



ASSESSMENT REPORT

THE SITUATION OF CHILD RIGHTS IN RWANDA: RIGHTS TO EDUCATION, HEALTH AND ADEQUATE DEVELOPMENT

Kigali, June, 2021



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LIST OF ACCRONYMS AND ABBREVIATIONS

ACRWC: African Charter on the Rights and Welfare of the Child

ANC: Antenatal Care

CBNP: Community based Nutrition Program

CHWs: Community Health Workers

COK: The City of Kigali

CRC: Convention on the Rights of the Child

CSOs: Civil Society Organizations

CUI: Umwana ku Isonga

ECD: Early Childhood Development

EICV: Integrated Household Living Conditions Survey

EmONC: Emergency Obstetric Neonatal Care

ESSP: Education Sector Strategic Plan

FBF: Fortified Blended Food

GER: Gross Enrolment Rate

HIV/AIDS: Human immunodeficiency virus/Acquired Immunodeficiency Syndrome

IECD: Integrated Early Childhood Development

IMNCI: Integrated management of childhood illnesses

IZU: Inshuti z'Umuryango

MCH: Maternal and Child Health

MIGEPROF: Ministry of Gender and Family Promotion

MINALOC: Ministry of Local Government

MINEDUC: Ministry of Education

MUAC: Mid-Upper Arm Circumference

NCDA: National Child Development Agency

NCHR: National Commission for Human Rights

NECDP: National Early Childhood Development Program

NISR: National Institute of Statistics of Rwanda

NRS: National Rehabilitation Service
NST: National Strategy for Transformation
ODE: Observatory of Child Rights
OHCHR: Office of the High Commissioner for Human Rights
PNC: Postnatal Care
PwDs: Persons with Disabilities
RDHS: Rwanda Demographic and Health Survey
REB: Rwanda Basic Education Board
RUTF: Ready to Use Therapeutic Food
RWF: Rwandan Francs
SIDA: Swedish International Development Agency
STI: Sexually Transmitted Infection
UR/CoE: University of Rwanda/College of Education
UNICEF: United Nations International Children's Emergency Fund
VUP: Vision 2020 Umurenge Program
WHO: World Health Organisation
12 YBE: Twelve Year Basic Education
9 YBE: Nine Year Basic Education

EXECUTIVE SUMMARY

Child rights are based on four main pillars which are the right to survival, the right to protection, the right to development and the right to participation. Education and development are essential rights under the pillar of the right to development. These rights are based on non – discrimination principle and all actions must comply with the best interest of children. The right to survival is based on child right to life. The Government needs to provide basic services for children including quality healthcare, appropriate nutrition, clean drinking water and a safe place to live as well as access to future opportunities for development.

Rwanda has shown progress such as providing universal, compulsory and free nine (9) years' basic education which has been expanded to 12 years' basic education for every child, maintenance of good maternal and health care services including antenatal care, postnatal care and Integrated management of childhood illnesses. However, the increased school dropout, high gross enrolment rate (GER) and low net enrolment rate, the recent slowness in the decline of childhood mortality rates with eventual stagnation among the new-born and infant and high prevalence of stunting among children under five years are the current issues observed in child rights domain in Rwanda. All the above-mentioned issues raised the need for assessment to identify gaps lagging behind the realization of the right to education, health and the right to life and adequate development.

The National Commission for Human Rights and the Coalition “Umwana ku Isonga” considered the challenges that already impede child rights to education, health and social protection and got concerned by increased risks that would be caused by the impact of COVID-19 pandemic on economy, health and education following measures such as schools closure, businesses closure and several lockdowns; and planned to conduct assessment on the impact of COVID-19 pandemic on child rights with special attention to the right to health, right to education and the right to adequate development.

In that framework, both institutions jointly conducted an assessment on the status of child rights with the focus on education, health and social protection in Rwanda by analysing legal provisions, documenting Government's priorities and assessing their implementation. They further assessed challenges on the realization of those rights and measures taken to mitigate them, and the impact of COVID-19 pandemic as well.

In total, 453 respondents were interviewed including 357 key individuals made of ODE volunteers, community health workers, Inshuti z'Umuryango, members of parents/teacher school committees and students. They also include 40 districts' officials and staff, 14 hospital directors and or other medical personnel and 42 school directors and/or other school personnel. Moreover, administrative data were obtained through written responses provided by different institutions in addition to documentation from secondary sources including research findings, institutions' reports, policies, strategic plans, etc.

As for the right to education, findings acknowledge the progress made by the Government of Rwanda towards school availability, accessibility and affordability such as introduction of free and compulsory 9 Years Basic Education (9YBE) in 2007 and 12-Years Basic Educations (12YBE) in 2012; school feeding programme; provision of capitation grant to all students in public and Government aided private schools, construction of more schools and classrooms with other necessary hygiene facilities and promotion of inclusive and special needs education among others. However, ineffectiveness in the implementation of school feeding programme, problem of school absenteeism, dropout and repetition rates are high and expose high increased risks due to COVID-19 impact. It was also found that some new school constructions remain unfinished or not equipped hence not serving the intended purpose of increasing school accessibility and reduction of congestion in schools.

Remedial measures are recommended to Rwanda Basic Education Board to do placement of new teachers with consideration of their Districts of residence to address teachers' difficulties in affording expenses on accommodation and

transport and to the Ministry of Education to solve problems causing irregularities in new schools' construction and equipment among others.

On the right to health, it was noticed that gradual improvement in maternal health care indicators over the past decades as the percentage of women receiving Antenatal Care from a skilled provider considerable improvement in number of births delivered at a health facility and births attended by skilled providers. The percentage of women receiving Antenatal Care from a skilled provider has been consistently above 90% since 2000.

However, the overall infant mortality rate remained practically unchanged in the most recent subsequent 5-year period - 33 deaths per 1,000 live births due to non-improvement of the neonatal mortality and post neonatal mortality. It was revealed during interviews that there are still challenges related to pregnant women who delay to attend first visit due to improper mind-set about revealing their pregnancies as early as possible, non-respect of delivery appointments provided in addition to insufficient midwives at health centres especially during night shifts.

It is recommended that the Ministry of Health shall increase the number of nurses and midwives at health centres especially those working on night shifts and at the same time improving outreach sensitization campaigns on antenatal care services should be improved at community levels.

As regards the right to adequate development, it was found that there are child-sensitive social protection initiatives that provide opportunity to children from vulnerable families. Family with child is one of the selection criterion of being enrolled in the program which has different components including expanded public works and direct cash transfer among others. Other initiatives like ECD, anti-malnutrition initiatives and rehabilitation services are contributing to child's development and survival. However, challenges on ECD programs like difficulty in payment of parents' contribution, difficulty to find suitable houses availed for Home-based ECD and challenges related to family conflicts, violence and irresponsibility of parents are constraining the functioning of ECDs.

The Ministry of Gender and Family Promotion and the National Child Development Agency should establish monitoring and quality control system of ECD services and to incentivise and build the capacity of ECD caregivers.

The Ministry of Local Government must improve the outreach of sensitization campaigns against family conflict, violence and to promote positive discipline in every day parenting to ensure that children do not continue to run away from their families to streets and hence fighting delinquency.

CHAPTER I INTRODUCTION

1.1. Background

The National Commission for Human Rights is an independent Commission provided for by Article 139 of the Constitution of the Republic of Rwanda of 2003 revised in 2015 which emphasizes that independence and entrusts it with special responsibility of human rights promotion in its article 42. The Commission is governed by Law n° 19/2013 of 25/03/2013 amended by Law n° 61/2018 of 24/08/2018 determining missions, organization and functioning of the National Commission of Human Rights. The Article 6 (1) of the latter law gives the Commission the special responsibilities including to monitor compliance with the human rights, in particular Child Rights.

The Coalition “Umwana ku Isonga” (CUI) is a Rwandan Civil society organization governed by the Rwandan law governing NGOs in Rwanda and registered under the certificate no 219/RGB/NGO/LP/04/2018 with the Rwanda Governance Board (RGB). It has been created with the purposes of networking and alliance building with a mandate to assess and report on the implementation of the United Nations Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) on one hand, and to coordinate all activities carried out by individual member organizations within the parameters of advocacy, implementing and reporting on mentioned treaty bodies on the other hand. The Coalition “Umwana ku Isonga” strives to get all children, male and female, living in full enjoyment of their rights and fulfil all their duties without hindrance, and exempted from any form of discrimination. Currently, CUI is composed of 19 national member organizations.

Pursuant to their mandates of monitoring the respect of child rights, the National Commission for Human Rights and the “Coalition Umwana ku Isonga” agreed to conduct together an assessment on the status of child rights with a focus on education, health and social protection in Rwanda. The joint assessment comes from the coincidence of having same research projects and thus strengthening the

collaboration of Commission with local associations for Human Rights promotion and protection activities as provided for by the Article 5 (8) of the Law n° 19/2013 of 25/03/2013 modified by law n° 61/2018 of 24/08/2018 determining missions, organisation and functioning of the National Commission for Human Rights.

This assessment was conducted on joint technical contribution from the National Commission for Human Rights and Coalition “Umwana ku Isonga” and funded by Swedish International Development Agency (SIDA) through Save the Children International, Rwanda under the project “Strengthening an accountable governance that protects and delivers children’s rights” implemented by the “Coalition Umwana ku Isonga”.

1.2. Problem statement

A child is any person under the age of eighteen (18) who, by reason of his or her physical and mental immaturity, needs special protection and care¹.

Child rights are based on four main pillars which are: the right to survival, the right to protection, the right to development and the right to participation. Education and development are essential rights under the pillar of the right to development, whereas the right to survival is based on child right to life. The government needs to provide basic services for children including quality healthcare, appropriate nutrition, clean drinking water and a safe place to live as well as access to future opportunities for development. The right to protection means that children have the right to be protected from all forms of harm including domestic violence, physical violence, being protected from child labour, tasks that are dangerous or impede their education, etc., whereas the right to participation requires consideration of children as members of society and to freely express their thoughts, views and opinions, and participate in society particularly in the areas affecting them².

The rights of a child are provided for in the Constitution of the Republic of Rwanda of 2003 revised in 2015 in article 19. This article provides that: *“every child has the right to specific mechanisms of protection by his or her family, other Rwandans and the State depending on his or her age and living conditions, as provided for by national and international law”*.

The rights of a child are found in International Convention on the Rights of the Child adopted on 20 November 1989 and ratified by the Presidential Order n°773/16 of 19 September 1990. Article 3 (1°) states that: *“in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration”*.

¹ Convention on the Rights of the Child: General Assembly resolution 44/25 of 20 November 1989

²UNICEF – Thailand (2021). What is the Convention on the Rights of the Child?

<https://www.unicef.org/thailand/what-is-crc>

In particular, the Law n°71/2018 of 31/08/2018 relating to child protection determines special rights of the child, subject to other rights provided for him/her by other laws, modalities for child protection and offences and penalties for violation of child rights.

Progress made by the Government of Rwanda towards realization of child rights especially the right to health, education and social protection imparts Rwanda's will to promote and protect human rights. The commitment to provide universal, compulsory and free nine (9) years' basic education which has been expanded to 12 years' basic education for all children has had a significant impact on increasing access³. However, there are still problems of increased school dropout, high gross enrolment rate (GER) and low net enrolment rate. High GER is a result of pupils who start studying late, and often at a relatively older age or multiple repetitions of pupils in a class, and this consequently leads to low Net Enrolment Rate in secondary schools because students of secondary school age group are still attending primary⁴. In addition, the national level annual meeting of the NCHR's Observatory of Child Rights Volunteers held in October 2020 discussed on concerns that due to the COVID-19 pandemic, some students were unable to return to school due to various works for money in place of school, limited resources in the family among others.

Concerning the right to health, in Rwanda, the under-5 mortality rate continues to decline from 50 deaths per 1,000 live births in the RDHS 2014-15 to 45 deaths per 1,000 live births in RDHS 2019-20 though the declining in childhood mortality rates have slowed down and eventually stagnated among the new-born and infant. The overall 96% of children have received all basic vaccinations related to the universal immunization against six common vaccine-preventable diseases and this is crucial to reducing infant and child mortality rates⁵.

Despite efforts to realize child right to health, there is hindrance of high prevalence of stunting among children under five. The RDHS-2019-20 documents that 33% of

³ MINEDUC (2019). Education Sector Strategic Plan 2018/19 To 2023/24

⁴ MINEDUC (2019). Education Statistics (2019)

⁵ NISR (2020). Demographic and Health Survey 2019-2020

children in Rwanda are stunted of whom 9% are severely stunted. A higher proportion of children in rural areas (36%) than urban areas (20%) are stunted. Stunting is strongly correlated with mother's education level. Children of women with no education are more likely to be stunted than those whose mothers have been to school. Stunting is inversely related to wealth quintile; 49% of children in the lowest wealth quintile are stunted, as compared to 11% of children in the highest quintile⁶.

As far as social protection is concerned, it is clear that child-sensitive social protection has the opportunity to address chronic poverty, social exclusion, and external shocks which can irreversibly affect children⁷. 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. Social protection interventions are intended to also contribute to the priority of 'enabling graduation from extreme poverty' under the theme of rural development⁸.

Due to its coverage and specific focus on poverty alleviation, the Vision 2020 Umurenge Program (VUP) has direct relevance to the well-being of Rwandan children and their caregivers and in addition, key issues relating to the coverage of community-based health insurance, direct assistance, in-kind food assistance, child and gender sensitivity are also addressed. Although the social protection mechanism that is sensitive to children is apparent in Rwanda, some key challenges hinder its effectiveness such as limited coverage of VUP Umurenge program, less child sensitivity of public income support as it is only skewed to elderly⁹.

⁶ Ibid

⁷ Humanim (2019). Realizing Children's Rights in Rwanda.

<https://www.humanim.org/en/rwanda/#:~:text=In%20Rwanda%20the%20government%20has,barriers%20accessing%20basic%20social%20services.>

⁸ UNICEF (2017) Situation Analysis of Children in Rwanda 2017.

<https://www.unicef.org/rwanda/media/396/file/Situation-Analysis-of-Children-in-Rwanda-Main-Report.pdf>

⁹ Ibid

The Commission and the Coalition considered the challenges that already impede child rights to education, health and adequate development and got concerned by vulnerability that would be caused by the impact of covid-19 pandemic on economy, health and education following measures such as school closures, business closures and lockdowns; and planned to conduct assessment on the impact of COVID-19 pandemic on child rights with special attention to the right to health, right to education and the right to adequate development.

1.3. Objectives of the assessment

1.3.1. General Objective

The general objective of this assessment is to provide information on the state of child rights in Rwanda with focus on education, health and social protection. Special attention was taken on the impact of COVID-19 pandemic and measures taken to ensure the rights of children are not compromised.

1.3.2. Specific Objectives

- To analyse the legal provisions on child rights to education, health and social protection;
- To document priorities set to ensure children's access to education, health care services and social protection services;
- To assess the implementation of priorities on children's access to education, health care and social protection services; and assess the impact of COVID-19 pandemic thereof;
- To identify and assess measures taken to mitigate challenges on child rights to education, health and social protection, particularly the negative effects of COVID-19 pandemic.
- To formulate recommendations to the relevant institutions to ensure the respect of child rights during COVID-19 pandemic period.

1.3.3. Significance of the assessment

The present assessment was conducted to furnish updated information on the status of the respect of child right to health, education and adequate development. Findings provide the National Commission for Human Rights and the "Coalition

Umwana ku Isonga" with documentation on realization of these rights and open discussion and advocacy on identified gaps in line with their mandates.

Findings point out Government and stakeholders' remedial actions required to ensure effective realization of child right to health, to education and the right to adequate development. Hence, the dissemination of findings to different Government and stakeholders' institutions directly commends progresses and communicate initiatives and interventions requiring relevant improvement.

CHAPTER II METHODOLOGY

2.1. Research Design

The assessment employed both qualitative and quantitative research approaches. Quantitative approach was used in the interest of collecting and analysing statistical information on the situation of child rights whereas qualitative approach was used to get views and opinion from respondents.

2.2. Sampling techniques

2.2.1. Sampling of Districts

Field interviews were conducted in 15 Districts which were selected from 4 provinces and the city of Kigali. As the present assessment focus on the right to education, health and social protection, the selection criteria of sample Districts and provinces depended on geographic coverage and the peak of poverty indicators among Districts which have been found linked to vulnerability of child rights.

For effective coverage of the territory of Rwanda, the first criterion was covering all 4 provinces and the City of Kigali. In the second phase, 3 Districts in the City of Kigali which are: Gasabo, Nyarugenge and Kicukiro Districts were purposively selected due to the fact that despite geographic boundaries of these Districts, the City of Kigali operates as one entity.

The second criterion for selection of sample Districts was based on poverty criteria since empirical evidences show link between poverty and low performance of health and education indicators. For example, according to RDHS 2020, children of women with no education are more likely to be stunted than those whose mothers have been to school whereas it is inversely related to wealth quintile; 49% of children in the lowest wealth quintile are stunted, as compared with 11% of children in the highest

quintile¹⁰. Furthermore, the child sensitive social protection which is one of the variables of interest, is directly linked to poverty because nutrition sensitive direct support component of VUP is intended to provide regular and reliable income support to extremely poor pregnant women and infants at risk of malnutrition¹¹.

Based on the ranking of Districts by poverty as per the fifth integrated household living conditions survey (EICV5)¹², the following Districts were covered during the assessment outside Kigali. In the Northern Province, Rulindo, Burera and Musanze Districts, in the Western Province, Nyamasheke, Karongi and Rutsiro Districts; in the Southern Province, Gisagara, Nyaruguru and Nyamagabe Districts whereas in the Eastern Province, Nyagatare, Kirehe and Gatsibo Districts were covered.

2.2.2. Sampling of respondents

A qualitative sample of respondents was purposively selected from different categories of persons according to their roles and responsibilities in promotion and protection of child rights to education, health, life and adequate development.

As regard to the right to education, the Ministry of Education, Rwanda Basic Education Board, District education directorates, School directors, members of schools' parents' committees and children were interviewed. Three schools were chosen in each District by targeting inclusion of pre-primary, primary and secondary levels.

As for the right to health, the Ministry of Health, Districts health directorates, Directors of District hospitals and community health workers were interviewed.

The right to life and adequate development was assessed through information gathered from the Ministry of Local government, Local Administrative Entities Development Agency, National Child Development Agency, District Social

¹⁰ NISR (2020). Demographic and Health Survey 2019-2020

¹¹ <https://loda.gov.rw/programs/vup/>

¹² NISR (2018). The Fifth Integrated Household Living Conditions Survey (EICV5)

Protection directorates and Volunteers of the Observatory of Child Rights “Inshuti z’Umuryango”.

2.3. Data collection techniques

2.3.1. Interviews

A number of open questions for interview guide were developed for each category of respondents and 12 interviewers divided into 4 teams were deployed. Teams included officials and staff from both National Commission for Human Rights and “Coalition Umwana ku Isonga”. Each team jointly interacted and collected data from respondents through interviews.

2.3.1.1. Interviews with individuals

Interviews with individuals classified as community health workers (CHWs), members of parents’ school committees, students, “Inshuti z’Umuryango” (IZU) and volunteers of observatory of child rights (ODE). Individuals provided personal opinions and views on questions addressed to them.

Table 1. Number of interviewed respondents in Districts by category

Category of respondents	Number of Respondents
Community Health Workers	25
Members of parents/school committees	35
Students	271
IZU & ODE	26
Total	357

Table 1 indicates that in total, 357 individuals including 25 Community Health Workers (CHWs), 35 members of parents’ school committees, 271 students and 26 “Inshuti z’Umuryango” (IZU) and volunteers of observatory of child rights provided their opinions and views in regard to the assessment.

2.3.1.2. Interview with institutions' officials at District level

At District level, interviews were conducted with 96 respondents including 40 districts' officials and staff, 14 hospital directors and or other delegated medical personnel and 42 school directors/other school personnel. Table 2 indicates schools, Districts and Hospitals visited for interviews. Respondents provided responses in relation to their duties and performance of their respective institutions.

Table 2. Districts, Hospitals, Health Centres and Schools visited

Province	Districts	Hospitals and Health Centers	Schools
Northern Province	Rulindo	Kinihira Hospital	GS Tare
			Institut Baptiste de Buberuka
			Collège Fondation Sina Gerard
	Burera	Butaro Hospital	GS Butete
			GS Rugarama
			GS Notre Dame du Mont Carmel
	Musanze	Ruhengeri Hospital Muhoza Health Center	GS Kampanga
			GS Karwasa
			Wisdom School
Southern Province	Nyamagabe	Kigeme Hospital	GS Kigeme B
	Huye	Kabutare Hospital	GS Cyarwa
			GSO Butare
	Gisagara	-	GS Cyunuve
College Immacule Conception			
Eastern Province	Nyagatare	Nyagatare Hospital	GS Ryabega
			EP St Leonard
	Gatsibo	Ngarama Hospital	Umwana Nkawe Inclusive School
			GS Ngarama
	Kirehe	Kirehe Hospital	GS Nyakarambi
GS Kigina			
Western Province	Karongi	Rubengera Health Center	GS Rwimpiri
	Nyamasheke	Kibogora Hospital Nyamasheke HC	GS St Nicolas
			GS Gitwa
	Rutsiro District	Murunda Hospital	ES St Jean Murunda
			GS Murunda
City of Kigali	Nyarugenge	-	Lycee de Kigali
			GS Ste Famille
	Kicukiro	Masaka Hospital	GS Kicukiro

			ES Kagarama
	Gasabo	Kibagabaga Hospital	GS Kagugu
			Fawe Girls School
Total	15	15	31

Table 2 shows that the survey covered 3 in each Province Districts making 15 districts in total. In those districts, 13 hospitals, 2 health and 31 schools were visited.

2.3.1.3. Interviews with institutions' officials at National level

Besides interviews conducted with individuals and institutions' officials at District level, interviews and or written responses were conducted in Ministries and Central Government Institutions. Responses concerned Government's policies, initiatives and nationwide status of implementation.

Table 3. List of National level institutions interviewed and or provided written responses

No	Institutions	Data collection technique
1	Ministry of Local Government (MINALOC)	Interview and written responses
2	Ministry of Education (MINEDUC)	Interview and written responses
3	Ministry of Gender and Family Promotion (MIGEPROF)	Written responses
4	National Child development Agency (NCDA)	Written responses
5	Rwanda Basic Education Board (REB)	Interview
6	The City of Kigali (COK).	Interview and written responses

2.3.2. Desk review

Desk review was conducted on National legal, policy and institutional frameworks in order to obtain the necessary information in relation to this assessment. It was also conducted on international and regional level whereby different instruments on child rights were consulted for comparative analysis. Moreover, the documentary sources also served to make reference on findings of previous studies.

CHAPTER III

FINDINGS

The present chapter presents analysis and discussions on findings of the assessment of the status of child right to education, health, adequate development as gathered through desk research and field interviews. It touches on the progress made by the Government of Rwanda towards the realization of child rights in the mirror of promulgated laws, commitments elaborated in policies, programs and the status of their implementation. It also presents challenges identified as per observation, informants' views, as well as required remedial actions.

3.1. Right to education

3.1.1. Introduction

Education is a human right and is a key component to achieving sustainable development. Quality basic education gives children the knowledge they need to face daily life challenges. Education for all is an important program in developing countries including Rwanda. To achieve this, Rwanda has enacted laws, drafted policies and programs in line with education. Some of them are Education Sector policy, the Education Strategic Policy, among others.

One of the National commitments is to achieve quality education; when the Government of Rwanda continues to drive efforts aiming at ensuring that every Rwandan child has the access to the necessary skills and values to become a good citizen; and through formal systems of education secured by a cross-legal framework that includes the Constitution and other National and applicable international human rights instruments.

The Constitution of the Republic of Rwanda of 2003 revised in 2015, in its article 20 provides that: *"every Rwandan has the right to education and freedom of learning and teaching is guaranteed"*. Besides, primary education is compulsory and free in

public schools. Conditions for free primary education in schools subsidized by the Government are determined by law.

The Universal Declaration of Human Rights, in its article 26 provides that: *"everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory"*.

Article 13 of the International Covenant on the Economic, social and cultural rights states that: *"the States Parties to the Covenant recognize the right of everyone to education and that primary education shall be compulsory and available free to all"*. Besides that, secondary education in its different forms, including technical and vocational secondary education, shall be made generally available and accessible to all by every appropriate means, and in particular by the progressive introduction of free education.

Article 14 of the same Covenant, provides that: *"each State Party to the present Covenant which, at the time of becoming a Party has not been able to secure in its metropolitan territory or other territories under its jurisdiction compulsory primary education, free of charge, undertakes within two years to work out and adopt a detailed plan of action for the progressive implementation within a reasonable number of years, to be fixed in the plan of the principle of compulsory education free of charge for all"*.

The United Nations Convention on the Rights of the Child of 1989, in its article 28 states that: *"all States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity by making primary education compulsory and available free to all and shall take measures to encourage regular attendance at schools and the reduction of drop-out rates"*.

Article 32 of the above-mentioned Convention provides that: *"States Parties recognize the right of the child to be protected from economic exploitation and from*

performing any work that is likely to be hazardous or to interfere with the child's education",

The Law N° 010/2021 of 16/02/2021 determining the organization of education in its article 23 provides that: *"the Government contributes in covering the cost of education and feeding for a learner in public and Government-subsidized private pre-primary, primary, general or technical and vocational secondary schools"*.

The present assessment focused on school accessibility and availability, affordability, attendance, inclusive education, school feeding and the the impact of COVID-19 on education.

3.1.2. School accessibility and availability

School accessibility and availability is key to guarantee children their rights of access to education. From the field data, it has been observed that the Government of Rwanda has put emphasis on availing schools and making them accessible. Rwanda is one of the countries that almost achieved Universal Primary Education with the net enrolment of 98.5%, one of the highest in sub-Saharan Africa¹³

All learners access pre-primary education, start primary at the right age, attend and complete basic education in the expected number of years. This is done through:

Constructing more schools and classrooms every year to reduce overcrowding and long distance made by students. Construction goes with other necessary hygiene facilities like toilets, girls' rooms (equipped with hygiene facilities for girls during their menstruation period at school) and availing water and electricity to make the school more child friendly. The new classrooms are being built in respect to building standards as set out by Rwanda Housing Authority.

¹³ Administrative data from MINEDUC, 2021

According to the Ministry of Education, statistics report of 2019, the total number of learners registered in the Rwandan education system in 2019 was 3,756,942 with 97,954 staff and 13,466 schools. The participation rate of learners aged between 4-6 years (Nursery age group), 7-12 years (primary age group), 13-18 years (secondary age group) and 19- 23 years (tertiary age group) respectively stands at 36.8%, 98.9%, 70.9% and 14.2%. This shows that special attention should be taken to increase the participation of the population aged between 4- 6 years and 19-23 years.

In 2019, 6,690 children were registered with 232 staff in 87 centres. Only 15 Districts have at least a pre-nursery centre as of 2019 compared to 24 centres recorded in 2018. Nursery schools, students and staff respectively increased from 3,210 in 2018 to 3,401 in 2019; from 226,706 in 2018 to 282,428 in 2019; from 7,178 in 2018 to 7,865 in 2019.

Even though Gross and Net Enrolment Rate increased respectively from 24% (in 2018) to 29.9% in 2019 and 20.8% (in 2017) to 24.6% in 2019, the efforts must be intensified to achieve Rwanda's target of 45% in 2024 as per 7 Years' Government Programme: National Strategy for Transformation (NST1) [2017-2024]. Primary schools increased from 2,909 in 2018 to 2,961 in 2019, students increased from 2,503,705 in 2018 to 2,512,465 in 2019 and staff increased from 44,544 in 2018 to 46,325 in 2019.

Gross Enrolment Rate (GER) in Primary Schools increased (138.8%) comparatively to (137.5%) in 2018, repetition has also decreased from (13.4 % in 2017/2018) to (10.0 % in 2018/2019). Whereas in Secondary Schools, GER increased from 39.3% in 2018 to 42.5 % in 2019, while NER decreased from 29.8% in 2018 to 24.5 % in 2019. The transition rate from lower to upper Secondary slightly increased from 85.4% in 2018 to 86.1% in 2019. High GER is a result of pupils who start studying late, and often at a relatively older age or multiple repetitions of pupils in a class.

Drop-out rates continue to remain a big challenge as they increased from 6.7% in 2017/2018 to 7.8% in 2018/2019 in primary schools, increased from 7.1% in 2017/2018 to 9.1% in 2018/2019 in lower secondary schools and increased from 1.7% in 2017/2018

to 5.1% in 2018/2019 in upper secondary schools, this shows that the dropout continue to remain a big challenge and the trend and this deviates the National target of 1.2%, 1.7% and 1% by 2024.

Transition rate from Primary to lower Secondary increased from 71.6% in 2017/2018 to 72.2% in 2018/2019, regarding secondary schools it increased from 1,728 in 2018 to 1,783 in 2019, students increased from 652,944 in 2018 to 732,104 in 2019 and staff increased from 30,040 in 2018 to 30,779 in 2019.

It was noted that efforts on construction of more schools and classrooms every year, to reduce overcrowding and long distance made by students, were maintained. Construction goes with other necessary hygiene facilities like toilets, girls' rooms (equipped with hygiene facilities for girls during their menstruation period at school) and availing water and electricity to make the school more child friendly.

The following table shows progress made in terms of the number of schools, classrooms, and toilets for pre-primary, primary and secondary from 2017 to 2019 which resulted in the increase in number of students.

Table 4. Progress in school infrastructure for pre-primary, primary and secondary from 2017 to 2019

Levels	Number of Schools			Number of Classrooms			Number of Toilets		
	2017	2018	2019	2017	2018	2019	2017	2018	2019
Pre-primary	3,186	3,210	3,401	5,207	5,509	5,879	9,789	10,371	12,522
Primary	2,877	2,909	2,961	31,927	32,548	34,468	48,649	50,416	52,547
Secondary	1,567	1,728	1,783	17,081	17,972	18,686	34,516	37,226	38,618

Source: MINEDUC Data, 2021

Table 4 indicates that between 2017 and 2019, the number of pre-primary, primary and secondary schools increased respectively from 3186 to 3401 (215 new schools), from 2877 to 2961 (84 new schools) and from 1,567 to 1783 (216 new schools).

Moreover, special intervention was noticed in 2020/21 whereby the Government of Rwanda embarked on school construction of 22,505 classrooms, 31,392 latrines and 2,648 kitchens to reduce overcrowding and long distance for students and more importantly to reduce the risk of the spreading of COVID-19 in schools¹⁴.



Photo NCHR, 2021: Construction works at GS Kampanga in Musanze District, Kinigi Sector

However, it was observed that some schools remain unfinished due to lack of construction materials reportedly caused by shortage of materials at market due to limited importations during this period of COVID-19 pandemic, insufficient local materials and ineffective suppliers. It was also noted that even the finished new schools and class rooms do not have enough facilities like water, electricity and kitchen. It is recommended that schools must be completed and equipped with necessary facilities to serve the intended purpose.

As for the surge in school construction in the year 2020/21, the Government recruited 24,825 teachers including 580 pre-primary teachers, 18,155 primary teachers and 6,090 general secondary teachers in order to use new classrooms and fill existing

¹⁴ Administrative data from MINEDUC, 2021

gaps¹⁵. However, it was reported that recruitment and placement of new teachers in primary and secondary schools did not consider teacher's place of residence near those schools and this hinders teachers' capacity to afford expenses linked to accommodation and transport in addition to their limited salaries. It is recommended that placement of new teachers shall take into consideration their residence to facilitate them afford such related expenses.

It was also found that in some occasions children from poor families are provided with school materials by different stakeholders either Government or Non-Governmental Organizations for pupils and or students to be able to attend schools. However, a number of limitations and challenges have been recorded, which still hinder regular attendance, promotion from one grade to another and graduation from a certain level to another. These factors include:

- Some areas are still having few schools and children still walk long distances;
- Some schools are overcrowded, whereby in every classroom are more than 45 children which is supposed to be the maximum number of children in one classroom;
- Some school buildings are very old and are no longer responding to the accessibility standards. Some schools have also reported issues of desks that are in bad condition as they are very old too.

Availability at ECD level is still a challenge as the target for ECD centers to be available at each village to allow parents to have safe places to care for children is far from achievement. This is a result of few ECD infrastructures and low level of participation in ECD programs by the community. Some other important factors to note include:

High repetition and dropout rates: at primary level, dropout rate is still high and increasing from 5.7% in 2015/16 to 7.8% in 2018/19. The repetition rate is still high

¹⁵ Administrative data from MINEDUC, 2021

though it has decreased from 18.4% to 10.0% in the same period (MINEDUC Education Statistical Yearbook 2019). Dropout is also an issue in Lower secondary where it is at 9.1% in 2018/19;

Pre- primary enrolment is still low: The Net Enrolment Rate stands at 24.6% (2019) and many children do not start pre-primary at the right age; Insufficient pre-primary infrastructure and teaching & learning materials. Limited number of trained teachers in pre-primary schools; In primary schools, learners do not start primary one at the right age of six (6) which impact negatively on Gross enrolment rate (138,8% in 2019); Limited access to infrastructure including water and electricity, internet, access to computers etc;

Low transition rate: The transition rate was at 71.6% in 2017/2018 and increased at 72.2% in 2018/2019 but it is still low compared to the ESSP target of 80%. This is due to limited space at secondary level to absorb the eligible students; Low level of parents' and community participation and involvement in support and promotion of their children's learning.

3.1.3. School affordability

Granting access to education to children will be achieved if children are allowed to study free of charge. Through the Rwanda National Strategy for transformation (NST1), the free universal basic education was initiated and scaled up to 12 years' cycle; That means that primary and secondary education is granted to every child and free of charge. Many efforts have been put in place to ensure that all children are free to attend education without any limitation. From primary to secondary school levels, children are not charged school fees. Every year the Government allocates budget dedicated to the management of schools, and this money is calculated based on the number of children that each school has.

The budget mainly focusses on teachers' salaries, school feeding program and capitation grants (money used in day to day running of schools). The Government also funds the school construction, renovation of the existing ones as well as equipping schools with teaching and learning materials. Apart from the budget allocated by the Government to schools. Parents are requested to contribute to their children's education by providing school materials, school feeding fees and teachers motivation fees.

Even though these measures are in place, some children are either dropping out of the school, repeat the same classes or have many absenteeism. Also the problem of over-aged students is a hindrance to the quality of the education system as it affects all processes of learning and teaching. During data collection, respondents have shown the following factors to be intriguing these issues:

- Failure of some parents to pay their contributions to education of their children (school feeding, teachers motivation fees...);
- Repeating many times in the same class among others

3.1.4. School attendance

School attendance is a powerful predictor of student outcomes. In fact, irregular attendance can be a better predictor of whether students will drop out of school before completing a certain level than test scores (Waterford. Org, 2016).

To ensure maximum school attendance, various measures have been put in place to support the attendance and retention of students. Among them we list:

- School feeding program that helps to feed children at school;
- Building more schools and upgrading existing ones;
- Helping students who were struggling with long travels to enroll them in schools in the neighbourhood;

- Establishing the twelve-year basic education program that helped to bridge the gap of children who were transiting from primary to secondary school education;
- Since 2019 by the introduction of the nine-year basic education program and twelve-year basic education program in 2012, every child who completed primary level was automatically promoted to secondary education at the same school or a neighbouring school. This is the same to students that complete O' level, and are promoted to A' level.

The Ministry of Education has put in place the School Data Management system that helps to capture all data on students' information, performance and promotion status in their learning process. However, the system does not allow to record students' information such as attendance and absenteeism. Schools are still using manual forms to record data on school attendance and absenteeism though they are not regularly recorded and it is done in some schools and others do not record them.

In schools that record attendance and absenteeism, we observed that School absenteeism is not recorded between reasonable or excused absenteeism and unexcused absenteeism. Schools have no approach to record such data in the sense that a child who is absent due to justified reasons (Sickness, natural calamities...) is differentiated from a child who is absent because of other unreasonable factors. This does not allow the follow up to children who are at risk of dropping school as a school dropout starts as an absence that gradually increases.

Among the factors that are known to contribute to absenteeism, the more prevalent as reported student-respondents are the family poverty that leads to lack of school materials. Others are poor health, children's engagement in other businesses, family conflict and peer pressure. Students also mentioned that children who attend school at late ages have a tendency to drop in search for jobs and some of them for marriage.

3.1.5. Inclusive education and special needs education

In 2018 the revised special needs and inclusive education policy was adopted by the government of Rwanda to address educational needs of learners with Special Educational Needs, with intent to achieve: a basis for appropriate intervention in accordance with respective needs of the learners, and in respect of the national and international norms and standards; improved access to curriculum by learners with Special Educational Needs, and increased number of learners with SEN accessing and benefiting from available educational services and completing schooling; increased literacy and numeracy rates among the educationally disadvantaged learners and to meet regional and international Education standards¹⁶.

In that regard, the Ministry of Education reported a number of efforts coordinated towards effective implementation of inclusive and special needs education. Establishment and equipment of the School of Special Needs & Inclusive Education at UR/CoE and schools of excellence in inclusive and special education. It was noted that 9 schools have been supported in terms of teacher training, special equipment like Jaws, reading machines, Braille printers, Thermoforms, talking globes, Tactile maps, white canes, perkins brailers etc, and physical accessibility like having ramps in place.

It was observed that new schools are built in respect of accessibility standards as set out by the Rwanda Housing Authority. The existing schools are also being renovated to meet these standards to accommodate all children without any limitation. On the other hand, the Ministry of Education is organizing training to equip teachers with knowledge of how to handle children who have special needs in education. The schools are renovated to meet accessibility standards to allow children with mobility issues to move freely and easily.

¹⁶ MINEDUC (2018). Revised Special Needs and Inclusive Education Policy

Various outreach campaigns are being conducted to mobilize the community on the best way of caring and sending children with disabilities to school. Community social workers "**Inshuti z'Umuryango**" are playing a big role in the sensitization of the community around the rights of the child, especially the most vulnerable children including children with disabilities. A number of partners in disability movement are also supporting in this course through different initiatives including supporting families and children by giving them adapted materials, prosthesis and orthosis, paying medical services, some children with severe disabilities that are not able to attend regular classes are taken to special school such as HVP Gatagara, Kibeho School of the blind, "Centre St François D'Assise", Though the centres are still few in the country, some Districts have made steps further to support children who are not able to study in normal classes, and are sent to other schools in other Districts; This is the example of Kirehe District. This year 49 children with severe disabilities are being paid for the school fees and other services in different special centres across the country. For the past five years about one hundred and forty-five children with disabilities, have been supported to access special education in other Districts.

However, children with disabilities and other children with special educational needs are far less likely to start and stay in school than their peers without disabilities. Few schools have sufficient procedures, facilities, and qualified teachers to support these students. Families also lack the information about the services that exist and how to better support their children. It was noted that child rights observatory volunteers based at community level should contribute more in community child rights promotion and fighting child abuse if their capacities are strengthened.

Data from the field have shown various issues that are hindering the implementation of inclusive and special education policy, ranging from family, community and school level. It was noticed that schools are far away from being fully inclusive. The issues listed are the inability of teachers to handle children with disabilities. Though teachers have been trained in special education, it was a basic training to equip teachers and school personnel with basic knowledge on how to support children with

disabilities but not the type of training that can equip with skills to help a teacher know how to manage children with various disabilities. This is also worth noting that adapted teaching materials to different disabilities and assistive devices geared towards enabling both educators and learners are not available in schools. Some schools are privately procuring these materials but they are not standardized and are expensive.

3.1.6. School feeding

In 2019, the Government approved the National School Feeding Policy, which stipulates that: “*all primary and secondary school students should be getting lunch at school daily*”. School feeding programme requires that parents contribute to the meal for children to have lunch for students in the 9 and 12-years basic education programs (9YBE&12YBE) of which the Government makes a baseline contribution of 56 RWF per student per day. The programme was expanded to students in primary schools.

Currently, the programme is serving about 104,494 pupils in pre-primary; 182,678 in primary and 561,069 in secondary schools. In 2022, the Ministry of education is planning to expand the programme to all learners from pre-primary to secondary targeting around 3,033,166 students. 2,648 kitchens are being constructed and 5,296 cooking stoves (muvelo) manufactured (MINEDUC, 2021).

The ‘One Cup of Milk per Child’ programme was also introduced to reduce malnutrition among Rwandan children, with a specific objective of improving nutrition status of children attending school in order to enhance the development of their brain capacity and to promote school retention of children attending pre- and primary schools. This program is mainly targeting pre-primary education but some primary children in some Districts are also benefiting from this program.

In public and Government-aided private secondary day and boarding schools, the programme is community based and parents are primarily responsible to provide food for their children either in kind or in cash. The Government provides 56 RWF per day per student to supplement parents' contributions. The parent's contributions vary from school to another. The Parents & Teachers, Association committee is the one that decides the amount of money each parent pays. The assessment found out that the parent's contribution per term varies between ten to fifteen thousand. The option of contributing in kind has been also tried in some schools mainly in the rural areas where agriculture is much developed and it proved to be hard to manage. School head teachers said that allowing parents to bring cash crops was challenging in a sense that parents were bringing a variety of crops that are even hard to control. They prefer to get the money contributions.

Providing a meal at school is a simple but concrete way to give vulnerable children a chance to learn and thrive. With an empty stomach, they become easily distracted and have problems concentrating on their school works and assignments. They become better students when their bodies are well nourished and healthy. The incentive of getting a meal also reduces absenteeism, performance improves and drop-out rates decrease. Respondents affirmed that the school feeding programme has improved schools' attendance, enrolment and reduced absenteeism. As this program is at its beginning much needs to be done in line with its improvement and its financing. The assessment noted challenges related to the financing part of the program.

Some challenges have been noted during interviews with different respondents, the main issue being the failure of the majority of parents to pay their contributions thus denying students access to food. In most schools, we found out that only children who paid school feeding fees are the only ones that eat. The others remain in the school compound as they are not even allowed to go home to find food. Head teachers also claimed the contribution of the Government is minimal which leaves a big part of the contribution to parents. Schools lack appropriate infrastructures like dining halls, kitchen, and stores. When eating, they use classrooms. It might take

much time of the learning schedule as they should clean the classroom before it can be used again. Use of firewood in all schools is another challenge as it has a negative impact on the environment.

In a consultative meeting with the Ministry of Education, the Ministry revealed that, in the year 2021-2022, the Government of Rwanda will scale up school feeding program from pre-primary up to secondary schools, equipped schools with kitchens and cooking stoves and provided a subsidy for each student's meal to complement parents' contributions. They also revealed that school feeding operational guidelines were developed to provide guidance to schools and other stakeholders involved, to implement a high quality and safe school feeding program.

3.1.7. Impact of COVID-19 on education

Education sector like other sectors has faced numerous challenges in 2020 due to COVID-19 pandemic. In the first quarter of 2020, schools were closed as a measure to prevent the spread of Coronavirus in schools. Various preventive measures have been put in place to fight the pandemic to permit schools' reopening.

The assessment commended a number of strategies that were adopted to address the impact of COVID-19 on education which include customizing the curricular/time tabling to suit the COVID-19 learning environment; back to school awareness campaigns have been organized involving different education stakeholders; increase the number of classrooms and teachers to reduce overcrowding; improving school feeding programs to minimize school dropout/ repetition rates; provision of scholastic materials to learners from vulnerable families; teacher recruitment for teacher turnover among others.

Nevertheless, the assessment found that schools are facing various challenges as a result of the COVID -19 as discussed below.

3.1.7.1. Increased risk of school dropout

Usually, the school dropout is the proportion of pupils from a cohort enrolled in a given grade at a given school year who are no longer enrolled in the following school year. Before COVID-19 pandemic outbreak, high repetition and dropout rates happened at primary level, dropout rate was still high and increased from 5.7% in 2015/16 to 7.8% in 2018/19. The repetition rate was still high though it decreased from 18.4% to 10.0% in the same period (MINEDUC Education Statistical Yearbook 2019). Dropout was also an issue in Lower secondary schools where it was at 9.1% in 2018/19.

As the 2020/21 school year is not yet complete, it was not easy to have the exact dropout rate across the country. However, it is apparent that COVID-19 has exposed children at high risks of dropping out from school more especially children who were either engaged in paid works, family works, early pregnancies or early marriage.

The assessment commends efforts such as awareness campaigns aiming at sensitizing students to go back to schools. This would help to avoid the dropout rate increase in addition to other strategies like provision of scholastic materials and school feeding programme that have been applied in most vulnerable Districts.

Concerning the issue of early pregnancies due to school closure, though the number of girls who got pregnant across the country is not yet available, it was noted that during the campaigns, the Ministry of Education works with schools and community to help those girls back to schools after delivery and even when pregnant they are allowed to continue studying until they are no longer able to attend class.

Despite the above efforts, there are still students who could not return to schools after reopening for a number of reasons. For example, in Nyamagabe District, during the reopening of schools, 7960 children who were not at school, 4000 were returned to schools. For the issue of teenage pregnancy, at the time of data collection, Nyamagabe has surveyed 50 children who have been impregnated. In Karongi District, has also surveyed 1214 irregular students in primary and secondary schools after school reopening, from which 479 (28.3%) were returned to school and 1214

(71.7%) have not yet returned. It was noted that a big number of irregular students are doing family works, engaged in works for money and misbehaviour.

It is therefore recommended that there was collaborative and rigorous follow up of irregular students by schools and local authorities to maintain increased realization of child right to education.

3.1.7.2. Affected School calendar and the children's learning cycle

In the first quarter of 2020, schools were closed as a measure to prevent the spread of Coronavirus. In a bid to continue learning amidst schools' closure due to COVID-19 pandemic prevention guidelines, through different channels including telecommunication companies, websites, YouTube, e-learning services were introduced for pre-primary, primary and secondary schools and universities.

As documented by the Commission in its report on the respect of human rights during COVID-19 published in December, 2020, telecommunication companies such as MTN Rwanda and Airtel-Tigo Rwanda partnered with the Ministry of Education to support students' study online and henceforth, announce different resources available free of charge. For pre-primary, primary and secondary schools; an online platform was set up and all courses as per National curriculum were uploaded. Remote learning programs were conducted via television channels namely: Rwanda Television, TV 10, Isango star, Isibo TV and Prime TV and radio learning programs were aired on Radio Rwanda, Radio 10, Radio Isango star, Radio Inkoramutima, KT Radio, Radio Salus, Energy Radio and Radio Maria. It was also found that USSD-based quiz on different subjects was available at *134# to complement the learning. Moreover, Rwanda Education Board (REB) revitalized its YouTube to air model lessons intended to benefit both students and teachers.

However, it was reported that access to e-learning was a challenge to students living in remote rural areas as its accessibility was made difficult by limited internet coverage and lack of TV or radio sets.

Though schools gradually reopened with resumption of face-to-face learning since November 2020, it was noted that reopening schools in phases have brought disparities in teaching as some classes were at advanced level whereas others were still lagging behind of the schedule. Thus, schools are putting much efforts in the preparation of the National exams leaving other classes behind.

Furthermore, students reported concerns of ineffectiveness of group works where they used to learn from their colleagues due to limitation of numbers which was adapted by schools in a bid to abide by COVID-19 social distancing measures.

3.1.7.3. Increased expenditure on water, electricity and sanitation materials

It was assessed that COVID-19 precautionary health measures for school reopening were initiated and adapted by schools to ensure safety at school and avoiding that children can contribute to COVID-19 transmission in schools and household settings.

Therefore, unexpected expenses were paid by schools to avail thermo flashes, face masks, hand sanitizers and construction of hand washing facilities with soap for regular hand washing, availing isolation rooms for suspect cases equipped with emergency kits such as gowns, gloves, masks and face shields and regular cleaning of frequently touched surfaces and objects such as door handles, desks, toys, etc.



Photo NCHR 2021: Students washing hands at Ecole Secondaire Saint Jean Murunda in Rustiro District, in Murunda Sector, in the respect of measures to curb the spread of covid-19 in schools

In addition to expenses paid in procuring the COVID-19 precautionary items, regular hand washing and cleaning practices have increased water bills for sanitation and increased electricity bills, as the latter is used by washing stations, making too difficult to schools to bear.

It was further noticed that, checking temperatures before classes have added more assignments to the existing staff which is also interfering with their usual responsibilities of teaching and take much of their time. This is also to note the School head teachers who responded to the assessment said that if nothing is done, schools will be left disconnected from electricity and water as they are not able to pay the invoices.

It is recommended that the Government shall support schools to afford the high increase in expenses on electricity, water and others incurred to curb the spread of COVID-19 in schools.

3.2. Child's Right to health

3.2.1. Introduction

Health is a fundamental human right indispensable for the exercise of other human rights. Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity.

The Constitution of the Republic of Rwanda of 2003 revised in 2015 stipulates in its article 21 that: *"all Rwandans have the right to health"*. In its article 45, it goes on to stipulate that: *"The State has the duty to mobilize the population for activities aimed at good health and to assist them in carrying out these activities"*.

Children's rights to health includes certain components which are legally enforceable. The CRC guarantees Children's right to the "highest attainable standard of health", which extends beyond the absence of illness and injury to include a "state of complete physical, emotional and social well-being".¹⁷

The ACRWC also recognizes the right to enjoy the best attainable state of physical, mental and spiritual health, including: provision of necessary medical assistance and health care to all children, reduction of infant and child mortality, access to primary health care through the application of appropriate techniques, access to preventive health care, family life education and service provision.¹⁸

¹⁷ Article 24 of the Convention on the Rights of the Child Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989 entry into force 2 September 1990, in accordance with article 49

¹⁸ The African Charter on the Rights and Welfare of the Child (ACRWC)

The realization of children's right to health considers a number of determinants including individual factors such as age, sex, educational attainment, socioeconomic status and domicile, determinants at work in the immediate environment of families, peers, teachers and service providers, notably: violence that threatens life and survival of children as part of their immediate environment and structural determinants, including policies, administrative structures and systems, social and cultural values and norms¹⁹.

Among the key determinants of children's health, nutrition and development are the realization of the mother's right to health and the role of parents and other caregivers. A significant number of infant deaths occur during the neonatal period, related to the poor health of the mother prior to, and during, the pregnancy and the immediate post-partum period, and to suboptimal breastfeeding practices. The health and health-related behaviours of parents and other significant adults have a major impact on children's health²⁰.

3.2.2. Maternal and child health care services

Rwanda made a significant improvement to increase maternal and child health services. The Health Sector Policy (2015) indicates that maternal and child health services contribute positively to the health status of the family, by reducing maternal and child mortality and morbidity. It provides the six priorities for Maternal and Child Health (MCH) program, that is, (i) safe motherhood and infant health; (ii) family planning; (iii) prevention and care of genital infections and HIV/AIDS/STI; (iv) adolescent reproductive health; (v) prevention and care of sexual violence; and (vi) social change for the empowerment of women.²¹

¹⁹ Office of High Commission for Human Rights, Committee on the Rights of the Child (2013). General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)

²⁰ Ibid

²¹ Health Sector Policy 2015(Maternal and Child health services)

The assessment of the status of child right to health looked at how health care priorities towards universal coverage of maternal, neonatal and child health services are implemented; uniformity and effective coverage of nutrition services to children and pregnant women; and preventing malnutrition among children and pregnant women.

It was noted that all children and mothers are entitled to affordable, high-quality health care during and after pregnancy. Mothers who come at health Centres for prenatal consultations are educated, different trainings are given to Community health workers who are in daily contact with mothers at community levels in order to improve the health services.

Community Health Workers help in these services where they conduct regular visits to new mothers, pregnant women and children to explain them how to get vaccines, nutrition and importance of visiting health centres and provide regular reports to health centres on different cases and data on maternal, neonatal and pregnant women. They follow up on the vaccination checking the appointment given, they also monitor the growth of children in villages by visiting their families. They escort mothers who are about to give birth to the hospital or health centre.

Hospitals together with different mentors, volunteers and partners mobilize the population through outreach campaigns to attend medical services, call parents to undergo regular medical check-ups and prenatal consultations. Counselling, treating and providing referrals to their peers on a broad range of health, interventions, including modern contraception, nutrition services, HIV and infectious disease prevention, and maternal and child health.

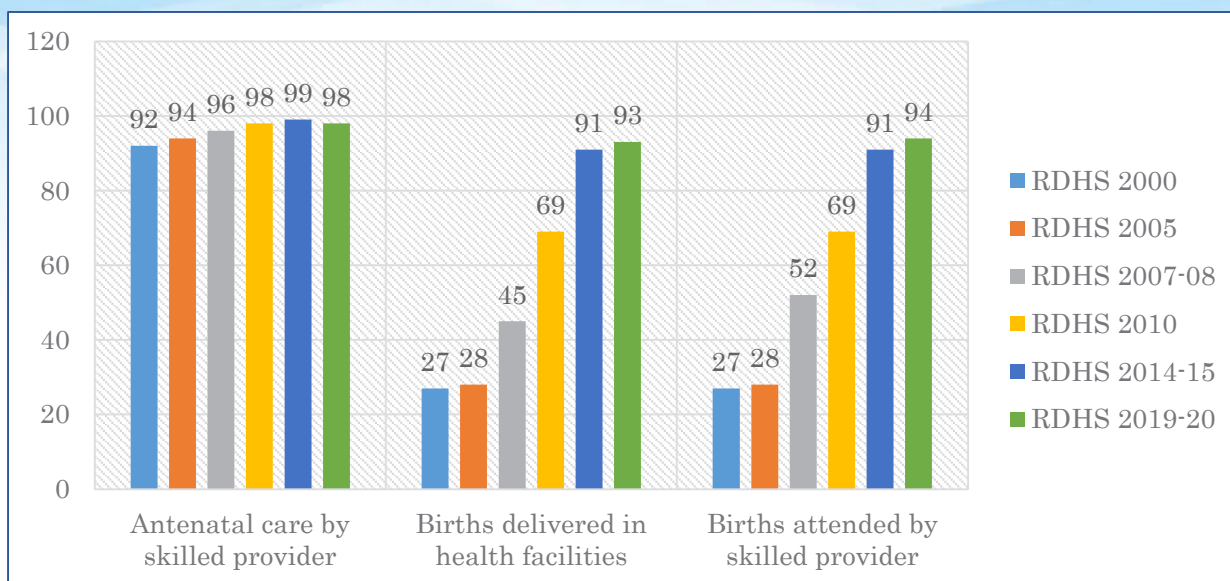
In the assessment, the Ministry of Health reported continued efforts to improve maternal and child medical care. It was found that medical personnel receive training on different maternal and child health care services. To improve quality of antenatal care, National antenatal care guidelines have been updated in line with 2016 WHO recommendations on Positive pregnancy experience/Positive outcome. In that framework, health care providers from health facilities/Health centres of 9

Districts have been trained /oriented on new Antenatal Care (ANC) guidelines, in total 166 health care providers, and Health centres from 5 Districts equipped with ultrasound.

The same Ministry reported that 254 health care providers from 7 District have been refreshed on Obstetric, Neonatal Care (EmONC), Postnatal Care (PnC) and EmONC needs assessment in order to improve quality of intrapartum care. Whereas, 132 health care providers from all hospitals have been trained on how to conduct critical analysis of maternal neonatal and child deaths and to learn from those deaths and prevent similar deaths in the future in a bid to strengthen capacity of hospitals in the analysis of causes and factors contributing to maternal, neonatal and child deaths. Other efforts aimed at protecting child right to health include conducting confidential enquiry into maternal deaths countrywide to propose strategies to eliminate preventable maternal and neonatal deaths and training 1018 health care providers from 30 Districts on Integrated management of childhood illnesses (IMNCI) and the same enquiry into prenatal deaths was ongoing at the time of data collection.

The good outcomes of efforts deployed in maternal and child health can be interpreted through the findings of RDH2019-20, which concluded gradual improvement in maternal health care indicators over the past decade.

Figure 1: Trends in maternal health care, 2000 to 2019-20 (in percentages)



Source: NISR (RDHS 2019-20)

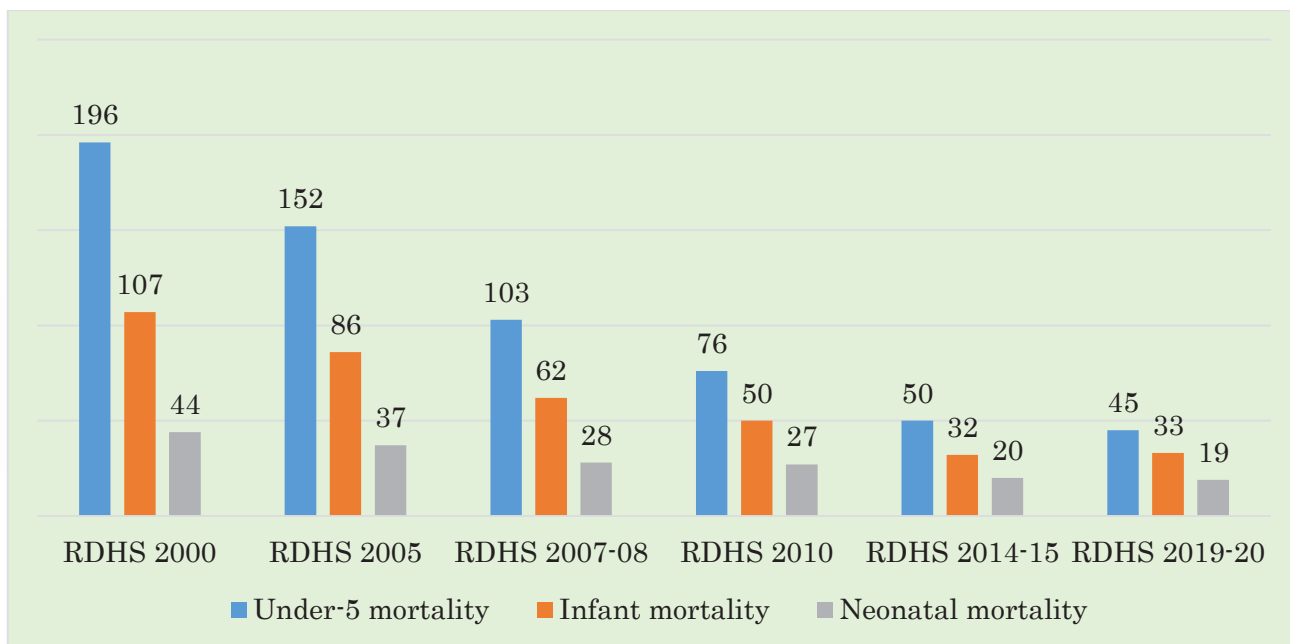
Figure 1 shows the percentage of women receiving Antenatal Care from a skilled provider has been consistently above 90% since 2000. Considerable improvement in births delivered at a health facility and births attended by skilled providers increased respectively from 27% in 2000 to 93% in 2019-20 and from 27% in 2000 to 94% in 2019-20.

Even if health services to maternal, neonatal and child care were given priorities towards universal coverage, interviews with health professionals revealed that there are still challenges where pregnant women delay to attend first visit due to improper mind-set about revealing their pregnancies in first term and even in the second term. Moreover, some mothers still give birth out of health centres or hospitals, that is at home due to non-respect of delivery appointment provided during the last visit. Some health posts still provide poor services because of lack of nurses. New Community health workers need some materials to facilitate their works.

Ocilia Maria Costa Carvalho et al (2020) delays in accessing obstetric care such as absent or inadequate prenatal care, delay accessing healthcare due to a lack of specialized service, and improper conduct with the patient and are associated with neonatal death.

In the same concern, reference made on findings of RDHS 2019-20 reported a continuous decline of under-5 mortality rate but with slowness in childhood mortality among new-born and infant because the neonatal mortality and post neonatal mortality remained at almost the same level.²²

Figure 2: Trends in childhood mortality, 2000 to 2019-20 (Deaths per 1,000 live births)



Source: NISR (RDHS 2019-20)

Figure 2 reports indicate the under-5 mortality rate declined from 50 deaths per 1,000 live births in the 2014-15 RDHS to 45 deaths per 1,000 live births. It indicates that after declining from 50 deaths per 1,000 live births to 32 deaths per 1,000 live births between 2010 RDHS and 2014-15 RDHS, the overall infant mortality rate has practically unchanged in the most recent subsequent 5-year period 33 deaths per 1,000 live births.

It is therefore recommended to equip community health workers with enough materials like torches, boots, rain coats etc. which can facilitate their work as they walk at nights, in rain when accompanying pregnant women or those about to give

²² National Institute of Statistics of Rwanda (2020). Rwanda Demographic and Health Survey 2019-20

birth to the health centre. They should also be provided with trainings to new community health workers and refresher courses to those in services.

Given the shortage of health providers especially those who work in night shifts, it is needed to increase a number of nurses and doctors in order to provide good quality services both at health centres and hospitals.

3.2.3. Uniformity and effective coverage of nutrition services to children and pregnant women and preventing malnutrition among them

In line of ensuring uniformity and coverage of nutrition services to children and pregnant women, hospitals and health centres conduct monthly screening by Community Health Workers using Mid-upper arm circumference (MUAC) for pregnant women and children, which is a measurement that allows health workers to quickly determine if a patient is acutely malnourished. They also provide nutrition supplements such as ONGERA, Fortified Blended Food (FBF), Ready to Use Therapeutic Food (RUTF) and Milk. Nutrition sensitive direct support to pregnant, breastfeeding women and children aged from 6 months to 23 months old. Cooking demonstrations sessions are organized at community level to emphasize the balanced diet using local food. They sensitize on exclusive breastfeeding in first six months of delivery and starting of complementary feeding thereafter.

To implement those services, the capacity building is done for all staff in charge of nutrition for all health facilities and community health workers (CHWs) at village level in collaboration with different stakeholders. The hospitals conduct regular mentorship and supervision to all Health centres and the health centres make it for all CHWs. In the same way the villages, cells and sectors 'committees to eliminate the malnutrition are supervised to ensure the implementation of Community based Nutrition Program (CBNP). Besides, the needed equipment and materials are supplied to ensure the correct implementation of activities. In general, to ensure the uniformity and effective coverage of nutrition services all Staff, CHWs and all Health facilities benefit from the strong trainings, mentorship and supervision on nutrition care and the

implementation of those services is regularly monitored by Hospital and district leadership.

Though different services are there to ensure uniformity and effective coverage of nutrition services and prevention of malnutrition, it was noted that there are still challenges where some parents do not care about feeding their children and some families are poor which implies not being able to feed their children. Lack of funds in ECDs Programs is also a challenge.

3.2.4. Immunisation services

Vaccines work by preparing the body's immune system for future exposure to disease-causing viruses or bacteria. After receiving the vaccine, if the virus or bacteria that cause the real disease then enters the body in the future, the immune system is prepared and responds quickly and forcefully to attack the disease-causing agent to prevent the person from getting sick with the disease. Young babies and pregnant women are very vulnerable to infections, so they need to be protected as early as possible.²³

In general, it was found that the immunization of children and pregnant women is well covered and it is delivered to all children and pregnant mothers free of charge. The Ministry of Health through its implementing Agency (Rwanda Biomedical Centre) provides all necessary vaccines and facilitates its logistical distribution up to the Community where immunization services are provided to the end beneficiaries. Within this framework, vaccination sites and sub-sites were created at the level of health centres in order to minimise the long journeys of mothers who come to be vaccinated.

²³ US Food & Drug Administration (2019). Vaccines for Children - A Guide for Parents and Caregivers. <https://www.fda.gov/vaccines-blood-biologics/consumers-biologics/vaccines-children-guide-parents-and-caregivers>

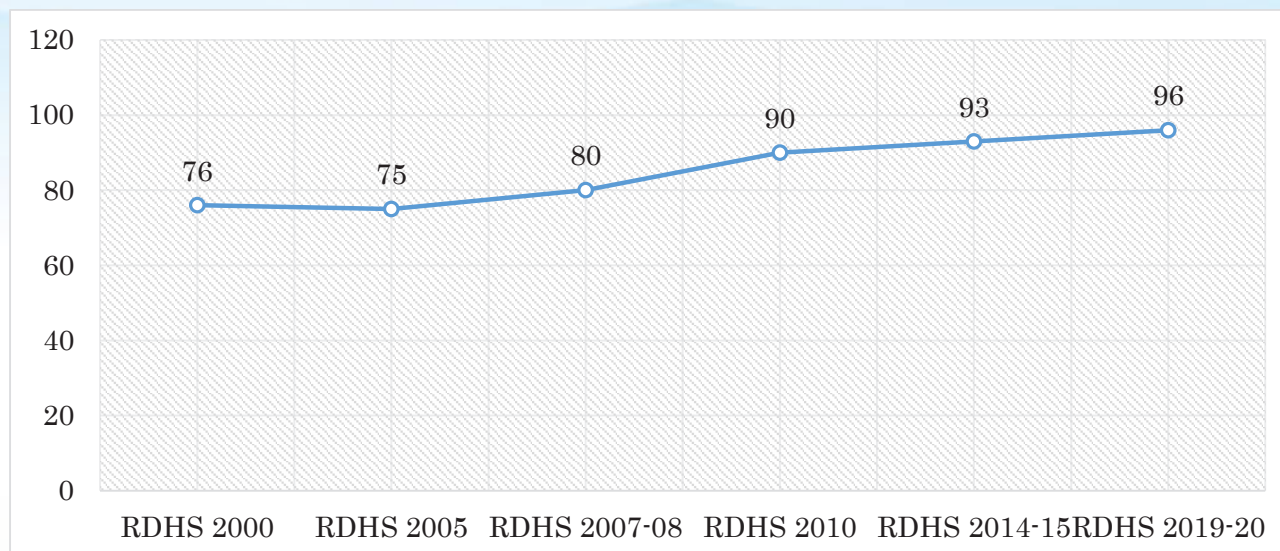
Furthermore, the following efforts towards effective coverage of health services have been noted at Districts hospitals, Health centres and community:

- Hospitals and Health Centres always work closely with Community Health Workers (CHWs) to identify any vaccine drop-outs and remind them about their appointment;
- They ensure that all required vaccines are available in Catchment Area;
- They avoid vaccine stock out to happen at all vaccination delivery levels;
- They ensure that all pregnant women attending ANC visit are vaccinated against tetanus;
- The M&E of the immunization services is done on quarterly basis including the reporting system;
- The children are daily registered in e-tracker, electronic system to track the lost the follow up clients;
- The training, mentorship and supervision are done regularly to improve the quality of immunization services;
- The immunization is regularly done for children under 2 years, girls of 12 years and women at Health centres and Hospital on regular basis at Health facilities;
- The outreaches are organized by all health centres in distanced zone from health centre sites.

According to the results of the Rwanda Demographic and Health Survey 2019-20, conducted nationwide on children to children age 12-23 months and 24-35 months, the age by which children should have received all basic vaccinations²⁴.

²⁴ National Institute of Statistics (2020). Rwanda Demographic and health Survey 2019-20

Figure 3: Trends in Percentage of children who received all basic vaccinations from 2000 to 2019-20



Source: NISR (RDHS 2019-20)

The Figure 3 shows that the percentage of children who received all basic consistently increased from 76% in 2020 to 96% in 2019/20.

However, below list challenges hinder full realization of child right to health in relation to immunization were reported by medical personnel during interviews.

- Lack of qualified health professionals in hospitals, health centres and health posts;
- Staff in charge of immunization are always used in other services and maximizing the quality of their services is sometimes compromised.
- Geographical conditions that make it impossible for some citizens to reach the areas because of the mountains and hills, resulting in difficulties in accessing health services for children and women;
- The majority of the population who generally believe in traditional medicine practitioners, which hampers health services provided at the hospitals.
- Poor mind-set of certain target groups such as historically marginalized people who do not attend vaccination services;
- The e-tracker network is not always accessible in some health centres;
- Teen mothers do not show up for CPN until they get to give birth.

In general, the immunization of children and pregnant women is well covered and it is delivered to all children and pregnant mothers free of charge. The Ministry of Health through its implementing Agency (Rwanda Biomedical Center) provides all necessary vaccines and facilitates its logistical distribution up to the Community where immunization services are provided to the end beneficiaries.

However, it shall be preferred to increase the number of trained staff in hospitals, health centres and health posts responsible only for immunization to avoid compromising the quality of services. There is also a need for refresher training for newly recruited CHWs.

3.2.5. Impact of COVID-19 on health services

Around the globe, the World Health Organization (WHO) has declared the outbreak of coronavirus (COVID-19) as a Public Health Emergency of International Concern in late 2019 and early 2020. Different health prevention measures were then put in place to contain the spread of the virus. Some of these measures taken to stop the spread of the virus included social distancing, country-level lockdowns, and wearing masks.

As a new and emergent thing about the health, it is obvious to have impacts on the public's health which this assessment looked at basing on the right to health and Covid19 impacts on it especially the health services provided to pregnant, lactating women and children.

Though health services were among essential services that did not close as result of anti-COVID-19 measures, Covid-19 has impacted daily activities of the health centres and hospital because public transport during the lockdown and it has limited to some extent mothers and children to visit health centres and hospitals for health services. There were delays in prenatal consultations and vaccination attendances during lockdown. In lockdown, all ECDs have been closed and acute malnutrition screening stopped. Health professionals are much overloaded because of COVID-19

management. Growth monitoring of children are not done on time due to covid-19 prevention measures, follow up growth monitoring is being done through home visitation instead of growth monitoring done at ECDS facilities.

3.3. Right to adequate development

3.3.1. Introduction

The Constitution of the Republic of Rwanda of 2003 revised in 2015, in its Article 19, provide that every child has the right to specific mechanisms of protection by his or her family, other Rwandans and the State, depending on his or her age and living conditions, as provided for by national and international law. In addition, Article 4 of the Law n°71/2018 of 31/08/2018 relating to the protection of the child states that child has right to adequate development and that every parent has the responsibility to care for the child as of conception to ensure appropriate child development.

Internationally, the right of child to life and survival is provided for in the Convention on the Rights of the Child, adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989, in its article 6 which stipulates that every child has the inherent right to life and that states parties of the convention shall ensure to the maximum extent possible the survival and development of the child.

It is also recognized in the Article 5 the African charter on the rights and welfare of the child adopted by the 26th Ordinary Session of the Assembly of Heads of State and Government of the OAU, that every child has an inherent right to life and that it shall be protected by law. The same Article adds that states parties to the present Charter shall ensure, to the maximum extent possible, the survival, protection and development of the child.

The risks and protective factors that underlie the life, survival, growth and development of the child need to be systematically identified in order to design and

implement evidence-informed interventions that address a wide range of determinants during the life course²⁵.

The findings of this assessment concern government's initiatives and implementation of programs regarding the protection of vulnerable children, and nutrition to children and pregnant women in early childhood development centers were assessed. Furthermore, there was an assessment on the COVID-19 impact on children's right to life and adequate development.

3.3.2. Early childhood development services

Early Childhood Development (ECD) is the comprehensive development of a child during the 6 first years of life taking care on physical, social, emotional, spiritual, moral, and intellectual development²⁶.

The Government of Rwanda recognizes the critical importance of an Integrated Early Childhood Development (IECD) framework in ensuring children's rights to survival, protection, development and participation. Thus, early childhood development (ECD) has emerged as a national priority and the government has strengthened the policy and institutional framework for children under age of 6 years old. The National Early Childhood Development Program (NECDP) was established in 2018 with responsibility for coordinating all interventions that support adequate development and growth for children from conception to six years of age, coordinating work with relevant ministries at central level and the implementation of activities at district, sector, cell and village levels²⁷.

²⁵ OHCHR, Committee on the Rights of the Child (2013). General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)

²⁶ MIGEPROF (2016). Minimum standards and norms for early childhood development services in Rwanda

²⁷ NECPD (2018). National Early Childhood Development Program (NECDP) Strategic Plan 2018-2024

For effective ECD program implementation, 5 pillars including education, sanitation, nutrition, health, and child protection are considered. All these services are interconnected and are offered in an integrated manner. ECD services require multi-stakeholder and multi-sectoral collaboration. Parents and caregivers are specifically called upon to take lead on child development support through parenting education sessions²⁸.

During the assessment, it was noted that considerable efforts have been made to ensure the successful implementation of ECD initiatives. The interventions include using community approaches and involving stakeholders such as Faith Based Organizations, CSOs, Media, Academia, and Government agencies to scale up efforts to support the Government to reach 80% of children below 6 years.

More so, early childhood development services are expected to improve through accreditation and registration of ECD settings, earmarked funding and Promotion of regular ECD Coordination meeting between service providers and local government at district level

It was noted that government committed to establish at least three (3) Home Based ECDs per village, and one community based ECD (with a capacity of at least 35 children) in order to provide ECD services to at least 50% of children of 3-6 years old per village as part of imihigo. Currently, statistics from NCDA show that 68% of children 3-6 (as mapped by districts) have access to ECD services. An increase of 4% from 2020 data reported by the districts.

For example, the following ECDs are operating in City of Kigali, Gasabo (57 Community based ECDs, 30 Home based ECDs, 145 Pre-primary, 17 Center ECDs), Kicukiro (13 Community based ECDs, 30 Home based ECDs, 138 Pre-primary, 6 Center ECDs, and Nyarugenge (56 Community based ECDs, 155 Home based ECDs, 50 Pre-primary and 5 Center ECDs) and in addition, Work based ECD for The City of Kigali under establishment.

²⁸ Ibid

Despite the interventions, there are still challenges that hinder the effectiveness of ECD services. The assessment found out that there was a lack of monitoring and Quality control of ECD services and most caregivers are volunteers. The assessment also noted limited availability of integrated ECD services for children under 3 years; 1% of children under 3 years had been mapped in 2017 as having access to integrated ECD services, no current data on increase of services available. Furthermore, it was found that there is lack of (automated) system on data collection, management and utilization of key performance indicators on ECD service delivery.

At District level, a number of challenges on implementation of ECD services were identified. These include insufficiency of budget allocated to ECD activities, difficulty in payment of parents' contribution, difficulty to find suitable houses availed for Homebased ECD, need for training to capacitate Caregivers and challenge to enforce COVID-19 prevention measures in ECDs.

In addition to existing challenges, COVID-19 pandemic has also affected the functioning of ECDs in one way to another. ECD settings were closed for a year due to pandemic prevention measures and started reopening in Feb 2021. Many ECD caregivers found other jobs and many ECD settings had to be closed with the added consequence of lower attendance.

It was however reported conscious effort for collaborative interventions with ECD stakeholders to avail parenting tips to community through radio and TV shows and community volunteers.

After ease of Pandemic prevention measures district authorities re-mobilized communities to help their children attend ECD settings

3.3.3. Nutrition services to children and pregnant women

The Article 5 (e) of the Convention on the Rights of the Child of 1989 provide that states parties shall pursue full implementation of the right of the child to the enjoyment of the highest attainable standard of health, in particular, by taking

appropriate measures to ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents.

Malnutrition refers to deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients. It concerns about three (3) broad conditions which are: (1) under nutrition which includes wasting (low weight-for-height), stunting (low height-for-age) and underweight (low weight-for-age); (2) micronutrient-related malnutrition which includes micronutrient deficiencies (a lack of important vitamins and minerals) or micronutrient excess; and (3) overweight, obesity and diet-related non-communicable diseases (such as heart disease, stroke, diabetes and some cancers)²⁹.

Statistics on nutritional status for children under age 5 from RDHS 2019-20 show that 33% of children in Rwanda are stunted, 9% are severely stunted and stunting being higher with age, peaking at 40% among children age 24-35 months. It was found that stunting is strongly correlated with mother's education level. Stunting is inversely related to wealth quintile; 49% of children in the lowest wealth quintile are stunted, as compared with 11% of children in the highest quintile. The same survey reports that 1% of children in Rwanda are wasted and less than 1% are severely wasted. Overall, 6% of children under age 5 are overweight. The results also show that 8% of all children under age 5 are underweight and 1% are severely underweight. Underweight is inversely related to wealth; 12% of children in the lowest wealth quintile are underweight, as compared with 2% of children in the highest quintile. (NISR, 2020)³⁰

During assessment, it was noted considerable government efforts on improvement of nutrition practices. With the aim to fight stunting and malnutrition (Vitamin A, ...), nutrition commodities are provided to vulnerable children from 6 to 24 months and

²⁹ <https://www.who.int/news-room/fact-sheets/detail/malnutrition>. Accessed on 10/06/2021

³⁰ National Institute of Statistics of Rwanda (2020). Demographic and Health Survey 2019-20

pregnant and lactating mothers (Fortified Blended Food, Micro Nutrients Powders, Iron and Folic acid) and among children under 5 years.

It was noticed that community health workers (CHWs), a basic health organ operating at community level with five (5) CHWs in each village play great role in conducting regular monitoring of weight, Mid-upper arm circumference (MUAC), length measurement using length mat for stunting visualization and monthly cooking demonstrations at community level. The activities of CHWs help identification of children at risk of malnutrition so that they may be assisted in the community in its early stage or be transferred to health facility if the risk is high.

It was also commended efforts to promote kitchen gardens and fruits trees at village level, sensitization of farmers on consumption of their production (and not only produce to sell), especially animal source protein and implementation of child scorecard at village level to track each child below 0-2 nutrition status.

Though efforts have been made, there are challenges that need to be addressed such as insufficient knowledge on stunting and poor child feeding practice (quantities, diversity, frequency and Hygiene); limited access to water and low level of sanitation and hygiene practice are one of responsible for increasing malnutrition cases; low rate of animal source food consumption, which stands at 5% and lack of impact evaluation for most implemented Nutrition intervention.

3.3.4. Protection of vulnerable children

Vulnerable children must be socially protected to ensure the realization of their inherent right to life, survival, protection and development as provided for by the Article 5 of African charter on the rights and welfare of the child of 1990.

3.3.4.1. Protection of children from vulnerable families

Social protection is defined as public and private income transfers schemes, social care services, livelihood support and insurance schemes provided to poor and vulnerable people to ensure their income security and dignified standard of living and being protected against life-cycle shocks and livelihood risks with a view to achieving sustainable graduation and self-standing³¹.

Social Protection in Rwanda currently includes social security, short-term social assistance, social care services, livelihood and employment support³².

Social Security includes non-contributory Direct Income Support (DIS) schemes targeting vulnerable individuals and households; mandatory contributory social insurance schemes for those in formal employment; voluntary contributory social security schemes that are regulated by government; maternity insurance and targeted health insurance subsidies for key vulnerable groups

As for short-term Social Assistance, temporary or incidental (one-off) cash or in-kind assistance that addresses short-term or temporary risks or deprivations including food assistance/emergency relief for households affected by disasters and households in difficulty by local governments; construction and rehabilitation of shelter for vulnerable households, support to the most vulnerable to cover critical health care costs and essential items are provided to households affected by disasters (drought, floods, landslides etc.);

With Social Care Service, the most vulnerable are protected, psycho-socially supported and referred for social inclusion. This consists of rehabilitation and reintegration services for Persons with Disabilities(PwDs), elderly persons and vulnerable children, women and youth. Services that prevent and respond to violence, abuse and exploitation, particularly against women, children, people with disabilities and older people; outreach services for key vulnerable groups providing

³¹ Ministry of Local Government (2020). National Social Protection Policy

³² Ibid

protection, psycho-social support and referrals to complementary services; services that ensure that children and the elderly persons remain in families and public communication and advocacy campaigns on the rights of vulnerable groups.

The livelihood and employment support includes proximity advisory (caseworker) services; provision of productive assets for income generating activities through multi-sectoral interventions; training and sensitization on Financial literacy & entrepreneurship, skills training, particularly for PwDs, vulnerable Youth and Women and community-based livelihood support schemes (e.g. Ubudehe projects, Hanga Umurimo).

In the present assessment, the status on the respect of child right to life, survival, protection and development was assessed from identification and analysis of government's social protection initiatives put in place to protect children living in vulnerable conditions including those from poor families, street children and child-headed households.

In the expanded public works scheme, there was commended eligibility criteria for priority households which are sensitive to children. Among 6 criteria, there are two among them that consider children as condition for selection of the family. For example: the 1st one considers households in Ubudehe Category 1 with only one member able to work and at least one child aged 0-5 years and the 3rd criterion considers households in Ubudehe Category 1 with only one member able to work and at least one child aged 6-14 years³³.

It was also found that eligibility criteria in the Direct Support scheme consider households in Category 1 which have any member aged between 18-64 years who is able to work³⁴.

It was reported that 86,492 vulnerable women including child headed households receive monthly VUP direct support for purchase of basic needs. In the same context

³³ Local Administrative Entities Development Agency (2019). Expanded Public Works guidelines

³⁴ Local Administrative Entities Development Agency (2019). Guideline for VUP Direct Support Scheme

total of 25,704 both community and home based ECDs were established to ensure children receive other services beyond cash transfer such as child nutrition, education, hygiene and sanitation and health services³⁵.

It was also documented that children from poor families are supported at school to access school materials like uniforms from Ministry of Local Government earmarked fund and district generated revenue. Despite the efforts to improve living conditions of poor families, there was reported the main challenge related to negative behavior attitudes where the population want money/cash transfer with little or no attention paid to program objectives of improving nutrition status.

3.3.4.2. Protection of street children

The assessment commended Rwanda's legal and institutional framework established for preventing delinquency, rehabilitating children, reuniting with their families and reintegrating them into schools.

The Law n°17/2017 of 28/04/2017 establishing the national rehabilitation service (NRS) and determining its mission, organization and functioning provides its overall mission of eradicating all forms of deviant behaviors by instilling positive behaviors, educating and providing professional skills. The NRS specifically develop sustainable measures for rehabilitation and social reintegration of people exhibiting deviant attitudes and behaviors and make follow-up on their implementation and ensuring that those placed in rehabilitation centers are provided with knowledge and vocational education preparing them to reintegrate into society in compliance with the program of public institutions in charge of such education among others.

Gitagata Rehabilitation Center was in particularly established by the Presidential Order n° 100/01 of 02/06/2018 with responsibility to admit and give basic medical care, counseling and special health care to people from transit centers including young girls aged of at least ten (10) years but not yet attained eighteen (18) years.

³⁵ Administrative Data from MINALOC (2021)

The Center does counseling and dialogue provided to persons admitted in the Center for the purpose of their rehabilitation towards behaviors that are not detrimental to the community. It also provides general and professional education to persons admitted in the Center preparing them for reintegration into normal life in accordance with Government institutions in charge of such education

It was found that Districts have different initiatives addressing the problem of street children that involve schools' directors and local authorities with the help of volunteers at community level such as Malayika Mulinzi and Inshuti z'Umuryango. Awareness campaigns are organized by local authorities to promote positive social values that encourage the community to take responsibility for raising children. It was also found that District do operations to track children on the street, rehabilitate and reintegrate them back in families.

It was noted that a total of 6,102 children nationwide were removed from street, rehabilitated in rehabilitation centers, reunified with their families and returned to school whereas 3,635 children were removed from street, immediately reunified with their families and returned to school³⁶.

Though considerable efforts are engaged to address the problem of street children, there are persistent challenges that hinder child's right to live in family such as some parents who are not responsible for their own children, misbehavior of some children and conflict in families. In its survey on Child Labor and its impact on child rights, the Commission found that some children continue to become unruly and run away from homes to streets and struggle to make a living due to family conflicts, violence and irresponsibility of their parents³⁷. It is recommended special interventions such as rigorous sensitization campaigns against family conflict, violence and to promote positive discipline and parenting.

³⁶ Administrative Data from MINALOC (2021)

³⁷ National Commission for Human Rights (2020). Analysis of child labor and its impact on child rights in Rwanda

CHAPTER IV

GENERAL CONCLUSION AND RECOMMENDATIONS

The assessment on the situation of the respect of child rights was conducted to track Rwanda's commitments and realizations child rights. A focus was taken on rights to education, health and adequate development by documenting legal provisions, government's priorities and assessing their implementation. There was further assessed challenges on the realization of those rights and measures taken to mitigate them in general and those posed by the impact of covid-19 pandemic in particular.

It was found that the government of Rwanda has been implementing considerable interventions with positive impact the right to education in terms of school availability, accessibility and affordability. These include free and compulsory 9 Year Basic Educations (9YBE) upgraded to 12-Year Basic Educations (12YBE); school feeding programme; provision of capitation grants to all students in public and government aided schools and construction of more schools and classrooms with other necessary hygiene facilities and promotion of inclusive and special needs education among others.

It was noted initiatives for the promotion and protection of child right to health which are functioning from the community level to national level towards achievements of universal health coverage, immunization, decline in child mortality rates and malnutrition. These have led to gradual improvement in maternal and child health care indicators in terms of women receiving Antenatal Care, births delivered at a health facility, continuous decline of the under-5 mortality rate and consistent high coverage of vaccination services among others.

Furthermore, it was found that government efforts to guaranteeing child right to adequate development are evident through government's social protection programs which have child-sensitive criteria that provide opportunity to children from vulnerable families, considerable establishment of ECD settings at the village level [community] and improvement of nutritional practices among children to name a few.

It was however assessed that there are challenges that hinder the enjoyment of child rights to education, health and adequate development. In that regards, the following recommendations were formulated to the relevant institutions for improvement as detailed in Table 5.

Table 5. Gaps on the realization of child rights to health, education and adequate development and formulated recommendations

Gaps	Recommendations	Institutions
Right to education		
1. High rates of school dropout, absenteeism and repetition rates	To improve the outreach of back to school sensitization campaigns and monitoring in close collaboration with local authorities	MINEDUC MINALOC
2. In some schools, children who paid school feeding fees are the only ones taking meals at schools because the majority of parents do not pay their school feeding contributions while government's contribution is not sufficient to feed all students for the whole term.	To conduct outreach awareness campaigns to parents on their school feeding contributions.	MINEDUC MINALOC
3. Insufficient qualified teachers, special equipment & materials in the implementation of inclusive and special need education in addition to special schools which are not distributed in all Districts	To provide considerably inclusive and special need schools with suitable equipment, materials and qualified teachers.	MINEDUC & REB
4. Increased schools' expenses in a bid to avail equipment	To support schools with budget to cover the additional costs for	MINEDUC

and materials to prevent the spread of covid-19 in schools.	precaution against spread of COVID-19	
5. New schools constructions remaining unfished, unequipped and not serving the intended purpose	To speed up the completion of new schools' construction and equipping.	MINEDUC
Right to health		
6. Exposure to complications caused by delay to attend the first antenatal care visit unsafe and home delivery	To improve the outreach sensitization campaigns on antenatal care services at community level.	MINISANTE MINALOC
7. Lack of adequate assistance at the health centre due to insufficient number of nurses and midwives, especially in night shifts	To increase the number of nurses and midwives at health centres with special consideration on night shifts	MINISANTE
Right to adequate development		
8. Variability of the quality of integrated ECD service delivery across the country	To establish monitoring and quality control system of ECD services	MIGEPROF NCDA
9. Need capacitate and incentivise the ECD caregivers as most of them work as volunteers	To build the capacity of caregivers on ECD services.	MIGEPROF NCDA&
10. Need of capacity building to Child rights observatory volunteers for them to contribute more in child rights promotion at community level.	To provide capacity building to Child rights Observatory Volunteers (ODE)	NCHR&CUI

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ANNEX - QUESTIONNAIRES

1. DISTRICTS AND THE CITY OF KIGALI

- (a) What are the efforts endeavoured to ensure children's access to schools (pre-primary, primary and secondary levels) and what are the challenges?
- (b) How do you implement the inclusive and special needs education policy for children with disabilities and what are the challenges?
- (c) What are the challenges on providing pre-primary, primary and secondary schools with infrastructure and facilities?
- (d) What are the challenges hindering the implementation of school feeding program?
- (e) What is the impact of COVID-19 pandemic on education after school reopening and what are measures thereto?
- (f) What is the current status on dropout and early pregnancies in schools after school reopening and how do you cope with those challenges?
- (g) What are your achievements in improving living conditions of vulnerable children from poor families, street children and child-head households and what are the challenges?
- (h) How do you implement early childhood development programs and what are the challenges?

2. PARENTS TEACHERS ASSOCIATIONS

- (a) What is your contribution to ensure children's access to schools and what are the challenges thereto?
- (b) What are the challenges on the implementation of inclusive and special needs education policy for children with disabilities and what do you recommend?
- (c) How do parents and teachers contribute to the construction and rehabilitation of school infrastructure and what are challenges thereto?
- (d) What is the impact of COVID-19 pandemic on education after school reopening and what are measures thereto?

(e) What are the causes of dropout and early pregnancies in schools and what do you recommend?

(f) What are the challenges hindering the implementation of school feeding program?

3. DISTRICT HOSPITALS' DIRECTORS

(a) How do you implement health care priorities towards universal coverage of maternal, neonatal and child health services?

(b) How do you maintain high and effective coverage of immunisation services for children and pregnant women and what are challenges?

(c) How do you ensure the uniformity and effective coverage of nutrition services to children and pregnant women?

(d) What is the impact of COVID-19 on health services delivery for children and pregnant women and what are the measures adopted?

4. COMMUNITY HEALTH WORKERS (CHWS)

(a) How do you contribute to the universal coverage of maternal, neonatal and child health services and what are challenges?

(b) What is your role in preventing malnutrition among children and pregnant women and what are challenges?

(c) How do you assist in maintaining high and effective coverage of immunisation services for children and pregnant women and what are challenges?

(d) What is the impact of COVID-19 pandemic on your health services delivery to children and pregnant women and what do you recommend?

5. INSHUTI Z'UMURYANGO AND ODE VOLUNTEERS

- (a) What is your role in making follow-up on specific needs of vulnerable children from poor families, street children and child-head households and what are the challenges?
- (b) What do you recommend should be done to maintain improved living conditions of vulnerable children?

6. SCHOOL DIRECTORS

- (a) What are the efforts endeavoured by the school to ensure children's access to schools and what are the challenges thereto?
- (b) What are the challenges on the implementation of inclusive and special needs education policy for children with disabilities and what do you recommend?
- (c) How does the school contribute to the construction and rehabilitation of school infrastructure and what are challenges thereto?
- (d) What is the impact of COVID-19 pandemic on education after school reopening and what are measures thereto?
- (e) What is the current status on dropout and early pregnancies in schools after school reopening and how do you cope with those challenges?
- (f) What are the challenges hindering the implementation of school feeding program?

7. CHILDREN (PRIMARY & SECONDARY SCHOOLS)

- (a) What are the challenges on school availability, accessibility and affordability?
- (b) What are the causes of dropout and early pregnancies in schools and what do you recommend?
- (c) What are the challenges on nutrition practices at school?
- (d) What is the impact of COVID-19 pandemic on education after school reopening?

8. MINISTRY OF HEALTH

- (a) How do you strengthen health systems towards universal coverage of maternal, neonatal and child health services?
- (b) What are the initiatives put in place to maintain high and effective coverage of immunisation services for children and pregnant women and what are challenges?
- (c) What are the initiatives put in place to ensure the uniformity and effective coverage of nutrition services to children and pregnant women?
- (d) What is the impact of COVID-19 on health services delivery for children and pregnant women and what are the measures adopted?

9. NATIONAL CHILD DEVELOPMENT AGENCY

- (a) What are the initiatives put in place to promote early childhood development and what are the challenges?
- (b) What are the efforts put in place to improve nutrition practices among children and what are the challenges?
- (c) What are the efforts put in place to promote inclusive ECD services for children with disabilities and what are the challenges thereto?
- (d) What is the impact of COVID-19 pandemic on ECD services and what are measures adopted?

10. MINISTRY OF LOCAL GOVERNMENT

- (a) What are initiatives put in place to protect children living in vulnerable conditions including those from poor families, street children and child-head households?
- (b) What are the initiatives put in place to strengthen nutrition sensitive direct support to poor pregnant women and children at risk of malnutrition and what are challenges?

11. MINISTRY OF EDUCATION

- (a) What are the initiatives put in place by MINEDUC to ensure school availability, accessibility and affordability at pre-primary, primary and secondary levels and what are the challenges?
- (b) What are the efforts put in place to promote inclusive and special needs education for children with disabilities and what are the challenges?
- (c) What are the efforts put in place to provide pre-primary, primary and secondary schools with modern infrastructure and facilities?
- (d) What is the impact of COVID-19 pandemic on education after school reopening and what are measures adopted?
- (e) What is the current status on dropout and early pregnancies in schools after school reopening and how do you cope with those challenges?
- (f) What are the regulations and measures on disciplining students in schools and what are challenge on their implementations?
- (g) What are the initiatives put in place to improve nutrition practices at school in all levels (pre-primary children, primary and secondary children)? And what are challenges on their implementation?

12. MIGEPROF

- (a) What are the initiatives set out to promote child rights to health, education and social protection and what are challenges?

13. RWANDA BASIC EDUCATION BOARD

- (a) Would you describe the criteria followed in the recruitment and placement of new teachers in primary and secondary schools? Is there any consideration given to teacher's place of residence?
- (b) Would you describe the criteria followed in promotion of teachers? Do they remain working to their schools after promotion?

- (c) What are the efforts put in place to implement the inclusive education and special needs education programs especially teachers' training and provision of appropriate materials and what are the challenges?
- (d) Is there any special treatment given to teachers with disabilities for example those with vision impairment? What are the challenges?

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