to contribute economically to the household. Other variables such as increased household vulnerability may also be a factor. However, these data also suggest that the children who have benefited from prior education continue to do so in upper secondary grades, and are performing relatively well compared to children who have not been adequately supported to progress through primary school and lower secondary grades.

#### **5.6.2.4 Cross-cutting issues**

Consultations with stakeholders and the ESSP II MTR reveal challenges relating to both primary and secondary schooling, some of which require further research. These challenges are summarized below:

- MINEDUC and the REB have invested significantly in the development of a competency-based curriculum (CBC) that was rolled out in 2016 for pre-primary, primary school grades P1 and P4 and for secondary school grades S1 and S4.<sup>85</sup> Standards have also been established, a teacher assessment guide is being developed, new textbooks have been finalized, and many teachers and head teachers have received training. However, most of the new materials developed to support implementation of the CBC are in English and therefore the success of the rollout and the curriculum's longer-term effectiveness will only be fully realized if teachers and students are better supported to work in English. Although teachers' English language proficiency has increased enormously since 2008 capacity gaps still exist and there is a need to further invest in ensuring that teachers continue to improve their English language competency. This may prove challenging given resource constraints in the sector, and – in the context of double shifting and full teacher timetables – the limited time that teachers have for English language training. The ESSP II MTR recommends that the government and MINEDUC find a way – difficult though it may be – to further privilege increased investment in English language training and support for teachers.
- Looking at human resources, MINEDUC EMIS data show that 94% of primary school teachers were qualified in 2016, representing a 5% decline since 2011. Just 69% of secondary school teachers were qualified, representing a slight increase since 2011, and a slight decrease since 2013. With regard to teacher to pupil ratios (which affect the level of individual attention that students receive and the quality of education), 2016 EMIS data show that for primary education the ratios have remained relatively stable since 2011, but are high at 58:1. However, student to qualified teacher ratios for secondary school have reduced markedly from 37:1 in 2011 to 28:1 in 2016 which reflects both the increased investment in the recruitment and training of secondary school teachers and the gradual increases in secondary school enrolment (relative to primary, where gains in terms of recruitment and training may have been offset by increasing primary school enrolment).
- In relation to the CBC, stakeholders have identified the need for increased investment in pre- and in-service teacher training (including to enhance English language skills); developing teacher capacity for multilevel teaching (that addresses the needs of both high- and low-ability students); for investment in improving gender-sensitive teaching; and to build the capacity of District and Sector Education Officers and head teachers to support implementation of the CBC.
- Regarding the educational needs of single and double orphans, 2013/14 EICV4 data presented in Section 4.4 show that non-attendance at primary school for single orphans aged 7 and 8 is almost double that of other children (21% and 13%, respectively), but also that double orphans are more likely than non-orphan children to be attending school.<sup>86</sup>

---

<sup>85</sup> In 2017 the CBC will also be rolled out for grades P2, P5 and S2 and S5.

<sup>86</sup> Beyond these data there is very little information relating to challenges faced by single or double orphans in relation to their experience of schooling, learning achievement or socio-cultural factors.

- For children with disabilities (CwD), schooling is not adequately inclusive with, for example, 2013/14 EICV4 data (cited in Section 4.4) suggesting that primary school attendance for children with disabilities (57%) is below levels for the general school-age population. However, in 2016 the Special Needs and Inclusive Education Policy was updated and an Inclusive Education Teacher guide was published, demonstrating MINEDUC commitment to ongoing sector reform in relation to the special needs of CwD. In relation to the challenges currently faced by CwD, a 2016 UNICEF-supported study on child disability and their rights to education in Rwanda makes a number of observations.<sup>87</sup> These include:
  - The absence of a formal system for identifying children with disabilities or classifying the degree of disability.
  - Socio-cultural barriers and bottlenecks faced by CwD in regard to accessing, learning and completing education. Stigma and discrimination compel many CwD to stay at home, and ultimately obstruct their access to education. Distances to school are also a barrier for many CwD.
  - Special schools that cater for CwD are not evenly spread across the country. Demand exceeds supply and there are insufficient schools to provide placements for all CwD. There are also approximately 92 identified inclusive schools in Rwanda but some districts do not have any. Teachers working at these schools report difficulties in ensuring adequate CwD participation.
  - There is inadequate awareness in both regular and inclusive schools in regard to the barriers to learning faced by CwD, and consequently learning difficulties are frequently overlooked or missed. Teachers in inclusive schools have limited experience of applying differentiation methods, and inadequate support is provided to teachers to develop appropriate skills for CwD learning.
  - Specialist teachers highlight the lack of adapted textbooks for students with visual impairments, and a general lack of assistive devices.
  - Special schools and services for CwD have frequently been provided by faith-based organizations, which have tended to emphasize a medical model of care and a charity-based rather than an inclusive approach.
  
- The ESSP II MTR notes that the diversity of special needs complicates efforts to increase access and learning for CwD, and that while bespoke solutions are often provided in high-income countries, this may not be practical in resource-restrained environments. The MTR therefore suggests that MINEDUC address more manageable and less costly issues such as easily correctable myopia and deafness, in parallel to promoting inclusivity for all CwD.
  
- Despite significant investments in school infrastructure, stakeholders report that there is a shortage of classrooms, textbooks, laboratories, libraries and other facilities that support learning. Some school physical environments are not assessed as adequately conducive for learning, although standards for child-friendly schools have been developed and adopted.<sup>88</sup> Some schools also lack basic equipment and are without electricity, computers and/or internet access (according to EMIS data, 19% of secondary schools and 10% of primary schools had viable internet connections in 2016).<sup>89</sup> Currently, the government and MINEDUC plan to rapidly scale up access to ICT and promote the roll-out of 350

---

<sup>87</sup> MINEDUC. 2016. *A study on children with disabilities and their right to education*: Republic of Rwanda (the report makes several key recommendations)

<sup>88</sup> For more information on child-friendly schools see: <https://www.unicef.org/cfs/>

<sup>89</sup> For data relating to school physical infrastructure and learning resources see: MINEDUC. 2015. *Statistical Yearbook*.



fully connected ‘smart classrooms’ at both primary and secondary level to enhance school learning environments.

- Investments have also been made to increase the number toilets and sanitation facilities available at schools and even though student to toilet ratios seem acceptable for secondary school (17 users per toilet: 16 female and 18 male) and high for primary schools (59 students per toilet: 58 female and 60 male). MINEDUC statistics show that 45% of primary schools and 57% of secondary schools have hand-washing facilities but no data are available on the gender sensitivity of facilities (beyond data on users per toilet disaggregated by sex).<sup>90</sup>
- According to 2016 UNICEF analysis of government budget data, the education sector is largely funded internally with external financing in decline and representing just 14% of total sector financing for 2015/16. The same analysis – citing MINECOFIN data – notes that the largest recipient of external financing is the TVET sector, which received 97% of all external education-sector funding for 2015/16. The proportion of the national budget dedicated to education has declined from 16% in FY 2011/12 to 12% for FY 2015/16 (as a share of GDP, expenditure on education dropped from almost 5% of GDP in FY 2012/13 to under 4% of GDP for FY 2015/16). The share of the overall sector budget dedicated to each level (pre-primary, primary, secondary, TVET and tertiary) has also declined since FY 2011/12 for all levels except for tertiary education, which increased from 16% in FY 2011/12 to 20% in FY 2015/16. Secondary education received the lion’s share of education sector funding in FY 2015/16 (31%) followed by primary (29%), tertiary (20%), TVET (10%), and pre-primary (FY 2014/15: less than 2%).
- In terms of education sector management and coordination, the Education Sector Working Group meets on a quarterly basis, and feeds into the annual Joint Review of the Education Sector. However, the ESSP II MTR identifies challenges in relation to textbook distribution systems; work-planning; coordination between REB departments; quality control; and the need to effectively utilize the results of learning assessments for policy development. Management challenges are exacerbated by multiple and sometimes irreconcilable data collection processes, and by insufficient data disaggregation. Concerns have also been raised in regard to the positioning of District and Sector Education officers under the management of MINALOC rather than MINEDUC, which stakeholders report has resulted in these staff being overburdened with tasks outside their specific mandate, and having diffuse responsibilities.
- Finally, as recognized within the 2015 Girls Education Strategic Plan, there are a number of issues affecting girl’s education which require further research and investment. These include the lower performance of girls compared to boys in national examinations; higher rates of girls dropping out of upper secondary school; insufficient gender-sensitive water and sanitation facilities in schools; gender disparities among teaching and management staff; sometimes inadequate implementation of the Girls Education Policy at district level; financial and physical access issues that disproportionately affect girls; and lower levels of access to TVET and tertiary education.

#### **5.6.2.5 Technical and vocational education and training**

MINEDUC EMIS data on TVET enrolments is not age-disaggregated but 2013/14 EICV4 data presented in Section 4.4 show that participation in TVET among adolescents aged 14-19 represents just 2% of all adolescents in that age bracket. Data also show participation is lower for females than males and that participation is more likely (for all ages) among higher wealth quintiles. However, given the level of investment in TVET over recent years, and the fundamental importance of TVET to sustainable national development and the rights of children and adolescents to valuable and dignified work, it is important to look at the main elements of the system and some emerging issues.

---

<sup>90</sup> Analysis in gender sensitivity for sanitation facilities would consider issues such as cleanliness, location and privacy, as well as the sex segregation of facilities.

In Rwanda, TVET comprises Vocational Training Centres (VTC), Technical Secondary Schools and Technical Colleges. VTCs are focused on developing skills and have flexible requirements for entry, Technical Schools are secondary schools that offer vocational and technical subjects, whereas Technical Colleges provide tertiary-level training. The TVET system in Rwanda is designed to encourage enrolment and help individuals gain much-needed qualifications, particularly for in-demand areas such as construction, carpentry, electrical engineering, plumbing, civil engineering, ICT, and mining and geology.

Over recent years, and in line with Vision 2020 and EDPRS goals and objectives, the government has invested heavily in TVET, with MINEDUC EMIS data showing that the number of TVET facilities and enrolment have both increased significantly (see Section 4.4). In addition, the government has made efforts to link TVET with market demand through a National Employment Programme managed by MIFOTRA. Progress is evident, with data collected by the Workforce Development Agency (under MINEDUC) showing that ESSP II targets have been met in relation to the percentage of graduates employed within 6 months (indicative of the level of demand for skilled labour in Rwanda), the level of employer satisfaction and the use of competency-based curriculums. However, the ESSP II MTR also shows that some ESSP II indicators are slightly off track (enrolment and success in final exams) for the TVET sector, and that more significant challenges remain in relation to pupil to trainer ratios, the proportion of trainers who have received pedagogy training, in relation to facilities with adequate infrastructure and equipment, and in relation to the provision of career guidance. Other challenges identified by the MTR and through consultations with stakeholders include:

- The declining number of girls and women enrolled in TVET, with EMIS data showing that female enrolment declined from 47% of all enrolments in 2011 to 42% in 2016. Considering the increasing value of technical education in Rwanda's job market, increasing gender gaps in enrolment will in turn increase gender inequality in relation to both employment and incomes.
- The ongoing trend for women and girls to participate in TVET course that reinforce gender norms (e.g. sewing, agriculture, home science) rather than courses that are more likely to meet labour market demands and promote economic gender equality.
- Anecdotal evidence suggesting that some parents perceive TVET as inferior to Tertiary Education. The ESSP II MTR therefore suggests a need to increase public awareness around the value of TVET as a quality alternative to academic education (upper secondary and tertiary) and as a worthwhile family investment for poorer and rural households. The MTR also notes that positioning TVET as an attractive and viable alternative to upper secondary school will be critical to expanding access to post-primary education more generally and to delivering on priorities for economic development.
- The need to increase private-sector engagement in the TVET sector at all levels to promote investment and improve the relevance of curriculums, particularly in the context of shortage of qualified trainers and the need to upgrade and expand learning facilities, equipment and materials.
- The need to improve the effectiveness and efficiency of pathways between lower secondary and TVET streams which, according to the ESSP MTR, will include full implementation of the Rwanda TVET Qualifications Framework to support movement between academic and technical streams.

#### **5.6.2.6 Tertiary education**

As discussed in Section 4.4, enrolment in tertiary education have increased over recent years but according to EICV 4 data still represent just 3% of the population aged 16-20. Women are underrepresented and participation is strongly skewed in favour of wealthy and urban populations, with, for example, participation at 8% for the wealthiest quintile and less than 1% for the poorest.

However, Rwanda's remarkable progress over recent years has been aided by the expansion of tertiary education, which has increasingly provided skilled graduates in finance and accounting, public health, agronomy and livestock production, engineering and technology, and management and public administration. Further increasing the number of graduates with these skills – and the range of skills with which tertiary students graduate – will continue to be critical for future Rwandan prosperity and development. However, a number of challenges identified by the ESSP II MTR will need ongoing attention if Rwanda is to realize its development aspirations. These include:

- Improving linkages between national and local development contexts and tertiary education, particularly in regard to rural development, ICT infrastructure, environmental management and business development.
- Paying attention to the quality of higher education, which anecdotal evidence suggests suffers from perceived shortcomings in relation to teaching capacity and curriculum content.
- The need to better research the implications of the expansion in private-sector tertiary institutions (which absorbed almost all new enrolment and – according to EMIS data – experienced a 58% increase in enrolment between 2011 and 2014) and the reasons why so few women enter public universities and study science, technology and innovation subjects (despite EMIS data showing that a higher proportion of all girls enrolled in upper secondary school (40%) study science-related subjects than boys (36%)).
- The need to improve regulation, oversight and quality control for tertiary education, in the context of rapidly expanding private sector provision.

## **5.7 Strengthening the child protection system**

### **5.7.1 Enabling environment**

For UNICEF and other child rights organizations, the term 'child protection' refers to policies, legislation, programmes and interventions that prevent and respond to abandonment, neglect, violence, exploitation and abuses against children. This also includes addressing issues such as children without parental care and / or children at risk of separation from their family, harmful child labour, sexual abuse and exploitation, child trafficking, corporal punishment, and children affected by emergencies and / or displacement. Child protection also engages with the justice system to ensure that children in contact with the law are treated in accordance with the CRC, and with reference to juvenile justice best practice. Government, with UNICEF and other partners, supports the establishment of child protection systems which seek to address multiple risk factors not otherwise addressed in sectors such as health, education or social protection.

Strengthening child protection systems requires the development of effective and appropriate policies and legal instruments that comply with human- and child-rights protocols; strong institutions that can monitor and ensure compliance with legislation, policies and standards; strategic plans that articulate how results for children will be achieved; programmes and activities sufficiently resourced to prevent and redress child rights violations; and a capable workforce to identify and monitor children at risk, prevent violations and respond to child protection needs. Protecting children also implies protecting women from violence, abuse and exploitation – not only because they are usually the primary caregivers whose wellbeing affects the wellbeing of children, but also because they are often marginalized by poverty, institutional and societal discrimination, and social norms that work to undermine their independence and personal freedom.

Ensuring the protection of children and women will also be essential to achieving all of the SDGs because the broader vision, goals and objectives of the SDGs will not come to fruition unless children and women are free from fear and protected from violence, exploitation and abuse. Protecting children and women saves lives, enables wellbeing and safety, allows children and women to participate positively, and contributes to creating a prosperous, just and fair society. Child protection is referred to in SDG 5 (Gender equality) and SDG 16 (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all, and build effective, accountable and inclusive institutions at all levels).

Specific legal instruments are discussed below, but in general terms Rwanda has made considerable progress towards establishing an enabling environment for the protection of children and women, and the basis of a child protection system. As discussed in Section 2, this has included ratification of the CRC and its optional protocols and their incorporation into domestic laws. Other key achievements under the leadership of MIGEPROF include the establishment of the National Commission for Children (NCC) in 2011, and the adoption of a National Integrated Child Rights Policy in 2011 and its strategic implementation plan to coordinate and align policy provisions relating to children.

In relation to childcare, a Strategy for National Child Care Reform was endorsed by the Cabinet of Ministers in 2012. The Strategy is informed by the Constitution of the Republic of Rwanda (Article 27) and the 2011 Integrated Child Rights Policy, and is aligned with the UN Convention on the rights of the Child (Articles 20 and 21), and the African Charter on the Rights and Welfare of the Child (Article 25). Envisaging a progressive shift away from institutionalization towards family-based care, the Strategy details how children living in institutions should regain their rights to live in a safe and supportive family environment. In 2013, to support implementation of the Child Care Reform Strategy, the government (with support from UNICEF and Hope and Homes for Children) developed the *Tubarerere Mu Muryango* (Let's raise children in families) programme. Key achievements under this programme include the identification, training and deployment of 68 professional social workers and psychologists to work on child care and protection at the district level; the recruitment and training of 29,674 community-based child and family protection volunteers (known as *Inshuti z'Umuryango* or friends of the family) to prevent unnecessary institutionalization and violence against children; the sustainable reintegration of children into families; and the placement of at-risk children into family-based care (under *Tubarerere Mu Muryango*, 2,559 out of 3,323 previously institutionalized children have now been placed in family-based care). The Justice for Children environment has also been strengthened through the adoption of law Number 54/2011 on the Rights and Protection of the Child, which upholds the best interests of the child. The Children's Access to Justice Policy and its Strategic Plan was approved in 2014. A *Maison d'Accès à la Justice* programme has also been developed to support the transformation of minors' prisons into rehabilitation centres.<sup>91</sup>

---

<sup>91</sup> The MAJ offices provide benevolent legal aid and referral to children and vulnerable women at district level.

## **5.7.2 Key challenges**

As detailed in Section 4.5, there are still issues relating to the protection of children and women requiring further attention. These include the need to increase birth registrations, prevent violence and abuse against children and women in all contexts, prevent exploitative child labour, sexual abuse and sexual exploitation, ensure the rights of children in contact and / or conflict with the law, and address the rights and humanitarian needs of refugee children and children affected by disasters.

### **5.7.2.1 Birth registration**

Birth registration is mandatory in Rwanda and covered under Law No 14/2008 governing the registration of the population and the issuing of national cards and Law No 32/2016 governing persons and family. For orphans and vulnerable children (OVC), the MIGEPROF 2012 Strategic Plan for OVC pledges to ensure access to essential services, including birth registration. However, birth registration is not universal, parents are rarely in possession of birth registration certificates and the absence of birth registration correlates with higher levels of poverty (although minimal, the fees required to obtain a birth certificate may act as a disincentive to acquiring birth certificates for the poorest households). In Rwanda, birth registration is undertaken at sector level by the official in charge of civil registration and vital statistics, following the recording of birth at health facilities and referral to district authorities. However, despite the existence of these services at decentralized levels – and planned improvements – the system is not yet fully functional. In order to improve the civil registration system (including for birth registration) the government has undertaken a comprehensive assessment of the Civil Registration and Vital Statistics (CRVS) Systems, resulting in a number of recommendations to strengthen the CRVS, and the drafting of a 2017/18-2021/22 Strategic Plan for Civil Registration and Vital Statistics. Nevertheless, there still may be a need for further qualitative research and information campaigns undertaken in partnership with new parents, communities and sector- / district-level authorities to better understand why birth registration is sub-optimal and to increase demand.

### **5.7.2.2 Children with disabilities**

Challenges relating to children with disabilities and their special needs cut across all arms of government, particularly the social sectors. However, such children frequently face stigma and discrimination and, as a consequence of reduced physical and / or intellectual capacities, are often victims of social exclusion, violence, abuse and exploitation (including sexual abuse and exploitation). For these reasons the situation of these children is both a child protection concern and a cross-cutting concern. The rights of children and adults with disabilities are recognized in the Constitution of the Republic of Rwanda, which provides for equality of opportunity, and in Law No 01/2007 relating to the protection of disabled persons in general, which requires that provision be made for special education to meet the needs of children with disabilities in mainstream or special schools, in addition to rights to health care and rehabilitation. The government has ratified the UN Convention on the Rights of People with Disabilities (2008) and the CRC (which stipulates that children with disabilities have a right to special provisions to meet their specific needs). There is also Law No 54/2011 relating to the rights and protection of the child, which provides for special protection for children with disabilities and for equality of treatment and special assistance (Article 54). The needs and rights of children with disabilities are also addressed in the MINEDUC Special Needs Education Policy, and there is also a National Council of Persons with Disabilities (NCPD)

under MINALOC mandated to advocate for the rights of children and adults with disabilities. However, compliance with, and enforcement of, legislation and / or human rights commitments has not been assessed, and it is difficult to assess progress in this regard. Key challenges relating to children (and adults) with disabilities are summarized below:

- There is limited data on the **nutritional and / or health** status of children with disabilities. While data are collected on degrees of disability, this data is not cross-tabulated with other health-sector data relating to burden of disease and mortality. According to the HSSP III MTR, there is some collaboration between the National Council for People with Disabilities and the MINISANTE NCD programme but it requires formalization and intensified efforts to ensure that MINISANTE can meet obligations to provide long-term palliative care. The absence of a policy to provide support (including wheelchairs and other specialized equipment) is also noted as a gap, as is the lack of indicators in the HSSP II relating to disability. EICV data disaggregation in relation to disability has improved, but connections between child malnutrition – stunting in particular – and disability require further policy attention.
- Children with disabilities face significant challenges accessing **education** at all levels, and with regard to the quality of learning at school with even minor disabilities often presenting unnecessary challenges (see previous section). Specialist schools are insufficient and schools that identify as inclusive are often insufficiently resourced to adequately address the learning needs of children with disabilities.
- With regard to **community care** practices, stigma, social discrimination and / or violence, exploitation and the abuse of disabled children and women, there is limited evidence available to explore these issues. However, the government is currently supporting a study on violence against children (available in late 2017) which should shed further light on the protection needs of children with disabilities.
- With the success of reintegration of children in institutions into families, the challenge of placement/reintegration of children with disabilities arises and will require a comprehensive approach to sensitization and capacity building to address the issue.

### **5.7.2.3 Child labour and exploitation**

Under Rwandan law, children under 16 years are legally prohibited from employment, and are required to attend school (Law No 48/27/2009; Law No 54/2011) and be afforded a reasonable amount of time for rest and leisure (Law No 54/2011, Article 20). The 2011 ICRP indicates that a child may do household work for a reasonable amount of time before and after school. The Law Relating to the Rights and Protection of the Child is designed to protect children from exploitation in the home, while requiring also that children assist their parents or guardian as appropriate to his or her capabilities.

### **5.7.2.4 Street children**

As noted in Section 4.5, a 2012 MIGEPROF study of children living on the street found that there were some 1,087 children living on the streets in 11 districts; that the majority were boys living on the streets of Kigali; and that poverty and / or the death of one or both parents were major reasons they lived on the street. The MIGEPROF study also identified some 22 small institutions (mostly faith-based) that care for street children which had worked towards reintegrating children with their families and communities. Key challenges faced by these institutions included insufficient financial resources, poor physical infrastructure and the inability to adequately meet children's needs. To

better understand how the situation in regard to street children may have changed, the NCC is carrying out further research.

#### **5.7.2.5 Children in institutions**

Government policy in relation to childcare rightly supports a shift towards family-based care for children living in institutions and the transformation of existing institutions into community-based centres. MIGEPROF supports district-level placement and reintegration efforts and since the implementation of the national *Tubarerere Mu Muryango* (TMM, Let's Raise Children in Families) programme there has not been any new institutionalization of children due to abandonment and neglect. The TMM programme was established to implement the National Child Care Strategy, and promotes the development of a national alternative care system whereby children residing in institutions are placed in family and community care. The TMM programme recognizes the importance of family environments in the development and protection of children, and therefore promotes the transformation of orphanages and institutions into community-based centres which provide services for children and their families. The programme also focuses on preventing the separation of children from their parents and families by supporting vulnerable families to remain together. Under the TMM programme 2,559 children from 34 institutions have been placed in family- or community-based care.

#### **5.2.7.6 Children in contact with the justice system**

The Justice for Children policy was developed and approved by the government in 2014, aiming at backstopping the rule of law and ensuring a restorative and child-friendly approach to juvenile justice. As an implementation framework, the Ministry of Justice (in collaboration with stakeholders) developed Justice for Children guidelines and disseminated them to central and local government.

Anecdotal evidence and consultations with stakeholders report that, since the approval of the Justice for Children Policy, there is a conducive environment to appropriate juvenile justice in Rwanda. Moving forward, fuller implementation of the Justice for Children policy will necessitate updating the child-related legal framework, improving coordination and increasing budgetary allocations and human resources to deliver child protection services (for example, through the deployment of community probation officers). To strengthen evidence of the impact of the policy and implementation arrangements, the justice sector will conduct a mid-term assessment.

#### **5.2.7.7 Violence against children and women**

Violence against women or children is a crime in Rwanda and punishable by law. However, 2015 RDHs data and other sources discussed in Section 4.5 reveal that violence against children and women remains a challenge. Although more specific research is required, it is reasonable to assume that there is a causal relationship between violence and hardship, poverty and limited opportunities for economic and social advancement. Likewise, although positive discipline is promoted and corporal punishment is illegal in schools (although not in the home), evidence suggests that the practice of corporal punishment occurs in both. However, the government and MIGEPROF take the issues of violence in Rwandan society seriously and have implemented a number of measures including the training of security personnel and police on gender-based violence, the foundation of anti-gender-based violence clubs at district level, the establishment of a network of community-based volunteers known as *Inshuti z'umuryango* (friends of the family) to monitor child rights violations and family welfare and, with support from One UN, the establishment of 44 One-Stop

Centres in district hospitals to meet the needs of child and women victims of violence and abuse. Yet, as for other child protection concerns, a greater focus on evaluation, inter-sectoral linkages, referral systems (e.g. between hospitals and police) and strategic planning is required.

#### **5.2.7.8 Institutional capacity**

Despite concerted and commendable efforts on the part of the government and development partners, further investment will be required before the current child protection system in Rwanda is able to comprehensively address the full depth and complexity of challenges to children's rights to protection. Numerous regulations and legal mechanisms are in place but enforcement requires strengthening, the prioritization of children's rights is not always adequate, and delays and gaps in the judicial system lead to low rates of prosecution for cases of abuse, exploitation and neglect. In addition, further resources are required for MIGEPROF, NCC and district child-protection focal points and staff in order for them to address the full range of challenges within their remit. Challenges identified by stakeholders in relation to capacity to deliver effective protection services for children and women include:

- The limited level of resources available to the NCC (relative to overall increased allocations to MIGEPROGF). The NCC has a limited budget insufficient to cover recurrent expenditures (e.g. staffing and office space) but also manages earmarked external funding to support deinstitutionalization of children, the training of the social workforce, the provision of support to most vulnerable children, and the coordination of child protection interventions at district level.
- High rates of staff attrition as a consequence of qualified staff moving to other government agencies, or to work in the NGO sector.
- Resource limitations affecting service delivery.
- The need to invest more in training on children's rights across government and its ministries and agencies.
- There is need to improve coordination between government agencies for child protection at sub-national level. The capacity at sub-national levels is steadily growing.
- The need to strengthen implementation of policy and capacity for the consistent enforcement of legislation.



## **6. Emerging challenges to children’s rights and sustainable development**

### **6.1 Financing for development and budgeting for children**

Over recent years Rwanda has moved from aid-dependency to a greater reliance on domestic revenue generation, and there is no question that significant investments have been made in social sector development, and towards improving outcomes for children.<sup>92</sup> Increasing the level of internally generated revenue is an ongoing priority for the government, and the concept of ‘self-reliance’ is widely referenced as the basis for domestic resource mobilization. Significant investments in strengthening the capacity of the Rwanda Revenue Authority (RRA) have been made and the Authority is frequently cited as a best-practice example for other low-income countries seeking to create an efficient tax system. Key achievements include the introduction of modern taxation laws, human resource development, and the establishment of necessary ICT infrastructure for tax collection, building public trust in the concept of tax and minimizing corruption.

As a consequence, Rwanda has significantly increased revenue collection and is shouldering a much greater responsibility for development financing. However, concerns are emerging that declines in the level of external financing – and limits to the level of public revenue that can realistically be generated – may prove challenging to the sustainability of some progress, as well as to future government capacity to deliver on its more ambitious policy priorities. Nevertheless, the level of resources available to the government has increased exponentially over the last ten years with, for example, total available resources (external grants + government revenue) almost quadrupling from RWF 376 billion in 2006 to RWF 1,419 billion in 2014/15. Over the same period external grants, as a percentage of total revenues, fell from 45% in 2006 to roughly 30% in 2014/15 and, as a percentage of GDP, declined from 9.3% to 7.3% between 2013/14 and 2014/15. Recent forecasts by the International Monetary Fund (IMF) suggest that external grants will decline to just 4.2% of GDP by 2017/18, and that government tax and non-tax revenues will only increase as a percentage of GDP by 0.5% (from 17.7% to 18.3%). In the context of population growth and increasing demand for public services this may present challenges in longer term.

As domestic revenue collection has been slower than hoped and external grants have declined, Rwanda has increasingly relied on loans to finance its deficit. State revenue forecasts included in the National Budget Law illustrate these trends, with the share of loans as part of total state revenue increasing from 11% of total revenues in 2012/13, to almost 17% 2015/16. At the end of 2014, public sector debt was 30% of GDP and while borrowing is rising overall, Rwanda has maintained a conservative external borrowing strategy and continues to maintain what is classified as a ‘low-risk debt position’.

In short, Rwanda is facing a situation where domestic revenue is increasing only gradually, external economic risks may be emerging, ODA is declining and borrowing is rising. Given the government priority to reduce the fiscal deficit to 4.2% of GDP by 2017/18, a further shift towards ‘expenditure prioritization’ and tighter budgetary measures is possible. For both the government and

---

<sup>92</sup> Data on GoR revenues and ODA are extracted from IMF Country Report no. 16/24, Fourth Review under the Policy Support Instrument, January 2016.

development partners, this will necessitate a strengthened focus on adding value, maximizing cost-effectiveness and improving programme efficiency.

With regard to sectoral financing, UNICEF-supported budget analysis reveals a number of challenges that are highlighted within previous sections of the SitAn that discuss sectoral challenges as they relate to children. Below is a recapitulation of some of these challenges.

- **For nutrition**, expenditure estimates and projections are complicated by the complex cross sectoral nature of nutrition interventions. There are also concerns that not all nutrition-related expenditure is sufficiently nutrition-sensitive. The biggest current nutrition-related investments relate to secondary school feeding, RAB's One Cup of Milk programme and LODA's nutrition (milk) programme. A much more modest budget is invested to support community health workers, the frontline staff who are a key part of the health sector's effort to combat malnutrition. Moving forward, the extent of additional funds available for nutrition is unclear, and there are concerns that the health sector's nutrition sub-programme budget is under pressure (albeit increasing).
- **For social protection sector**, budget allocations have increased from 3.3% of the national budget in FY 2012/13 to 4.3% between FY 2015/16 (from RWF 45.3 billion to RWF 75.5 billion). This positive trend is expected to continue. It is expected that the sector will continue to be financed through a combination of financing from national revenues, ODA and borrowing.
- **For the health sector**, 11.3% of the National Budget was allocated to the health sector (HSSP III) in FY 2015/16 representing a slight increase from 11% in 2011. The budget for MCH seems particularly under pressure and has declined from 7.3% in FY 2013/14's allocation to only 35.6% for the (FY 2015/16) revised budget.<sup>93</sup>
- **For water and sanitation**, there are concerns that finances may prove inadequate to meet 100% coverage targets by 2020, even though total budget share has increased over recent years. Similar to nutrition, the complexity and multi-sectoral nature of ensuring access to water and sanitation complicates assessment of expenditures. Although the government has increased transfers for water and sanitation, these transfers may not adequately compensate for falls in project and grant-related external funding.
- **For early childhood development**, UNICEF internal analysis estimates the ECD-related budget at around RWF 15bn for FY 2015/16, representing an increase since FY 2014/15. As for other cross-sectoral priorities, clear estimates of total spending on ECD are complicated, but a comparison of budget lines for health and nutrition programmes (specifically the immunization programme, the LODA nutrition (milk) programme and the MINAGRI One Cup of Milk programme) constitute the largest contributions. On the other hand, investments in pre-primary and ECD centres accounts for just 4% of the total ECD budget although this is set to increase. Declines in health sector resources are of concern, particularly in relation to the critical role of community health workers, and pressures on the budget for MCH service provision. However, the new 2016 ECD policy and its costed implementation plan should lay the ground for new sources of investment.
- **For education**, the sector is largely government-funded with external funding representing just 13.5% of total sector financing for 2015/16. However, education sector funding has declined from 15.8% of all government allocation in FY 2011/12 to 12.3% for FY 2015/16. There has also been an increasing prioritization of funding to tertiary education but allocations to pre-primary remain restrained. Moreover, since 2013/14, some important education sector programme have seen their budgets fall, including programmes critical to quality improvements such as Teacher Development and Management, and Curricula and Pedagogical Materials development.
- **For child protection**, most resources are allocated to the district level. The NCC budget has been

---

<sup>93</sup> UNICEF calculation from MINECOFIN budget law data, 2013/14 and 2015/16

increasing, even though it has decreased relative to MIGEPROF's overall budget. As for nutrition and ECD – and given the cross sectoral nature of child protection interventions – it is difficult to accurately assess overall allocations. However, UNICEF estimates suggest that around 0.4% of the national budget was invested, cross-sectorally, for child protection in FY 2015/16 although given district allocations are unclear, it is likely that the real figure is considerably higher.

The overall picture in relation to financing for development (and for children in particular) is somewhat uncertain. However, it is important to point out that the government must maximize national development gains within a constrained fiscal space and must therefore make hard decisions about the level and direction of resource allocation. However, in the context of the Addis Ababa Agenda for Action (financing for development) and the importance of investments in children for realization of the SDGs, there are a number of steps that can be taken to improve budgeting processes and resource mobilization in support of sustainable national development and children's rights and wellbeing. These include improving budget classifications to enable enhanced assessments of social sector budgets.

Given that budget transparency can demonstrate how political commitments are translating into actions, improved coordination between line ministries and government agencies in relation to reporting on expenditures and budget tracking and analysis (at both the central and district level) will improve opportunities for resource leveraging. Similarly, developing more reliable systems for monitoring resource allocations to multi-sectoral SDG priorities – and for cross cutting sectors such as nutrition, ECD, water and sanitation and child protection – can also provide high-quality expenditure data that more definitively links allocations to results, and thus demonstrate economic and social returns as well as future cost savings associated with child-focused interventions.

Specific recommendations emanating from UNICEF internal budgetary analysis include a focus on adopting clear social-sector budget targets (where lacking) to support advocacy and enhance resource mobilization, and defining budget advocacy priorities for each sector. For budgetary purposes, moving towards a consideration of nutrition and ECD as sectors would enable improved expenditure tracking, and allow for an improved assessment of the efficiency and equity of investments at both national and district levels.

## **6.2 Environmental risks and disaster management**

Rwanda enjoys unique environmental assets and biodiversity, and the government recognizes the importance of ensuring effective and appropriate environmental management. Environmental protection and management are key priorities within Vision 2020 and EDPRS II, which envisage a nation where the impact on natural resources is minimized through effective policies and legislation. Key priorities include mainstreaming environmental sustainability, reducing vulnerability to climate change, and preventing and controlling pollution. The government recognizes the fundamental importance of effective environmental management for the SDGs, which place a critical and cross-cutting emphasis on environmental sustainability. In particular, the SDGs address safe drinking water and sanitation (SDG 6), clean energy (SDG 7), sustainable cities and communities (SDG 11), responsible consumption and production (SDG 12), climate change action (SDG 13), and life on the land (SDG 15). Recognizing the importance of these goals, discussions in relation to development of Vision 2050 have emphasized the importance of effective environmental management for

sustainable development, and have prioritized Rwanda becoming an increasingly low-carbon and climate-resilient nation.

The Ministry of Land and Forestry formulates water resource management policies, strategies and laws, while the Ministry of Environment leads in enforcement of environmental regulations and awareness promotion. Key policies include the 2011 National Strategy for Climate Change and Low Carbon Development (Green Growth), the 2013-2018 Environment and Natural Resources Strategy, and the 2013-2018 Strategy on Climate change. Legal mechanisms in place include laws relating to the environment in general and also for forestry, mining and land use. Rwanda has ratified a range of international treaties relating to biodiversity, desertification, endangered species and ozone protection. In 2016, the government ratified the Paris Agreement on Climate Change and established a 'Green Fund' to create green jobs and to foster climate resilience at community level. Other key interventions include community-level reforestation efforts, the development of district forest management plans and efforts to reduce the use of wood and charcoal for household fuel. As a consequence of these sustained efforts, Rwanda has made substantial progress, with the 2013 MDG progress report noting low carbon emissions, increasing forest coverage, and improvements in the coverage of access to safe drinking water and sanitation.

Despite these efforts, Rwanda continues to face significant environmental challenges which have the potential to affect all Rwandan people, particularly children and the rural poor. Livelihoods across the country are highly dependent on the natural environment, which remains under pressure from soil erosion, deforestation, and inadequate systems for storm water and waste management. The impact of climate change is another significant challenge which has over recent years resulted in the increasing frequency and intensity of extreme events, particularly floods and droughts.

Apart from the risks to livelihoods and sustainable development that environmental risks pose, they can also present a direct threat to children's wellbeing. Over the last decade, the frequency, intensity and severity of natural hazards and disasters (particularly floods, landslides and droughts) have increased, raising the toll of human casualties as well as economic and environmental losses. EICV4 data show that 20% of households in Rwanda have experienced some form of environmental damage, with destructive rains most commonly reported by 11% of surveyed households, followed by landslides (4%) and floods (2%). EICV data also reveal that rural households usually experience more cases of environmental destruction than urban households, and that households in the poorest quintiles are more likely to be affected by natural hazards and disaster. Data collated by the Rwandan Ministry of Disaster Management and Refugees (MIDIMAR) reveals that damage to dwellings and crops – which can affect the viability of household livelihoods, children's nutritional status and health and wellbeing – is largely caused by landslides, rainstorms, flash-flooding, droughts and floods.

MIDIMAR oversees the Rwandan National Disaster Management Policy, which addresses natural hazards (such as earthquakes and volcanic eruptions), as well as potential risks from terrorism, mass population movements and disease pandemics. The policy aims to strengthen the legal and institutional framework for disaster management through raising awareness, and through developing capacity for disaster-management at all levels. The policy also aims to ensure that institutions and disaster-risk management strategies are partnership-focused to foster effective communication across government line ministries, the private sector and regional entities. The

policy also promotes linkages between disaster management and sustainable development to reduce vulnerability to hazards and disasters. Key strategies to ensure effective implementation of the policy include a focus on disaster-risk assessment and reduction, the integration of disaster management with district-level planning, community engagement, strengthened communication between government actors and partners, and the mainstreaming of climate change. Institutional arrangements for disaster management include a multi-sectoral National Disaster Management Committee that oversees policy, coordination and general guidance, and a National Disaster Management Technical Committee that provides timely advice to ministries and public institutions. At district level there is a District Disaster Management Committee, chaired by the District Mayor that also includes the District Army Commander, the District Police Commander, the District Social Protection Officer, the Director of the District Hospital and the Rwanda Red Cross Representative. Apart from coordination, risk assessment and monitoring responsibilities, the District Disaster Management Committee also has responsibility for mainstreaming disaster-risk reduction and climate-change adaptation through all development programmes (agriculture, infrastructure development, settlement, health, education etc.) and for engaging with community groups and volunteers. Finally, there are also Sector Disaster Management Committees with similar representation and responsibilities at sector level, which also undertake community mobilization activities.

However, apart from interventions such as development of the District Disaster Management Plans and the UNDP-supported 'Green Villages' approach, which has worked to strengthen community-level disaster resilience, and capacity for climate change adaptation, the engagement of communities (and children) in disaster-risk reduction and management has to date been somewhat limited. In the context of the SDGs and the emphasis on current and future climate-change adaptation and risk mitigation, the involvement of children will be essential. Intensifying the mainstreaming of disaster risk reduction through the education system, and ensuring children are educated about the need for environmental protection and how it is achieved are critical to children's current and future wellbeing, and to that of future generations. Children's instinctive interest and concern for the environment presents a key opportunity to promote inter-generational environmental awareness and community resilience through the school system. Especially among less well-off families, children are often a major source of information for parents and can relay their learning to their parents and within their communities. This not only saves lives in the event of disaster through the dissemination of critical information, but also contributes to longer-term awareness, and the resilience of communities and the environment, as children mature and become adult participants in society.

Through the development and regular review of national disaster contingency plans the special needs of children during disaster emergencies will be better assessed and addressed. The responders, including volunteers, will be trained how to effectively and specifically assist children before, during and after a disaster. Children will also be more involved in various simulation exercises, especially drills, with the aim of building their resilience and making disaster-readiness a culture from childhood. Finally, international experience has shown that children enjoy learning about and contributing to disaster-risk reduction interventions and environmental protection. Their active engagement and participation can thus offer another means by which to foster social accountability and cohesion. Currently there is a need to ensure that the role of children in disaster-

risk reduction, environmental management and climate change is mainstreamed within appropriate policy.

### 6.3 Working with adolescents

Adolescence is a time of transition from childhood to adulthood, where boys and girls go through major physiological changes, and when challenges and opportunities emerge that will affect the direction their lives will take during adulthood.<sup>94</sup> Recent research shows that during adolescence (particularly early adolescence), the brain undergoes significant development and consequently opportunities for positive development and learning will have a life-long impact on future prospects for social, economic and emotional wellbeing.<sup>95</sup> Moreover, as with investment in young and primary-school-aged children, investment in the wellbeing of adolescents will pay substantial dividends in terms of future social and economic prosperity, and for sustainable development. All of the SDGs have implications for adolescents, but SDG 2 (on ending hunger and food insecurity), SDG 4 (on ensuring quality education) and SDG 5 (on gender equality) have particular salience.

Partly as a consequence of the historic focus on child survival and the MDG focus on universal access to primary education, there is limited data in Rwanda (and in other developing countries) on the situation of adolescents, with the exception of data collected within national surveys relating to fertility, HIV/AIDS and violence. This is particularly the case for adolescents aged 10-14 whose situation is not captured within RDHS or in any detail within national level household surveys. There is therefore a need to dedicate more resources to understanding the situation of adolescents through quantitative surveys and qualitative social research.

In terms of government policy, there is no specific reference to adolescents in Vision 2020 or EDPRS II. However, both of these policy instruments implicitly recognize the critical role of adolescents in as much as they promote a knowledge-based economy and prioritize investments in the development of human capital. There is also strong political will to address the challenges of adolescence in many sectors, most notably as evidenced within the education sector through the Girls Education Policy, in relation to adolescent sexual and reproductive health interventions under HSSP II, through efforts to reduce gender-based violence and in relation to child protection interventions undertaken by the NCC. Youth Friendly Corners have been established within health centres and there are also interventions such as the 12+ programme, which aims to empower young adolescent girls. As noted in Section 5.7, the MIGEPROF and NCC *Inshuti z'Umuryango* initiative has deployed social workers to address violence in communities and the Adolescent Girls Initiative has improved employment and income-generating opportunities for girls and women aged 16-24.

Despite evidence gaps, a number of issues relating to the wellbeing of adolescents aged 15-19 are evident in the data presented in Section 4 and in relation to educational opportunities in particular. These include the incidence of teenage pregnancy, which is higher among poorest quintiles, unmet needs for adolescent reproductive health services, increasing rates of HIV infection (especially among girls) and gaps in relation to awareness of HIV prevention and comprehensive knowledge of HIV/AIDS. 2015 RDHS data show that exposure to violence for adolescents aged 15-19 is an issue, with boys experiencing high levels of physical violence and adolescent girls experiencing higher

---

<sup>94</sup> Adolescence is defined by the United Nations as the second decade of life from 10-19 years of age.

<sup>95</sup> See, for example: [https://www.unicef.org/adolescence/files/SOWC\\_2011\\_Main\\_Report\\_EN\\_02092011.pdf](https://www.unicef.org/adolescence/files/SOWC_2011_Main_Report_EN_02092011.pdf)

levels of sexual violence. In relation to education, data presented in Section 4.4 show that access to secondary schooling and TVET (although increasing) is still somewhat restricted, especially for adolescents in the poorest quintiles. Anecdotal evidence and consultations with stakeholders reveal that other challenges include difficulties faced by out-of-school adolescents and the absence of non-agricultural employment opportunities and opportunities for skills development, isolation and family rejection (along with expectations in many communities that adolescents must fend for themselves), reports of drug and alcohol abuse, mental health issues and self-harm, limited media and internet access and gender stereotypes that perpetrate sexual violence against girls. Although education is a key means by which to support and encourage appropriate adolescent development, there is a need for a more holistic approach.

Despite recognition within the government and key ministries of the importance of investing in adolescent development – and the many interventions in place that indirectly and directly have a positive impact on adolescent wellbeing – there is no overarching policy on adolescence in Rwanda. According to the 2012 census there are approximately 2.7 million adolescent girls and boys in Rwanda who are part of a rapidly expanding age group (given that there are more than three million children under 10 years of age). Consequently, and to maximize the benefits of this demographic dividend, there is an urgent need to develop an adolescent policy, as a follow-up to the 2005 Youth Policy, to guide investment in adolescents, set priorities for adolescent development and wellbeing, and maximize their future contribution to sustainable development.

Efforts are currently underway to develop such a policy, and to establish an adolescence working group with representation from MINISANTE, MINEDUC, MIGEPROF, MYICT, NCC and development partners. Key functions of the working group will be to promote and enable improved learning and school achievement, the participation and empowerment of adolescent girls and boys, improved health and nutrition, and increased safety and security. Immediate priorities will include strengthened district plans to address adolescence and gender, evidence generation on gender barriers facing both girls and boys, and efforts to increase secondary school enrolment and improve learning environments. General functions would include oversight and coordination in relation to the role of adolescents in existing sectoral policy, and with regard to ensuring that adolescents are considered within the development of new policies.

#### **6.4 Decentralization and children**

Since 2000, Rwanda has pursued a policy of political, administrative and political decentralization with the specific objective of transferring greater power to district administrations and fostering civic participation in local elections and decision-making processes. A revised decentralization policy was developed in 2012 and reflects several key objectives. These include enhancing citizen participation, promoting accountable and transparent governance, stimulating local economic development, improving service delivery and promoting national unity and social cohesion. Local governments are legally obliged to enable the participation of local communities in priority setting, planning, and in decision-making processes.

Decentralization in Rwanda has been an outstanding success and has fundamentally enabled and underpinned sustainable social and economic development across the country, in both rural and urban settings. For the health and education sectors, decentralization has promoted accountability and local engagement with providers, including through community engagement in the maintenance

and establishment of facilities, and through forums such as parent-teacher associations and community hygiene clubs. As noted in Sections 5.5 and 5.4, substantial efforts have also been made to partner with communities to accelerate the delivery of ECD interventions and to scale up the construction of sanitation facilities.

Decentralization has also fostered democratic representation, enhanced community and local government capacity to identify challenges and find solutions and inspired confidence in government and public policy. Through *Umuganda* (community work), families and individuals participate in local development and have opportunities to engage with planners and administrators. The *Ubudehe* programme also encourages community participation, provides the foundation for the VUP and its components, and facilitates equitable and transparent approaches to the provision of social protection services and other poverty reduction measures. Yet challenges remain and, in the context of Rwandan national development objectives and commitments to the SDGs, more investments will be needed to further enhance local government capacity and responsiveness. Continuing to ensure ongoing and consistent efforts to facilitate the engagement of children, individuals, families and communities in local and national development will also be critical to future prosperity and sustainability. For Rwanda to further benefit from decentralization and improve the delivery of services and outcomes that benefit children's development and promote sustainability, several steps have been identified as of key importance. These are summarized below.

- In relation to **service delivery**, there is a need to accelerate sectoral decentralization, and to ensure that local authorities are provided with the necessary leverage and authority to implement reforms and the human and financial resources to meet sector objectives. Greater devolution of responsibilities and resources for key services will further promote accountability and local decision-making, and consequently enhance human capital and institutional capacity. Efforts are required to clarify sectoral decentralization priorities, and to better define and operationalize institutional linkages across sectors. An evaluation of the decentralization policy (covering 2000-2016) has been carried out – the findings may be useful to inform decision-makers on how local government entities can best be restructured to improve service delivery.
- **Relationships** between local authorities, central government and the sectoral ministries and their agencies and institutions are not always easy to clarify, and programming and results-management are at times overburdened, particularly by a lack of clarity around cross-sectoral social development objectives and responsibilities. Strengthening the capacity of local authorities to plan strategically and to engage with local development actors, national entities, development partners and civil society through mechanisms such as the Joint Action Development Forum will increase the responsiveness and context-specific relevance of social and economic development interventions at decentralized levels. Further ensuring the integration and budgeting of cross-sectoral priorities such as malnutrition elimination plans and ECD interventions within DDPs and Imihigos will also help strengthen coordination across government.
- In relation to the **use of evidence**, it is critical that local government is better supported to generate, cross-tabulate, analyze and utilize data to develop locally owned programmes that reach the most vulnerable children and families, accelerate poverty reduction and work towards realizing key priorities for sustainable development. This will require further human resource investments and institutional capacity development strategies that promote local initiative and collaboration.
- Regarding **communication**, concerns have emerged that some public policies of importance to children, families and communities are not always well understood at district level, either within the community or by local authorities. The role of central government is to support local government in disseminating policy and engaging citizens for smooth implementation. There is therefore a need to



ensure not only that human and financial resources are in place to implement policy but also that the intent, implications and objectives of new and emerging policies are well understood to promote engagement and civic participation

- **Evaluating and demonstrating results** to constituents is also critical to generating community acceptance of policy, and to promote community engagement with service delivery and policy implementation. Given that community participation underpins the effectiveness of outcomes (and the sustainability of development programming) it will continue to be vital to ensure communities are informed and aware of the benefits of policy, and of the respective responsibilities of local authorities, communities and civil society. In addition, investments in strengthening capacity for evaluating and demonstrating results will help district authorities and local communities to showcase key results for children and families, leverage resources for further improvements in the coverage and quality of services and / or distil and disseminate programme and policy best practice for scale up and duplication.
- Developing the capacity of local authorities and communities to address climate change and other current and emerging environmental challenges is also essential to ensuring sustainable development. There is thus a need, in addition to development of the Disaster Management Plans, to increase investment in strategies that mitigate the impact of climate change, build community resilience and promote environmental awareness at all levels, including through the education system. Currently, capacity gaps in relation to environmental and natural resource management are evident at district level and there is a need to more actively engage with children and communities as key current and future enablers of climate-change adaption and natural-resource management.
- In relation to community participation in decision making, there is a need to further strengthen and promote community consultation processes and to ensure that children of all ages are empowered to participate in public discussion and debates about the direction(s) of social and economic development – at both local and national levels. Sustainable development will only be assured through prioritizing the active participation and engagement of children which, in turn, will only be assured through sustained investments in the realization of children’s rights and wellbeing.

## **7. Conclusions and recommendations**

UNICEF believes that children's rights and wellbeing must be at the centre of the post-2015 agenda and Rwandan national development. Sustainable development implies not only a consideration of challenges in the present, but also a consideration of how current actions will influence future economic, social and environmental wellbeing. For development to be sustainable it is essential that children are supported and cared for throughout their growth to adulthood, and provided with opportunities to reach their full potential as productive, engaged and capable citizens able to make a meaningful contribution to family, community and society. Investing in children's rights and wellbeing is the most effective means by which to eradicate inter-generational poverty and vulnerability, boost shared prosperity and enhance social inclusion. Consequently, addressing inequity and child vulnerability must be at the top of the national development agenda, not only to ensure fundamental rights but because they are the custodians and stewards of Rwanda's collective future. Providing children with the means and the tools to meet these responsibilities is the task ahead and the duty of all.

Over the past two decades, results for Rwandan children, individuals, families and communities have been outstanding. To now meet the challenges ahead and achieve steady progress towards equitable and sustainable development, several barriers to improved outcomes for children must be overcome. Reviewing the key findings of the SitAn in relation to these four critical domains and the social sectors, the following conclusions can be drawn.

### **7.1 Enabling environment**

Rwanda has a well-established policy domain that effectively sets out a vision for national development, economic growth and poverty reduction. The country has also established a comprehensive regulatory environment, even if more efforts are required to maximize the enforcement of laws designed to protect children and women. Within the sectors, key priorities are well known and both overarching sectoral policy and sub-sector policies are in place. Moreover, the government have consistently demonstrated a constructive and open approach to policy development and a willingness to engage in policy dialogue with development partners and the community. Over recent years there have also been significant efforts to develop policy that enables inter-sectoral collaboration across government line ministries, institutions and agencies including, for example, the 2012 Integrated Child Rights Policy and the 2016 Early Childhood Development Policy.

While it is not the purpose of the SitAn to systematically evaluate the effectiveness or appropriateness of public policy in Rwanda, it is fair to conclude that Rwanda has performed well in terms of achieving a comprehensive policy platform, and in relation to building government and sectoral capacity for policy development. In relation to the SDGs, the government has established the policy foundations for sustainable development and put in place mechanisms for regional and international cooperation.

Regarding the implementation of public policy, the government has been particularly effective in ensuring that visions, principles and strategies are budgeted and actionable, and that accountabilities across line ministries are clear. However, the implementation of policy would be further improved if inter-sectoral implications in policies were better comprehended and acted

upon, especially at district level, and if accountabilities, results frameworks, and management and coordination mechanisms were better oriented towards achieving cross-sectoral objectives. Enhancing stakeholder understanding, further clarifying inter-sectoral accountabilities, and constantly improving and refining implementation modalities and accountabilities will be essential for the effective scale up of ECD services, the development of an integrated child protection system, the further roll out of child- and gender-sensitive social protection, and for improved operational linkages between district plans for the elimination of malnutrition and district development plans. Relatively linear implementation mechanisms and clear sectoral accountabilities have delivered (and will continue to deliver) significant progress within the sectors. However, to address the current priority challenge of improving early child development outcomes and accelerated reductions in child stunting there will now need to be more dedicated efforts to initiate effective results-orientated management and coordination mechanisms, as well as to consolidate and build upon effective processes already in place.

The implementation of multi-sectoral policy will also benefit from an improved culture of monitoring and evaluation. In other words, methodically extracting, sharing and discussing lessons learned will improve programme efficiency and effectiveness, and assist stakeholders to continually refine implementation modalities through the mining and dissemination of best practice. Also vital will be ensuring ongoing investments in developing capacity – especially at district level – for the collection, analysis, cross-tabulation and utilization of data to refine programme implementation.

Essential for an effective enabling environment for children and sustainable development is the allocation of appropriate and sufficient resources to ensure the quality and continuity of services, and allow scaling up when required. As noted in Section 6.1 the level of resources available to the government has increased substantially over the last 10 years, even though external grants as a percentage of total government revenues have been falling. Regarding sectoral financing, we see a mixed picture where there are concerns about the sustainability of health-sector financing, declining expenditure on key educational programmes that may affect efforts to improve quality, and concerns about how funding shortfalls for meeting nutrition and water and sanitation targets will be met. Financing for social protection, ECD and child protection have increased in real terms although further investments will need to be made if an effective scale up of services is to be realized. The government continues to prioritize attracting foreign investment and equitable economic development and poverty reduction as the key means by which to raise domestic revenues and pay for the growing costs of service delivery.

Rwanda's expanding population presents both a risk and an opportunity. According to the 2012 FPHC, population is set to increase from 10.5 million in 2012 to between 15.4 million (low scenario) and 16.9 million (high scenario) by 2032. Consequently, there is a risk that demand for services will increasingly outweigh supply, resulting in higher costs for services and greater social and economic inequity. However, an increasing population also represents an opportunity to expand the coverage of services as economic reforms and investments in human capital are realized, and when these investments lead to sustained economic expansion and increased revenue generation. As the World Bank argued in 2013, demographic changes set in motion by declines in fertility (population growth and changing age structures as children and youth move to maturity and youth dependency decreases) have the potential to accelerate economic growth. Before the recent declines in fertility, Rwanda's GDP per capita was forecast to double between 2010 and 2050. However, according to

World Bank assessments, declines in fertility and demographic changes could result in GDP per capita trebling between 2010 and 2050. Moreover, GDP growth over the next few decades will be even greater if further declines in fertility can be achieved, and if revenues are increasingly directed towards human capital development. UNICEF therefore commends government commitments to promote and enable appropriate early childhood development, good health and nutrition, and universal quality education.

### **7.1.1 Supply of services**

Reflecting on the enabling environment – particularly the availability of human and financial resources – ensuring the adequate supply of services is critical to achieving improved outcomes for children and sustainable development. This SitAn identifies a number of supply-based challenges, including (for the nutrition sector) the increasing but still inadequate coverage of essential nutrition actions, and of integrated and tailored nutrition-related service delivery at district level. For the social protection sector, coverage, although improving, is still not sufficiently child- and gender-sensitive, and inefficiencies persist in terms of the targeting of assistance. For the water and sanitation sector, access to safe water and improved sanitation is still limited for some households, especially poorer and isolated households, despite pro-poor strategies in the Water Supply Policy and the recognition that everyone has the same right to water and sanitation services. Inequities also persist in access to health services where there are gaps in the coverage of health insurance, and poorer households are slightly less likely to seek comprehensive health services as a result of financial barriers. Although increasing, the supply of ECD services, including ECE and pre-primary schooling, is also still limited, resulting in a situation where these critical services are more frequently utilized by better-off households with the means to cover out-of-pocket expenses. For the education sector, access to primary schooling is almost universal although more needs to be done to ensure the inclusion of children with disabilities and other potentially marginalized children. Completion of primary school and the effective transition to (and completion of) secondary school must also be prioritized to support positive child outcomes and human capital development. For the child protection sector, there is a need to build upon the efforts to date, and work towards the progressive scale up of accessible child protection services.

Human resource shortages are a challenge, with deficits including insufficient specialist paediatricians and obstetricians in the health sector; insufficient qualified pre-primary, ECE and secondary school teachers in the education sector; and a shortage of decentralized case-managers for effective child protection and social protection. There is also a need to strengthen existing human resource capacity which includes, for example, strengthening district capacity for working across sectors at both the individual and institutional level; clarifying inter-sectoral accountabilities at the decentralized level; reducing staff attrition, unnecessary job rotations and the loss of institutional knowledge; and defining and strengthening coordination mechanisms for district-level ECD and nutrition interventions.

Certainly, there are gaps in service delivery, but as noted previously in the SitAn, these gaps need to be understood in relation to the almost total absence of services at the end of the 1994, the limited fiscal space within which the government must prioritize service delivery, and the difficulties of equitably providing services for a topographically challenged and largely agrarian population. It is critical that development partners continue to support current and future government efforts to scale up access to services and to improve their quality.

### **7.1.2 Quality of services**

Relative to the financial and human-resource constraints faced by the government, the quality of services in Rwanda should be assessed as high. This is reflected in the government's 2016 Citizen's Report Card, which assesses public satisfaction with services as, for example, 75% for health services, 73% for education, 74% for local government and 61% for social protection. However, quality issues are evident and there remains an ongoing need to scale up equitable access to (and utilization of) key services (access is also a quality indicator); improve maternal and neonatal care; build capacity for community-led sanitation; deliver integrated nutrition and ECD interventions; enhance the equity and gender- and child-sensitivity of social protection programmes; and work towards inclusive and child-centred pedagogical approaches in schools.

The quality of services is in part determined by the strength of the enabling policy and regulatory environment, and the availability of key inputs. However, quality also depends on the capacity of communities to contribute financially and in-kind to improvements, and on the extent to which government encourages communities and the private sector to participate. In Rwanda, the government continues to actively consult and engage with all development partners, including the public, to improve the quality of services. Caregivers are also involved – in schooling through PTAs, as participants in community-based ECD and as agents of change for the delivery of improved household sanitation. Consequently, the government has been wise to focus on enabling the capacities of communities, including children, to contribute to quality improvements and to engage with the public and the private sector to generate new ideas and approaches to service delivery. Again, a focus on ECD, education and human capital development will be the key to sustainable progress.

Regarding individual sectors, efforts to introduce and / or strengthen standards and guidelines relating to the provision of key services for children are to be commended, especially in relation to quality education, social protection and ECD. Currently, the scope of ongoing sectoral reforms required, and the demands of prioritizing the scaling up of access to some key services, necessitates a staggered and strategic approach to quality improvement that maximizes returns on investment for children, catalyzes further reform, and promotes sustainable and systemic change.

### **7.1.3 Demand for services**

Household and caregiver demand for services for children is linked to a range of issues including ease of access (financial and physical), perceptions about the quality of services, social norms and awareness of services and / or the benefits of services. In relation to access, evidence presented in the SitAn shows that financial barriers restrict access to (and limit demand for) health services for some households, especially the poorest households, and act as a disincentive for parents enrolling children in pre-primary or ECE. Evidence presented also shows that access and demand can be challenged by distances to services, the cost of transport and the opportunity cost of taking the time to reach services. In the social protection sector, delays to payments, a lack of gender sensitivity in the design of classic public-works interventions, a shortage of available opportunities to participate in public works, and insufficient transparency around the appeals and complaints processes can act as a deterrent to participation. However, demand is fluid and varies across different contexts, and therefore the relationship between household demand for services for children and financial and physical access, social mores, perceptions of quality and the availability of services must be explored

and understood in relation to specific programme and policy objectives, and at the sub-national level.

Demand for services and barriers to access in Rwanda have not yet been comprehensively assessed. However, anecdotal evidence and data relating to, for example, citizen satisfaction, the utilization of key MCH services (e.g. immunization), primary school enrolment and the uptake of social protection benefits suggest that demand for services is high in Rwanda and that further improvements to levels of financial and physical access and the quality of services would lead to further increase in community and household demand.

However, in the absence of more comprehensive research, and considering that the drivers of demand (and the mix of drivers) can vary across socio-economic contexts, it is difficult to generalize about social mores, community perceptions about the quality of services and public awareness of the benefits for children that key services can provide. Investing in research on the drivers of household demand and developing district capacity to better assess community demand would therefore lead to improvements in the design of local service-delivery modalities and reveal key gaps in community awareness (e.g. the importance of 4+ ANC visits and complementary feeding). Increasing household and community-level demand for services can also act as a catalyst for increased supply of services, greater levels of community contribution and engagement in service delivery, and key quality improvements.

#### **7.1.4 Recommendations**

Undoubtedly, there has been great success but challenges persist. As noted, there are emerging concerns that the fiscal space available to the government and development partners to address current policy priorities and critical sectoral challenges is at risk of becoming constrained. Consequently, this SitAn recognizes the need to ensure that social sector investment maximizes returns, demonstrates results, strategically adds value and serves to generate evidence of cost-effective best practice, which can be brought to scale through innovative partnerships and improved resource mobilization. Recent efforts to trial child- and gender-sensitive social protection mechanisms and community-based ECD are prime examples.

The road ahead requires a further consolidation of gains, coupled with strategically targeted investments that enhance efficiency and quality by prioritizing programmes and interventions with the best potential to deliver and catalyze sustainable change.

Rwanda has proven it is resilient and capable of adapting to current and emerging challenges and circumstances. The country has progressed rapidly towards enabling citizens to realize their human rights and now is the time to build on progress and harness the strength and resilience of children, families and communities to build a sustainable future. With this in mind, the SitAn makes the following overarching recommendations and several key sectoral recommendations.

##### **7.1.4.1 Overarching recommendations:**

- Children's rights and wellbeing must be positioned as central to sustainable development and to realizing the SDGs. At its heart, sustainability is forward-looking and therefore investing in the lives of today's children is the only strategy that, if undertaken at scale, will guarantee future prosperity, inclusiveness and social cohesion. In the context of the SDGs, prioritizing investments that improve

outcomes for children must take precedence if sustainable results and national development objectives are to be achieved.

- Poverty reduction, inclusive economic growth, increased access to safe water and sanitation and food security are all critically linked priorities that must be addressed synergistically. As the SitAn has demonstrated, poverty disproportionately impacts children's lives and consistently correlates with a range of other child deprivations. While income poverty is not the only causal factor, it still emerges as a reliable and consistent indicator of actual or potential household vulnerability. UNICEF therefore supports the government's prioritization of poverty reduction through measures that boost household incomes and economic opportunities, increase state revenue for expanded service provision, and address systemic and structural challenges to food security and child nutrition.
- In relation to gender inequities and discrimination, the SitAn supports government efforts to promote the wellbeing and rights of girls and women, and to address the special needs of vulnerable children. Although some research and assessments have been conducted to highlight the situation of children living with disabilities, there is a need to gain a better understanding of the scope of disability in Rwanda and the challenges faced by children with disabilities in order to further develop and implement policies that promote inclusion and empower disabled children to reach their potential.
- Regarding district-level governance, it is important to ensure that children and young people are empowered through the education system and the community to participate in local governance and decision-making. This will require further enhancing children's access to ICT, ensuring that children of all ages are equipped with problem-solving and analytical skills as they move from early childhood through the school system and accelerating – and then institutionalizing – children's full civic engagement in Rwandan society, as a continuation of the existing Children's Forums which have been established at decentralized levels.
- Further sectoral decentralization and district-level capacity building are needed to deliver additional results for children, enhance local sustainability and to step up district-level contributions to national development. Key priorities include efforts to enhance the collection and use of disaggregated data and other quantitative and qualitative evidence which can inform evidence-based planning and budgeting, guide the implementation of policy, reduce local inequities and inform the evaluation of results. Also critical to further progress will be strengthening the child-sensitiveness of existing mechanisms, including district-level Joint Action Forums, budget planning processes, guidelines for district entities, and the district Imihigos; improved coordination and communication within – and between – the government, development partners civil society, the private sector and communities; and a renewed focus on collaboration, transparency, partnership and building resilience. Finally, creating a positive narrative and ensuring that results and best practice are communicated at all levels will enhance the public and private ownership of government programmes and policy, encourage the active participation of children and citizens, and leverage further opportunities for collaboration and resource mobilization.

#### **7.1.4.2 Recommendations for the nutrition sector:**

- The recently established National Early Childhood Development Program to be further supported in its capacity to coordinate and oversee policy and action-plan implementation and evaluation at both national and district levels. There is also a need to formalize the coordination of nutrition interventions at district level to ensure integrated and well targeted interventions.
- In terms of budgeting for nutrition, it will be essential for the management, implementation and evaluation of effective child nutrition interventions to work towards consolidating sectoral plans, expenditures (off-budget and within national budgets) and contributions towards nutrition-sensitive interventions. Working towards planning and budget consolidation for nutrition will then allow both the government and partners to better assess the levels of investment needed, and more effectively evaluate and plan resource allocations.

- Regarding Essential Nutrition Actions, the nutrition-sensitivity of all ENAs must be comprehensively assessed in relation to varying sub-national contexts, with a view to improving the relevance and efficacy of the ENAs implemented at district level. Following the nutrition sensitivity assessment, the prioritization of the roll out of ENAs at district level should be tailored to meet district needs, with a continuing emphasis on core proven ENAs (including complementary feeding and micronutrient supplementation).
- Gender disparities evident in data on U5 stunting should also be fully researched to inform the design of stunting-reduction interventions that can redress these inequities.

#### **7.1.4.3 Recommendations for the social protection sector:**

- This SitAn has identified household income poverty, particularly extreme poverty, as a key driver of child deprivation, in terms of its role in inhibiting access to sufficient and adequately diverse food, access to health and education services, and participation in ECD. There have been commendable efforts over recent years to expand the coverage of social protection programmes, and more recently to initiate child- and gender-sensitive approaches to the provision of assistance. However, now that such approaches have demonstrated results for children there is a need to expand coverage and to harmonize the delivery of social protection, ECD and nutrition services to maximize impact and the resilience of households with children to economic and climate shocks. The Direct Support component of the VUP has also proven beneficial for children in extreme poverty and therefore the scaling up of access to Direct Support for households with children in acute difficulty needs to be considered.
- There is a need for the social protection sector to embed the implications of both the monetary and multidimensional poverty of children, men and women (as guided by SDG 1) into its policies and programmes, and to increase the coverage of both core and complementary social services to prevent inter-generational transfer of poverty. Building on the ongoing work on the national definitions and measurements of multidimensional poverty and its overlap with monetary poverty, it is expected that the social protection sector will have sufficient evidence in support of strengthening social protection and strengthening multi-sectoral coordination. The aim would be to ensure that all aspects of poverty are adequately addressed through appropriate social protection systems and measures, while taking into consideration the specific needs of individual children and households.
- There is a need to strengthen the efficiency of the social protection system through an improved targeting of households with vulnerable children. The next round of Ubudehe community consultations in 2018/19 should therefore be seen as an opportunity to ensure that all acutely vulnerable (and therefore eligible) households currently not receiving assistance are covered by the VUP.
- There is a need to streamline complementary and core social protection interventions to optimize the coverage and targeting of assistance, so it is critical that the social protection MIS is strengthened. This will require the ongoing importation, integration, cross-tabulation and sharing and dissemination of social protection administrative data, and other sectoral data demonstrating results for children and programming complementarity at both output and outcome level (for example, data demonstrating complementarity between interventions such as the provision of subsidies for school fees or water and electricity and how they mesh with key social protection programmes).
- With regard to human resources, there is a need to strengthen the capacities of the community-level social protection workforce, and of lower administrative staff for district and community-level case management, for referral across sectors, and for programme monitoring.

#### **7.1.4.4 Recommendations for the health sector:**

- The great progress that has been made towards the reduction of all forms of U5 and maternal mortality must be recognized. However, U5 and maternal mortality levels remain high, especially in rural locations. Concerted efforts are therefore required to scale up access, especially for vulnerable and / or isolated households, and to improve the quality of MCH services. For this to be achieved interventions will need to be targeted at improving quality through the robust monitoring of service provision, and the professional mentoring of health workers at all levels.



- In the context of concerns about the sustainability of health financing, and the capacity of the sector to adequately cover the cost of MCH services, the government may want to consider additional approaches to increase resource mobilization for the sector, with a focus on expanding access and quality.
- In relation to adolescents and HIV, increases in the prevalence of HIV among adolescents now require that all partners work together to strengthen treatment and primary prevention, through a progressive scale up of adolescent-friendly reproductive health services, and a focus on awareness-raising and behaviour-change communication.

#### **7.1.4.5 Recommendations for the water and sanitation sector:**

- As this SitAn has noted at several junctures, drinking water, sanitation and hygiene (WASH) are human rights in themselves; they also underpin good nutrition, disease control and optimized early childhood development. The SDGs significantly raise the ambition for WASH and the government and partners should work to improve monitoring, increase the level of public financing available for WASH, especially for remote and/or vulnerable rural communities, and to leverage other sources of finance such as affordable user fees and private finance.
- Challenges remain to improve drinking water services and further investment is needed to scale up access and improve technical, financial and social sustainability through improved service delivery models.
- There is a need to better understand and respond to the barriers to hand-washing at the household and institutional levels, and subsequently to prioritize the improvement of hand-washing practices. An area of particular interest is primary caregivers with U5 children (in order to further reduce stunting, and U5 mortality and morbidity). Greater effort should be deployed towards behaviour change on hand-washing with a strong communication strategy.
- There is also the need to build community and household capacity for at least basic sanitation, and to facilitate a demand-driven scale-up for improved sanitation.
- Achieving SDG 6 will require gains beyond the household level and into the community, particularly health centres and schools. More structured interventions are needed to meet the needs of adolescent girls in school. Ensuring girls have the social support, information, facilities and products they need to manage their menstrual hygiene with dignity is key to enabling them to participate with confidence.
- There is a need to better understand the impacts of climate change and build resilience at community level and through all levels of government to mitigate negative impacts on water, sanitation and hygiene.

#### **7.1.4.6 Recommendations for the ECD sector:**

- To build the foundations of human capital essential for sustainable development, it will be critical to progressively scale up access to community-based ECD. Critical to effective ECD will be ongoing nationwide efforts to reduce malnutrition (particularly stunting) and to continue to improve access to safe water, improved sanitation and quality MCH services.
- In this context, government commitments to increase annual allocations to districts for ECD through MINEDUC are commendable. However, mechanisms should be established to ensure that funding is projected and sustained for the coming fiscal years and that funds are allocated, in their entirety, to the scaling up and management of community-based ECD.
- To ensure the most effective use of ECD resources at district level, efforts need to be made to enhance district capacity for cross-sectoral ECD budgeting, including for budget design and rationalization to improve programme planning, implementation and M&E.

- Critical to the effective scale up of community-based ECD will be ensuring the establishment of district-level ECD focal points and a dedicated mechanism at district level to oversee implementation of the 2016 ECD policy. This is essential to ensure streamlined, appropriate district-level implementation, and to strengthen the district-level management of ECD programming. Ensuring that ECD implementation and evaluation become a standing agenda item for the district-level Joint Action Forum will also ensure that all sectors involved are aware of their ECD-related responsibilities and accountabilities, and are able to work together to integrate programming and sensitize communities on the value and importance of ECD.
- At the national level, the establishment of the ECD TWG in 2016 is commendable. However, TWG stakeholders need to now revitalize coordination and to strengthen technical and management capacities to ensure an effective scale up of community-based ECD and related services. Ensuring that the TWG continues to focus on monitoring, evaluation and assessment, and on ensuring that lessons are fed back into the planning and implementation cycle should be a key priority.
- For advocacy and resource mobilization purposes it would also be advisable to develop district-level investment cases for ECD interventions, which demonstrate cost effectiveness and potential returns on investment.

#### ***7.1.4.7 Recommendations for the education sector:***

- To ensure that children are prepared and ready for primary school, it will be essential to scale up access to quality pre-primary schooling and organized ECE.
- At the primary school level, the key priority must be to continue to work towards improving the quality of education through building the capacity of teachers and of the education system to provide child-centred learning and inclusive education for all children. This will ensure that the educational needs of disabled, vulnerable and poorly performing children are systematically identified and addressed within the school environment through remedial classes and other individually tailored approaches. Child-centred and inclusive approaches to delivering education also need to be informed by the systematic monitoring to assess the effectiveness of approaches, to identify poorly performing students and to assess progress towards the full roll out of the competency-based curriculum.
- Regarding the management of the education system at the district level, it will be critical to further develop the capacity of the sector to streamline data systems and to rigorously utilize data to inform the planning and evaluation of sector performance. In addition, innovative approaches to gathering data and monitoring the quality of learning should be explored.
- While gender parity has been achieved for primary school enrolment, national authorities are committed to improving quality and inclusiveness of education to improve education outcomes of both boys and girls. Systematic support structures need to be built to ensure that all children, both girls and boys, are in school and learning and are receiving the necessary support.

#### ***7.1.4.8 Recommendations for the child protection sector:***

- There has been tremendous progress in Rwanda towards the establishment of an effective child protection system but challenges remain. The soon-to-be-completed study on violence against children and youth will provide a critical entry point and rationale for child protection systems strengthening, and MIGEPROF/NCC and UNICEF are in the initial phases of developing an action plan which details key interventions to prevent and reduce violence in the community. There needs to be an increased focus on awareness raising and generating community-level demand for services. This could be achieved, for example, through strengthening the capacity of community-based para-social workers called *Inshuti z'Umuryango* ('Friends of the Family') in all 30 districts to provide child protection services at the village level.
- Regarding birth registration, the recently concluded Comprehensive Assessment of the Civil Registration and Vital Statistics Systems in Rwanda, and the soon-to-be validated five-year National Strategic Plan to modernize the Civil Registration and Vital Statistics System must be commended. A focus on strategic interventions that improve linkages between birth registration processes and

protocols, and ongoing efforts to strengthen the Civil Registration and Vital Statistics system is now advised. In addition, CRVS programme implementation should be prioritized by including appropriate performance indicators within MINALOC and district *Imihigos*.

Regarding human resources, government commitments to absorb the costs related to the district-level social workforce is in place, with MIGEPROF and the NCC supporting the long-term sustainability of the social workforce at the district level. Also critical for sustainability will be raising community awareness for child protection, as well as ongoing efforts to build the capacity of the social workforce and community volunteers for the prevention of violence and abuse, and for appropriate case management and referral services.

- In relation to coordination, it is also hoped that development and implementation of the action plan to respond to violence against children will present opportunities to strengthen coordination across sectors at the national, district and community level. This being the case (and as for nutrition and ECD), there will be a need to further strengthen district-level coordination and to engender an ethos of collaboration.
- Regarding the protection of children with disabilities, the ongoing development of the National Disability Policy and its implementation plan is to be commended. However, ensuring that adequate resources are allocated towards implementation will be essential, as will be mainstreaming issues relating to disability across the social sectors.

## 8. Bibliography and Further Reading

- GoR Rwanda Agricultural Board. 2015. *Rwanda nutrition, markets and gender analysis: An integrated approach towards alleviating malnutrition among vulnerable populations*.
- Government of Rwanda (GoR) and One UN. 2014. *Inclusive Dialogue on the Post 2015 Development Agenda “Helping to Build Capacities and Strengthen Institutions”*.
- GoR and UNICEF Rwanda. 2014. *Knowledge, Attitudes and Practices – Assessment of Early Nurturing of Children Report*.
- GoR. 2013. *Justice for Children Policy and Strategic Plan Development (Situation Analysis Report)*.
- GoR. 2008. *Report to the Committee on the Rights of the Child*.
- GoR. 2012. *Fourth Population and Housing Census, Rwanda, 2012 (Thematic Report: Population Projections and Thematic Report: Socio-Economic Status of Children)*.
- GoR. 2013. *The Cost of Hunger: Implications on National Development and Vision 2020*.
- Institut National de la Statistique du Rwanda (INSR) and ORC Macro. 2006. *Rwanda Demographic and Health Survey 2005*. Calverton, Maryland, USA: INSR and ORC Macro.
- International Monetary Fund (IMF). January 2016. *Rwanda Country Report no. 16/24, Fourth Review under the Policy Support Instrument*.
- Liverpool School of Tropical Medicine. 2016. *Comprehensive Evaluation of the Community Health Program in Rwanda Survey of Community Health Workers and Health Centres 2016*.
- Local Administrative Entities Development Agency (LODA). 2014. *Vision 2020 Umurenge Programme, Impact Evaluation Report*. Kigali, Rwanda: GoR.
- Ministry of Agriculture (MINAGRI), NISR and World Food Programme. 2016. *Rwanda 2015 Comprehensive food security and vulnerability analysis*. Rome, Italy: UN WFP.
- Ministry of Education (MINEDUC). 2016. *Education Sector Strategic Plan Mid-Term Review*.
- MINEDUC. 2016. *2015 Education Statistical Yearbook*. Kigali, Rwanda: GoR.
- MINEDUC. 2016. *Learning Achievement in Rwandan Schools (LARS II)*. Kigali, Rwanda: GoR.
- Ministry of Gender and Family Promotion (MIGEPROF). 2012. *National Survey of Institutions for Children in Rwanda*. Salisbury, UK: Hope and Homes for Children.
- Ministry of Health (MINISANTE). 2015. *Mid-Term Review of the Rwanda Third Health Sector Strategic Plan (HSSP III, July 2012 – June 2018)*.
- MINISANTE. 2015. *Rwanda Annual Health Statistics Booklet*. Kigali, Rwanda: GoR.
- MINISANTE. 2015. *Success Factors for Women’s and Children’s Health*. Kigali, Rwanda: GoR.
- Ministry of Justice (MINIJUST). 2011. *The Situation of Minors in Conflict with the Law*. Kigali, Rwanda: GoR.
- Ministry of Public Service and Labour (MIFOTRA) and National Institute of Statistics Rwanda (NISR). 2008. *Rwanda National Child Labour Survey*. Kigali, Rwanda: GoR.

- National Commission for Children (NCC). 2012. *The Situation of Street Children in Rwanda: Prevalence, Causes and Remedial Measures*. Kigali, Rwanda: GoR.
- National Institute of Statistics of Rwanda (NISR), Ministry of Finance and Economic Planning (MINECOFIN), Ministry of Health (MINISANTE) and ICF International. 2015. *Rwanda Demographic and Health Survey 2014-15*. Kigali, Rwanda: NISR, MINECOFIN, MINSANTE and ICF International.
- NISR, Ministry of Health (MOH), and ICF International. 2012. *Rwanda Demographic and Health Survey 2010*. Calverton, Maryland, USA: NISR, MOH, and ICF International.
- NISR. 2012. *Fourth Population and Housing Census, Rwanda, 2012 (Main Indicators Report)*. Kigali, Rwanda: GoR.
- NISR. 2012. *Integrated Household Living Conditions Survey (EICV) 2010/11*.
- NISR. 2013/14. *Integrated Household Living Conditions Survey 4 (EICV 4) Thematic Reports: Main Indicators, Economic Activity, Education, Environment, Gender, Youth, Utilities and Amenities, Social Protection, Poverty Profile, Poverty Trend*.
- NISR. 2015. *Integrated Household Living Conditions Survey (EICV) 2013/14*.
- NISR. 2016. *Rwanda Civil Registration and Vital Statistics Systems, Comprehensive Assessment Final Report Volume 1*.
- NISR. 2016. *Statistical Yearbook 2016*.
- Pavanello, S. P. Pozarny, A. De la O Campos and N. Warring. 2016. *Research on Rural Women's Economic Empowerment and Social Protection The impacts of Rwanda's Vision 2020 Umurenge Programme (VUP)*. Rome: Food and Agriculture Organization of the United Nations (FAO).
- Food and Agriculture Organization of the United Nations (FAO). 2015. *Research on Rural Women's Economic Empowerment and Social Protection; Rwanda Vision 2020 Umurenge: Public Works*.
- Rwanda Biomedical Centre. 2015. *Combined Behavioural and Biological Surveillance Survey among Female Sex Workers, Rwanda 2015 (Preliminary Results)*
- Rwanda Governance Board. 2016. *Final Report: Rwanda Citizens Report Card 2016*.
- Rwanda Local Development Support Fund. 2014. *Vision 2020 Umurenge Programme, Gender Equity Assessment*.
- UNICEF Rwanda and GoR. 2016. *UNICEF – GoR Country Programme 2013-2018 Mid Term Review*.
- UNICEF Rwanda, GoR and MIGEPROF/NCC, 2015. *Reading Data with Children: 'Our Story – Past, Present and Future of Our Country, Our Continent and Our Globe'*. Rwanda National Statistics Day Celebration Side Event.
- UNICEF Rwanda, MINEDUC and the Education Development Trust Fund. 2016. *A Study on Children with Disabilities and their Rights to Education: Republic of Rwanda*.
- UNICEF Rwanda. 2015. *Early Childhood Development and Family Services: Baseline Evaluation in 20 Sites in Rwanda*

- UNICEF Rwanda. 2015. *Final Report: Integrated Child Rights Policy Progress and Financing Overview (Rwanda)*.
- UNICEF Rwanda. 2015. *Report on the Rapid Assessment of Domestic Child Labour*. Carried out from 8 June to 25 September 2015 in Kigali City
- UNICEF Rwanda. 2015. *Results' document for the Rapid Assessment of Domestic Child Labour*. Carried out from 8th June to 25th September 2015 in Kigali City.
- UNICEF Rwanda. 2016. *Baseline Study on Public Financing for Children*.
- UNICEF Rwanda. 2017. *Early Childhood Development and Family Services: End line Evaluation Technical Report*.
- UNICEF Rwanda. 2017. *Equity Analysis of EICV 4*.
- UNICEF Rwanda. 2017. *Final Evaluation of the Child Sensitive Social Protection and Nutrition Specific Interventions Pilot*.
- United Nations Committee on the Elimination of Discrimination Against Women (CEDAW). August 2015. *Consideration of reports submitted by States parties under article 18 of the Convention*.
- United Nations Committee on the Rights of the Child (CRC). 2013. *Concluding observations on the Third and Fourth Periodic Reports of Rwanda, adopted by the Committee at its sixty-third session (27 May–14 June 2013)*.
- United Nations Development Programme (UNDP) and GoR. 2015. *Rwanda 2014 National Human Development Report*.
- United Nations High Commissioner for Refugees (UNHCR). 2017. *Rwanda Factsheet March 2017*.
- World Bank. 2013. *Rwanda Economic Update: Seizing Opportunities for Growth: with a Special Focus on Harnessing the Demographic Dividend*. December 2013, Edition No.5.
- World Bank. 2014. *Rwanda Poverty Assessment*.
- World Bank. 2016. *Rwanda Economic Update, February 2016: Rwanda at Work*. Kigali, Rwanda: World Bank.
- World Food Programme (WFP). 2016. *Rwanda Country Brief*.
- FAO, 2015. *Research on Rural Women's Economic Empowerment and Social Protection; Rwanda Vision 2020 Umurenge: Public Works*
- GoR, 2008. *Report to the Committee on the Rights of the Child*
- GoR, 2015. *Rwanda Demographic Health Survey*
- GoR, 2010. *Rwanda Demographic Health Survey*
- GoR, 2005. *Rwanda Demographic Health Survey*
- GoR, 2008. *Rwanda National Child Labour Survey*
- GoR, 2012. *Fourth Population and Housing Census, Rwanda, 2012 (Main Indicators Report)*

GoR, 2012. *Fourth Population and Housing Census, Rwanda, 2012 (Thematic Report: Population Projections)* GoR, 2012. *Fourth Population and Housing Census, Rwanda, 2012 (Thematic Report: Socio-Economic Status of Children)*

GoR, 2013. *Justice for Children Policy and Strategic Plan Development (Situation Analysis Report)*

GoR, One UN, 2014. *Inclusive Dialogue on the Post 2015 Development Agenda “Helping to Build Capacities and Strengthen Institutions”*

GoR, 2013. *The Cost of Hunger: Implications on National Development and Vision 2020*

GoR, NCC, 2012. *The Situation of Street Children in Rwanda: Prevalence, Causes and Remedial Measures*

GoR, NISR, 2010/11. *Integrated Household Living Conditions Survey (EICV) 2013/14*

GoR, NISR, 2013/14. *Integrated Household Living Conditions Survey (EICV) 2013/14*

GoR, NISR, 2016. *Statistical Yearbook*

GoR, NISR, 2013/14. *EICV Thematic Reports (Main Indicators, Economic Activity, Education, Environment, Gender, Youth, Utilities and Amenities, Social Protection, Poverty Profile, Poverty Trend)*

GoR, NISR, 2016. *Statistical Yearbook*

GoR, NISR, 2016. *Rwanda Civil Registration and Vital Statistics Systems, Comprehensive Assessment Final Report Volume 1.*

GoR, LODA, 2014. *Vision 2020 Umurenge Programme, Impact Evaluation Report*

GoR, MIGEPROF, NCC, 2012. *Hope and Homes for Children Rwanda, 2012. National Survey of Institutions for Children in Rwanda*

GoR, MINEDUC, 2015. *Education Statistical Yearbook*

GoR, MINEDUC. 2016. *Education Sector Strategic Plan mid Term Review*

GoR, MINIAGRI, 2016. *Comprehensive Food Security and Vulnerability Analysis*

GoR, MINEDUC. 2016. *Learning Achievement in Rwandan Schools (LARS II)*

GoR, MINIJUST, 2011. *The Situation of Minors in Conflict with the Law*

GoR, MINISANTE. 2015. *Success Factors for Women’s and Children’s Health*

GoR, MINSANTE. 2015. *Rwanda Annual Health Statistics Booklet*

GoR, MINISANTE, 2015. *Mid-Term Review of the Rwanda Third Health Sector Strategic Plan*

GoR, Rwanda Biomedical Centre, 2015. *Combined Behavioural and Biological Surveillance Survey among Female Sex Workers, Rwanda 2015 (Preliminary Results)*

GoR, Rwanda Agricultural Board, 2015. *Rwanda Nutrition, Markets and Gender Analysis*

GoR, Rwanda Governance Board, 2016. *Final Report: Rwanda Citizens Report Card*

GoR, Rwanda Local Development Support Fund, 2014. *Vision 2020 Umurenge Programme, Gender Equity Assessment*

International Monetary Fund, January 2016. *Rwanda Country Report no. 16/24, Fourth Review under the Policy Support Instrument.*

United Nations Committee on the Elimination of Discrimination Against Women, August 2015. *Consideration of reports submitted by States parties under article 18 of the Convention*

United Nations, Committee on the Rights of the Child, 2013. *Concluding observations on the Third and Fourth Periodic Reports of Rwanda, adopted by the Committee at its sixty-third session (27 May–14 June 2013)*

UNDP, GoR, 2014. *National Human Development Report*

UNICEF, 2016. *A Study on Children with Disabilities and their Rights to Education: Republic of Rwanda*

UNICEF, 2016. *Baseline Study on Public Financing for Children*

UNICEF, 2015. *Early Childhood Development and Family Services: Baseline Evaluation in 20 Sites in Rwanda*

UNICEF, 2017. *Early Childhood Development and Family Services: End line Evaluation Technical Report*

UNICEF, 2017. *Equity Analysis of EICV 4*

UNICEF, 2017. *Final Evaluation of the Child Sensitive Social Protection and Nutrition Specific Interventions Pilot*

UNICEF, 2015. *Final Report: Integrated Child Rights Policy Progress and Financing Overview (Rwanda)*

UNICEF, GoR, MIGEPROF/NCC, 2015. *Reading Data with Children: 'Our Story – Past, Present and Future of Our Country, Our Continent and Our Globe' - Rwanda National Statistics Day Celebration Side Event*

UNICEF, GoR, 2014. *Knowledge Attitude and Practice Survey – Assessment of Early Nurturing of Children Report*

UNICEF, GoR, 2016. *UNICEF – GoR Country Programme 2013-2018 Mid Term Review*

UNICEF, Liverpool School of Tropical Medicine, 2016. *Comprehensive Evaluation of the Community Health Program in Rwanda*

UNICEF, 2015. *Report on the Rapid Assessment of Domestic Child labour (Carried out from 8th June to 25th September 2015 in Kigali City)*

UNICEF, 2015. *Results' document for the Rapid Assessment of Domestic Child labour Carried out from 8th June to 25th September 2015 in Kigali City*

UNHCR, March 2017. *Rwanda Factsheet*

WFP, 2016. *Rwanda Country Brief*

World Bank, 2013. *Rwanda Economic Update: Seizing Opportunities for Growth: Harnessing the Demographic Dividend*

World Bank, 2014. *Rwanda Poverty Assessment*

World Bank, February 2016. *Rwanda Economic Update*