

REPUBLIC OF RWANDA



The Government

**SECOND AND THIRD PERIODIC REPORTS ON THE IMPLEMENTATION OF THE
AFRICAN CHARTER ON THE RIGHTS AND WELFARE OF THE CHILD**

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ABBREVIATIONS AND ACCRONYMS

12YBE	: 12 years of basic education
ABC	: Abstinence, Be faithful, otherwise use a Condom
ACRWC	: African Charter on the Rights and Welfare of the Child
ANC	: Ante Natal Consultation
ARBEF	: Association Rwandaise du Bien-Etre Familial
ART/V	: Anti-Retroviral Treatment
BCG	: Bacille Calmette-Guerin
CBHI	: Community Based Health Insurance
CBN	: Community Based Nutrition
CHUK	: Centre Hospitalier Universitaire de Kigali
CHW	: Community Health Workers
CNLS	: National Commission to fight against HIV/AIDS
CRC	: Convention on the Rights of the Child
DH	: District Hospitals
DHS	: Demographic and Health Survey
DPEM	: District Plans to Eliminate Malnutrition
GPDs	: Groups of Persons with Disabilities
ECD	: Earlier Childhood Development
EDPRS	: Economic Development and Poverty Reduction Strategy
GBV/CP	: Gender Based Violence/ Community Policing (Committees)
GoR	: Government of Rwanda
HBMS	: Home Based Management Strategy
HC	: Health Centre
HSSP II	: Second health Sector Strategic Plan
ICRC	: International Committee of the Red Cross
ICRP	: Integrated Child Rights Policy
IDA	: Iron Deficiency Anaemia
IDD	: Iodine Deficiency Disorders
IGA	: Income Generating Activities
IMCI	: Integrated Management of Childhood Illnesses
IMNCH	: Neonatal and child death audit
IMNCI	: Management of Neonatal and Child Illnesses
IPEC	: International Programme on the Elimination of Child Labour
IPRC	: Integrated Polytechnic Regional Centre
ITNs	: Insecticide-Treated bed Nets
JDAF	: Joint Development Action Forum
KHI	: Kigali Health Institute
KIE	: Kigali Institute of Education
KIST	: Kigali Institute of Science and Technology

LLIN	: Long Lasting Impregnated Nets
MAJ	: Maisons d'Accès à la Justice / Bureau of Access to Justice
MIDMAR	: Ministry of Disaster Management and Refugee Affairs
MIFOTRA	: Ministry of Public Service and Labour
MIGEPROF	: Ministry of Gender and Family Promotion
MINALOC	: Ministry of Local Government
MINECOFIN	: Ministry of Finance and Economic Planning
MINEDUC	: Ministry of Education
MINIJUST	: Ministry of Justice
MINISANTE/MoH	: Ministère de la Santé / Ministry of Health
MINIYOUTH	: Ministry of Youth
NCC	: National Commission for Children
NCHR	: National Commission for Human Rights
NSP	: National Strategic Plan
NUR	: National University of Rwanda
NURC	: National Unity and Reconciliation Commission
OVC	: Orphans and other vulnerable children
PAPs	: Prospective adoptive parents
PBF	: Performance-Based-Financing
PLHIV	: People Living with HIV
PMTCT/EMTCT	: Preventing/Elimination Mother-To-Child Transmission
PNBC	: Programme Nutritionnel à Base Communautaire
PNILP	: National Malaria Control Programme
PSI	: Population Service International
RCS	: Rwanda Correctional Service
RDHS	: Rwanda Demographic and Health Survey
RDRC	: Rwanda Demobilization and Reintegration Commission
RDT	: Rapid Diagnostic Tests
RNDSC	: Rwanda National Decade Steering Committee
RNIS	: Rwanda National Institute of Statistics
RRP	: Rwanda Network of People Living with HIV/AIDS
RSSB	: Rwanda Social Security Board
SACCOS	: Savings and Credit Cooperatives
STDs /STI	: Sexually transmitted diseases /S.T. Infections
TTC	: Technical Training Schools
TVET	: Technical and Vocational Education and Training
UNWFP	: United Nations World Food Programme
VAD	: Vitamin A Deficiency
VCR	: Video Cassette Recording
VCT	: Voluntary Counselling and Testing
VTC	: Vocational Training Centres

TABLE OF CONTENTS

TABLE OF CONTENTS	IV
I. INTRODUCTION	ERREUR ! SIGNET NON DEFINI.
II. GENERAL IMPLEMENTATION MEASURES	1
III. DEFINITION OF THE CHILD	5
IV. GENERAL PRINCIPLES.....	6
V. CIVIL RIGHTS AND FREEDOMS.....	9
VI. FAMILY ENVIRONMENT AND ALTERNATIVE CARE	12
VII. HEALTH AND WELFARE OF THE CHILD	15
VIII. EDUCATION, LEISURE AND CULTURAL ACTIVITIES.....	27
IX. SPECIAL PROTECTION MEASURES.....	37

LIST OF TABLES

TABLE 1: PRE-PRIMARY EVOLUTION FROM 2008 TO 2011.....	29
TABLE 2: PRIMARY EVOLUTION FROM 2007 TO 2011.....	30
TABLE 3: ORPHAN STUDENT’S ENROLMENT IN PRIMARY BY GRADE IN 2011.....	31
TABLE 4: STUDENTS WITH DISABILITY IN PRIMARY BY GRADE IN 2011	31
TABLE 6: ORPHAN STUDENTS IN SECONDARY BY GRADE IN 2011.....	33
TABLE 7: STUDENTS WITH DISABILITY IN SECONDARY BY GRADE IN 2011	33
TABLE 8: STUDENT ENROLMENT IN VTC’S IN 2010 AND 2011.....	33
TABLE 9: ORPHAN STUDENTS IN VTC’S BY LEVEL IN 2011	34
TABLE 10: VTC’S STUDENTS WITH DISABILITIES BY LEVEL IN 2011.....	34
TABLE 11: ENROLLMENT OF STUDENTS IN HIGHER EDUCATION FROM 2006-2011 ..	34

LIST OF FIGURES

FIGURE 1: IMPACT OF NUTRITION PROGRAMMES OVER 5 YEAR PERIOD, MALNUTRITION HAS REDUCED AS SHOWN IN THE FOLLOWING GRAPH (FROM YEAR 2005 TO 2010):17

FIGURE 2: TRENDS OF INFANT AND CHILD MORTALITY FROM 2005 TO 2010.....18

FIGURE 3: REDUCTION OF MOTHER TO CHILD HIV TRANSMISSION (END 2010 STATUS).....19

FIGURE 4: EVOLUTION OF THE RATE OF ADHERENCE TO MUTUAL HEALTH INSURANCE SCHEMES FROM 2003 TO 2010.23

FIGURE 5: EVOLUTION OF HEALTH FACILITIES PROVIDING VCT SERVICES RELATED TO HIV FROM 2003 TO 2010.....23

I. INTRODUCTION

1. Rwanda has submitted its Initial Report on the implementation of the African Charter on the Rights and Welfare of the Child (ACRWC) to the African Committee of Experts on the Rights and Welfare of the Child (also referred to as African Committee of Experts), at its 16th session of November 9-14, 2010. The recommendations from the Committee have been shared with public institutions and Civil Society Organizations involved in the promotion and protection of the Rights of the Child. In accordance with the provisions of Article 43-1 of the ACRWC, this Report combines two periodic reports (2006-2008 and 2009-2011) and presents information relating to the implementation of the Charter up to June 2013.
2. The preparation of this Report has followed a participatory and inclusive process (public institutions, UN Agencies, the diplomatic and consular representatives, international NGOs, local NGOs, faith based organisations and Media).It addresses all the issues raised by the African Committee of Experts on the Initial Report of Rwanda.
3. The purpose of this consolidated periodic Report is to present the key amendments in the domestic laws, policies and programmes since 2006. This Report also reflects the implementation of the recommendations made on the Initial Report of Rwanda by the African Committee of Experts at its 16th Session.

I. GENERAL IMPLEMENTATION MEASURES

4. Following the ratification of the UN Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC), the Government of Rwanda (GoR) has initiated several steps to address the rights and needs of Rwandan children. Various social policies have been adopted, plans developed and programmes implemented. Additionally, numerous laws addressing children's rights have been enacted. Given that children's rights programs cut across various thematic areas and ministerial mandates (health, education, labour, local governance, justice, etc.), a number of government institutions and non-governmental organisations at different administrative levels are involved in their implementation.
5. Recognising the need for coordination and consistency in Government interventions for children, as provided for by the 3rd recommendation of the African Committee of Experts, the Government of Rwanda, through the Ministry of Gender and Family Promotion (MIGEPROF) adopted the Integrated Child Rights Policy, which is a comprehensive national document, detailing Rwanda's vision and commitment to protect the fundamental rights of all children.

A. Legislative measures

6. Since the adoption of the Constitution of June 4th, 2003 as amended to date, Rwanda has embarked on a legislative reforms to ensure that domestic laws conform to the new Constitution and to the principles and provisions of international legal instruments:

- Law N°27/2001 of 28 April 2001 relating to the rights and the protection of the child against violence has been repealed and replaced by Law N°54/2011 of 14/12/2011 relating to the rights and the protection of the child, which came into force in June 2012.
- Organic Law N°30/2008 of 25/07/2008 relating to Rwandan nationality as amended to date contains provisions that ensure the right of every child to identity and nationality. This law also allows dual nationality (Article 3).
- Organic Law N°51/2008 determining the organisation, functioning and jurisdiction of courts as amended to date, specifies that each Intermediate Court shall be comprised of a Juvenile Chamber (Article 9). Article 75 also specifies that “Minors accused of any offence shall be tried on the first instance only by a specialized Juvenile Chamber of Intermediate Court”. In addition, Article 76 stipulates that “The juvenile chamber shall, in addition to passed sentence, ensure appropriate safety supervision and education measures.”
- Law N°30/2013 of 24/5/2013 relating to the code of criminal procedures has been enacted and contains specific procedural provisions for children.
- Law N° 34/2010 of 12/11/2010 regulating Rwanda Correctional Service (RCS) as amended to date provides for special protection measures for children in conflict with the law. A rehabilitation centre for children in conflict with the law, meeting the minimum conditions required for them (article 33), was established in Nyagatare District. Additionally, any incarcerated pregnant or lactating woman shall be accorded special care. A breastfeeding child is entitled to adequate nutritional food as required for infants and shall remain with the mother until the age of 3 years when such child will be handed over to his/her family. Where there is no family to receive the child, the State retains custody of the child.
- Law N°22/2011 of 28/06/2011 establishes and regulates the National Commission for Children which is now operational since 2011.
- Law N°13/2009 regulating labour in Rwanda (2009) prohibits the employment of children less than 16 years of age even as apprentices. Ministerial Order N°06 of 13/07/2010 also enumerates the worst forms of child labour, as well as the nature and categories of institutions that are not allowed to employ them, and specifies the nature of employment acceptable for children.
- The Penal Code has provisions on penalties for child abuse.
- The law sets the minimum age of recruitment into the security forces at 18 years¹.

7. Rwanda has made tremendous progress in ensuring children’s rights by enacting a number of laws that guarantee children’s rights. Law N°54/2011 of 14/12/2011 relating to the rights and the protection of the child was enacted in June 2012 to serve as bill of rights for children in Rwanda. It

¹ Law N° 25/2004 of 19/11/2004 establishing and determining the organisation and functioning of the local service in charge of assisting in maintenance of security referred to as “Local Defence Force, Presidential Order N° 155/01 of 31/12/2002 establishing the Statutes of the National Police, Presidential Order n° 72/01 of 08/07/2002 establishing the Army General Statutes.

constitutes a unified law covering all aspects of the rights of children and complies all ratified international treaties.

8. Rwanda has also ratified the Convention on the Protection of Children and Cooperation in respect of Inter-country Adoption (2010), the Hague Convention on the Civil Aspects of International Child Abduction (1981), the Convention against torture and other cruel, inhuman or degrading treatment or punishment (2008), International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families (2008) and International Convention on the Rights of People with disabilities (2008).

B. Mechanisms to give effect to the provisions of the ACRWC

9. Policies, programmes and administrative measures have been adopted to implement the ACRWC. This includes the Integrated Child Rights Policy and its Strategic Plan; the Strategic Plan for Street Children and its monitoring and evaluation framework; the Policy on Early Childhood Development; the Guidelines on the minimum package of services to orphans and other vulnerable children; the Policy on Education for Children with Special Needs and its Strategic plan; and the Girls' Education Policy. The National Commission for Children is the implementing body for those policies.
10. Other measures include Children Forums and Children Protection Committees, existence of Gender Based Violence and Child Protection Committees from local to national levels, annual regular coordination meeting held with all stakeholders intervening in the domain of children, and existence of a Child Health Technical Working Group chaired by the Ministry of Health.
11. A Strategy for National Child Care Reform has been adopted. It emphasizes the need for children living in institutions to regain their rights to live in a loving, safe and supportive family environment. This can be their own or alternative care families. As a result, of the 3,323 children who were living in orphanages, in July 2011, 1,486 have since been placed in families. By the end of 2014 it is expected that all children will be living in families. The existing orphanages will be transformed into learning centres for children.

C. Measures taken to promote positive cultural values and traditions and to discourage those that are inconsistent with the rights, duties and obligations contained in the Children's Charter

12. The one-month-long annual Family Campaign is one of the strategies to promote positive cultural values that strengthen families. Each year a specific theme is chosen, for example the 2012 campaign raised awareness of the prevailing challenges affecting families in Rwanda and the solutions to overcome them.
13. Another important initiative is the "*Itorero ry'Igihugu*", a civic education program which teaches about different values such as national unity, social solidarity, patriotism, integrity, and tolerance

among others. In this framework, Rwandans are kept up to date with Government policies and programmes which strengthens their ownership and participation. The National Itorero Commission oversees all the activities of the program.

14. Additionally the *Umugoroba w'ababyeyi*(Parents' evening forums) are forums in which parents in each village (*Umudugudu*) meet regularly to discuss issues relating to family welfare and development.
15. The National Policy for Family Promotion and its Strategic Plan also strengthens family values and, safeguard the positive traditional values.
16. In addition, under the National Youth Policy and its Implementation Plan, the youth are empowered to actively participate in the national development agenda. .

D. Existing or planned mechanisms at the national or local level for coordinating policies relating to children and for monitoring the implementation of the Children's Charter

17. The National Commission for Children (NCC) is an established specialized government institution in charge of coordinating, monitoring and evaluating all the interventions aimed at promoting children's rights. Its mandate is to ensure that children know and apply national values, enjoy their rights and are aware of their responsibilities as Rwandan citizens. The NCC organizes and holds an annual coordination meeting with all stakeholders working in the domain of the protection and promotion of children's rights at national level.
18. A National Children's Summit and a Paediatric Conference are organized every year. The Summit aims at promoting children's rights to participation whereas the Paediatric Conference gives children an opportunity to provide their views on matters concerning their health. A child Technical Working Group under the Ministry of Health coordinates each activity.
19. Rwanda also has Gender Based Violence and Child Protection Committees and Guidelines on their reporting systems from local to national levels that were established in June 2009.
20. An Advisory Council on Children's Rights comprising of MIGEPROF, MINISANTE, MINEDUC, MINJUST, MINALOC, MINECOFIN and MIFOTRA meets once a year to evaluate progress made in the implementation of children's Rights.
21. At the grassroots level, Districts have administrative officers in charge of the coordination and monitoring of activities related to the protection and promotion of children's rights..Additionally, each District has a Joint Development Action Forum (JDAF) that among other tasks coordinates all the activities of District partners working in the domain of children's rights protection and promotion.

22.Children’s Forums were established at Village, Cell, Sector and District levels to give children a platform to express their views and ideas on matters affecting their lives.

23.Independent monitoring structures have been established as mentioned in the Initial Report. The Child’s Rights Observatory was established in 2006 within the National Commission for Human Rights. It gives top priority and urgency to incidents related to child’s rights violation. Within the framework of fighting against the genocide ideology among children, the National Unity and Reconciliation Commission (NURC), since 2003, have set up clubs for unity and reconciliation in schools. It also organizes solidarity camps for different categories of children including child heads of households, returnees and secondary school graduates,.

24.The national budget allocation to key sectors of child survival and development including; health, education and social protection has steadily increased from year to year. Indeed, the ordinary budget allocated to these sectors has increased from 29.88% in 2010 to 31.73% in 2012².

E. Domestication of the Convention principles and provisions

25.The African Charter on the Rights and Welfare of Children has been domesticated into policies and laws relating to the protection and promotion of children’s rights such as the Integrated Child Rights Policy, Law N°54/2011 of 14/6/2011 relating to the rights and the protection of the child and Organic Law N°.01/2012/OL of 02/05/2012 instituting the Penal Code..

II. DEFINITION OF THE CHILD

The recommendations of the Committee on the age of majority, age of marriage and employment notes that the age of majority varies according to legal field (civil, electoral, criminal, social) and suggests that the State Party end this disparity by taking into account the provisions of the Charter because, as stated in the Report, the disparity in fixing the age of majority in the Rwandan law reveals weaknesses in child protection. The Committee therefore recommends that the State conduct legislative reforms to define a single age of majority (18 years) in accordance with the provisions of the Charter, for better protection of children.

The following measure has been taken:

26.In accordance with the above recommendation of the Committee on the age of majority, a National Law Reform Commission was created in 2009 for the purpose of harmonizing Rwandan Laws, and this concern is among its priorities. A Family and Persons draft Law is currently being discussed in Parliament.

² MINECOFIN, State Expenditure by EDPRS Priorities 2010/2013.

III. GENERAL PRINCIPLES

i. Non-discrimination (articles 3 and 26)

27. The Government of Rwanda discourages any form of discrimination against children. Further to the provisions of the Constitution as amended to date, Article 4 of Law N°54/2011 of 14/12/2011 relating to the rights and the protection of the child provides that: “Children are born equal and entitled to the enjoyment of rights and freedoms recognized and guaranteed by the law and are provided with the protections which are required by their childhood condition without any discrimination”. Article 5 of the same law stipulates that: “Discrimination among children based on their birth conditions is prohibited”. Article 54 of the same law stipulates that “Handicapped children with physical or mental disability shall be entitled to a special protection from the Government and enjoy all the rights recognized to the child without any form of discrimination related to their state or any other situation which would result from it”.

ii. The Best Interest of the Child (article 4)

28. Laws that show the importance attached to the principle of the best interests of the child were enacted after the preparation and presentation of the Initial Report. The said laws have been mentioned in previous paragraphs of this Report. Specifically, Article 6 of Law n°54/2011 of 14/12/2011 relating to the rights and the protection of the child stipulates that in “All judicial and administrative proceedings related to the child, the primary consideration shall be in the best interests of the child. Public or private social welfare institutions, schools, legal guardians or anybody or any other individual responsible for the child shall, in the process of taking any decision concerning the later, always take into consideration the best interest of the child”.

iii. Right to Life, Survival and Development (article 5)

29. Article 12 of the Constitution specifies that every person has the right to life and that no person shall be arbitrarily deprived of life. This principle is specifically recalled under Article 8 of Law N°54/2011 of 14/12/2011 relating to the rights and the protection of the child “the child has right to life and he/she shall not be deprived”. The right to life is strictly observed, death penalty having been abolished by Organic Law n° 24/2007 of 27/06/2007 relating to the Abolition of Death Penalty. Rwanda has also ratified the Second Optional Protocol to the International Covenant on Civil and Political Rights, abolishing the death penalty³.

30. Rwanda is committed to the promotion of the rights of the child by implementing several strategies in the area of health, fighting against HIV/AIDS, education and protection of the child. For instance, the Report on the MDGs in Rwanda highlights sustained efforts to reduce infant and under-5 mortality as well as the progress made in primary school education, gender equality, and in fighting against malaria and HIV/AIDS. Such significant progress made in health includes; a

³ Presidential Order N° 52/01 of 05 September 2008 ratifying the Second Optional Protocol to the International Covenant on Civil and Political Rights, abolishing the death penalty (O.G. N°19 of 01 October 2008)

decrease in childhood mortality levels according to data from Rwanda Demographic and Health Survey conducted in 2010,. Currently, infant mortality is 50 deaths per 1,000 live births for the five-year period before the survey compared with 73 deaths for the five-to-nine year period before the survey. Under-5 mortality levels have also decreased from 133 deaths per 1,000 live births to 76. Neonatal mortality rate is 27 per 1,000 live births; while post-neonatal mortality rate is 23 per 1,000 live births (RDHS 2010). Antenatal consultations are well organised in Rwanda (96%), at least four times before childbirth. The number of children on ARVs increased from 2 757 in 2006 to 7,111 in 2009 (MoH/TRAC 2009). In health, the implementation of the strategy of Integrated Management of Childhood Illnesses (IMCI) which, applied both at the level of health facilities and at family and community level, helped to reduce mortality caused by malaria, acute respiratory infections and diarrhoea.

31. The impact of diseases on children was reduced through the improvement of clinical care provided to sick children in health facilities and the promotion of appropriate family and community practices through the implementation of three components: (1) strengthening skills of health personnel for effective case management (2) strengthening the health system to support the provision of quality service and (3) promoting appropriate family and community practices⁴. An innovative community based health insurance (CBHI) system with nationwide coverage (91%) allowing almost 100% financial accessibility with membership in at least one health insurance scheme is mandatory for every Rwandan. The CBHI membership fee is an annual contribution. It provides access to a complete minimum package of medical services at the health centre and the complete complementary package at district and referral hospitals.

32. Rwanda made significant progress in the promotion of girls' education. A Girls' Education Policy was developed in 2008 to promote retention/completion in schools and institutions of higher education and to address factors that may be barriers to full participation. The Girls Education Task Force has been put in place and annually compiles the indicators in the policy matrix and develops a Gender Assessment of the Education System to monitor gender disparities with a view to eradicating them. Rwanda as a result has one of the highest primary school enrolment rates in Africa. In 2011, 94.3% of boys and 97.5% of girls were enrolled in primary school. Dropout rates decreased from 13.9% in 2006 to 11.4% in 2010. The dropout rate of girls decreased from 13.1% in 2007 to 11.3% in 2010.

⁴ These practices are: exclusive breastfeeding, supplemental food at 6 months; micronutrient supplementation, immunization, hygiene in family (water, sanitation and hygiene), the use of insecticide-treated bed nets; HIV prevention; provide sick children with more food and liquids; prevent and manage injuries and accidents involving children; prevent child abuse; involvement of men in child care and reproductive health; know how to seek care from health personnel in time, follow the advice of health worker regarding treatment, monitoring and referral; participate in antenatal consultation appropriately; appropriate birth spacing for better health of the mother and child; and basic preventive care for the newborn..

The Government guarantees that every child in Rwanda has the right to fee-free and compulsory education for the first 12 years of basic (primary and secondary) education. The Government has taken the necessary measures to ensure that all children complete the 12 years of basic education (12YBE).

33. The Government periodically identifies families and households that cannot afford the other costs of education, such as uniforms and learning materials, and provides assistance to them. Various options for social protection, such as school stipends or other cash transfer schemes are also provided for those children who for economic, social or cultural reasons, tend to stay out of school (including but not limited to girl children, children affected by HIV and AIDS and other vulnerable children).

34. The Ministry of Gender and Family Promotion is mandated to provide support to orphans and other vulnerable children with emphasis on the most vulnerable through a minimum package of services which includes; health, nutrition, education, shelter, protection and psycho social support. The Ministry of Agriculture also offers a number of programmes that provide or subsidize assets to rural households. These include: Girinka munyarwanda (One Cow per Family Scheme) in which poor families owning less than 0.7 hectares of land are provided with a cow; another programme provides small animals (goats and rabbits) to poor households (with small pieces of land); and fertilizer subsidies and seeds are also distributed.

Additionally, 80.5% of children under 18 years of age have access to safe drinking water, 76% of children under 18 years of age have access to adequate sanitation facilities (RDHS, 2010). Schools are also equipped with water tanks to facilitate children's access to water and sanitation. State budget resources allocated to water and sanitation increased from frw 19, 465, 684, 800 in 2010/2011 to 27, 139, 012, 649 in 2011/2012 and are estimated at 30,704 194 529 in 2012/2013.

35. The annual Family Campaign is one of the strategies used to emphasize the importance of family in every sector of the Rwandan community. The first family campaign was organized in September–October 2011. It focused on the living conditions of families in Rwanda and laid emphasis on improving those conditions in relation to health and wealth. The heads of families were encouraged to sign performance contracts using “*Ikaye y’Umuryango*” (family book) as evidence of their commitment in improving their families’ status.

iv. Respect of the views of the child (article 7)

In its recommendation on children’s participation, the Committee acknowledges the efforts undertaken in the implementation of the child’s right to express his/her views. The Committee however recommends that the State party put in place national mechanisms to enable children to freely express their opinions also within their families without contradicting traditional positive values.

The following measures have been taken:

36. Owing to traditional attitudes, respect for the views of the child was limited within the family and in schools but significant changes are now being achieved. A field visit report by NCC in September 2012 reveals that children are now allowed to participate in decision making⁵ for the majority of the families and schools visited. Awareness raising about this issue continues to be made through children's forums and parents' evening forums or *Umugoroba w'ababyeyi* (see para 14 above). Many schools have also put in place suggestion boxes which enable children to express their views in writing. The views given by children in suggestion boxes are collected and discussed in meetings bringing together children and heads of schools.

v. Provision of information to children and promotion of their participation (Articles 4, 7 and 12)

37. *In a manner consistent with the child's age, maturity and ability, every child will have the right to participate in all spheres of the society and access information as provided for by the law.* Article 20 of the Law N°54/2011 of 14/12/2011 relating to the rights and the protection of the child provides that every child has the right to access suitable information, and has the right to rest and leisure. Children have been supported and empowered through children's forums and children's clubs in schools for promoting/ protecting their rights to participation. During the Annual National Children's Summits, children's representatives have the opportunity to engage in discussions with Government Officials, Parliamentarians, Civil Society delegates, Development partners and members of UN Agencies. At regional and international level, children have been given the opportunity to participate in exchange or political debates organized to collect their views. The GoR has facilitated the participation of children in several important events such as the EAC Child Rights Conference (Bujumbura, June 2012) and the African Union Youth and Children's Forum (Addis Ababa, May 2013). .

IV. CIVIL RIGHTS AND FREEDOMS

i. Name, Nationality, Identity and Registration at birth (article 6)

a) Name

38. Law N°54/2011 of 14/12/2011 relating to the rights and the protection of the child provides that a child is given a name immediately after birth. The name given to the child is protected by the law. It cannot be changed unless there are sound reasons, and only by the relevant authority in accordance with the law. The name given to a child should not bear any characteristics that dishonour him/her like abuse, immorality, ridiculing or slandering (Article 13).

⁵ NCC, Quarterly activities report, September 2012

b) Nationality

- 39.** Concerning nationality, Organic Law N° 30/2008 of 25/07/2008, paragraph 5 point (b), of the new nationality code stipulates that no child born in Rwanda is stateless. This is supplemented by Law N°54/2011 of 14/12/2011 relating to the rights and protection of the child which emphasizes the civil right of a child to have a nationality (Article 14).

c) Identity and registration at birth

- 40.** Article 12 of Law N°54/2011 of 14/12/2011 relating to the rights and the protection of the child states that a child has the right to identity whose essential elements are a name, a nationality and family relations. Where a child has no known identity, the government has the obligation to help him or her to obtain one. Any falsification or illegal modification of the identity of the child is punishable by law. Article 16 of the same law states that: “Every new born child is registered in the civil status registry by his or her parents or his or her guardian in accordance with modalities and time limits specified by the law, and a certificate shall be issued. A child born out of wedlock is registered upon the declaration by one of his or her parents. The one who is designated as being the father or the mother of the child is informed by the civil registrar before the registration of the child where he or she was not present at the time of declaration. When there is consent the child is immediately registered. Dispute concerning the identification of one of the child’s parent shall be referred to Courts”
- 41.** In its Article 8, paragraph 1, Law N° 14/2008 of 04/06/2008 relating to the registration of the population and issuance of the national Identity Card provides that: “Everyone is required to declare the birth of their child within thirty (30) days from birth.” Regarding the preservation of the identity of the child, awareness-raising campaigns are often conducted especially for the recognition of children born out of wedlock, birth registration by the registrar and the legalization of free unions.
- 42.** Measures have also been taken to facilitate and accelerate birth registration of all children. Within each administrative Sector, a professional in charge of official records has been recruited to facilitate the registration of the deeds related to official records. Thus, the records of births and deaths are kept by that Sector official.. This decentralization also facilitates birth and death declarations because it reduces the long distances thatto registration centres that previously discouraged people from registration.. Sensitization through Umuganda (community work) and during Inteko z’abaturatione (population assembly) at grassroots levels has had a positive impact on birth registration. The Rwanda Demographic and Health Survey 2010 show that birth registration coverage at national level is 63%, while coverage in urban areas is 64%, and 60% coverage in rural areas.
- 43.** Rwanda Demobilisation and Reintegration Commission facilitates the tracing of the families of Rwandan children involved in armed conflict in neighbouring countries and their eventual

reunification. This process of reuniting children with their families is also done in collaboration with the International Committee of the Red Cross (ICRC).

ii. Freedom of expression (Article 7)

44. The Constitution of the Republic of Rwanda (4/6/2003) as amended to date guarantees the freedom of press and freedom of information (Article 34). This is emphasized in Article 17 of the Law N°54/2011 of 14/12/2011 relating to the rights and the protection of the child which stipulates that, depending on his/her age and level of understanding, a child has the right to freedom of expression, thought, conscience and religion upon advice and guidance by his / her parents or guardian without any duress. In addition, it should be noted that freedom of expression is exercised through the national children's summits which give children the opportunity to express themselves freely on various issues concerning them. Children have a further avenue of self expression through their clubs at school.

iii. Freedom of thought, conscience and religion (Article 9)

45. Freedom of thought, opinion, conscience, religion, worship is provided in Article 33 of the Constitution. The right for the child to express his/her opinion freely is also provided in Article 17 of Law N°54/2011 of 14/12/2011 relating to the rights and the protection of the child which specifies that, depending on his/her age, level of understanding, the child has the right to freedom of thought, conscience and religion. The parents or guardians of the child are also obligated to advise the child in this regard.

iv. Freedom of association and peaceful assembly (Article 8)

46. These freedoms are provided for under Articles 35 and 36 of the Constitution and Article 18 of Law N° 54/2011 of 14/12/2011 relating to the rights and the protection of the child. It stipulates that a child has the right to freedom of association and of peaceful assembly in accordance with the law.

v. Protection of privacy (Article 10)

47. The privacy of every person is protected by the Constitution in its Article 22 which states that the private life, family, home or correspondence of a person shall not be subjected to arbitrary interference and his/her honour and good reputation shall be respected. The New Penal Code also (Article 281) provides for sanctions against any person who maliciously invades the privacy of another. Article 19 of Law N°54/2011 of 14/12/2011 relating to the rights and the protection of the child provides that: privacy of the child is protected by the law. Depending on his/her age and level of understanding, any arbitrary interference in the child privacy in order to attack his/her honour and dignity is prohibited. Article 64 of the same law provides that "the privacy of a child under prosecution must be respected and protected at all stages of criminal proceedings".

vi. Protection against child abuse and torture (Article 16)

The following measures have been taken after the submission of the Initial Report:

- 48.** Organic Law N° 01/2012/OL of 02/05/2012 instituting the Penal Code (Articles 176 and 177) provides for the definition of torture similar to the provisions of the convention against torture and other cruel, inhuman or degrading treatment or punishment. Any person, who inflicts torture on another person, shall be liable to a term of imprisonment of six (6) months to two (2) years. If torture results in either incurable illness, permanent incapacity to work, full loss of function of an organ or serious mutilation, the penalty shall be a term of imprisonment of five (5) to seven (7) years. If such torture results in the death of the victim, the punishment shall be life imprisonment with special provisions. If the offences are committed by a Judicial, Police Officer or a Prosecutor or any other security service officer or civil servant, the offender shall be liable to the maximum penalty.
- 49.** More specifically, Law N° 54/2011 relating to the rights and the protection of the child provides for care and welfare of a child in penal proceeding. Any criminal proceeding concerning a child must consider his/her welfare and the judge's decision must always take into consideration his/her personality. When a child has to be sentenced, the judge in charge must indicate the behaviour and antecedents that marked the child's personality which justify the sentence. Failure to mention the elements of the child's personality in the judgment constitutes a reason for the case review. Except in cases of recidivism, whatever charges are against him/ her, the child cannot be on remand during the judiciary inquiries (Article 60). In pronouncing penalty against a child, the judge shall put forward decisions in form of alternative sentence to imprisonment such as deferred sentence, placement in re-education centre to ensure the child's social welfare; the release on parole of the child is the rule, while the full completion of the punishment is the exception (Article 62). When the Judge establishes that a child is liable to a term of imprisonment not exceeding two (2) years, he or she may order that the child be placed under a rehabilitation centre (Article 63). During the education of the child, the reprimand must not consist in traumatizing him/her; it is done with humanity and dignity (Article 25).

V. FAMILY ENVIRONMENT AND ALTERNATIVE CARE

a) Parental guidance (article 20)

- 50.** The provisions concerning parental guidance indicated in the Initial Report are mainly set forth in Law N° 54/2011 of 14/12/2011 relating to the rights and the protection of the child. Article 25 of this law provides that "Parents, guardians or other persons legally responsible for the child have the responsibility to ensure appropriate direction and guidance, education towards respecting others and loving and serving the country, for the full development of the capacities of the child, according to the national culture."

b) Parental responsibilities (article 20, 1°)

51. Both parents have the right and duty to bring up their children. The State shall put in place appropriate legislation and institutions for the protection of the family with particular emphasis on the mother and child in order to ensure that the family flourishes (Article 27 of the Constitution). Organic Law No 01/2012/OL Instituting the Penal Code states that: “a parent or a guardian who neglects a child without reasonable cause to the extent that the health, security and the living conditions are seriously jeopardized or a child under care indulges in vagrancy shall be liable to a term of imprisonment of at least two (2) months but less than six (6) months and a fine of one hundred thousand (100,000) to one million (1,000,000) Rwandan francs or one of these penalties. A parent or a guardian who jeopardizes the education of his/her child or that of a child under his/her guardianship through ill-treatment, parental drunkenness or misconduct shall be liable to the penalty provided under Paragraph One of this Article”. Every child is entitled to special measures of protection by his/her family, society and the State that are necessary, depending on the status of the child, under national and international law (Article 28 of the Constitution). Other laws mentioned in the Initial Report contain provisions related to parental responsibilities. Article 25 of the Law N°54/2011 of 14/12/2011 relating to the rights and the protection of the child cited in previous paragraphs applies in this context. Article 37 of the same law provides that where possible and basing upon the reasons for the placement of a child, the parents whose child is in the placement have the obligation to provide him/her with all he / she needs to ensure good living conditions”.

52. The National Policy for Family Promotion (MIGEPROF, 2005) and its Strategic Plan comprise specific objectives on the protection of a child. It raises awareness among parents about their responsibility in the education and social management of their children.

53. A community-based approach has been put at the heart of the Early Childhood Development (ECD) Policy. It gives young children the best start in life through promoting good parenting practices. The dissemination of the ECD Policy and its Strategic Plan has been done to ensure its key messages, importance and urgency are well understood by all stakeholders at all levels.

c) Separation from parents, separation caused by State Party, separation caused by internal displacement arising from armed conflicts, civil strives, or natural disasters (Articles 19.2 & 3)

54. The legislation on this matter has changed since the Initial Report. Article 15 of Law N° 54/2011 of 14/12/2011 relating to the rights and the protection of the child provides that: “A child has right to know his/her parents, to stay with them and to be protected by them when they are alive”. Article 24 of the same law states that: “Each child has the right to have a family from his/her birth, where he/she lives, grows, develops and which ensures all the protection and affection necessary to his/her full development”. A child who is temporarily or definitively deprived of his or her birth family

shall be entitled, through the relevant authority, to alternative protection care measures such as placement in a foster or adoptive family or a placement in a relevant social welfare institution.

55. Additionally, Article 33, paragraph 2 of the Law on the Establishment, Functioning and Organization of Rwanda Correctional Service (RCS), provides that any infant whose mother is incarcerated shall be entitled to adequate conditions. Children whose parents are detained can visit them and a child held in detention has a right to be visited by his/her parents.

d) Family reunification and children deprived of a family environment (Article 25.2, b)

56. The protection of the rights of children deprived of a family environment has improved in recent years as enumerated in paragraphs 10 and 60 above relating to the National Child Care Reform. The second phase of the reform will focus on: a) further strengthening child social protection programs; b) expanding community-based centres that will support vulnerable children so that they can stay with their families; c) strengthening social work at Sector levels; d) strengthening foster care; e) and further developing an effective referral system for children at risk of (or who have experienced) abuse, exploitation and neglect.

e) Adoption and periodic review of placement (Article 24)

The recommendation of the Committee on adoption requires the State party to strengthen the legislative framework to take into account the best interests of the child.

The following measures have been taken:

57. Rwanda is party to the Convention on Protection of Children and Cooperation in respect of Inter-country Adoption since 14/6/2010. Domestic adoptions are guided by the Family Code. Inter-country adoptions have been suspended pending the development of appropriate implementation tools and mechanisms

f) Abuse, neglect, exploitation including physical and psychological recovery and social integration (Articles 16 and 27)

58. The Penal Code and other laws in force in Rwanda provide for and punish the abduction, abuse, trafficking in persons, sale and exploitation of children and consider it an aggravating circumstance when the abducted person is less than eighteen years of age. Rwanda is also party to the Convention for the Suppression of the traffic in persons and the exploitation of the prostitution of others and to the additional protocol supplementing the UN Convention against transnational organized crime to prevent, suppress and punish trafficking in persons, especially women and children⁶.

⁶ A.P. n° 163/01 du 31/12/2002, J.O. n° 12 ter du 15/06/2003 p.28

- 59.** The remedies available for children in case of violation of their rights are those that are generally accorded to other persons when their rights are violated, depending on the type of the violated rights. The Police have a specific interview room to interview child witnesses or victims of violence. At the level of each administrative Sector, there is a Police officer trained in the field of child rights. S/he is responsible for security in general but specifically for ensuring that violence against children and women is prevented and that the reported perpetrators are prosecuted. There are also toll-free numbers: 3512 for the National Police and 3430 for the National Commission for Human Rights victims and others can call in case of emergency.
- 60.** Here, we should again mention the work of the Child Rights Observatory put in place by the National Commission for Human Rights. At Sector level, the responsibilities of the monitoring committee – of which four children are members - include identifying cases of violation of child rights and gathering related information. There are also private initiatives in this regard. A case in point is HAGURUKA, a national NGO specialized in protecting the rights of women and children.
- 61.** The National Policy on Child Labour and its Strategic Plan (2013) under the coordination of MIFOTRA aim at combating and eliminating the worst forms of child labour as set forth in the ILO Convention n° 182. The implementation is managed by a Consultative Committee on child labour composed of representatives of relevant Government Departments and Unions, National Commissions (Demobilization, Human Rights), Private Sector Federation (employers), National Police, UNICEF, ILO, World Vision and WINROCK.

VI. HEALTH AND WELFARE OF THE CHILD

i. Survival and development of the child

- 62.** The most important achievements in the area of survival and development of a child are: (i) the increase in facility based deliveries (from 45 to 69%), in all District Hospitals (DH) and the initiation of maternal and child death audits in all health facilities, (ii) an increase in modern contraceptive prevalence: from 10% in 2005 to 45% in 2010 and Total Fertility Rate going down (from 5.5 to 4.6), (iii) the increase in vaccination coverage (Measles from 75% to 95%) and (iv) over a five year period (since 2005), improvements in nutritional status (underweight from 18% to 11%; stunting from 51% to 44% and wasted from 5% to 3%). The community health programme has achieved nationwide coverage. All villages have 3 Community Health Workers (CHW), each with well-defined tasks. The CHW are Volunteer workers but they receive incentives. An innovative e-Health system has provided all CHW with mobile phones to be used in all Districts for (a) consultation with the Health Centre (HC) staff and (b) linking up with emergency ambulance services through a community-based alert system (using rapid SMS).
- 63.** High impact interventions to improve child health are: Community health program, Integrated management of childhood illnesses (at community and health facility level), deliveries assisted in health facilities, emergency obstetrical and neonatal care (EmONC: at health centre and hospital

level), emergency transport, construction and equipment of maternities, creation of neonatology services, community based nutrition, child growth monitoring, immunization program, child death audit, hygiene, food supplement including micronutrients like Vitamin A, systematic de-worming, malaria program (distribution of treated mosquito nets, treatment of cases including at community level, indoor residual spraying), health system strengthening, community based health insurance, programs to fight against HIV/AIDS, etc.

- 64.** In the area of disease prevention and health promotion, tangible achievements have been realized in the reduction of HIV prevalence; approximately 100% coverage of HIV testing during Ante Natal Consultation (ANC) visits and more than 90% of HIV+ pregnant women being on Anti-Retroviral Treatment (ART) prophylaxis. The Malaria program reports very high use of Long Lasting Impregnated Nets (LLIN): they are used by children and by pregnant women at 70% and 72% rates respectively, with 82% of households owning at least one LLIN. The environmental and health promotion activities resulted in the establishment of hygienic clubs in most villages. These are responsible for promoting hand washing, introduction of improved latrines among others⁷.
- 65.** In the area of disease control and treatment, 84% of HIV+ people are covered by ART and 273(64.6%) Health Centres (out of the total of 438 Health Centres) provide the full package of HIV related services. In the last two years, the Malaria Prevalence has gone down, in children from 2.6% to 1.4% and in women from 1.4% to 0.7%. The Malaria program will soon enter into its pre-elimination phase. The Home Based Malaria program allows 91% of children under five being treated within 24 hours. Currently, Community Health Workers in 30 districts are conducting Rapid Diagnostic Tests (RDT) to all suspected malaria cases at community level before any treatment for fever is given to children under-five. The national TB Control programme reports high treatment success rates (86%) and very high success rates in the treatment of Multi Drug Resistant TB Cases (89%). Collaboration between HIV/AIDS and TB programmes resulted in 97% of suspected TB cases being tested for HIV. (MINISANTE, Annual Report 2010-2011).
- 66.** Rwanda makes maximum efforts to ensure that every child is born healthy and free of disease, through systematic pre-natal, ante natal and post natal interventions. To sum up, since the submission of the Initial Report, Rwanda has taken a number of initiatives that aim at achieving the holistic realization of children's rights such as: developing policies and programmes aimed at controlling the population growth, reducing maternal and infant morbidity and mortality, improving the nutritional status and access to health care services. Neonatal and child death audit (IMNCH) were introduced in all District Hospitals. The Integrated Management of Neonatal and Child Illnesses (IMNCI) tools were reviewed and new protocols on Malaria, Malnutrition and HIV included⁸.
- 67.** District Hospitals staffs were trained in New-born care: two health providers in each District were trained in verbal child death autopsy at community level, and plans have started to integrate IMCI into the nursing school curriculum. An innovative community based health insurance (CBHI)

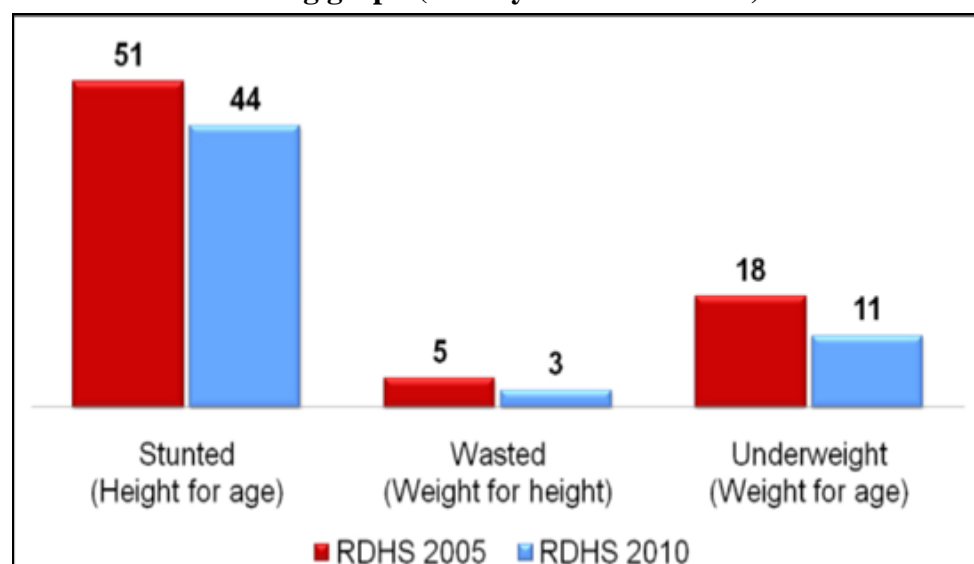
⁷ Ib idem.

⁸ Idem.

system with nationwide coverage provides access to a complete minimum package of medical services at the health centre and the complete complementary package at District and Referral Hospitals. The CBHI membership fee is an annual contribution⁹.

68. The Ministry of Health in partnership with other stakeholders has made progress in addressing the high level of malnutrition among children. The National Nutrition Summit concluded on the need to a) put in place a Three-Year Multi-sectoral Strategy to Eliminate Malnutrition, (November 2009), b) use the National Nutrition Policy and the second Health Sector Strategic Plan (HSSP II, July 2009 – June 2012) with logical framework to reduce malnutrition in children between 6 - 59 months, reduce thinness among pregnant and lactating women, reach 80% of the population with community based nutrition (CBN), set up District plans to eliminate malnutrition (DPEM) by 2013 and reduce micronutrient deficiencies (IDA, VAD, IDD) by 40% among children under the age of five (5) years by 2013. IMCI that is applied both at the level of health facilities and at family and community level, helped to reduce the morbidity and mortality caused by malaria, acute respiratory infections, diarrhoea, and malnutrition¹⁰. According to RDHS 2010 and as shown in the figure below, chronic malnutrition was reduced from 51% to 44%, acute or severe malnutrition from 5% to 3%, and underweight from 18% to 11% between 2005 and 2010.¹¹

Figure 1: Impact of nutrition programmes over 5 year period, malnutrition has reduced as shown in the following graph (From year 2005 to 2010):



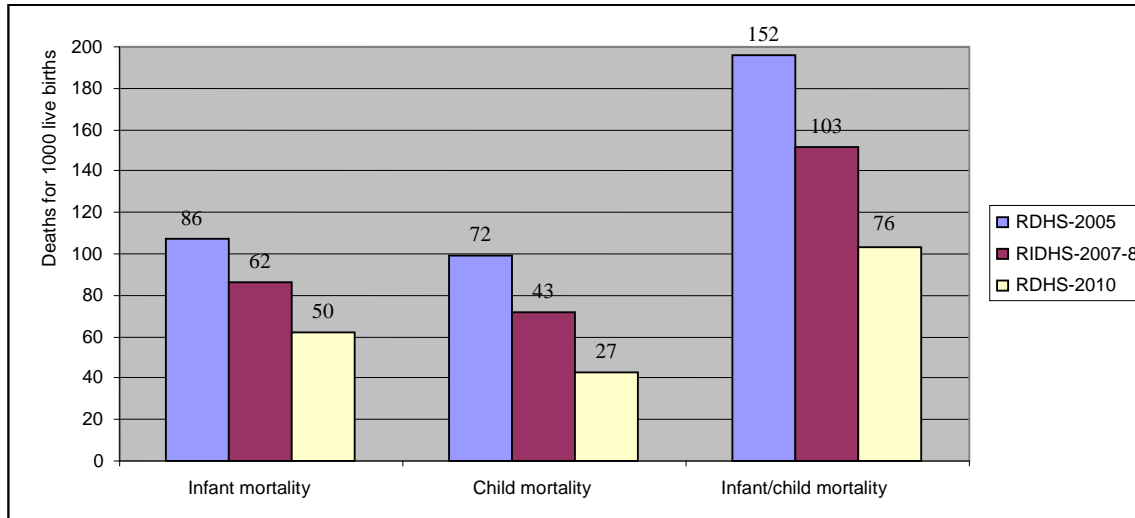
Source: Rwanda Demographic and Health Surveys- 2010.

⁹ Ibidem.

¹⁰ MINISANTE (2005), Health Sector Policy, p. 14.

¹¹ HSSP II, Mid-term review, 2009-2012, op.cit.

Figure 2: Trends of infant and child mortality from 2005 to 2010



Source: Rwanda Demographic and Health Surveys- 2010.

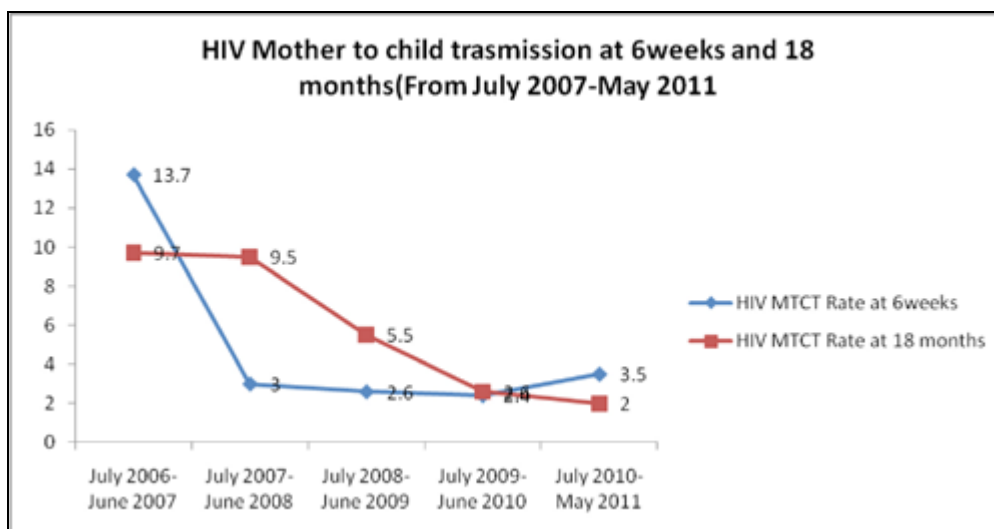
The figure above shows that under-five mortality rate for the period corresponding to the years 2005-2010 is 76 per 1,000 live births. This means that about one in thirteen children born in Rwanda dies before reaching their fifth birthday. Most mortality occurs during the first year of life: infant mortality rate is 50 per 1,000 live births, while mortality rate (between the first and fifth birthday) is 27 per 1,000 live births. Neonatal mortality (or mortality during the first month) rate is 27 per 1,000 live births; while post-neonatal mortality rate (between the first month and the first birthday) is 23 per 1,000 live births.

69. The Expanded Programme of Immunization (EPI) strategy increased the immunization coverage rates, to the extent that the performance registered over 2005 and 2006 allowed EPI to be given awards at international level. Furthermore, the annual integrated campaign of measles vaccination, coupled with vitamin A supplements, mebendazole de-worming and distribution of insecticide-treated bed nets (ITNs) to children aged between 6 and 59 months, had positive effects on the survival and development of under-5 children and reduced maternal morbidity. The EPI generally follows the World Health Organization (WHO) Guidelines for vaccinating children. Children received the following vaccines by the age of 12 months: one dose of BCG (against tuberculosis), three doses of DPT (against diphtheria, pertussis, and tetanus), three doses of oral polio vaccine, and one dose of measles vaccine. Vaccines against Haemophilus influenzae type B and hepatitis B were introduced in Rwanda in February 2002 and pneumococcal vaccine in April 2009. Each child who is vaccinated receives an immunization card on which all of the vaccines received are recorded. In respect of performance achieved in immunization, high coverage for specific vaccine stands at ninety percent of children aged 12-23 months who are fully vaccinated. This is an increase in coverage over the recent past, as the 2005 RDHS and the 2007-08 RIDHS found 75 percent and 80 percent of children age 12-23 to be fully vaccinated respectively. 98% or more of children have received BCG, two doses of tetravalent or pentavalent, and two doses of polio vaccines. The proportions of children receiving the third dose of tetravalent or pentavalent and polio were 97

percent and 93 percent, respectively. 95% of the children received a measles vaccination (RDHS, 2010).

70.In the field of HIV, Rwanda has made significant progress towards the goal of creating universal access to HIV and AIDS services. To continue this progress, Rwanda decided to develop and implement a 2009-2012 National Strategic Plan (NSP) against HIV and AIDS. The NSP sets out the overarching goals for the country’s response to HIV and AIDS and affirms Rwanda's commitment to a multi-sector response. The Government of Rwanda has set up concrete strategies to prevent and combat HIV/AIDS pandemic including campaign against prostitution, sexual abuse, rape defilement, free VCT services, etc. PMTCT/EMTCT services have been integrated in health facilities based on the following strategies: (1) primary prevention of HIV/AIDS among young people and adults of reproductive age and their partners; (2) promotion of VCT services for pregnant women and their partners; (3) Prevention of Mother-To-Child Transmission of HIV during labour and breastfeeding; (4) follow-up and care for HIV positive mothers and their children. According to national estimates in 2010, the total estimated number of people living with HIV in Rwanda was about 176,960 adults above 18 years of age and 11,410 Children under 18 years of age, 262 children infected by mother-to-child transmission of HIV, 7,111 children on ARVs (TRAC NET, MINISANTE 2010). We may also highlight tremendous progress in the prevention of diseases in order to provide people with the best attainable health as shown by the following graph:

Figure 3: Reduction of Mother to Child HIV Transmission (End 2010 status)



Source: MINISANTE, Annual Report 2011.

71.The population with access to safe drinking water and sanitation (WATSAN) has increased from 64% in 2006 to 74.2% in 2011 (Lessons Learned From 4 years of EDPRS I, February 2012). These impressive coverage rates for WATSAN are attributed to the rehabilitation and construction of new

infrastructure. Concerning access to safe drinking water, please also refer to paragraph 39 above. The most common source of drinking water used by the households is protected spring water, which accounts for 38% of usage, followed by public tap/standpipe (26%). Only 5% of the households have running water in their dwelling or courtyard (DHS, 2010).

ii. Disabled Children

The recommendation of the Committee on Disabled children requests State party to multiply schools with integrated classes, increase the number of specialized trainers and mentors, provide rehabilitation services to communities with adequate and sufficient budgets for effective care of children with disabilities and to integrate the issue of this category in the definition and implementation of development policies.

The following measures have been taken:

72. The Government of Rwanda has embarked on the agenda to include children with disability in the development of national programmes and policies. With a view to achieving inclusive education for all Rwandan children and achieving the goals set for education in general, including the elimination of all causes and barriers that lead to education disparities particularly for children heads of households, children infected or affected by HIV/AIDS, children from poor families, children with disabilities, children from historically marginalised groups among others. the Government of Rwanda has established a National Policy on Special Needs Education¹².

73. With the amendment of the Constitution of the Republic of Rwanda on June 4, 2010, the National Council for Persons with Disabilities was created. The Rwandan Parliament also has a special seat reserved to an elected member representing persons with disabilities.

74. In 2009, Rwanda agreed to be the first Ambassadorial Country for the African Decade for People with Disabilities (ADPD). The official awarding of Ambassadorial Country Status took place in December 2011. The Rwanda National Decade Steering Committee (RNDSC) is responsible for advocating for mainstreaming disability issues across government policies and programs and for building the capacity of GPDs. The RNDSC was heavily involved in the creation of the 2007 and 2009 Ministerial Orders to implement Law N^o. 01/2007 of 20 January 2007 relating to the protection of the rights of people with disabilities.

75. To discourage any form of discrimination and violence against persons with disabilities, Article 27 of the Law N^o 01/2007 of 20 January 2007 relating to the protection of the rights of people with disabilities provides that: “Any person found guilty of any form of discrimination or any form of violence against a person with disabilities, shall be punished with the heaviest penalty among the penalties provided for by the Criminal Code and special laws relating to such a crime”. In line with

¹² MINEDUC (2007), Special Needs Education Policy, July 2007, p.13.

caring for people with disabilities, Ndera Neuropsychiatric Hospital provides treatment of mental disabilities. The "Centre de re-éducation pour les jeunes handicapés du Rwanda: Home de la Vierge des Pauvres (HVP)" is open to children with disabilities for different services such as education and training, remedial care and mental hygiene. Collectif Tubakunde is an umbrella of 38 Associations and Centres scattered in 23 of the 30 administrative Districts of Rwanda which aims at advocating for the welfare of children with disabilities both at national and international levels¹³.

iii. Health and Health services

- 76.** A National Policy was introduced on the Use of Condoms (2005) aiming at strengthening the correct and regular use of condoms in general, and especially among people who are at high risk of being infected by HIV/AIDS, STDs and/or undesired pregnancies, with a special emphasis on young people¹⁴.
- 77.** A National Nutrition Policy (2005) was developed mainly to (a) enhance the nutritional status of the population in general, and of the child and mother in particular, (b) increase access to safe drinking water and (c) promote education in respect of hygiene in schools and in the community¹⁵.
- 78.** A Mutual Health insurance Policy (2004) aimed at promoting people's financial accessibility to basic health care and reinforcing social inclusion of vulnerable people in health system¹⁶ was developed in accordance with Article 24 of the Convention on the Rights of the Child (CRC) to "ensure that no child is deprived of his/her right of access to health care services".
- 79.** A National Reproductive Health Policy (2003) was put in place. It aims at promoting the use of contraception with a view to avoiding undesired births and STDs/AIDS, preventing risk pregnancies and abortions, and preventing and managing sexual violence against children.
- 80.** Strategies aimed at (1) reducing maternal and infant morbidity and mortality, (2) controlling the population growth, (3) improving the nutritional status of children and mothers, (4) accessing health care and drinking water, and (5) ensuring the protection of the rights and welfare of children have been developed. They include: (i) Health Sector Strategic Plan (HSSP I and HSSP II, 2005 – 2012) with the objective of (a) attaining the EDPRS targets in the health sector and (b) reaching the national priorities and international targets of the Millennium Development Goals (MDGs). (ii) A Strategic Plan of Expanded Programme of Immunization (2008-2012) whose main objectives are: the establishment of an effective vaccine management system within all health facilities by 2012 and polio eradication by 2012. (iii) A Strategic Plan against Malaria in Rwanda (2005-2010), focusing among others on reducing under-five morbidity and mortality through appropriate home-based treatment and the provision of insecticide-treated bed nets¹⁷, in accordance with Article 24 of

¹³ New Times, October 17, 2012.

¹⁴ CNLS (2005), National Policy on Condoms, Kigali, p.12.

¹⁵ MINISANTE (2007), National Nutrition Policy, Kigali

¹⁶ MINISANTE (2004), Mutual Health insurance Policy in Rwanda, Kigali, p.11.

¹⁷ MINISANTE (2005), Strategic Plan against Malaria in Rwanda, Kigali

the CRC on “diminishing infant and child mortality”. (iv) A National Strategic Plan for HIV/AIDS Prevention (2005-2009, 2009-2011) that proposes specific activities to strengthen measures for preventing HIV/AIDS such as ABC, sexual responsibility, cultural values, male circumcision, etc., adequate coverage of national needs in respect of VCT, PMTCT and STDs, secure blood products, post-exposure prophylaxis and other affordable prevention measures for all, with a special emphasis on vulnerable groups¹⁸. (v) A Multi-sector Strategic Plan against HIV/AIDS (2005-2009) ensures an operational plan through which all interventions for combating HIV/AIDS in Rwanda find their place¹⁹. (vi) A National Behaviour Change Communication Policy - BCC (2006) was developed and it plays a key role in reducing the transmission of diseases, controlling related vectors, enhancing hygiene and health conditions, and boosting the demand of provision of services that the population needs for a better health²⁰. (vii) A National Guide on food and nutritional support in Rwanda for People Living with HIV and AIDS (PLWHA) was developed (2006); it is destined to be used by service providers supporting PLWHA at different contact points²¹.

81. To implement the on-going health related policies and programmes, the following strategies have been applied: Integrated Management of Childhood Illnesses (IMCI) which, applied both at the level of health facilities and at family and community level, helped to reduce the morbidity and mortality caused by malaria, acute respiratory infections, diarrhoea, and malnutrition²²; The EPI strategy increased the immunization coverage rates, to the extent that the performance registered over 2005 and 2006 allowed EPI to be given awards at international level²³; The annual conduct of an integrated campaign on measles vaccination, coupled with vitamin A supplements, mebendazole de-worming and distribution of insecticide-treated bed nets (ITNs) to children aged between 6 and 59 months²⁴; Training for community health workers on community-based prevention and management of HIV/AIDS, malaria, hygiene and illnesses and health issues of children and mothers, as well as education of the population on adherence to mutual health insurance schemes²⁵.

82. Modern contraceptive methods are available in 80% of the country’s health facilities, with the main funding from USAID and UNFPA²⁶; in order to increase the percentage of under-5 children treated within 24 hours following the symptoms of fever/malaria, PNILP extended the Home Based Management Strategy (HBMS) to 6 Districts with endemic malaria;²⁷ to combat malnutrition among under-5 children, a community-based nutrition programme (PNBC) was established to help communities monitor children’s growth, provide demonstrations on proper nutrition practices.

¹⁸ CNLS (2005), National Plan for HIV/AIDS Prevention (2005-2009), Kigali, p.5.

¹⁹ CNLS (2005), National Multi-sector Strategic Plan Against HIV/AIDS (2005-2009), Kigali, p.17.

²⁰ MINISANTE (2006), Politique nationale de Communication pour le Changement de Comportements du Secteur de la Santé, Kigali (Rwanda), p.2.

²¹ MINISANTE (2006), National Guide for PLWHA’s food and nutritional support in Rwanda, Kigali, p.8.

²² MINISANTE (2005), Health Sector Policy

²³ EPI (2007), EPI Epidemiology Newsletter, March 2007, n°2

²⁴ MINISANTE (2006), Annual Report 2006, p.82.

²⁵ MINISANTE (2006), op.cit, p.16.

²⁶ MINISANTE (2006), op.cit, p.100.

²⁷ MINISANTE (2006), op.cit, pp.37-38.

83. Community Health Workers were trained on community-based prevention and management of HIV/AIDS, malaria, hygiene and illnesses and health issues regarding children and mothers, as well as the education of the population on adherence to mutual health insurance schemes²⁸. Since 2006, every Health Centre in the country has a Health Insurance (Mutuelle de Santé) Section. With national subsidies to the poorest among the population, the health insurance coverage rose from 7% to 95% between 2003 and 2010.

Figure 4: Evolution of the rate of adherence to health insurance schemes from 2003 to 2010.

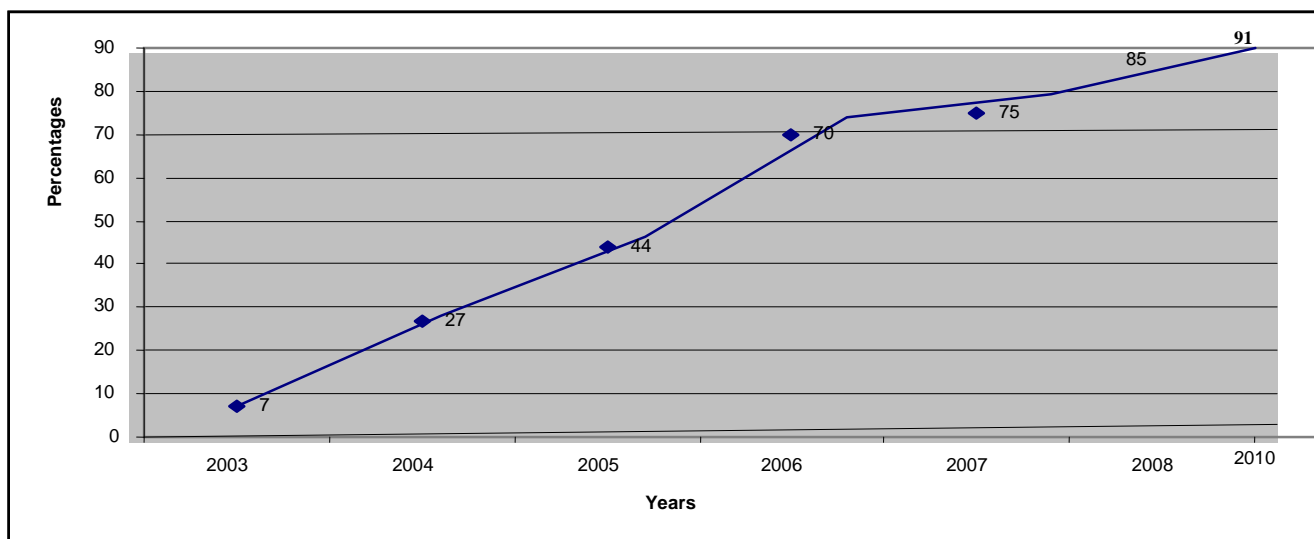
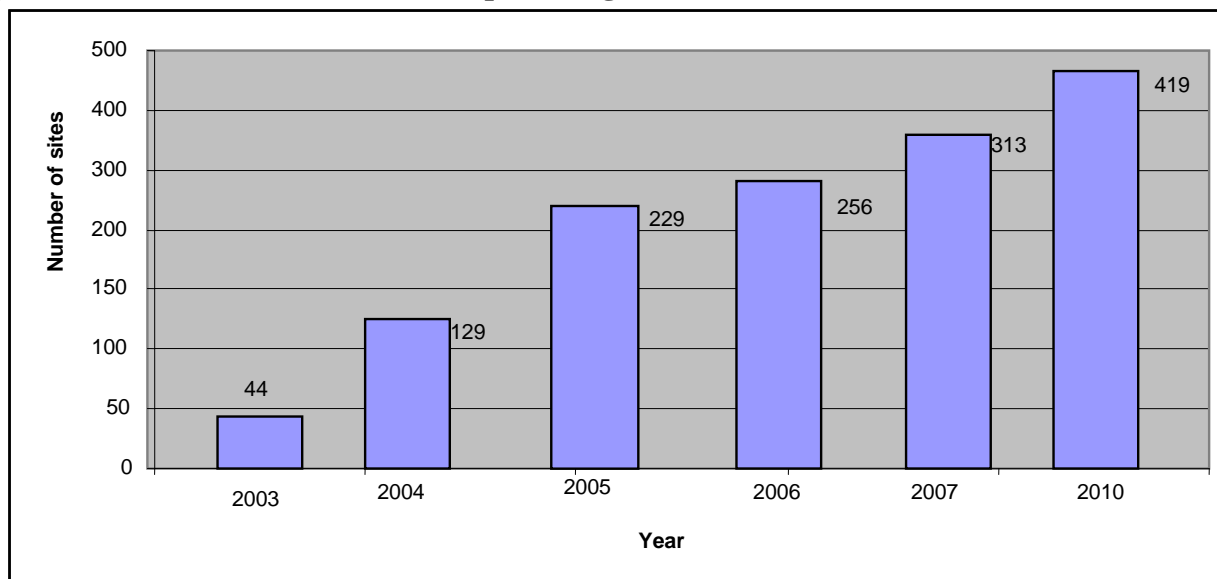


Figure 5: Evolution of health facilities providing VCT services related to HIV from 2003 to 2010



84. The National Paediatric Conference on Care for HIV/AIDS infected and/or affected children is held each year. In 2012, the conference was held under the theme “Strengthening Community

²⁸ MINISANTE (2006), op.cit. p.16.

Ownership for Equitable, Effective and Sustainable Response to HIV among children in Rwanda”. The Conference revealed that significant achievements have been registered in terms of enhancing the status of children, especially vulnerable children. They especially include setting up decentralized structures in charge of child protection, developing a National Plan of Action for OVCs, establishing Guidelines on the Minimum Package of Services and developing strategic Guidelines for street children.

85. A stigma index survey was conducted in 2009, aimed at combating discrimination and stigmatisation of People Living with HIV and AIDS. A Strategy to educate the population against all discrimination against PLHIV and AIDS has been implemented countrywide. With the support of Global Fund, civil servants, local authorities, social workers and medical staff have been trained. Structures for preventing and combating HIV/AIDS, especially umbrella associations, have been strengthened. Tools of coordination and monitoring of activities against stigma and discrimination have been designed in line with the National Strategic Plan for HIV prevention and treatment. Modules and courses on HIV/AIDS have been incorporated in national curriculum. And clubs to curb AIDS-based discrimination have been set up in schools countrywide. Different actors have been involved in this fight including religious denominations, women’s organizations (Pro-femmes/Twese Hamwe, National Women’s Council, etc.), youth organizations (Rwanda National Youth Council), PLHIV Associations (Rwanda NGO’s Forum on HIV/AIDS, Rwanda Network of People Living with HIV/AIDS (RRP+), etc.

86. With regard to adolescent’s health, the National Health Policy recognizes that the services of reproductive health positively contribute to improving the health of all household members in general and the health of adolescents in particular. The National Family Planning Programme has contributed to raising awareness on the use of modern methods of family planning. A comprehensive sensitisation programme, using all communication channels was launched to educate the population on the use of family planning methods. A marketing programme to promote the use of condom has been launched, with a double purpose, namely to prevent Sexually Transmitted Infections (STI) and to prevent unwanted pregnancies. In addition to the free distribution of family planning products in all public health services, health posts have been constructed in the proximity of communities to ensure easy access to these family planning products and assistance by well trained personnel. In relation to the youth, integrated services are being progressively created at the level of the Ministry of Health and a Strategic Health Plan for adolescents is being developed. During the sensitisation sessions, men are encouraged to accompany their wives while some voluntary sterilisation services are made available to those who want them. The rate of the contraceptive prevalence has increased from 27% in 2008 to 45% in 2010.

87. The Government of Rwanda, in collaboration with Civil Society Organisations such as ARBEF, PSI, URUNANA Development Communication among others has been sensitising and educating the community on sexual and reproductive health. This programme targets various categories of the population including widows. Teenagers who, at times, feel shy to openly buy or

acquire condoms and other contraceptives for fear of being labelled sexually loose by the society are also a special target. There is also a special programme targeting sex workers since they constitute a high risk group who have multiple sex partners and may engage in unprotected sex.

88. To meet the specific needs of adolescents in respect of health in general and reproductive health in particular, Youth Friendly Centres have been set up; they are expected to make counselling services and other programmes available to adolescents. There are currently nine Centres providing such programmes and services²⁹.

89. The Government of Rwanda and its Development Partners are committed to establishing a Youth Friendly Centre in each District in order to increase the active participation of youth in Rwanda's development. The minimum package of activities in these Centres will consist in: promoting the rights to reproductive health; educating young people on HIV and AIDS voluntary counselling and testing; training young people in income generation activities; training young people in Information and Communication Technology (ICT); and stimulating Sports, cultural and recreational activities.

90. Efforts have been made to enhance the availability of skilled health professionals across the country, especially in rural areas. To ensure this availability, Rwanda has updated and adopted a plan for human resource development based on strengthening basic training for medical and paramedical staff. One example is the on-the-job training for the staff³⁰ and payment system based on performance at national level implemented through KHI. In addition, Rwanda has developed incentive structures encouraging in-service health professionals to improve their capabilities, qualifications and motivation at work. The Government of RWANDA also encourages the certification of health staff and the creation of associations of health professionals. The allocation of public spending to Health Sector has been a priority of the Government of Rwanda. The evolution of health sector funding compared to the total public expenditure increased from 9.2% in 2008 to 10.2% in 2011-2012³¹.

iv. Social security and child care services and facilities

91. Rwanda Social Security Board (RSSB) is a public institution established by Law N^o 45 of 14/12/2010 to manage the Social Security regime and Medical insurance. RSSB provides social protection to people living and employed in Rwanda. It provides protection against effects resulting from old age, death, disability, occupational hazards, sick leave, maternity leave and medical insurance. RSSB is financed through the contributions of both employers and employees. It benefits children of employed people.

²⁹ MINICYOUTH (2009), Mainstreaming of Youth in Development Programmes and Implementation Strategies in Rwanda, p.15.

³⁰ MINISANTE (2007), Annual Report, 2007, p.20,30.

³¹ Annual Public Expenditure on the EDPRS, MINECOFIN – RNIS (2012).

- 92.** There is also a Community Based Health Insurance (CBHI) scheme (Mutuelle de santé) for all the people living in Rwanda. To address discrepancies in the socio-economic welfare, this Rwanda National Health Insurance is based on a stratification approach adopted by the Government of Rwanda in 2010. In this new approach, the population is subdivided into different socio-economic categories, based on the income of each household. All households are put in categories ranging from very poor to very rich. The category in which the household is placed determines the amount of the insurance premium to be paid. The GoR assists indigent households (very poor) in paying their contributions.
- 93.** In 2011, the Ministry of Local Administration (MINALOC) developed a National Social Protection Policy and its five-year (2011-2016) Strategic Plan whose mission is to strengthen the measures to protect vulnerable groups and most disadvantaged people, and to contribute to poverty and vulnerability alleviation through effective management of social risk. Children, people with disabilities and older people are key beneficiaries of the Direct Support programme.
- 94.** Through the Rwanda Demobilization and Reintegration Commission, the following programs were set up for ex-combatant children and are still on-going: a) formal education reintegration program(primary, secondary and vocational school) for 1394 children, b) development of Income Generating Activities, c) apprenticeships and on-the-job training for 394 children, d) civic education program, e) psychosocial and mental health care program, f) health services program, etc. (Government Report June 2010-July 2011).
- 95.** The problem of geographical accessibility of pregnant women and children to health services has been resolved by increasing the number of Health Centres and Hospitals. The financial constraint has been resolved by setting up the community-based health insurance Scheme (Mutuelle de santé) and providing free services for women who attend the four recommended Antenatal Consultations (ANC).
- 96.** Antenatal consultations are well organised in Rwanda (at least four times before childbirth) as they currently reach the rate of 96% of pregnant women. The mobilisation is carried out by three community health workers based at the village level. The Ministry of Health provides mobile telephone sets to community health workers to enable them provide health reports using Rapid SMS on a daily basis. In this way, all stakeholders involved in the health sector have updated data and information on the status of the health of the population, especially maternal and child health. The community-based health programme has been introduced as a framework by which community health workers sensitise and accompany women to give birth in Health Centres. The construction and the acquisition of equipment of maternity wards as well as the deployment of more qualified health personnel is another priority for the Government. At present the ratio is 1 doctor/17,000 inhabitants and 1 nurse /1,700.

At least 150 new ambulances have been acquired since 2008 with each District having a minimum of 5 ambulances to enable the linkage with the Health Centres and Hospitals in the transfer of

patients, especially for emergency cases. It should be noted that the majority of health infrastructure are located in rural areas and that 66.2% of qualified health personnel are appointed in these rural health facilities.

v. Care for Orphans

97. As stated above, a National Child Care Reform is being conducted to address issues of orphan hood among others.

98. The Government of Rwanda assists orphans and other vulnerable children. Examples include: In the financial year 2010/11 alone: regarding shelter, 4,427 houses were built; in education, 49,658 orphans of the genocide were supported by paying their school fees and scholastic materials in primary, secondary, TVET schools and universities. In the fiscal year 2012/2013 the Government of Rwanda and its partners provided financial support to more than 145,722 children in education (primary, secondary and TVET), 39,832 in health, 54,749 in nutrition, 6,141 in legal protection, 25,803 in psychosocial support, 1,766 in shelter and 42,113 in family economic empowerment. MIGEPROF, through Districts, provided financial support to 27 orphanages following assessment of their priority needs. This was done in order to influence and accelerate positive change in the lives of orphans and other vulnerable children (OVC).

VII. EDUCATION, LEISURE AND CULTURAL ACTIVITIES

i. Education

In its recommendations on education, the Committee notes the State party's efforts to make effective the education of children through the application of various measures. However, the Committee invites the State party to increase the rate of access to early childhood education, to improve on pupil/ qualified teacher ratio, to take appropriate measures to significantly increase enrolment rates and reduce dropout, to enhance vocational training and to increase the share of the State budget devoted to children in the field of education.

The following measures have been taken:

99. The right to education is guaranteed and as such various policies, legislative, institutional and administrative measures have been put in place to facilitate development in education. Legislative measures include: Organic Law N°02/2011/OL of 27/07/2011 Governing the Organization of Education; Law n°20/2005 of 20/10/2005 Establishing the Organization and Functioning of Higher Education; Law n°50/2006 Establishing and Determining the Responsibilities, Organization and Functioning of Student Financing Agency (SFAR) in charge of managing and administrating scholarships and student loans. Legislations, laws and regulations governing education in Rwanda comply with the country context and take into account the “Millennium Development Goals”³² and

³² MINEDUC (2004), Rapport national sur le développement de l'éducation au Rwanda (2000-2004), Kigali (Rwanda), p.2.

“Education for All”. Organic Law N° 20/2003 of 03/08/2003 organising education in Rwanda stipulates in its Article 35 that primary education is compulsory and free in public schools and in government subsidized schools.

100. The Government of Rwanda is committed to building a knowledge-based and technology-driven economy and to strengthening educational system providing girls and boys with skills and values needed for them to be good citizens. The “Education Sector Strategic Plan (2008-2012)” emphasizes on education for all, quality education, equity at all levels, education system effectiveness and efficiency, strengthening science, technology and ICT teaching; it stresses on culture, peace, unity and reconciliation³³; it aims at increasing access to secondary education; it underpins girls’ retention in the school system and their performance, especially in science and maths.

101. As The following strategies have been applied for the implementation of education policies and programmes: nurseries for 3 to 6 year-old children at community (Village) level built by the parents themselves³⁴. Primary or basic education is free and compulsory in public and government subsidized schools (12-year basic education)³⁵. Awareness-raising campaigns for teachers and parents are conducted to encourage girls to study science subjects³⁶. Special education system (catch-up programme) has been developed to meet the needs of out-of-school and non-school going children. For children with special needs (physical or mental disabilities)³⁷, some 386 teachers were trained in the methodology for such classes in 2011³⁸. Technical and vocational education (TVE) was put in place to meet the country’s needs for qualified professional and technical staff through the transformation of some vocational training centres (short cycle) into technical vocational schools (long cycle)³⁹. Primary and secondary schools are increasingly being equipped with computers and teachers in big numbers are being trained in ICT; science sections in secondary schools are progressively receiving lab equipment depending on available resources⁴⁰. In this regard a “one laptop per child program” has been launched to provide all primary school pupils with laptops. Some 65,000 laptops were distributed in more than 128 public and Government aided schools countrywide. Half of the schools countywide were targeted to have access to electricity and thus be able to use ICT by the end of 2012⁴¹. A distance learning programme was established to enhance the qualification of teachers in secondary schools⁴². The literacy programme is implemented by the Government in collaboration with its key partners⁴³.

³³ MINEDUC (2008), Education Sector Strategic Plan (2008-2012), Kigali, p.9.

³⁴ MINEDUC (2002), Rapport initial sur la mise en œuvre de la convention relative aux droits de l’enfant, Kigali (Rwanda), p.57.

³⁵ Idem.

³⁶ MINEDUC/PACFA/FAWE (2006), Campagne scolaire : « *Faire la différence pour les filles* », Kigali (Rwanda), p.1.

³⁷ MINEDUC (2002), op.cit, p.24.

³⁸ MINEDUC Report, 2011.

³⁹ MINEDUC (2006), Education Sector Strategic Plan (2006-2010), Kigali (Rwanda), p.15.

⁴⁰ MINEDUC (2003), La politique sectorielle de l’éducation, Kigali (Rwanda), p.21.

⁴¹ EWASA, Rwanda National Energy Policy and National Energy Strategy 2008-2012.

⁴² MINEDUC (2003), La politique sectorielle de l’éducation, Kigali (Rwanda), p.21.

⁴³ Idem, p. 61.

a) Universal Primary Education

102. Achievements registered in the area of the promotion and protection of the right to education includes the introduction of universal primary education. Rwanda is gradually breaking barriers that usually prevented children from attending primary education by the abolition of school fees and by constructing more classrooms close to children in order to reduce the distance to and from school. This programme has been adopted to enable the country achieve the goal of Education for All (Universal Primary Education and Universal Secondary Education) by 2015.

103. Since 2006, 2,150 new nursery schools have been set up in Rwanda with at least a nursery school per cell. This raised the number of children enrolled in pre-primary education.

Table 1: Pre-primary evolution from 2008 to 2012

1.Total number of students	2008	2009	2010	2011	2012
	145,409	150,000	96,934	111,875	130,403
Total number of boys	71,058	72,833	47,034	54,378	63,161
Total number of girls	74,351	77,167	49,900	57,497	67,242
% of boys	48.9%	48.6%	48.5%	48.6%	48.4%
% of girls	51.1%	51.4%	51.5%	51.4%	51.6%
Students in public Schools	847	874	565	343	362
Boys public	374	383	247	151	183
Girls public	473	491	318	192	179
Students in private Schools	144,562	149,126	96,369	111,532	130,041
Boys private	70,684	72,450	46,787	54,227	62,978
Girls private	73,878	76,676	49,582	57,305	67,063
2. Teachers	2008	2009	2010	2011	2012
Total Teachers				2,941	3,247
Male Teachers				587	642
% of Male				20.0%	19.8%
Female Teachers				2,354	2,605
% of Female				80.0%	80.2%
Pupil Teacher Ratio				38	40
3. Schools/ Classrooms	2008	2009	2010	2011	2012
Total number of schools	2,132	1,705	1,369	1,471	1,870
Public Schools	2	2	2	2	2
Private Schools	2,130	1,703	1,367	1,469	1,868
4.Indicators	2008	2009	2010	2011	2012
Gross Enrolment Rate (GER)	16.1%	15.9%	9.9%	11.6%	12.9%
GER Boys	15.6%	15.4%	9.6%	11.2%	12.4%
GER Girls	16.5%	16.5%	10.3%	11.9%	13.3%

Net Enrolment Rate (NER)	8.7%	9.7%	6.1%	10.1%	12.7%
NER Boys	8.5%	9.3%	5.9%	9.7%	12.3%
NER Girls	8.9%	10.0%	6.3%	10.4%	13.2%

Source: www.mineduc.gov.rw/MG/pdf/2012_Education_Statistics_yearbook.pdf.

104. Rwanda made significant progress in the promotion of girls' education (see paragraph 34). In secondary school, the dropout rate generally reduced from 9.6% in 2007 to 7.4% in 2010. Rwanda launched a school campaign "Making a difference for girls" whose focus is to increase girls' retention and performance at primary and secondary school level, and to integrate the promotion of girls' education into school culture.

Table 2: Primary evolution from 2008 to 2012

Year	2008	2009	2010	2011	2012
Total pupils	2,190,270	2,264,672	2,299,326	2,341,146	2,394,674
Boys	1,076,159	1,114,253	1,132,556	1,150,205	1,180,484
Girls	1,114,111	1,150,419	1,166,770	1,190,941	1,214,190
% of Boys	49.1%	49.2%	49.3%	49.1%	49.3%
% of Girls	50.9%	50.8%	50.7%	50.9%	50.7%
School staff⁴⁴	35,672	35,664	36,352	40,299	40,397
Male Staff	16,711	16,770	16,838	19,513	19,066
% of Male Staff	46.8%	47.0%	46.3%	48.4%	47.2%
Female Staff	18,961	18,894	19,514	20,786	21,331
% of Female Staff	53.2%	53.0%	53.7%	51.6%	52.8%
Qualified Teachers	32,461	34,238	35,807	39,665	38,603
% of Qualified Teachers	91.0%	96.0%	98.5%	98.4%	95.6%
Qualified Male Teachers	14,956	16,049	16,367	19,033	8,523
% of Qualified Male Teachers	89.5%	95.7%	97.2%	97.5%	97.2%
Qualified Female Teachers	17,505	18,189	19,440	20,632	20,080
% Qualified Female Teachers	92.3%	96.3%	99.6%	99.3%	94.1%
Pupil Teacher Ratio	61	64	63	58	62
Pupil qualified Teacher Ratio	67	66	64	59	62
Schools	2,432	2,469	2,510	2,543	2,594
Gross Enrolment Rate (GER)	127.9%	128.5%	126.5%	127.3%	123.2%
GER Boys	127.3%	127.4%	125.2%	125.7%	121.7%
GER Girls	128.5%	129.5%	127.6%	128.9%	124.8%
Net Enrolment Rate (NER)	94.2%	92.9%	95.4%	95.9%	96.5%
NER Boys	93.3%	91.6%	94.2%	94.3%	95.0%
NER Girls	95.1%	94.1%	96.5%	97.5%	98.0%
Completion Rate Overall	52.5%	74.5%	75.6%	78.6%	72.7%
Completion Rate Boys			71.4%	75.1%	67.5%
Completion Rate Girls			79.8%	81.8%	77.7%
Transition Rate Overall	87.9%	95.0%	93.8%	86.2%	These

⁴⁴ Includes teaching and administrative staff

Transition Rate Boys	89.9%	95.8%	96.4%	87.7%	indicators will be available after 2013 data collection
Transition Rate Girls	86.3%	94.3%	91.1%	84.9%	
Promotion rate Overall	69.5%	73.8%	75.6%	76.4%	
Promotion Rate Boys	68.7%	73.2%	75.0%	75.6%	
Promotion Rate Girls	70.3%	74.3%	76.2%	77.1%	
Repetition Rate Overall	15.3%	14.0%	13.0%	12.7%	
Repetition Rate Boys	15.7%	14.5%	13.5%	13.2%	
Repetition Rate Girls	14.9%	13.5%	12.5%	12.2%	
Dropout Rate Overall	15.2%	12.2%	11.4%	10.9%	
Dropout Rate boys	15.6%	12.3%	11.5%	11.2%	
Dropout Rate girls	14.7%	12.2%	11.3%	10.7%	

Source: http://www.mineduc.gov.rw/IMG/pdf/2012_Education_statistical_yearbook.pdf

Table 3: Orphaned student's enrolment in primary by grade in 2012

Level	Orphans to			TOTAL		
	Mother Only	Father Only	Both Parents	Boys	Girls	Total
P1	17,325	25,560	7,739	26,069	24,555	50,624
P2	15,319	25,882	7,273	24,871	23,603	48,474
P3	14,198	25,390	7,105	23,748	22,945	46,693
P4	14,013	26,435	7,682	24,135	23,995	48,130
P5	13,943	28,258	8,113	24,356	25,958	50,314
P6	10,029	22,148	6,641	18,445	20,373	38,818
TOTAL	84,827	153,673	44,553	141,624	141,429	283,053
Percentage	30.0%	54.3%	15.7%	50.0%	50.0%	100.0%

Source: http://www.mineduc.gov.rw/IMG/pdf/2012_Education_statistical_yearbook.pdf

Table 4: Students with disability in Primary by grade in 2012

Level	Hearing	Visual	Dumb	Other Physical	Mental	Complex disabilities	TOTAL		
							Boys	Girls	Total
P1	669	759	454	2,065	1,792	496	3,545	2,690	6,235
P2	498	606	254	1,728	988	307	2,435	1,946	4,381
P3	445	650	243	1,679	627	282	2,155	1,771	3,926
P4	407	699	172	1,635	472	237	1,944	1,678	3,622
P5	382	670	157	1,560	352	155	1,755	1,521	3,276
P6	281	625	118	1,138	155	106	1,236	1,187	2,423
TOTAL	2,682	4,009	1,398	9,805	4,386	1,583	13,070	10,793	23,863
Percentage	11.2%	16.8%	5.9%	41.1%	18.4%	6.6%	54.8%	45.2%	100%

Source: http://www.mineduc.gov.rw/IMG/pdf/2012_Education_statistical_yearbook.pdf

b) Secondary School Education

105. To develop a skilled and motivated workforce, increasing the number of qualified teachers was of paramount importance. Additionally, training newly recruited teachers as well as those already in service was equally important. The evolution of teacher numbers is reflected in Table five below. In addition to these, several international volunteers were placed in secondary schools to complement the other teachers.

Table 5: Secondary school evolution from 2008-2012

Year	2008	2009	2010	2011	2012
Total students	288,036	346,518	425,587	486,437	534,712
Male	150,221	176,639	209,926	235,750	255,503
Female	137,815	169,879	215,661	250,687	279,209
% of Male	52.2%	51.0%	49.3%	48.5%	47.8%
% of Female	47.8%	49.0%	50.7%	51.5%	52.2%
School staff⁴⁵	10,187	14,426	14,477	20,522	23,335
Male Staff	7,691	10,324	10,600	14,818	16,936
Female Staff	2,496	4,102	3,877	5,704	6,399
% of Male Staff	75.5%	71.6%	73.2%	72.2%	72.6%
% of Female Staff	24.5%	28.4%	26.8%	27.8%	27.4%
Qualified Teachers	5,849	8,710	8,681	13,206	16,922
% of Qualified Teachers	57.4%	60.4%	60.0%	64.4%	72.5%
Qualified Male Teachers	4,593	6,786	6,226	10,000	12,852
% of Qualified Male Teachers	59.7%	65.7%	58.7%	67.5%	75.9%
Qualified Female Teachers	1,256	1,924	2,455	3,206	4,070
% of Qualified Female Teachers	50.3%	46.9%	63.3%	56.2%	63.6%
Student: staff ratio	28	24	29	24	23
Student: Qualified teacher ratio	49	40	49	37	32
Schools	689	1,208	1,399	1,362	1,466
Gross Enrolment Rate	20.7%	25.9%	31.5%	35.5%	38.0%
GER Male	22.0%	26.8%	31.5%	34.9%	37.0%
GER Female	23.4%	25.0%	31.5%	36.2%	40.0%
Net Enrolment Rate	13.9%	13.2%	22.6%	25.7%	28.0%
NER Male	13.8%	12.8%	21.6%	24.2%	26.0%
NER Female	13.9%	13.7%	23.7%	27.2%	30.0%
Transition Rate	86.0%	90.2%	93.8%	95.9%	
NER Male	85.2%	88.7%	92.8%	97.8%	
NER Female	86.9%	91.6%	94.7%	94.0%	

Source: http://www.mineduc.gov.rw/IMG/pdf/2012_Education_statistical_yearbook.pdf

⁴⁵ Includes teaching and administrative staff

Table 6: Orphan students in Secondary by grade in 2012

Level	Orphans to			TOTAL			% to all student
	Mother	Father	Both Parents	Male	Female	Total	
S1	7,932	17,960	5,725	15,223	16,394	31,617	21.8%
S2	7,053	17,113	5,867	14,492	15,541	30,033	24.7%
S3	5,714	13,533	4,993	11,563	12,677	24,240	28.1%
S4	5,547	12,622	5,517	11,865	11,821	23,686	29.9%
S5	4,377	10,045	5,321	9,915	9,828	19,743	35.2%
S6	3,543	8,220	4,518	8,078	8,203	16,281	35.0%
Total	34,166	79,493	31,941	71,136	74,464	145,600	27.2%
Percentage	23.5%	54.6%	21.9%	48.9%	51.1%	100.0%	

Source: http://www.mineduc.gov.rw/IMG/pdf/2012_Education_statistical_yearbook.pdf

Table 7: Students with disability in secondary by grade in 2012

Level	Hearing	Visual	Dumb	Other Physical	Mental	Complex disabilities	TOTAL		
							Male	Female	Total
S1	165	489	53	772	148	129	863	893	1,756
S2	130	407	56	642	154	117	770	736	1,506
S3	100	306	19	433	80	105	520	523	1,043
S4	89	369	50	374	111	63	555	501	1,056
S5	38	104	14	172	39	94	257	204	461
S6	26	76	10	141	27	51	176	155	331
TOTAL	548	1751	202	2534	559	559	3,141	3,012	6,153
Percentage	9%	28%	3%	41%	9%	9%	51%	49%	100%

Source: http://www.mineduc.gov.rw/IMG/pdf/2012_Education_statistical_yearbook.pdf

c) Promoting vocational training to bridge technical skills gap

106. After the needs assessment survey conducted for Technical and Vocational Education and Training (TVET) that recommended upgrading infrastructure, equipment, materials and curricula; Model Standard Training Equipment Lists (STELs) and Training Workshop Specifications (TWS), ICT and Automobile were concluded. Two (2) new Integrated Polytechnic Regional Centres (IPRC) namely Karongi and Kibungo were established in the year 2012 and are operational since then. The 3 already existing IPRCs (IPRC Kigali, Kavumu in Southern Province and Tumba in the Northern Province) are also operational. In addition, 7 curricula (Leather, Electronics, Tailoring, Woodwork, Handcrafts, Metal works, and Repair Services) were developed.

Table 8: Student enrolment in VTC's in 2011 and 2012

Level	2011			2012		
	Male	Female	Total	Male	Female	Total
Short training	2,629	1,869	4,498	3,448	1,969	5,417

First Year	2,909	1,722	4,631	3,119	2,301	5,420
Second Year	1,250	735	1,985	1,575	1,017	2,592
Third Year	132	69	201	102	46	148
TOTAL	6,920	4,395	11,315	8,244	5,333	13,577

Table 9: Orphan students in VTC's by level in 2012

Level	Orphans without			TOTAL			% to all students
	Mother	Father	Both Parents	Boys	Girls	Total	
Short training	539	865	566	1,169	801	1,970	36.4%
First Year	438	969	647	1,123	931	2,054	37.9%
Second Year	192	495	316	541	462	1,003	38.7%
Third Year	20	42	11	48	25	73	49.3%
TOTAL	1,189	2,371	1,540	2,881	2,219	5,100	37.6%
Percentage	23.3%	46.5%	30.2%	56.5%	43.5%	100.0%	

Source: http://www.mineduc.gov.rw/IMG/pdf/2012_Education_statistical_yearbook.pdf

Table 10: VTC's students with disabilities by level in 2012

Level	Hearing	Visual	Dumb	Physical	Mental	Complex disabilities	TOTAL		
							Male	Female	Total
Short training	23	156	49	292	43	228	531	260	791
First Year	9	31	4	38	5	32	61	58	119
Second Year	3	4	0	17	12	20	34	22	56
Third Year	0	0	0	0	0	0	0	0	0
TOTAL	35	191	53	347	60	280	626	340	966
Percentage	3.6%	19.8%	5.5%	35.9%	6.2%	29.0%	64.8%	35.2%	100.0%

Source: http://www.mineduc.gov.rw/IMG/pdf/2012_Education_statistical_yearbook.pdf

d) Promoting tertiary education

107. To adjust post-basic education to the labour market, new programmes were introduced in higher learning institutions, while the already existing ones were reviewed. Rwanda has 31 accredited higher learning institutions of which 17 are public and 14 Private. The enrolment of females in private higher learning institutions (52.9%) is higher than the enrolment of females in public institutions (34.0%).

Table 11: Enrolment of students in Higher education from 2007-2012

STATUS	Gender	2007	2008	2009	2010	2011	2012
Public	Male	12,901	14,241	17,695	21,188	25,023	25,081
	% Male	68.00%	67.90%	67.30%	67.10%	66.00%	66.64%
	Female	6,071	6,725	8,609	10,376	12,879	12,551
	% Female	32.00%	32.10%	32.70%	32.90%	34.00%	33.35%

S/Total		18,972	20,966	26,304	31,564	37,902	37,632
Private	Male	11,087	12,978	13,479	14,054	16,852	17,669
	% Male	50.30%	49.10%	46.60%	45.10%	47.10%	45.30%
	Female	10,954	13,462	15,430	17,116	18,920	21,328
	% Female	49.70%	50.90%	53.40%	54.90%	52.90%	54.69%
S/Total		22,041	26,440	28,909	31,170	35,772	38,997
Public and Private	Male	23,988	27,219	31,174	35,242	41,875	42,750
	% Male	58.50%	57.40%	56.50%	56.20%	56.80%	55.78%
	Female	17,025	20,187	24,039	27,492	31,799	33,879
	% Female	41.50%	42.60%	43.50%	43.80%	43.20%	44.21%
TOTAL		41,013	47,406	55,213	62,734	73,674	76,629
student per 100,000 inhabitant	Male	522	575	639	701	808	800
	Female	343	396	459	511	575	595
	Overall	429	482	546	602	687	695

Source: http://www.mineduc.gov.rw/IMG/pdf/2012_Education_statistical_yearbook.pdf

108. The Government plan is to increase the completion rate for primary education from 52% in 2006 to 112% in 2015⁴⁶, reduce the drop-out rate from 15% in 2006 to 5% in 2010 and 2% in 2015, reduce repetition rate from 16% in 2006 to 8% in 2010 and 3% in 2015; reduce double shifting of teachers from 31% in 2004 to 6% in 2015, reduce pupil/teacher ratio from 70.1 in 2006 to 45.1 in 2015, increase gross enrolment rate in Ordinary Secondary from 24% in 2006 to 69% in 2015 and increase transition rate from primary to ordinary level of secondary school to 75% by 2015.⁴⁷

109. With a view to achieving inclusive education for all Rwandan, please refer to paragraph 79 above about the National Policy on Special Needs Education⁴⁸.

110. Education Sector Funding has increased from 12.2% of the total public expenditure⁴⁹ in 2006 to 19.8% in 2012 and it is the sector that has been allocated the major portion of the public funding.

ii. Leisure, recreation and cultural activities

111. Article 20 of Law N° 54/2011 of 14/12/2011 stipulates that a child has the right to access suitable information, the right to rest and leisure. Public and private institutions have the obligation

⁴⁶ The completion rate exceeds 100% because of the large number of students who are beyond school age (7-13 years), which means that the gross enrolment ratio is also above 100%.

⁴⁷ MINEDUC (2008), Education Strategic Plan ESSP 2008-2012, Kigali (Rwanda), July 2008, p.10.

⁴⁸ MINEDUC (2007), Special Needs Education Policy, July 2007, p.13.

⁴⁹ EDPRS: LESSONS LEARNED 2008 – 2011, MINECOFIN 2012.

to ensure these child's rights as appropriate according to the child's age, existing recreational facilities and other means.

- 112.** The Government of Rwanda through the Ministry of Sports and Culture developed a Sport Development Policy in October 2012 whose mission is to pursue the attainment of a culture of sports, promote healthy lifestyle for Rwandans and ensure a winning culture for those undertaking professional sports in different disciplines.
- 113.** Since the submission of the Initial Report, the Government of Rwanda has ratified the Convention relating to international exhibitions and its Additional protocol through the Presidential Order N° 30/01 of 17/05/2010 and the Presidential Order N° 36/01 of 17/05/2010 respectively. The Government of Rwanda is committed to developing Rwandan culture by promoting values, expressions of culture, national heritage and arts. To ensure that these programs are streamlined into the Rwandan culture, and are transmitted from generation to generation the following institutions were established: the Ministry of Sports and Culture, the Institute of National Museums of Rwanda (IMNR), the Rwandan Office of Archives and Libraries (ORAB), the National Commission for the Fight against Genocide (CNLG), the Rwandan Academy of Language and Culture (RALC), the Chancellery of Heroes, the National Orders and Decorations of Honour (CHENO) and the National Itorero Commission.
- 114.** In addition, a number of associations have been set up to promote and sustain the Rwandan culture. These among others include the Association of Elderly Wise Persons (Inteko izirikana), and different groups of artists such as writers, photographers, musicians, craftsmen, editors, dancers as well as the Rwanda Cinema Centre, etc. The national cultural troop (Urukerereza) and different private cultural troops like "Inganzo Ngali" participate in different international cultural festivals where they have won various medals and prizes. Because of its renowned rich culture of traditional songs and dances, Rwanda was granted to organize the Pan African Dance Festival (FESPAD) every two years by the African Union.
- 115.** The State promotes museums countrywide ranging from the National Museum in Butare with its specialized branches, such as the Natural History Museum in Nyarugenge/Kigali (2006), the Arts Museum at Rwesero (2006), the Museum of Ancient History at Rukali/Nyanza (2008) as well as another branch in the former State House at Kanombe. There is a plan to establish a Museum in each District of the country. The Rwandan Universities are also involved in the promotion of the culture: Departments of Fine Arts were opened at the Kigali Institute of Science and Technology (KIST) and at the Kigali Institute of Education (KIE), while the Centre for Arts and Drama in the National University of Rwanda (NUR) will soon be transformed into a Faculty of Fine Arts, Music, Dance and Drama (performing arts). Rwanda as a nation believes in finding home grown solutions to its development challenges by preserving positive values of the Rwandan culture.

VIII. SPECIAL PROTECTION MEASURES

i. Children in situations of emergency

a) Refugee, returnee and displaced children

116. Any child who seeks to obtain refugee status or who is considered a refugee in accordance with the applicable laws, whether alone or accompanied by his/her parents or any other person, receives protection and humanitarian assistance in order to allow him/her to enjoy the rights that are recognized to him/her (Article 49 of the law 54/2011 relating to the rights and the protection of the child). Refugee camps have been established in Rwanda since 1996. Final statistics disclosed jointly by the Ministry of Disaster Management and Refugee Affairs (MIDMAR), UNHCR and UNWFP in August 2012, indicate that there are currently 57,641 refugees living in Rwanda with Congolese (DRC) representing about 99.3% (57, 216). These statistics indicate that women make up a large part (55.7%) while children under 17 years of age represent 57.3% of the total population⁵⁰.

117. The GoR has ratified the 1951 Convention Relating to the Status of Refugees, as well as the 1967 Protocol. Humanitarian assistance, including child protection and education programmes for refugee children are provided by UNHCR and its partner organisations. Refugee children attend basic education (12 years basic education) and follow the national curriculum. Through the collaboration between the GoR, UNHCR and World Food Programme, the refugees are given humanitarian assistance and are facilitated to carry out small Income Generating Activities. In order to enhance the protection system for children living in refugee camps, UNICEF and UNHCR in collaboration with MIGEPROF, and various NGOs have established Early Childhood Development (ECD) Centres for children in the refugee camps⁵¹.

118. Sensitisation activities targeting refugees on behavioural change and the fight against gender-based violence are carried out in refugee camps, in the framework of the "Through Our Eyes" Project implemented by the American Refugee Committee (ARC). Gender Clubs, GBV Counselling Centres were introduced in refugee camps and training programmes targeting refugees on the fight against GBV are routinely organised. Community Policing Initiative Project is being introduced in refugee camps by the National Police in collaboration with the Ministry for Disaster Management and Refugees Affairs (MIDIMAR). This Ministry was created in 2010 to ensure the smooth implementation of the National Refugee Policy, monitoring and evaluation of the efficiency of the measures adopted in the management of refugee camps and the respect of the rights and the social welfare of refugees.

b) Children in armed conflicts, including physical and psychological recovery and social reintegration

⁵⁰ MIDIMAR, UNHCR, UNWFP Joint report presentation, August 2012.

⁵¹ Figures from the National Commission for Human Rights, Report 2008

119. Article 50 of the law 54/2011 relating to the rights and the protection of the child states that “the child must be protected and rescued first during of disaster or armed conflict. Military service is prohibited for children under eighteen (18) years of age. The Government shall, within its means, ensure and facilitate the physical and psychological recovery and the social reintegration of any child affected by a disaster or armed conflict.

120. In addition to the information provided under paragraph 101 above, Muhoza Child Ex-combatants Rehabilitation Centre was established to further the process of reintegration of ex-combatant children. It provides psycho-social support to those children, as well as civic education and vocational training. There is also an agreement between Rwanda Demobilisation and Reintegration Commission, Ruhengeri Hospital, University Hospital of Kigali (CHUK), and Rwanda Military Hospital to provide care to former child soldiers during the demobilization and reintegration process. The Commission is also responsible for the costs of medical treatment for children with serious illnesses requiring follow-up after reintegration, and this for a period of 12 months.

Table 12: Reintegration of children formerly associated with armed forces by December 31th, 2012

At Muhoza in December 2008		Received at Muhoza Centre		Reunited with families		Reintegrated in society outside of families		Current in Muhoza Centre	Benefited from at least one follow-up visit after reunification	
		Current quarter	Cumulative	Current quarter	Cumulative	Current quarter	Cumulative		Current quarter	Cumulative
Male	48	09	211	00	197	-	36	36	51	265
Female	-	00	00	00	00	-	00	00	00	00

Table 13: Number of children completed training as of December 31th, 2012

Reintegration activity ongoing					Reintegration activity completed since January 2008			
	IGA	Formal education	Skilled training	Total	IGA	Formal education	Skilled training	Total
Male	3	20	49	69	27	41	102	139
Female	0	0	0	0	0	0	0	0

Source: Rwanda Demobilisation and Reintegration Commission, Annual Report, 2012

121. RDRC, in collaboration with the ICRC, facilitates family tracing for ex-combatant children living in the Centre and organizes their reintegration into families. Various measures have also been adopted to facilitate the social reintegration of former child soldiers. Upon reintegration, former

child soldiers are given start-up kits to help them easily reintegrate in the society or family environment.

- 122.** Regarding children’s psychological recovery, various public and private organizations are working jointly to improve the mental health of persons affected by the atrocities witnessed during the war and genocide.

ii Children in conflict with the law

a) The administration of juvenile justice (Article 17)

In its recommendation on administration of juvenile justice, the Committee requests State party To Conduct studies about the protection and rehabilitation of children in conflict with the law, to conduct training for magistrates, policemen and social workers on child rights and on judicial procedures and to disseminate the legal applicable texts countrywide.

The following measures have been taken:

- 123.** Article 58 of the Law N° 54/2011 of 14/12/2011 relating to the rights and the protection of the child provides that “a child under fourteen (14) years old shall not be held criminally responsible for his/her deeds; damages resulting from an infringement committed by a child are guaranteed by his/her parents or guardian in accordance with laws”. Please also see paragraph 55 above. It should be pointed out here that other laws were enacted after the presentation of the Initial Report, namely: Organic Law N° 51/2008 of 09/09/2008 Determining the Organisation, Functioning and Jurisdiction of Courts; Law N° 13/2004 of 17/05/2004 Relating to the Criminal Procedure Code that was also modified and supplemented by Law n° 20/2006 of 22/04/2006. These laws provide for special chambers and special proceedings for minors in conflict with the law.
- 124.** Still in respect of juvenile justice, children receive legal assistance. In this regard, Kigali Bar Association, under the auspices of the Ministry of Justice, and with the support from the Belgian Technical Cooperation, opened subsidiary offices across the country (12) to assist children and destitute persons in Court proceedings. Likewise, since 2007, there is a partnership agreement between Avocats Sans Frontières (ASF) and Kigali Bar Association for the implementation of the project; “Appui à un meilleur accès à la justice des personnes vulnérables au Rwanda”. Children are included. Kigali Bar Association organizes hearing sessions and follow up activities now on a permanent basis for cases of poor people within the framework of legal assistance. Timetables for these sessions are submitted to various authorities including the Ministers having children’s issues in their attributions. Civil Society Organizations are also involved in children’s legal assistance and here we can mention HAGURUKA and other organisations members of the Legal Aid Forum that offer legal assistance to children who are victims of violence or to their families.

125. The Ministry of Justice has instituted the [“Maisons d’Accès à la Justice” (MAJ) (Bureau of Access to Justice)]. Since October 2010, MAJ has been operational in each of the 30 Districts. MAJ consists of three lawyers per District. One of them deals with children-related cases. In 2012 the judges from juvenile chambers received trainings on child sexual abuse proceedings. A total of 766 cases were examined by juvenile chambers in 2010 and 783 cases in 2011-2012. All cases registered are given priority following instructions of the Chief Justice to prioritize GBV and juvenile cases (Annual Reports, The Judiciary 2010-2012). A one-week-for-juvenile-justice was organised in 2012 with free legal aid to deal with outstanding caseload. Consultative meetings with all stakeholders were held prior to that week.

126. The Integrated Child Rights Policy in Rwanda (2011) sets up different strategies: 1) the development of a Comprehensive framework on Juvenile Justice that adheres to various international conventions and norms for the same. This comprehensive framework for juvenile justice comprises three pillars: a) diversion (directing children away from judicial proceedings and towards community solutions); b) restorative justice (promoting reconciliation, restitution and responsibility through the involvement of the child, family members, victims and communities) and c) alternatives to custodial sentencing (counselling, probation and community service). 2) The improvement of legal aid for children: it is proposed to advocate with the Cabinet so as to allow every qualified law graduate to provide legal assistance / serve as a lawyer for children at the Sector levels so that the dependence on pro bono limited services of the Bar Association may be reduced. In this way, legal assistance will become more accessible to children in their own communities, Cells or Sectors. 3) A legal aid fund for children will be established to finance the costs incurred by children in accessing justice.

127. The Strategic Plan for the Integrated Child Rights Policy provides for improvement of care and protection for imprisoned children by the establishment of at least 2 new Rehabilitation Centres for juvenile offenders within 5 years of this Strategic Plan; improvement of the quality of care standards in the Rehabilitation Centre for juvenile offenders at Nyagatare; provision of training to care givers and managers/ supervisors at the centre to make it child friendly and meet the standards of care for children in institutions⁵².

b) Children deprived of their liberty, including any form of detention, imprisonment or placement in custodial setting and compliance with the provisions of Article 5(3) of the Children's Charter prohibiting death sentences on children (Article 17.2(a))

128. Except in cases of recidivism, whatever charges are against him/ her, the child cannot be on remand during the judiciary inquiries. A child can be on remand when he/she is at least 14 years old, only where the charges against him/her are punishable with a term of imprisonment of more than five (5) years. The period of a child’s remand shall not exceed fifteen (15) days and court

⁵² ICRP strategic plan, MIGEPROF 2011.

decisions for such a remand cannot be extended. When, based on reasons presented by the Prosecutor, the Judge estimates that it is necessary to continue to maintain the child on remand beyond the period stated in the preceding paragraph, remand is substituted by strict monitoring measures, within his/her family, or wherever he/she lived (Article 60 of the Law N° 54/2011 of 14/12/2011 relating to the rights and the protection of the child). As stated earlier (paragraph 55), a Judge may order to place a child offender in a Rehabilitation Centre rather than put in prison. Upon request by the prison authority, the judge may order that the child who has been sentenced to imprisonment and who has not yet met the requirements for release on parole be placed in a Rehabilitation Centre if his or her prison file shows positive behaviour (Article 63 of the Law N° 54/2011 of 14/12/2011 relating to the rights and the protection of the child). Article 64 of the same law provides that: “the privacy of a child under prosecution must be respected and protected at all stages of criminal proceedings; the Government provides legal assistance to a child who has no guardian when he/she is before the courts; the child’s case is tried in camera by a relevant court and the identity of a child under prosecution shall, in any case, be disclosed neither to the public nor to the media”.

129. Law N° 34/2010 of 12/11/2010 on the Establishment, Functioning and Organisation of Rwanda Correctional Service (RCS) provides for special protection measures for imprisoned children (please refer to paragraph 7 above concerning incarcerated pregnant or lactating their children) The Nyagatare Rehabilitation Centre is a special rehabilitation centre for minors who have committed offences. In Rwanda, the Organic Law N° 24/2007 of 27/06/2007 abolishes capital punishment.

iii. Children of imprisoned mothers

a) Special treatment to expectant mothers and to mothers of infants and young children who have been found guilty by law (Article 30)

130. Article 56 of the Law N° 54/2011 of 14/12/2011 relating to the rights and the protection of the child provides that: When a pregnant woman or a mother with a child under three (3) years is prosecuted for an offense, the judge will do his/her utmost to impose against such a mother a penalty other than imprisonment. If it is impossible to pronounce a penalty other than imprisonment, a pregnant woman or a mother of a child under three (3) years is detained in a special ward of the prison reserved for mothers with children under three (3) years. According to available resources, the Government shall set up special prisons for sentenced women who have children under three (3) years. The Government has established Early Childhood Development Centres for children of less than three years of age living with their mothers in prison. These ECDCs receive food supplement for the children.

b) A mother shall not be imprisoned with her child (Article 30(d))

131. A mother shall not be imprisoned with her child, except in special cases where the Judge finds it necessary. A mother with a child over three (3) years is separated from her infant. The infant is reintegrated into a family, its own family preferably.

c) Reform, integration of the mother within her family and social reintegration (Article 30(t))

132. Reference is made to the initial report which addresses this issue in detail.

iv. Children in situation of exploitation and abuse

a) Economic exploitation including Child Labour (Article 15)

In its 15th recommendation on Child labour, the Committee notes that the State party has ratified several ILO Conventions including the 29th (forced labour) and 182E (worst forms of child labour). However, the Committee notes that children enter labour market too early. The Committee further notes that there is a lack of statistical data to measure the extent of these problems. The Committee recommends that the State party takes measures to eliminate these phenomena and to develop structures to support child victims of exploitation.

The following measures have been taken:

133. There have been significant initiatives undertaken to address the issue of child labour; such as supporting vulnerable families to generate revenue, developing policies to eliminate child labour (paragraph 68 above), setting up laws protecting child rights (Law N° 54/2011), education programmes for all, including Technical and Vocational Education Training (TVET), establishment of catch-up education centres for children formerly engaged in child labour among others.

134. The Government of Rwanda is still working hard to fight against child labour in cooperation with its partners. Article 51 of Law N° 54/2011 provides that: “All forms of economic exploitation of a child by requiring him/her to accomplish a work that is likely to put him/her at risk or to compromise his or her education or to harm his or her health or his/ her physical, mental, spiritual, moral or social development are prohibited and punishable by Law”. Such exploitation covers areas such as drug trafficking, alcohol and cigarette business and consumption, prostitution, begging, child trafficking, slavery and kidnapping, pornography business, or any other form of exploitation and incitation. The minimum age for admission to employment and working conditions for the child are determined by the labour law. No child under seventeen (17) years shall work in underground mines (Article 52 of the same law).

135. In order to harmonize the provisions of the Labour Code with the Conventions of the International Labour Organization (ILO) to which Rwanda is party, including the Convention N° 138 concerning Minimum Age for Admission to Employment and Convention N°182 concerning the Worst Forms of Child Labour, the Republic of Rwanda has developed a new Labour Code. Law N° 13/2009 of 27/05/2009 regulating labour in Rwanda, in its Article 4, Paragraph 1, specifies that it is prohibited to employ a child in any company, even as apprentice, before the age of sixteen (16). In Part 3 relating to fundamental rights, the first chapter deals with the prohibition of child labour, fixing 16 years as the minimum age for child employment, in accordance with the ILO

Convention 138. Furthermore, Part 4 of the new Labour Code is related to the worst forms of child labour according to the ILO Convention 182.

136. The work of labour Inspectors has been decentralized to become operational in all Districts. These inspectors are trained twice a year in fighting against child labour. There are 30 Labour Inspectors (one for each District) in 12 Regional Offices. They oversee labour issues including child labour. A National Consultative Committee on Child Labour made up of representatives of various Government Ministries, the National Human Rights Commission, the Rwandan National Police, Trade Unions and NGOs meets regularly to provide guidance and technical assistance to the Government on child labour issues.⁵³ ILO/IPEC funded a project for the reintegration of former child soldiers (2004-2006). There is also a Steering Committee responsible for the fight against child labour. In order to have updated data on child labour MIFOTRA, in collaboration with ILO and UNICEF undertook a national survey which will provide information on the magnitude of the phenomenon and the number of children involved (including in the worst forms of child labour), both at national and decentralized levels.

b) Drug abuse (Article 28)

137. Law N° 54/2011 of 14/12/2011 relating to the rights and the protection of the child in its article 44 provides that: “Parent, guardian and any other person must refrain from giving, selling to a child alcoholic drinks or any other form of drugs or asking him/her to bring such products. They shall also refrain from causing the child to work in any place where such products are offered for sale. Any person organizing a party which children attend shall ensure they do not take alcoholic drinks or any other form of drugs. A child shall not enter any place where alcoholic drinks are sold or consumed unless he/she is accompanied. A child also shall not enter places where night clubs are held and alcoholic drinks or drugs are consumed even if he /she is accompanied. Any person contravening the provisions of Paragraphs 3 and 4 of this Article shall be punishable with penalties provided for by the Penal Code”. Article 219 of the New Penal Code provides for penalties against whoever gives illicit drugs to a child. “Any person who offers or sells alcoholic beverages or tobacco to a child or involves him/her in the sale of such products shall be liable to a term of imprisonment of at least three (3) months but less than six (6) months and a fine of three hundred thousand (300,000) to one million (1,000,000) Rwandan francs or one of these penalties. These penalties shall also apply to any person who encourages a child to drink alcoholic beverages or to smoke or to go to bars or uses him/her in illicit drugs or arms trafficking or in fraudulent practices”.

138. As it is difficult to apprehend drug consumers, especially because they do not take them in public, the fight against drug abuse is conducted upstream, by arresting drug traffickers and taking them to court. These arrests are made known to general public. In May 2012, a national campaign to fight against drug abuse mainly among the youth with the theme “Neighbour’s Eye” was

⁵³ Questionnaire of African union on progress made by Rwanda in the implementation of the plan of action of the African charter on the rights and welfare of the child: “Africa fit for children” page 46.

conducted. The Mental Health Division will focus on mental health aspects of drug dependence by celebrating the International Day to Fight against Drug Abuse on every June 26th. This is a campaign against drug abuse under the following slogan “*Ibiyobyabwenge: Oya ! Ndabyanze, mpisemo ubuzima*” (I say no to drugs, I preserve health). Rwanda has joined the world for the International Day against Drugs, held under the same theme. Young people have been mainly invited because it is among this category of people that drugs are mostly widespread.

c) Sexual exploitation and sexual abuse (Article 27)

- 139.** A special unit for the follow up and prosecute GBV related crimes and a unit for the protection of the victims and witnesses in general were set up in the National Public Prosecution Authority (NPPA), with a toll-free Hotline. The Government made a decision to try GBV cases in Districts where offences are committed. Courts have received instructions from the Supreme Court to give priority to rape and other gender-based crime cases implying that the perpetrators of violence will be caught and punished. The National Public Prosecution Authority (NPPA), Courts and Tribunals, every year, publish tried GBV cases. Child protection units in all District Police head offices were established. Within the National Police, there is a Gender based violence Monitoring Unit which oversees child protection as well. It has specialized Office (interview room) to receive cases of children witnesses or victims of violence and at each administrative Sector there is a Police agent who has been trained to deal with child’s rights, to use specialized interview techniques, and to prepare case dossiers. He/she is in charge of the security in general but specifically he/she pays attention to the prevention of violence towards women and children and ensures that the offenders are brought to Justice. The National Police has also set up helpline and online services to report child abuse and violence.
- 140.** Civil Society Organizations (CSOs) play an important role in actions related to the prevention and the fight against sexual and domestic violence. Among 32 NGOs and CSOs intervening in GBV, (25) 78% intervene in sensitization, 9 (28%) in capacity building, 12 (32.5%) in research and advocacy, 5 (15.6%) in girls education and women empowerment, 4 (12.5%) in medical support, 5 (15.6%) in psycho-social support, 9 (28%) in legal aid and 6 (18.7%) in economic support (Gender Monitoring Office, GBV Mapping Report, June 2010).
- 141.** In July 2011 the Cabinet passed a policy and a strategic plan against Gender Based Violence. Standard training modules on gender and gender-based violence to build the capacity of practitioners and the general public were developed in 2011. The Prime Minister's Order N°001/03 of 11/01/2012 determining modalities in which Government Institutions prevent and respond to gender- based violence provides that investigation on gender-based violence cases must be speeded up and the cases submitted legally to the investigation authority. The National Prosecution Authority must give priority to gender – based violence related cases, in order to preserve evidence (Article 5).

- 142.** Rwanda has put in place Policies, Programmes and Strategies that give high priority to the prevention and repression of GBV, namely: The National Gender Policy, the Gender Cluster Strategic Plan, the National Action Plan (2009-2012) for the application of the 1325 United Nations Resolution; the National Gender-based Violence Policy and its 5-year Strategic Plan, the National Accelerated Plan for Women, Girls, Gender equality and HIV (2010 – 2014) and the National Gender Policy and National Strategic Plan on HIV and AIDS 2009- 2012.
- 143.** GBV Committees were established from the central level down to the village/Umudugudu level, with the purpose of ensuring the implementation of laws, policies and strategies for the prevention and eradication of GBV. The main mission of these Committees is to sensitise the population to carry out advocacy in favour of victims, to denounce offenders of gender related offences, collect data, monitor and evaluate the level of application of policies and strategies, contribute to capacity building of the population, manage and distribute emergency support funds to victims of gender based violence. These Committees are effectively functioning and resourced countrywide.
- 144.** Other GBV prevention and repression measures were reinforced, especially the “Community Policing programme”, the Gender Desk of the National Police, Gender Desk of Rwanda Defence Forces (RDF). The National Police operates a one-stop Centre to deal with cases of gender-based violence. This is one of the most successful activities of the National Police in response to GBV and to violence against children. There is a toll-free hotline used by victims and the community to report gender-based violence. Various community initiatives on the fight against sexual/domestic violence are now operational, including among others, "inzego z'impuruza" (whistle blowers) which are composed of all people who monitor issues related to gender, provide information on a daily basis", the “parents’ evening forums” or Umugoroba w'ababyeyi which all parents of a given village attend regularly to discuss social and health issues and cases of GBV.
- 145.** In October 2010, the “UN Africa Unite Campaign” was launched in Kigali during the Kigali International Conference on the Role of Security Organs in Reducing Violence against Women and Girls. It was organised by the Rwanda National Police, Rwanda Defence Forces and the UN. 150 participants representing senior military and police officers responsible for Gender and Community Policing affairs as well as prominent members of CSOs from 13 African countries, including Rwanda participated. The meeting was concluded with a proclamation and signing of the Kigali Declaration by all participating countries whereby it was agreed that security organs, working with key partners in their countries or having cross-border interventions, would come up with implementable Action Plans comprising practical interventions targeting Violence against Women and Girls.
- 146.** Other initiatives were taken, especially the creation of "Gender Clubs" in all schools (primary, secondary, higher learning institutions). Men participate in the fight against gender based violence through their own organizations such as “Rwanda Men’s Resources Centre (RWAMREC)”. Men

are also elected in GBV Committees, and are involved in carrying out advocacy in the fight against GBV.

- 147.** “ISANGE One Stop Centre” literally meaning “Feel at home”, was set up in July 2009 by the Government of Rwanda to receive, host, care and treat GBV victims. It is located in Kigali at the National Police Hospital. A second centre was opened a few months later in Gihundwe Hospital in Rusizi District (Western Province), following the same model. These Centres are based on an innovative multidisciplinary approach to GBV cases: in a single place, survivors are given medical and psychosocial care (including prevention of post-trauma disorders, emergency contraceptives, and prevention of sexually transmitted infections and unwanted pregnancies), as well as police and legal assistance. The Centres operate a free Hotline for help and protection from further violence, for the investigation of crimes, medical and psycho-social care as well as support and collection of forensic evidence. They offer free-of-charge holistic services to victims of GBV and, in March 2011, some 2,171 victims had benefited from these services. 1,388 of them were victims of sexual violence. In 453 of these cases sexually transmission of infections and unwanted pregnancies were satisfactorily prevented. In 2010 alone, 1,177 cases were prosecuted.
- 148.** In the framework of social rehabilitation and reintegration, women and children victims of GBV receive legal assistance to ensure that the perpetrators are duly prosecuted. In the plans of the Ministry of Gender and Family Promotion, each Umudugudu (village) will have a GBV Protection Committee in charge of first aid, and referral of GBV victims.
- 149.** The National Policy for Orphans and Other Vulnerable Children sets specific objectives to protect sexually exploited and /or abused children, namely: develop prevention mechanisms for child sexual exploitation and abuse; ensure the enforcement of laws protecting sexually exploited and /or abused children; provide support services for sexually exploited and /or abused children. In respect of these strategies, there are: awareness-raising among different actors (public sector, private sector, NGOs, communities, children); reinforcement of the application of the law protecting children from sexual abuse and exploitation; provision of medical, social and legal assistance to affected children and establishment of prevention and reporting mechanisms.
- 150.** In 2008, Law N° 59/2008 of 10/09/2008 on the prevention and punishment of all forms of gender-based violence⁵⁴ was enacted. In its Article 7 this law stipulates that “the parent, trustee or any other person responsible for a child shall protect the latter against any gender-based violence and it is forbidden not to cater for child under one’s trusteeship just because of whether the child is male or female”⁵⁵. It also determines the modalities for receiving, relieving, defending, medicating and assisting the victims for the purpose of their health rehabilitation. Article 16 provides that “any

⁵⁴ Under the terms of the law, gender-based violence refers to any act that results in a bodily, psychological, sexual and economic harm to somebody just because they are female or male. Such act results in the deprivation of freedom and negative consequences. This violence may be exercised within or outside households (Law, p.89).

⁵⁵ Law N°59/2008 of 10/09/2008 on Prevention and Punishment of Gender- Based Violence, published in the Official Gazette N° 14 of 06/04/2009, p.92.

person who is found guilty of rape⁵⁶ shall be liable to imprisonment of ten (10) to fifteen (15) years. Where rape has resulted in a bodily or a mental illness, the person guilty with rape shall be liable to imprisonment of fifteen (15) to twenty (20) years and medical care fees for the person raped shall be met by him/her. Where rape has resulted in a terminal illness or death, the guilty person shall be liable to life imprisonment”.

d) Other forms of abuse and exploitation such as begging, early pregnancy, etc. (Article 29(b))

151. The Government of Rwanda has come up with strategies for eradicating beggary and street children phenomenon. These include the Strategy for National Child Care reform which aims at transforming Rwanda’s child care and protection system into a family-based system, building on positive Rwandan social values that encourage all Rwandans and their communities to take responsibility for vulnerable children. Since July 2012 up to June 2013, 810 children on the street have been reintegrated in families and 2,045 are being cared for in transit centres. The major services provided to children in rehabilitation centres include: educational sponsorships, psychosocial counselling, vocational training, provision of food and clothing, medical care, sports, games and entertainment programs.

e) Sale, trafficking and abduction (Article 29)

152. Rwanda is party to the Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others. In addition to the information contained in the Initial Report, the Parliament of Rwanda has passed a Law on suppressing, prosecuting and punishing trafficking in persons. The New Penal Code has provisions on the penalties for crime related to the sale, trafficking and abduction of children.

v. Children victims of harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child

In its recommendation on harmful practices social and cultural practices the Committee requests the State Party to take all possible measures to eradicate social and cultural practices affecting the welfare, dignity, normal growth and development of the child including the sensitization of the population, the involvement of traditional and faith-based leaderships, the adoption of legal and penal sanctions and the training of judges and the police staff.

The following measures have been taken:

153. The New Penal Code (Article 195) provides penalties for those participating in forced marriage of minors. Any person who plays a role in early or forced marriage of a minor shall be liable to a term of imprisonment of six (6) months to two (2) years and a fine of one hundred thousand

⁵⁶ Under the terms of the law, rape: the fact that a person is involved into sexual intercourse without consent, by force, intimidation, trickery and others (Law, p.90)

(100,000) to three hundred thousand (300,000) Rwandan francs. Any person who lives with or attempts to live together with a child as husband or wife shall be liable to the same penalty as a person who defiles a child. Any person who lives with or attempts to live together with a person as husband or wife if the person has reached the age of eighteen (18) but has not reached the age of twenty one (21) years, shall be liable to a term of imprisonment of six (6) months to two (2) years and a fine of two hundred thousand (200,000) to five hundred thousand (500,000) Rwandan francs (Article 194). These traditional practices have been significantly decreased in Rwanda through sensitization campaigns, involvement of the population and children themselves, legal training of local authorities, judges, prosecutors and lawyers, the involvement of media, etc. A draft Law regulating persons and family is under discussion in the Parliament. It addresses issues such as the harmonization of ages of majority in applicable laws and regulations.

vi. Children belonging to minority groups (Article 26)

A detailed discussion on this issue is provided in the initial report. No substantial changes have occurred since.

vii. Children who need special protection on account of being in risky or vulnerable conditions and situations

154. Article 55 of Law N° 54/2011 of 14/12/2011 relating to the rights and the protection of the child provides that: Children infected or affected by HIV/AIDS benefit from a special protection and assistance of the Government, depending on available means. A child above the age of 12 years has the right to consult an authorized professional medical doctor or a nurse and to go through medical examination notwithstanding the opposition or prohibition of his/her parents or guardian. In addition, Children, parents, guardians are sensitized on important issues relating to hygiene and health, specifically about HIV and AIDS among children. Stigma and discrimination are brawled in schools, families and the communities in which they live.

IX. RESPONSIBILITIES OF THE CHILD

155. Law N° 54/2011 of 14/12/2011 relating to the rights and the protection of the child provides that: “Depending on his/her level of understanding, the child must respect any human being, especially his/her parents or guardian. He/she shall also help his/her parents or guardian proportionally to his/her capabilities”. (Article 21). “A child must love his/her nation. During the education stage of a child, civic educations programs are included to allow him/her understand the basis of loving his/her nation” (Article 22). “A child has the duty to undergo basic education as ensured by parents and the Government” (article 23). Rwanda is aware that the right to participation enables children to have an active role in the family, school and community, especially regarding decisions related to the child’s own development. The right to participation includes the right to freedom of expression and access to information among others.

Conclusion

156. In order to promote the rights of the child and to reinforce measures taken in the area of children's rights and well being, the Government of Rwanda has developed a horizontal partnership between development partners, civil society organisations and other countries. As it was noted in the preceding paragraphs, and as stated by the ACRWC Committee, significant achievements have been made over the last years and the Government of Rwanda is firmly committed to scaling up its efforts in the promotion of the rights of the child.

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