

A Profile of children in Rwanda's Unaccompanied Children Centres:

A report based on statistical indicators for 24 UAC centres in 2000

Prepared for UNICEF-Rwanda
in partnership with MINALOC

by K. Fern Greenwell

Contents

List of Figures and Tables

Acknowledgements

I. Introduction

Objectives

II. Methodology

Data collection

Data analysis

III. Background

Evolution of unaccompanied children's centres...

...and children living in UAC centres

IV. Maintaining and reporting statistics

Basic indicators

Maintenance of a *single* register to monitor Basic Indicators

V. Presenting basic indicators from empirical data

Indicator 1: Number of children in centres

Indicator 2: Incidence of institutionalization

Indicator 3: Proportion of boys and girls

Indicator 4: Age distribution

Community contacts and number of siblings

Indicator 5: When children entered centres

Indicator 6: Incidence of institutionalization

Indicator 7: Age at entry

Indicator 8: Date of entry

Indicator 9: Where children come from

Indicator 10: Length of time that children live in centres

Educational attainment & Health status

VI. Afterword/Recommendations

Bibliography

List of Figures

- Figure 1. Evolution of Rwandan ministries involved in developing child welfare policy and programs
- Figure 2. (*map of Rwanda*) Location of 24 UAC centres, January 2002
- Figure 3. View of electronic format of CSPro2.2 data entry sheets
- Figure 4. The number of UAC centres, "before 1994" to January 2002
- Figure 5. The number of UAC centres has decreased in almost every province from 1997 to 2002
- Figure 6. The number of UAC in 24 centres, by province, 1997 and 2002
- Figure 7. The number of children in UAC centres, 1997 and 2002
- Figure 8. On average, about 56% of children in UAC centres are boys
- Figure 9a. Children have entered UAC centres in three waves: 1994, 1998 and 2001
- Figure 9b. Significantly more boys than girls entered UAC centres after 1996
- Figure 10. Orphanhood is the most frequent reason reported for children living in UAC centres
- Figure 11. After orphanhood, socio-economic difficulties are the main reason for institutionalization
- Figure 12. Main reasons for children to enter a UAC centre, by year of entry
- Figure 13. One third of children in UAC centres were brought by a family member or relative
- Figure 14. Visitors those children in UAC centres had in the past 6 months
- Figure 15. The largest share of UAC come from Gisenyi province, but live in centres in Kigali Ville
- Figure 16. 50% of children in UAC centres entered before age 6 years
- Figure 17. Since 1994 children are entering UAC centres at older ages
- Figure 18. The average age for boys and girls in UAC centres is 11.5 years
- Figure 19. Adolescents account for over 50% of children in half of the UAC centres
- Figure 20. Most orphans in Rwanda's UAC centres have lost both parents
- Figure 21. Percent of children age 0-14 years who do not live with a biological parent
- Figure 22. Cause of death for mother and father
- Figure 23. The average time that children have resided in UAC centres is about 5 years
- Figure 24. Highest level of education attained, for children age 8 years and older
- Figure 25. General health status of children in UAC centres

List of Tables

- Table 1. List of 24 centres participating in the assessment, January 2002
- Table 2. Sample entries in a UAC centre admit/discharge register
- Table 3. Percent children in UAC centres by number of siblings in the same centre
- Table 4. Percent children living in a UAC that is located in their province of origin
- Table 5. Matrix of child's origin and UAC centre where he/she resides
- Table 6. Average age of entry in years, for children in UAC centres, January 2002
- Table 7. Proportion of UAC in five age groups, 1996 and 2002
- Table 8. Incidence of institutionalization: proportion of children age 0-14 years living in UAC centres, per 100,000 children in the province, January 2002
- Table 9. Average time in years that a child has lived in a UAC centre, January .2002
- Table 10. Percent of children age 8-13 years in primary school, January 2002
- Table 11. Number of children with HIV/AIDS (suspected or confirmed), by age, January 2002

Acknowledgments

This report would not have been possible without the colleagues who assisted in the project's development, fieldwork, and data analysis. For these activities I express sincere appreciation to Joie-Claire Mukakbera, Juvenal Ntambara, Rwantambara "Bobo" Mwima, Marie-Noelle Mottier and Anne Marie Dusabimana. I am grateful for the technical and logistical support from Chrystian Solofodimby and other UNICEF-Rwanda, MINALOC, and MINECOFIN personnel.

Above all, I am thankful to the directors and staff in the unaccompanied children centres, and especially Vincent and Felix, the orphans who are the real inspiration for this work.

The First Lady entreats child welfare authorities:

"By the dawn of 2005, all children in Rwanda must have the protection and care put forth in the Convention on the Rights of the Child."

Opening speech at Child's Rights Conference, 2000, Mrs. Jeanette Kagame

I. Introduction

On January 26, 1990 the Government of Rwanda signed the United Nation's **Convention on the Rights of the Child**. By ratifying the Convention a year later, on 24 January 1991, Rwanda promised to provide all rights for every child under the State's jurisdiction. Vulnerable children, that is, those in a situation characterized by a lack of a family's support and love, figure foremost among those in need of the Convention's protection measures.

Unfortunately, progress in implementing the Convention was impeded immediately as the country became embroiled in four years of civil war. In 1994 the genocide lent the final blow to any basic services and infrastructure needed to support child well being and development. While emergency relief operations were put into place to rebuild a severely weakened society, the Government of Rwanda, with assistance from UNICEF and other stakeholders, undertook numerous reformulations of its ministries in order to coordinate protection strategies for large numbers of vulnerable children (Figure 1).

Rwanda transitioned out of the emergency phase in 1998 but it remains a challenging environment to ensure rights to many children lacking family support. The Ministry of Labor & Social Affairs (MINITRASO) with others estimated that between 400,000-500,000 children were lost or separated from their parents during the last decade (MINITRASO, UNICEF, Barakabaho, and SCF-UK 1996). The US Census Bureau estimates that 421,511 children in 2000 have lost their mother or both of their parents-- this is about 13.6% of children age 0-14 years (Hunter & Williamson 2000) . Many of these children remain separated from their parents after years of war and genocide. Others come from families who, due to widespread poverty and severe resource constraints, are unable to provide their children with basic securities. Still other children are left unaccompanied by the AIDS pandemic, expected to become even more pervasive in the coming decade.

Vulnerable children are not always easy to identify and count, and hence they are difficult to monitor. They live dispersed throughout the country in child-headed households or on the streets. They live in prisons and refugee camps. They live in communities where they must depend on handouts from a family in return for domestic services, hard labor, and too often, even worse abuse. Perhaps the most fortunate among all vulnerable children are children living in unaccompanied children (UAC) centres.

Children living in UAC centres¹ represent an important group of vulnerable children. Unlike other children living on the street or in child-headed households, children attached to these centres are supervised and accessible. They can be accurately enumerated and, thanks to the work of several NGOs, fundamental statistics can be collected on their life history, contacts in the community, health and education status. A clearer picture of the children who live in centres may also be valuable in learning the characteristics of the larger population of vulnerable children. Where do unaccompanied children live and where do they come from? How old are they and how long have they been unaccompanied? What are the circumstances underlying their being unaccompanied?

¹ Outside of this study, UAC centres are commonly referred to as orphanages. Technically, however, not all residents are orphans.

Figure 1. Evolution of Rwandan ministries involved in developing child welfare policy and programs

MINIREISO

(1994-1997)

MINISTRY OF REHABILITATION AND SOCIAL REINTEGRATION

Responsible for social reintegration of vulnerable groups and coordination of NGO activities.

It ceased to exist in 1997.

MINITRASO & MIFAPROFE

(before 1994-1997)

MINISTRY OF WORK AND SOCIAL AFFAIRS/

MINISTRY OF THE FAMILY AND WOMEN'S PROMOTION

Coordinated activities in support of children, including reintegration guidelines and closing UAC centres. Initiated draft document on guardianship, adoption and inheritance law. In 1995 MIFAPROFE led inter-ministerial efforts to create a National Bureau for Children, and launch the Day of the African Child (June 1995).

They merged in 1997 to create:



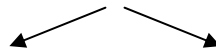
MIGEFASO

(1997-1999)

MINISTRY OF GENDER, FAMILY AND SOCIAL AFFAIRS

Responsible for one-child one-family campaign, establishing the Programme National pour l'Enfant, developing standard guidelines to regulate UAC centres, and elaborating a draft on family reunification and fostering procedures.

In 1999 it was divided into two ministries:



MINAFASO

(1999-2000)

MINISTRY FOR SOCIAL AFFAIRS

In charge of closing UAC centres and drafting law on fostering.

Ceased to exist in 2000, most services transferred to:



MINALOC

(2000-present)

MINISTRY OF LOCAL ADMINISTRATION
AND SOCIAL AFFAIRS

Assumed MINAFASO activities, approved a new Code on the Family, progresses on fostering activities and closing UAC centres

Objectives

“As for orphans, who need support and direction from others, their number is not well known. It is clear, therefore, that more precise statistics are required in order to implement programs that will benefit these different groups of vulnerable children.”² (MINECOFIN 1998)

This study aims to bolster Rwanda’s implementation of the principles in the Convention on the Rights of the Child. The immediate objective is to gather data and disseminate information to decision-makers regarding the situation of children living in UAC centres. The long-term objective is to establish an information system with a mechanism for regularly monitoring the situation of unaccompanied children. The statistical indicators presented in this report meet the immediate and long-term objectives. They are a result of a nationwide assessment of children, revealing their demographic profile, their contacts with family and community members, and their general health and education status. When these indicators are systematically collected and updated regularly, they lay a solid foundation for monitoring progress and comparing future trends.

It should be noted that this study is not the only recent orphan assessment in Rwanda. But it is unique in that it has a quantitative focus using empirical data. MINALOC/UNICEF carried out an in-depth participatory (qualitative) study in 2000 addressing broader social forces and how they relate to the situation of orphans (cf. [Veale et al. 2001](#)). The reader is encouraged to review findings and discussions in the qualitative study that enhance the results of this report.

II. Methodology

The results presented and discussed in this report are drawn from data collected on children living in Rwanda’s UAC centres. The study was accomplished under the auspices of UNICEF and the Ministry of Local Government & Social Affairs (MINALOC). The relatively small size of Rwanda permitted the enumeration to be conducted in a timely and cost efficient manner; fieldwork was conducted between November 26, 2001 and March 18, 2002. The reference date for indicators presented throughout this report is January 2002, the exact mid-point of data collection being January 21, 2002. The Statistical Office of the Ministry of Finance and Economic Planning (MINECOFIN) provided substantial logistical and technical support in data collection and data entry.

Socio-demographic information was systematically collected on all children who were living in Rwanda's 24 UAC centres at the time of the study. These centres include all of those that were currently registered with MINALOC (see the list of centres in [Table 1](#), and their location in [Figure 2](#)). Since every UAC centre is supposed to be registered with MINALOC via the local government ([MINITRASO/UNICEF July 1995](#)), and the government discourages new centres from opening, it is unlikely that any major centre remained unregistered.³ The 3475 children included in this study therefore account for nearly all children living in Rwanda's UAC centres.

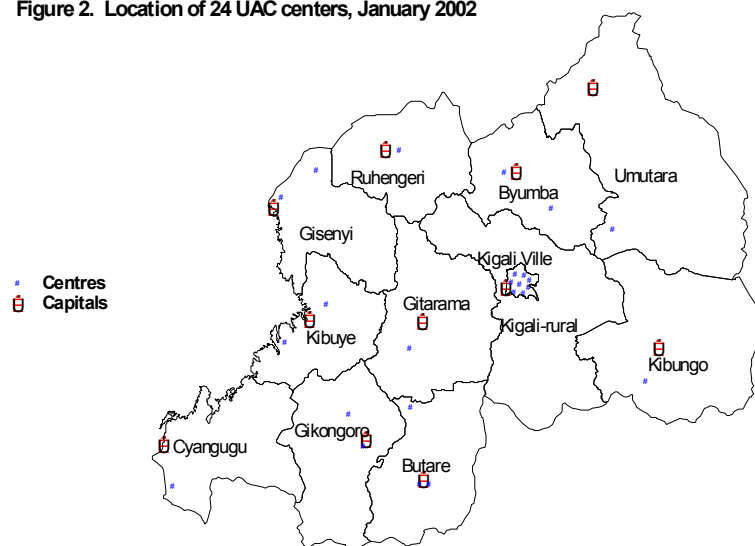
² “Quant aux orphelins, qui necessitent du reste un soutien et un encadrement, leur nombre n’est pas bien connu. Il est donc clair que des statistiques plus fouillées sont requises pour permettre certaines interventions en faveur de ces différentes catégories de personnes.” (MINECOFIN 1998)

³ Four centres in the country have been identified that were not registered with MINALOC at the time of the study: 1) MINALOC designated Rulindo Centre in Kigali Rural to be closed before the time of the study. However, IRC reports that there are still 18 children remaining in the centre (personal conversation with Ms. Marie-Noelle Senyana-Mottier, March 2002). 2) St. Boniface Centre in Butare had seventeen children in January 2002 (personal visit to centre by data collectors). 3) A missionary orphanage for children with AIDS in Nyanza, Butare province, reportedly had about 10-12 children (personal conversation with a missionary in Butare who works with persons with AIDS, February 2002). 4) St. Joseph’s Urugu Centre in Kigali Ville had 24 children (Catholic Relief Service monthly report, July 2001; CRS provides food staples to centres for vulnerable children and adults. All of the child centres for which CRS provides food are registered with MINALOC, except St. Joseph’s Urugu Centre). Together the population of these 4 centres not registered with MINALOC was about 71 children in January 2002.

Table 1. List of 24 UAC centres participating in the assessment, January 2002

Name of centre	Location (Province/District)	Reference name
Gisimba	Kigali Ville	Kigali (1)
Mere du Verbe	Kigali Ville	Kigali (2)
Croix Rouge Kacyiru	Kigali Ville	Kigali (3)
Mpore Mpefa	Kigali Ville	Kigali (4)
Petites Soeurs de Jesus	Kigali Ville	Kigali (5)
Amidor	Kigali Ville	Kigali (6)
Home of Hope	Kigali Ville	Kigali (7)
S.O.S. Kacyiru	Kigali Ville	Kigali (8)
Nkunda Life Centre (JAM)	Gitarama/Ndiza	Gitarama
Orphelinat St. Elizabeth	Butare Ville	Butare (1)
Orphelinat St. Antonien	Butare/Nyanza	Butare (2)
Home Don Bosco, Cyotamakara	Butare/Nyamure	Butare (3)
S.O.S. Gikongoro	Gikongoro Ville	Gikongoro (1)
Kaduha Centre	Gikongoro/Ntongwe	Gikongoro (2)
S.O.S. Byumba (formerly S.O.S. Ngarama)	Byumba Ville	Byumba (1)
Muhura Centre	Byumba/Humure	Byumba (2)
House of Joy	Kibungo Ville	Kibungo
Gakoni Adventiste	Umutara/Murambi	Umutara
Benebikira	Ruhengeri Ville	Ruhengeri
Imbabazi-Rubavo	Gisenyi Ville	Gisenyi (1)
Orphelinat Noel de Nyundo	Gisenyi/Cyanzarwe	Gisenyi (2)
Mabanza Rubengera	Kibuye Ville	Kibuye (1)
Mugonero Esperance	Kibuye/Rusenyi	Kibuye (2)
Rusayo Cité de la Miséricorde	Cyangugu/Gashonga	Cyangugu

Figure 2. Location of 24 UAC centers, January 2002



Data collection

MINALOC sent a letter to the préfet in each province, carbon-copying the director of each UAC centre, informing them of data collection that would take place within the 4-month data collection period. This letter presented the intentions of the study and facilitated the assistance needed from local program authorities.

The research leader, with substantial input from national and international experts, designed a survey questionnaire instrument. The questionnaire contains two sections. The first section contains general information asked to the local director about the centre (e.g. the number of children living in the centre in previous years, if and where monthly reports are sent, a description of any guidelines that exist for children with HIV/AIDS, etc.). The second section contains 24 questions specific to each child, including his/her socio-demographic information, his/her family and community contacts, and his/her current health and education status.

The data collection visit in each centre began with an interview with the director. A team of trained enumerators asked the survey questions and recorded the responses. For collecting the data on individual children in each center, the team worked closely with the social worker and/or other local staff persons who were familiar with the children and with archival sources pertaining to the children. Data were transcribed from **archival records** such as family tracing documentation,⁴ child history reports, centre registers, letters or attestations from local authorities, and records on the child's health and education status. Information was substantiated by **verbal reports** from personnel in the center and sometimes by speaking with the child personally.

The team leader wrote a report at the end of data collection in each center. The report documents observations made during the visit, and notes any other centres in the region that were not registered with MINALOC. Observations included an assessment of data collection: details on how the data were collected, with whom data collectors had contact, the quality and completeness of data sources⁵, etc. Other information noted was how the children in the center are organized, who are the major funding sources, what are the admissions criteria, etc.

Data analysis

After the data were transcribed on to the questionnaires by the enumerators, the completed questionnaires for each centre were submitted to a trained data entry person. She entered the data electronically into a CSPro2.2 form (Figure 3). *Note that information in the database does not include personally identifiable information on the children.* Data were edited and cleaned using a CSPro2.2 batch edit program, then exported to SPSS to generate descriptive results and more extensive analysis.

⁴ Documentation that was especially valuable in data collection included that completed by IRC, ICRC, Save the Children, MSF, and Concern.

⁵ There is a wide range of data completeness, quality, and organization between the centres. Transit centres that receive children with tracing documentation do not normally do any further investigation/documenting themselves. Other centres employ staff who document the child's life history and continuing development.

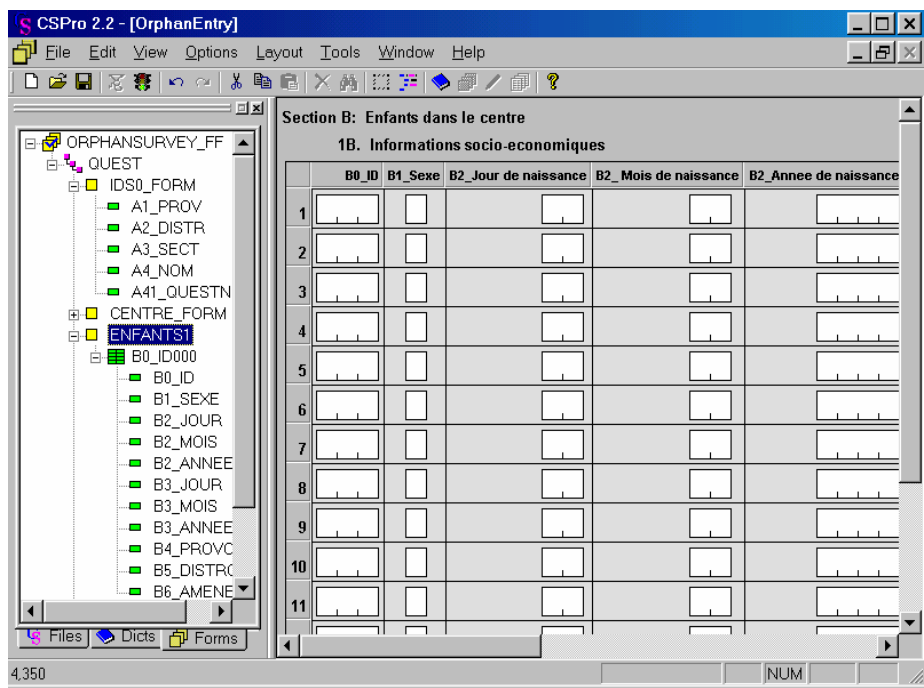
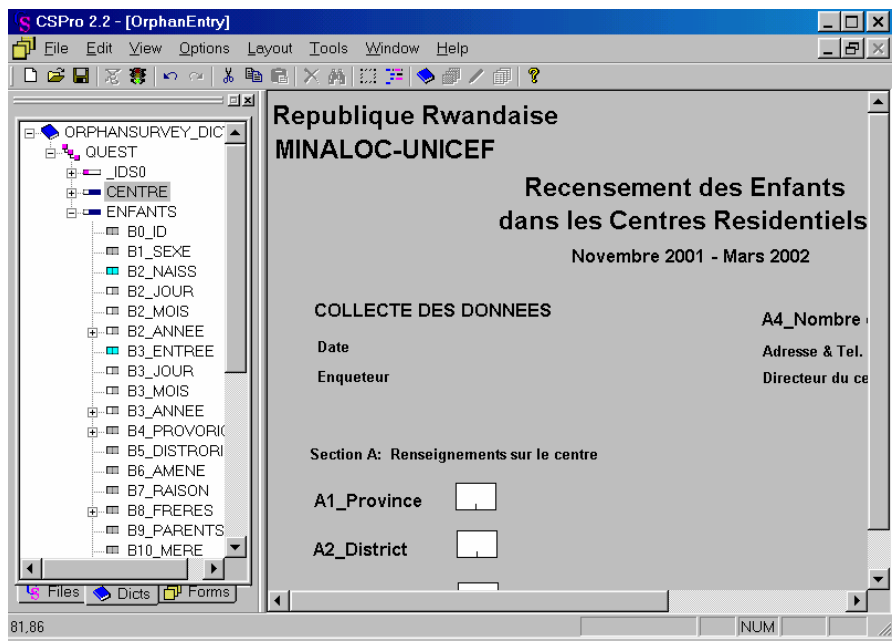


Figure 3. View of electronic format of CSPro2.2 data entry sheets

CSPro is software for survey and census design, developed by the US Census Bureau. The latest version of CSPro can be downloaded for free from [http://www.census.gov/cgi-bin/ipc/US Census Bureau](http://www.census.gov/cgi-bin/ipc/US%20Census%20Bureau).

United Nations Convention on the Rights of the Child addresses State Parties:

“A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State. ”

Article 20 (1)

III. Background

In ratifying the Convention on the Rights of the Child, the Rwandan government is obliged to provide alternative care for a child deprived of a family environment (article 20). These children commonly live in centres for unaccompanied children, that is, an orphanage or establishment that serves as a child’s primary residence.

Construction of past trends on the number of UAC centres and the children living in the centres is difficult because data are not consistently available throughout the past decade. Moreover, the precise dates that should correspond to the data are frequently vague or even missing. The figures below present data gleaned from a variety of sources, with their specific or approximate date, on the number of centres and the total number of children living in centres.

Evolution of centres for unaccompanied children...

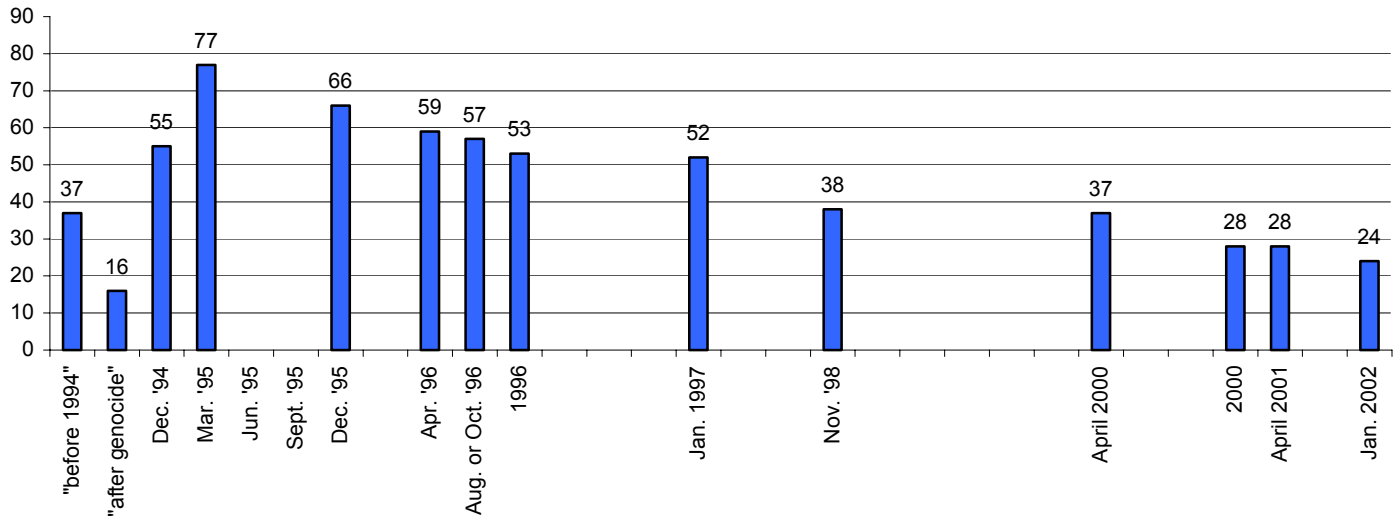
Most UAC centres in Rwanda have been founded since the genocide. Of the 52 centres that existed in January 1997, for example, only 12 were founded prior to April 1994. All 12 of these older centres still exist today and the oldest is Orphelinat Noel de Nyundo in Gisenyi province, founded in 1955. The remaining 40 centres were founded in 1994 or 1995 following the social upheavals of the genocide. The fact that no new centres have been created after 1995 reflects the government’s position that children should not be placed in institutional care and new centres should not be opened.

Figure 4 portrays the changes in the number of centres since before 1994 until January 2002. In less than one year following the genocide in 1994, the number of centres grew from 16 to 77. The greatest number of centres was 81 in April 1995, not shown in Figure 3 (MINITRASO/UNICEF May 1995). Many of their activities were short-lived, however. Several NGOs involved in protecting children were expelled in December 1995,⁶ at least partially accounting for the 20 fewer centres in October 1996 compared to the number at the start of 1995.

The number of centres remained in the 50s throughout the emergency period. Only since the emergency phase ended in 1998 has there been a significant drop in the overall number of centres. By April 2000 there were 37 centres--the same number as before the genocide.

⁶ On 6 December 1995 38 NGOs were ‘requested to cease activities in Rwanda’. Most of these had been involved in working with children (Cantwell 1997).

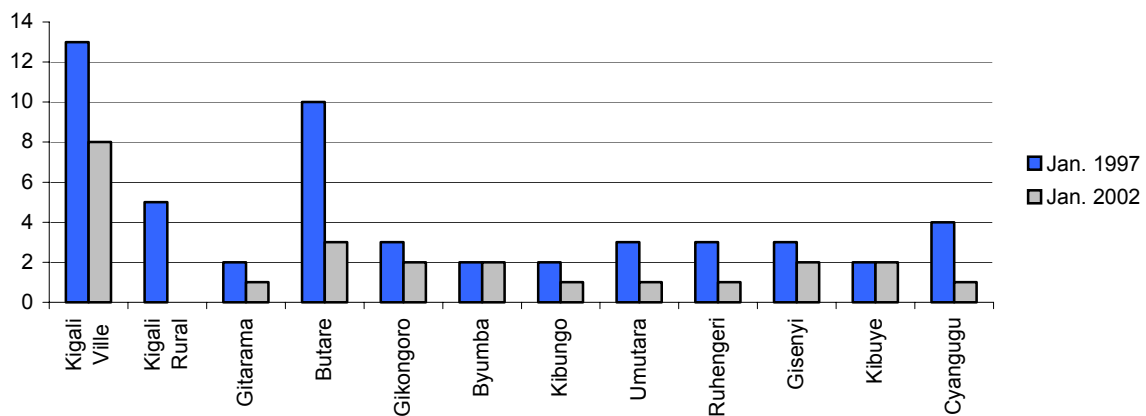
Figure 4. The number of UAC centres, "before 1994" to January 2002



Sources: Cantwell (1997); MINITRASO/UNICEF (1997); Dona (2001); MINALOC (2001); and DCOF (2001).

A total of 28 have closed since January 1997, with at least one or more closing in every province except Byumba and Kibuye (Figure 5). The provinces where most centres have closed over the past five years are in Kigali Ville (5 closed), Kigali Rural (5 closed), and Butare (7 closed). As noted earlier, no new centres have been opened since 1995 and thus the 24 centres remaining at the time of this study were all present in 1997.

Figure 5. The number of UAC centres has decreased in almost every province from 1997 to 2002



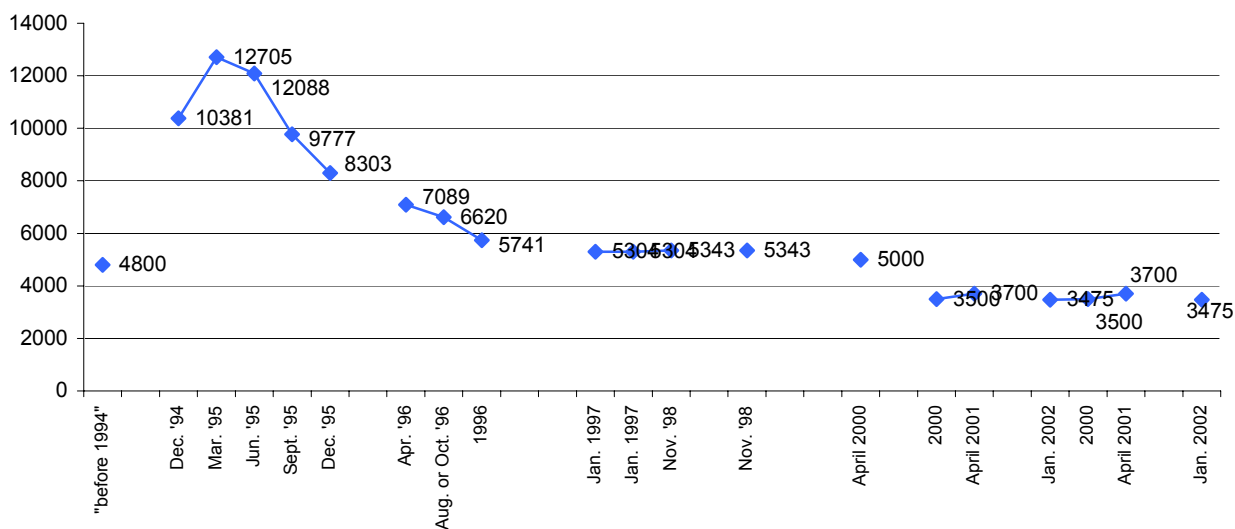
Source: MINITRASO/UNICEF (1997).

...and children living in UAC centres

Information was not found on the precise number of children in centres prior to 1994, only that “before 1994” they numbered 4800 (Cantwell 1997). In the months following the genocide the number of children more than doubled— reaching the highest recorded number of 12,705 in March 1995.

The data on children in centres proves more complete throughout 1995 and 1996. During this post-genocide period MINETRASO requested assistance from UNICEF to establish a monitoring system intended to track indicators on children. A monthly report form was designed to compile data from the centres, and a multitude of agencies collaborated to provide the requested statistics (e.g. MINETRASO, UNICEF, ICRC, SCF-UK, WFP and other NGOs). Liaison officers were trained to monitor centres. Information was gathered regularly and presented in a monthly bulletin entitled, “*Children: The Future of Rwanda*”, published by MINETRASO/UNICEF in both French and English. Figure 6 below plots data from this source and other sources.

Figure 6. The number of UAC in centres, "before 1994" to January 2002



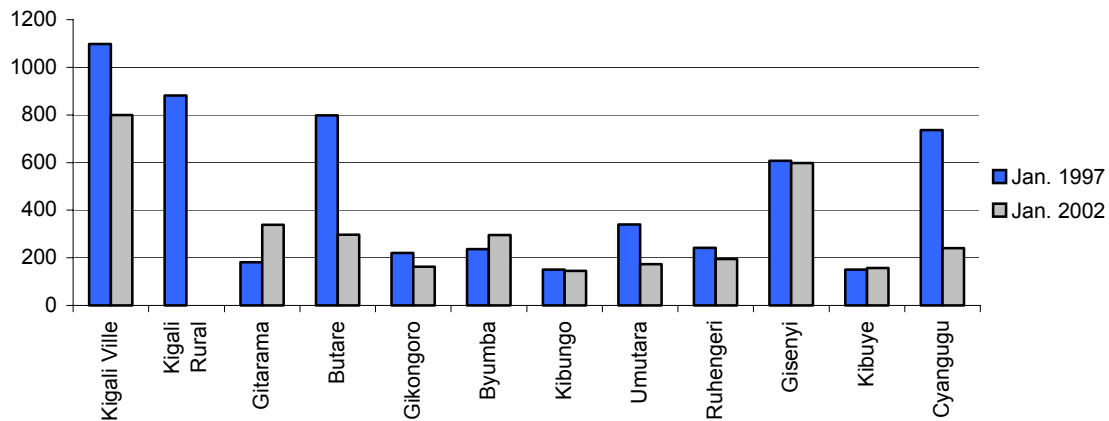
Sources: Cantwell (1997); MINETRASO/UNICEF (1997); Dona (2001); MINALOC (2001); and DCOF (2001).

Quarterly data on the number of children in centres in 1995 and 1996 closely tracks their decline in number. During this period, NGOs assisted many children who were separated from their parents during the genocide to be reunited with their family or placed in an extended or foster family. By November 1996, the IRC registered 27,770 children reunited or placed in a family (MINETRASO/UNICEF 1996), many of whom were presumably registered in UAC centres. Although tracing efforts by NGOs have greatly diminished since 1999, by 2000 the population of children in centres had decreased to about 3,500, even less than the “before 1994” level.

The 3,475 children who lived in 24 centres in January 2002 include those whose families are difficult or impossible to trace, those for whom a family reunification or placement was not successful, and those who have more recently entered a centre. Some centres reported that not infrequently children who had been reunited with or placed in a family have later returned to live in the centre. These reports corroborate a similar finding in Veale *et al.*'s report that notes a portion of child reunifications and family placements have failed. According to a study cited in the report, some of the children became the head of household; some children did not remain with the same guardian with whom they were reunited or placed; and some children experienced severe impoverishment and malnutrition (Veale *et al.* 2000). For these reasons children may opt to return to a centre where they at least have basic meals and supervision.

Figure 6 shows the number of children in 24 UAC centres by province in January 2002, compared to 5 years earlier in the same centres in January 1997. By 2002 the number of children in centres has grown in only two provinces: Gitarama and Byumba. In Gitarama, although one centre closed in the five-year period, the remaining transit centre (JAM) received the largest number of children transferred from other centres in the country when they closed. In Byumba, the original S.O.S. Children's Village established after the genocide was at the Catholic mission. This was later relocated and transformed into an S.O.S. Children's Village where the new location could accommodate more children. Note that there are no centres registered in 2002 in Kigali Rural.

Figure 6. The number of UAC in 24 centres, by province, 1997 and 2002



Source: MINITRASO/UNICEF (1997); 3475 children in 24 centres (2002).

The indicators presented in the following sections shed light on important characteristics of children who were living in UAC centres at the time of the study. The indicators are a step towards re-starting the regular monitoring activities that were initiated after the genocide, and that were unfortunately discontinued by 1997.

United Nations Convention on the Rights of the Child addresses State Parties:

“States Parties shall undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention...”

Article 4

IV. Maintaining & reporting statistics

MINTRASO/UNICEF reported in June 1995, “*The ministry of Labor and Social Affairs with UNICEF assistance is seeking to establish a system of information collection on children in order to monitor the implementation of the Convention on the Rights of the Child in Rwanda. This system is intended to track certain indicators on the situation of children [...] to enable the government to develop appropriate policies and activities for the well-being of all groups of vulnerable children.*”

The primary objective of maintaining statistics on children in centres is to produce quantitative indicators⁷ that assist local and national planners to make informed decisions. An advantageous by-product is the creation of an historical record-- a statistical biography, as it were-- of the child population movements. Fundamental information kept on each child in a centre should be able to be summarized into statistical indicators easily and at any time, including on a bi-monthly or quarterly basis to report to national authorities.

Unfortunately the initiative cited above was never fully realized in all centres, and not for long term. In 1995 and 1996 many centres provided important monthly information on the population and movement of children, but during data collection for this study there was no evidence in most centres of a systematic method of maintaining these statistics. 16 of 24 centres stated that they report monthly to MINALOC, but a visit to MINALOC revealed that few reports from prior months were actually filed. Most centres also stated that they submitted regular reports to CRS (Catholic Relief Service) in order to receive basic food staples. The food gifts are contingent upon receiving the reports, and in fact, receipt of these reports was confirmed in CRS’s Report on the Situation of Centres (CRS 2001).

Recently there have been recommendations to again implement a monitoring system. Among the primary activities in the UNICEF Child Protection Programme Plan of Action 1998, was “training on project management, data collection and reporting techniques.” More recently, DCOF (Displaced Children and Orphans Fund) recommended that “IRC should encourage MINALOC to explore ways to monitor the reasons that children are entering and leaving centres. One step could be to include in the monthly report required from each centre specification [...] of every child admitted or discharged and the reason e.g. for admissions, parental death, abandonment, economic distress; and for discharges, family reunification, foster placement, move to independent living, death (DCOF 2001).”

Maintaining basic information on children in centres can and should be simple, consistent, and standardized across centres. The resources needed are minimal: a person in charge of maintaining the information, and an admission/discharge register (see sample entries in Table 2). Most centres do have some form of registration system in place, however it is not maintained in such a way that is easily updated, nor simple to compile information for analysis. Some very basic training and follow-up supervision could ensure that a standardized system is put and kept in place.

The aim of maintaining basic information on each child is so that it can be readily aggregated and summarized into statistical indicators that portray characteristics of children at a local and/or national level. The resources needed to this process information are more demanding than simply maintaining information. The technical knowledge and software/hardware needed to produce indicators is not adequate in most centres. However, there could be a key person trained in each province, or at the national level, to retrieve the information and generate indicators.

⁷ An *indicator* means a summary statistic (e.g. a sum, an average, or other simple computation) that provides useful information to planners about children in the centre.

Basic Indicators

Ten Basic Indicators are suggested to track socio-demographic characteristics of children in UAC centres. They are listed below, and all of them can be computed from information kept in a single register.

1. Number of children living centres
2. Number of children admitted to centres
3. Reasons why children are in centres
4. Who brings children to centres
Community contacts & siblings
5. Where children come from
6. Age of entry
7. Age distribution
8. Incidence of institutionalization
9. Orphan status
10. Tenure time

This report showcases all of the Basic Indicators except the last one, the date of exit and destination of children leaving UAC centres. This information was not collected because data on discharged children was not available in the archives. Information on health and education status is included in addition to the basic socio-demographic indicators.

Maintenance of a *single* register to monitor Basic Indicators

Standard information at a centre should be kept current in a *single* register, using entries such as the sample entries below (Table 2). It can be kept manually and/or computerized as long as it is updated on each child's day of admission and day of departure. The register must be kept confidential, but always easily accessible to the designated person(s) who keeps it.

All of the Basic Indicators noted above and presented in the following sections can easily be updated if the following information on each child is maintained.

Table 2: Sample entries in UAC centres' admission/discharge register

ID no.	Child's name	Sex	DOB	Date of entry	Who brought the child?	Child's origin	Main reason child brought is	Status of mother	Status of father	Date of exit	Destination
01	Marie	F	01/12/01	15/12/01	mother	Gisenyi	Socio-econ	alive	Not known	01/03/02	reunited
02	Jean	M	31/6/97	31/12/01	commune	Congo	Father in prison	alive	Alive		
03	Andre	M	01/02/02	02/02/02	maternity	Kigali Ville	Mother died	dead	Alive	03/02/02	died
04	Moise	M	01/01/95	10/02/02	Other centre	Butare	abandoned	Not known	Not known	28/02/02	Foster family
05	Theo	F	08/16/85	10/10/02	Local auth.	unknown	sick	dead	Unknown	02/07/05	hospital
06	Anne	F	1989	15/10/04	teacher	Kigali Rural	Parents ill	alive	Alive	30/05/08	independent
07	Marc	M	Jun 2005	06/22/05	aunt	Kibuye	Soci-econ	alive	Unknown		
08											

Note that children no.s 2 and 7 do not yet have dates of exit. They are still living in the centre and their discharge dates and destinations will be added when they leave. Depending on centre-specific needs and space in the register, other or more detailed information may be kept (e.g., name or address of parents, child with special needs, etc.). It is preferable, however, that only information about the child that is unlikely to change be kept in this register. The child's psychosocial development, medical and school records, and visits with family or community members should be complete and up-to-date also, but in a confidential file separate from the register.

V. Presentation of Basic Indicators

The following indicators are based on data collected on 3475 unaccompanied children living in 24 centres. The reference date for the indicators is January 2002, the mid-point of the data collection period.

Indicator 1: Number of children living in centres

One of the most basic indicators for monitoring centres is the number of children attached to a centre at any point in time. Its value lies in its simplicity to gauge a centre's operating level and to compare the number of children between specified time intervals, and between centres. It is necessary to know the number of children when measuring the proportion of children living in centres i.e. the 'incidence of institutionalization'.

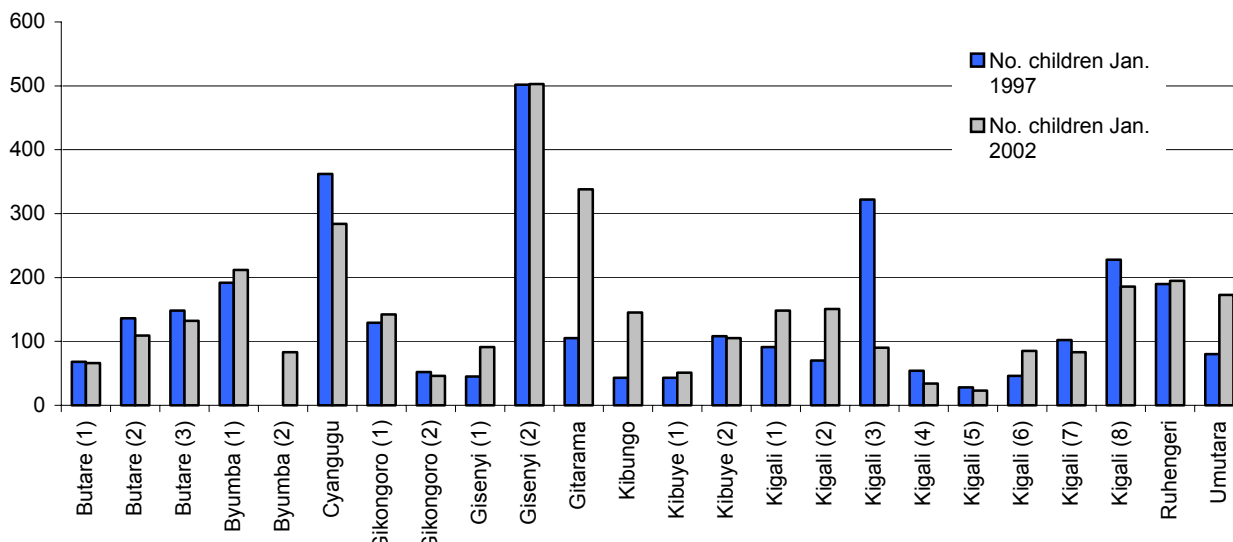
Because of its simplicity, the indicator lacks sensitivity in two important respects. First, the overall number of children present at a particular time does not reveal the turnover, or flow, of children to and from the centre. That is, one does not know whether the children counted are the same children still in the centre since a previous count (from 1997 to 2002 in [Figure 7](#), for example), or if new children have replaced children who were present at a former count. Second, the number of children at a specific point in time may mask or distort an important situation in that general period. For example, the annual number of children reported in centres at the end of 1995 (8,305) does not reflect the situation earlier that same year when, following the genocide, there were 12,088 children. By the end of 1995 serious tracing efforts had already resulted in a significant number of children being reunified or placed in families. The number of children at the end of 1995, if taken to represent the entire year, masks the predicament present earlier in the year.

In January 2002, the number of children in centres ranged from 23 children in Petites Soeurs de Jesus ('Kigali 5') to 503 children in JAM centre ('Gitarama'). Centres were, on average, operating at about 95% of their reported capacity with three centres clearly operating over their capacity: Gisimba Centre, Kigali (114% over capacity), St. Elizabeth Orphanage, Butare (132% over capacity), and Mabanza Centre, Kibuye (128% over capacity).⁸

Although the overall number of UAC in Rwanda *decreased* between January 1997 and January 2002 (from 5304 to 3475, respectively, cf. [Figure 5](#)), the number of children in the 24 centres in 2002 *increased* 10% in the five-year period (from 3144 to 3475). [Figure 7](#) shows the reported number of children living in 24 centres in January 1997, compared to the number of children in the same centres in January 2002. While a few of these centres have decreased their number of children, most notably Cité de la Misericorde in Cyangugu and Croix Rouge Kacyiru ('Kigali 3'), five centres have more than doubled in size over the five-year period. These include House of Joy in Kibungo (70%), JAM Centre in Gitarama (69%), Mere du Verbe ('Kigali 2') (54%), Gakoni Centre in Umutara (54%) and Centre Imbabazi ('Gisenyi 1') (51%).

⁸ To my knowledge, there are no standard criteria established to measure the capacity of a centre, e.g. number of beds, caretaker to child ratio, number of rooms, cooking and sanitary facilities, etc. Rather, the operating capacity documented in this report is based upon the maximum number of children that the centre could adequately accommodate, as reported by the local director. In many centres, 2 infants or small children would frequently share the same bed.

Figure 7. The number of children in UAC centres, 1997 and 2002



Sources: MINTRASO/UNICEF (1997); 3475 children in 24 centres (2002).

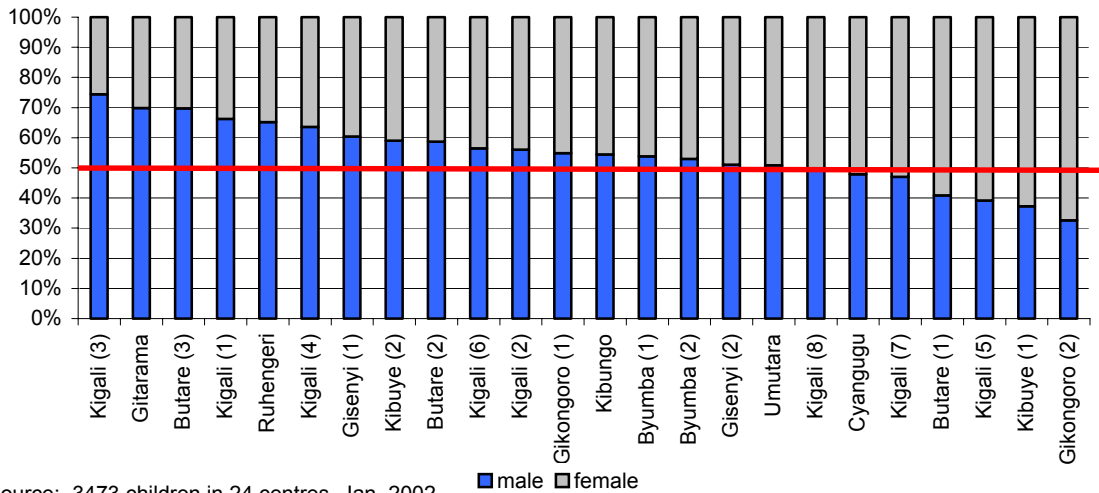
A comparison of the proportion of boys and girls in centres is indicative of social attitudes and practices. For 17 of the 24 centres in this study the proportion of males is greater than females—surprisingly, this is the *opposite* of the age structure in the general child population where the sex ratio clearly favors females in every province.⁹ In 1996, for example, the sex ratio for ages 0-19 years in the 12 provinces ranged from 81 to 96 males to every 100 females (ESD 1996); on average, it was 86 males to 100 females. The overall sex ratio in the 24 centres, with little difference between urban and rural centres, is about 128 boys for every 100 girls (Figure 8). JAM Centre in Gitarama has 231 boys to every 100 girls, or only about 30% of children in this centre are girls.

As with other ‘snapshot’ data, causality must not be assumed too quickly. The data on sex reveals the actual situation of children present in centres, but it does not tell us if, or the extent to which, more males than females were originally *brought* to a centre. In the past decade of conflict, however, it is likely that more boys than girls were brought to a centre. One reason for this is because young males were sometimes lured into war related activities, thus becoming separated from their family.¹⁰ Many of these young soldiers landed in prisons or detention centres for minors, but others probably were brought (or came themselves) to a centre. This trend seems to hold even before the civil unrest. Findings reported in a study of orphans in 1984 also reported that more males were brought to centres than females (Caritas 1984). Qualitative research in this area would help us to understand why more boys than girls appear to be admitted to centres.

⁹ It is interesting to note that the sex proportion of children in centres may not be representative for other vulnerable children: In July 1995, MINTRASO/UNICEF reported that 68% of the 142 children surveyed in Nyakabana living in household-like groups were girls. Likewise, DCOF reports that girls head 70% of child-headed households (DCOF Project Factsheet).

¹⁰ *Children of Rwanda* (April 1996) reports that children as young as 5 years of age have been accused of criminal acts (p. 6); and “In Rwanda, most of the children still attached to RPF are separated from their families or orphaned.” Estimates provided (probably) by the Ministry of Defense in March 1995 were 2,150 Rwandan children age 10-17 years were affiliated with military forces (p. 9).

Figure 8. On average, about 56% of children in UAC centres are boys



Source: 3473 children in 24 centres, Jan. 2002.

For planning purposes a more sophisticated indicator is needed in addition to the number of children. Information on the flow of children entering and exiting centres allows planners to determine the rate of institutionalization, and the rate of de-institutionalization, in any given time period. This is a more rigorous indicator informing us whether there is a relatively high turnover of children (many children enter and leave the centre in a time period) or a relatively low turnover of children (fewer children enter and leave the centre in a time period).

Indicator 2: Number of children admitted

The number of children admitted to centres highlights periods of instability that influence child institutionalization. It is, in short, a gauge for social dysfunction. In times of social or economic strife, for example, one would expect fewer families to have the resources needed to provide for their child(ren), and hence an increase in the number of children admitted to UAC centres.¹¹

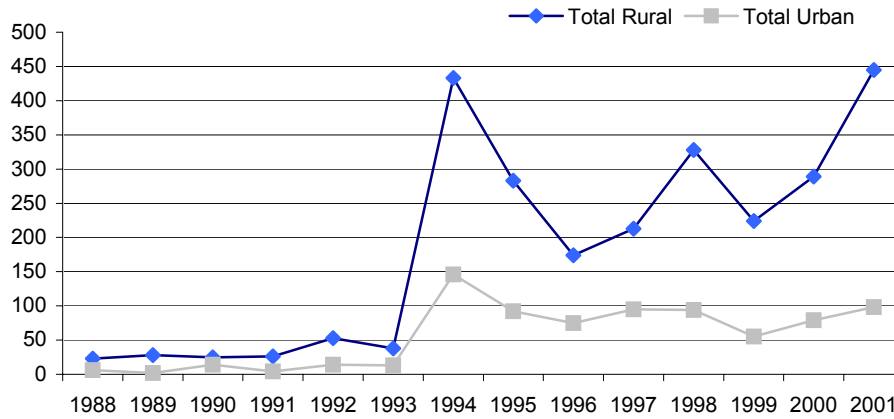
The flow of children admitted to a centre is easy to track simply by keeping a register of all children who are admitted to the centre (see section entitled, “Maintaining and reporting statistics”). The snapshot survey data in this study does not provide the *total* number of children admitted since some children may have left prior to enumeration. However, information available on the entry dates of children currently living in centres also exposes important trends.

Data collected on children living in 24 centres in January 2002 include their year of entry. Figures 9a and 9b show the entry years for children disaggregated by residence and by sex, respectively. In Figure 9a, notable increases in rural centres are evident in 1994, 1998 and in 2001. The spike in 1994 corresponds to the increased number of unaccompanied children in both rural and urban centres following the genocide. The relatively sharper increases in rural centres after 1997 are probably related to the civil unrest in the western region—the highest numbers of new entries in 1997 and 1998 are, in fact, associated with centres in the western provinces of Gisenyi and Ruhengeri. The increase in 2001 is associated with increasing

¹¹ Data on the total number of children is necessary to compute the *rate* of institutionalization: Rate=A/P, where A=total number admitted, and P=total number at risk in population. For reasons described above, survey data does not permit us to know the total number admitted.

poverty, but it also reflects the short period of time that these children have been exposed to family tracing efforts.

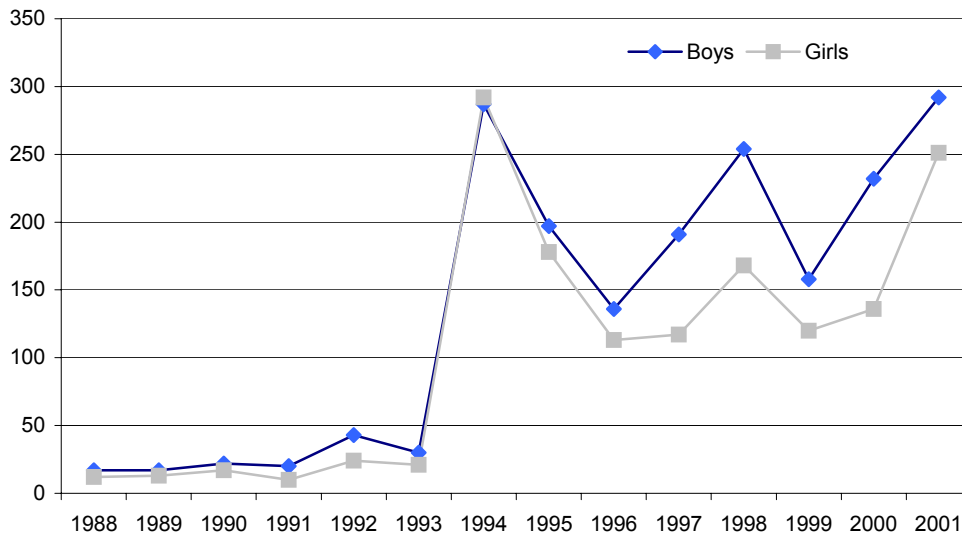
Figure 9a. Children have entered UAC centres in three waves: 1994, 1998 and 2001



Source: 3369 children in 24 centres, Jan. 2002.

Figure 9b shows that among the children residing in centres, significantly more boys than girls were admitted after 1996. Possible reasons for this are discussed in a later section on proportions of girls and boys in centres.

Figure 9b. Significantly more boys than girls entered UAC centres after 1996



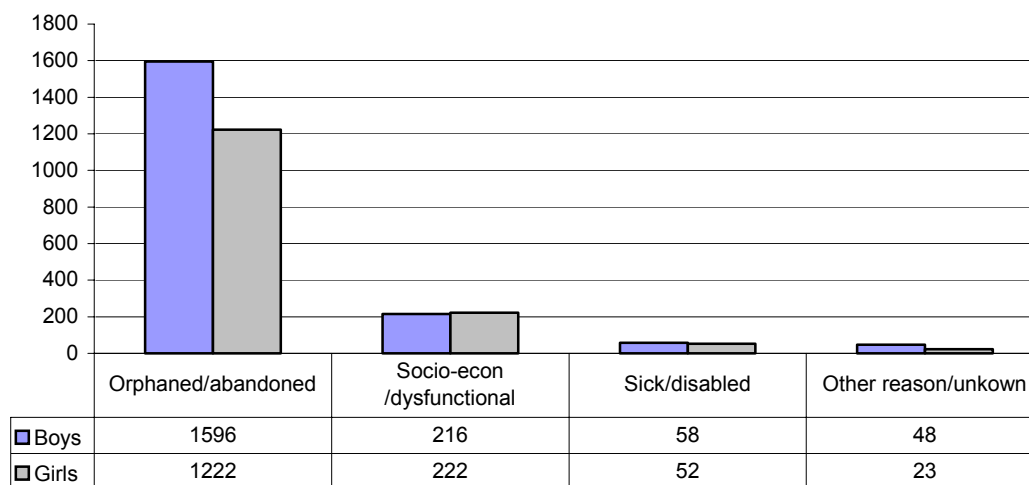
Source: 3368 children in 24 centres, Jan. 2002.

The figures above reveal two additional facts. First, there are clearly very few children currently living in centres who entered prior to 1994. The lion's share, about 90%, has entered since 1994. Second, among children who entered in or after 1994, about half entered by the end of 1997, and the other half in 1998 or later. Those entering shortly after the genocide are mainly due to familial disruptions related to these troubles, while children entering in more recent years, 1998 or later, are evidence of a continued demand for institutionalized child care by families who cannot ensure their child's survival or development needs. Indeed, empirical data on the main reasons why children enter support this statement.

Indicator 3: Reasons why children are in centres

Knowing the reasons why children are in centres brings to light important determinants that result in institutionalization. Knowledge about the relative impact of socio-economic, health, and orphanhood determinants on levels of institutionalization is critical to developing appropriate policies relating to children's welfare.

Figure 10. Orphanhood is the most frequent reason reported for children living in UAC centres



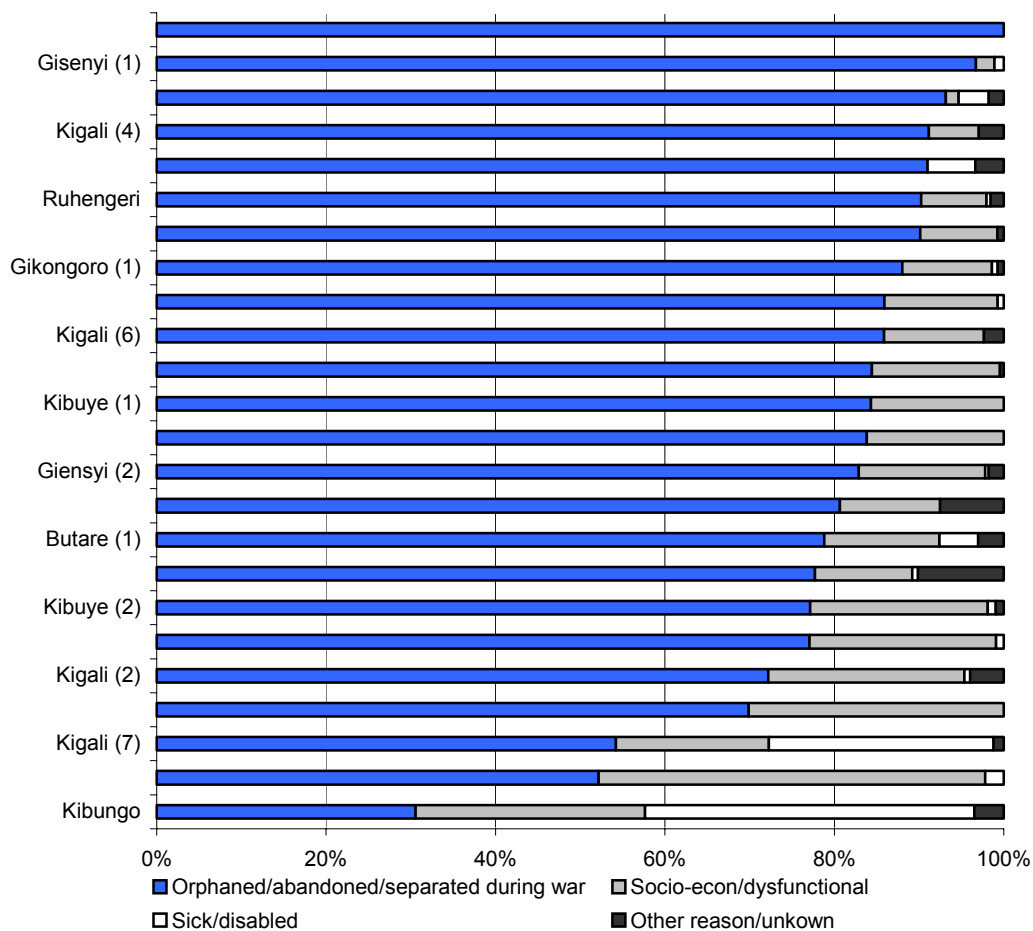
Source: 3471 children in 24 centres, Jan. 2002.

For example, data from children currently living in centres reflect the long-term effects of war and genocide during the past decade. Boys are orphaned or abandoned more often than girls at a ratio of about 1.3 : 1, while overall 81% of children are reportedly living in a centre because they are orphans (Figure 10). Caution must be used in interpreting the reasons reported, however, because other research has shown that most children come from families that suffer economic hardships. The International Rescue Committee found that economic pressures, rather than not knowing where the family members are, is the underlying reason that 70% of children are in centres (IRC 2000).

While it is true that the reasons children are in centres are multifaceted and not mutually exclusive, the complexity can be minimized by adopting a standard definition to document the *main* reason. For example, using orphan status as the main reason should only occur if both parents are dead or missing. If one parent is known to still survive, then the main reason documented in the register (see section IV, "Maintaining and reporting statistics") should reflect why the surviving parent is not able to care for the child e.g., in prison, ill, socio-economic difficulties, abandoned child, other. The maternal/paternal/double orphan status will be ascertained from knowing the survival status of the parent-- which is also documented in the register.

The reported chief reasons for children in this assessment differ significantly between a few centres. [Figure 11](#) shows that for most centres, orphanhood accounts for why over 80% of the children are in the centre. The remaining children are there mainly for socio-economic and family disunity reasons. Centres in Kibungo and Home of Hope ('Kigali 7') stand out because they have the highest share of disabled and sick children. This is mainly due to their programs to help malnourished children recuperate their health.

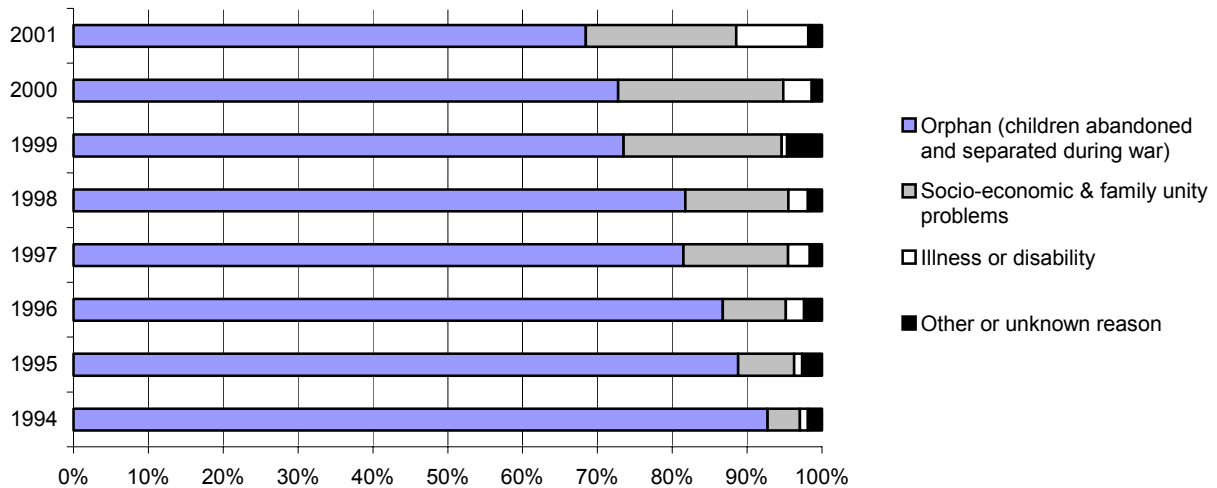
Figure 11. After orphanhood, socio-economic difficulties are the main reasons for institutionalization



Source: 3471 children in 24 centres, Jan. 2002.

The time period in which children enter centres reveals the impact that social problems have on vulnerable children. Between 1994 and 1996, about 90% of children were reported to be orphans largely due to the war and genocide ([Figure 12](#)). After 1998, many of the children who were orphaned or separated from their parents during the war and genocide were reunited or placed in foster families. For new children entering after 1998 other reasons became more important. They were more frequently admitted to centres for socio-economic or family disunity problems. For children in the centres who entered between 1999 and 2001, socio-economic reasons accounted for about 20% of all children in the centres. (As mentioned earlier, other research estimates the socio-economic reasons account for about 70% of children in centres. This discrepancy is probably due to subjectivity in reporting the *main* reason a child is in the centre.)

Figure 12. Main reasons for children to enter a UAC centre, by year of entry.



Source: 3121 children in 24 centres, Jan. 2002.

In 2000 and 2001 reasons of disability (mental or physical) and illness have become more prominent, accounting for about 10% of children entering last year. It is possible that sick and disabled children entered centres in similar numbers in earlier years, but they are not counted in this ‘snapshot’ because (for sick children) once they are well they are reunited or placed in a family. Data from the centre in Kibungo province show that the centre receives many malnourished children who reside there for several months until they grow stronger from the centre’s richer diet. Then they return home. Another example is a centre such as Orphelinat Noel de Nyundo (‘Gisenyi 2’) that receives a high proportion of newborn infants following the death of the mother during childbirth. Several years later, after the child is weaned, the father or extended family members often reclaim the child.

Whatever the reasons children may be in centres, it is not a cost-effective solution in the long run. IRC estimates that it costs about 240 000 Frw per year (about 520 USD) to maintain a child in a centre—plus donated food (DCOF 2001). It would be less expensive-- and better practice—if there were a mechanism to channel these resources to help families support children.

United Nations Convention on the Rights of the Child addresses State Parties:

“...States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.”

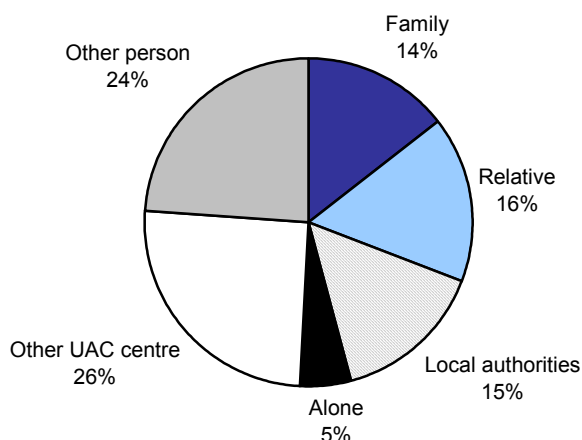
Article 18 (2)

Indicator 4: Who brings children to the centre

This indicator lends some initial information on the child's contacts in the community. That is, if a family member or other familiar person brought the child to the centre, then efforts should be made to maintain this relationship for possible future reintegration. The importance of this indicator is augmented with on-going information about the child's contacts in the community (see below).

Children brought by their own parent(s) or a relative represent almost a third of children living in centres: 14% of these children were brought by their own parent(s), and 16% were brought by a relative (Figure 13). This suggests that many children may have immediate or extended family with whom they could be reunited-- probably more readily than a child brought by local authorities or transferred from another centre.

Figure 13. One third of children in UAC centres were brought by a family member or relative



Source: 3474 children in 24 centres, Jan. 2002.

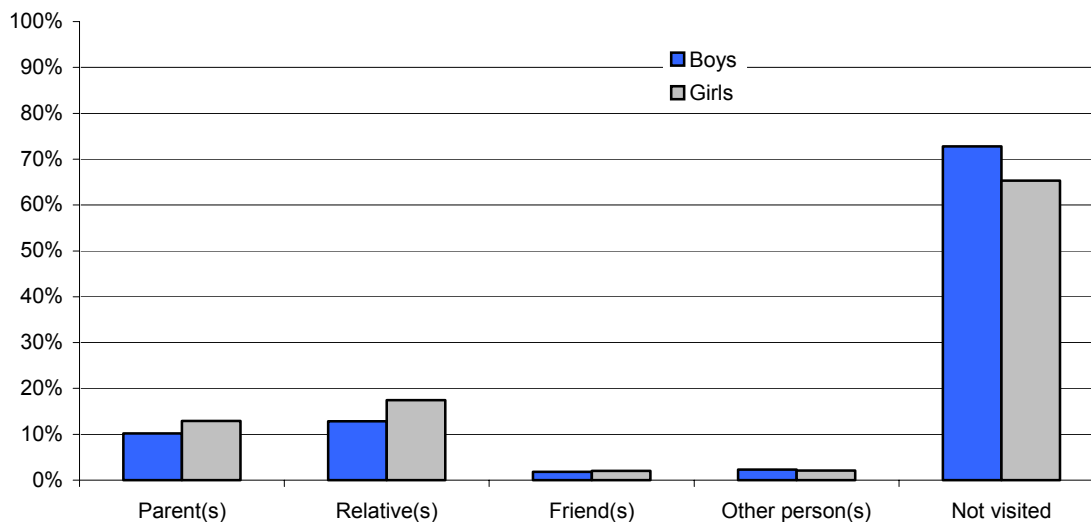
For centres where a large proportion of children are brought by family members, it may be efficacious for the centre or community to initiate parental counseling, or other family support programs, thereby persuading- and empowering- parents or relatives to raise the child at home. These would be important preventive measures to decrease the number of children being placed in centres.

Children transferred from another centre represent another important means of entering a centre; they account for about 26% of all children brought to the centre, with the largest proportion (33%) of these children transferred to JAM centre, a large transit centre in Gitarama. Children transferred in 1998, 2000 or 2001 account for about half of all children transferred to any centre. These ‘transfer waves’ mostly correspond to periods when NGOs were attempting to consolidate children in centres and close displaced children camps. In some cases, although less frequently, children were transferred to their prefecture of origin in an effort to facilitate family reunification.

Community contacts and number of siblings

Most children in centres do not receive visitors (Figure 14). Among those children who have had visitors in the past 6 months, including 27% of the boys and 35% of the girls, most of the visitors have been family members and relatives. Data also show that children age 12 years and older who have paid visits outside the centre in the past 6 months (32% boys and 36% girls) most often visit their relatives.

Figure 14. Visitors that children in UAC centres had in the past 6 months



Source: 3471 children in 24 centres, Jan. 2002.

Over a third of children in centres have at least one sibling in the same centre:

Table 3. Percent children in UAC centres by number of siblings in the same centre

No. siblings	% Children in centre
0	65
1	19
2	9
3	4
4+	2

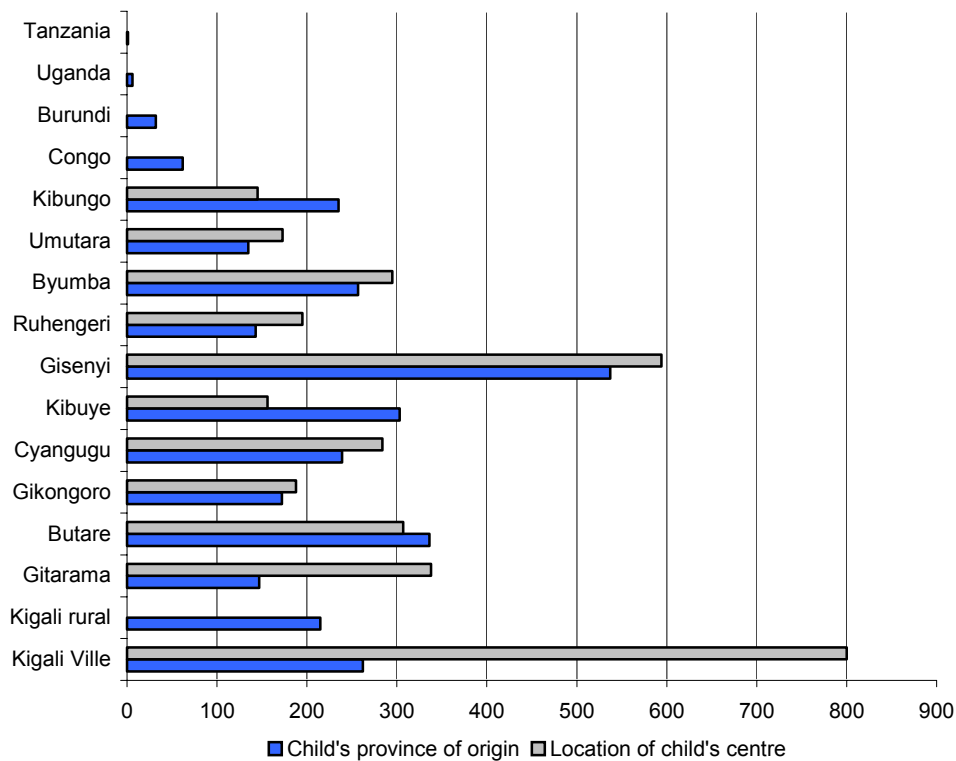
n=3448

Indicator 5: Where children come from

In general, it is preferable that if children must live in a centre, then it should be in a centre that is located nearest to their community of origin. Living in a centre that is close to their original home will, in most cases, help to facilitate contact with family and neighbors and increase chances of family reunification or placement in a foster or adoptive family. For infants and young children the province of origin is likely to be their birth province. For older children it may be their birth province or where they last resided with their family.

Information on a child's origin tells us two important pieces of information. First, it tells us from where in the country that children in centres originate. The absolute number of children coming from specific provinces provides a quantifiable magnitude particularly useful for planning interventions. In Rwanda, among the 3082 children who presently reside in centres and have a known origin, by far the highest number come from the western province of Gisenyi (Figure 15). Second, the child's origin, with respect to where the centre where he or she lives is located, is a measure of the extent to which children are living away from their home setting. Figure 15 also reveals that many children in centres do not reside in one located in their province of origin. In four provinces (Butare, Kibungo, Kigali Rural and Kibuye), there are more children originally from these provinces than actually live in centres in these provinces. On the other hand, centres such as those in Kigali Ville and Gitarama absorb relatively more children from other provinces.

Figure 15. The largest share of UAC come from Gisenyi province, but live in centres in Kigali Ville



Source: 3082 children in 24 centres, Jan. 2002.

Table 4 shows, for UAC centres in each province, the percentage of children who are from that same province. (Note that about 11% of children did not have data available on their province of origin.)

Centres in Kigali Ville and Gitarama both have the highest proportion of children from outside their provinces, and consequently the smallest proportion of children originating in those provinces (only 22% and 20%, respectively). Kibuye and Kibungo provinces have the highest proportion of children in their centres originating from those same provinces (94% and 98% respectively). Overall, only half of the children live in centres located in their province of origin.

Table 4. Percent children living in a UAC centre that is located in their province of origin

Province	% children living in a centre located in their province of origin	% children in centres with known province of origin
Kigali Ville	22	90
Butare	67	92
Byumba	37	93
Cyangugu	69	90
Gikongoro	48	96
Gisenyi	70	92
Gitarama	20	60
Kibungo	98	96
Kibuye	94	99
Ruhengeri	28	85
Umutara	55	95
Rwanda	50	89

In [Table 5](#), data on children is broken down by specific centres and the origin of children residing in each centre. This level of detail is useful to policymakers and planning at the national level.

Table

7.

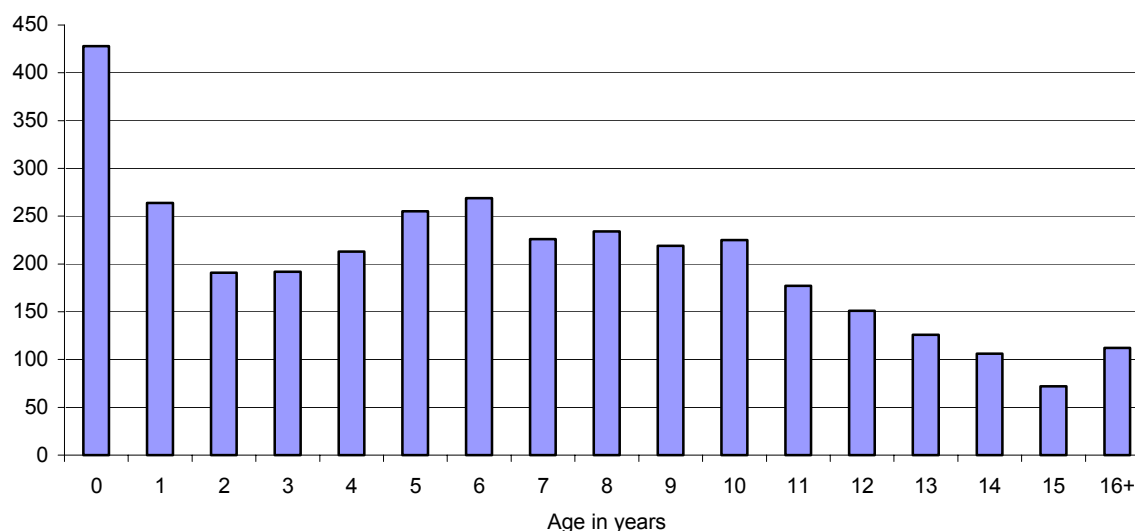
Indicator 6: Age at entry

The age that children enter UAC centres provides important information on how best to elaborate programs to assist families. If many children are admitted to a centre at infancy, this may indicate high levels of maternal mortality. It could also indicate that many women are having unwanted births. On the other hand, if children are admitted at later ages, it may indicate that a family experiences severe poverty and lacks resources to provide for the child's needs at home. It could also indicate children orphaned by HIV/AIDS. The age at entry indicator is easily computed from the entries maintained in the suggested register (cf. Table 2): the age of entry is found simply by subtracting the child's date of birth from the date of entry.

Figure 16 presents age of entry in years for children living in centres in January 2002. Although children entered centres at all ages, proportionally more children enter before their first birthday than any other age. This is likely to be indicative of the high maternal mortality rate in Rwanda, averaging 1071 maternal deaths per 100,000 births in 1995-2000 (ONAPO 2001). Most of these infants were brought to a centre by their own family, or by an extended family member.

There are a slightly higher number of children again who enter at age 5 and 6 years, and the number remains relatively elevated through age 10 years. These children may be evidence of poor families that send children to an orphanage in hopes of finding them a primary education that would otherwise not be affordable. The number of children entering in adolescent years tapers off, but there are still a surprising number who enter after age 13 years, and even after age 16 years. A closer look at the data show that about 40% of these children are transferred from other centres (i.e. they were admitted to another centre at an earlier age), 24% presented themselves to a centre on their own, and 20% were brought to the centre by local authorities-- perhaps in efforts to provide shelter to street children.

Figure 16. 50% of children in UAC centres entered before age 6 years



Source: 3460 children in 24 centres, Jan. 2002.

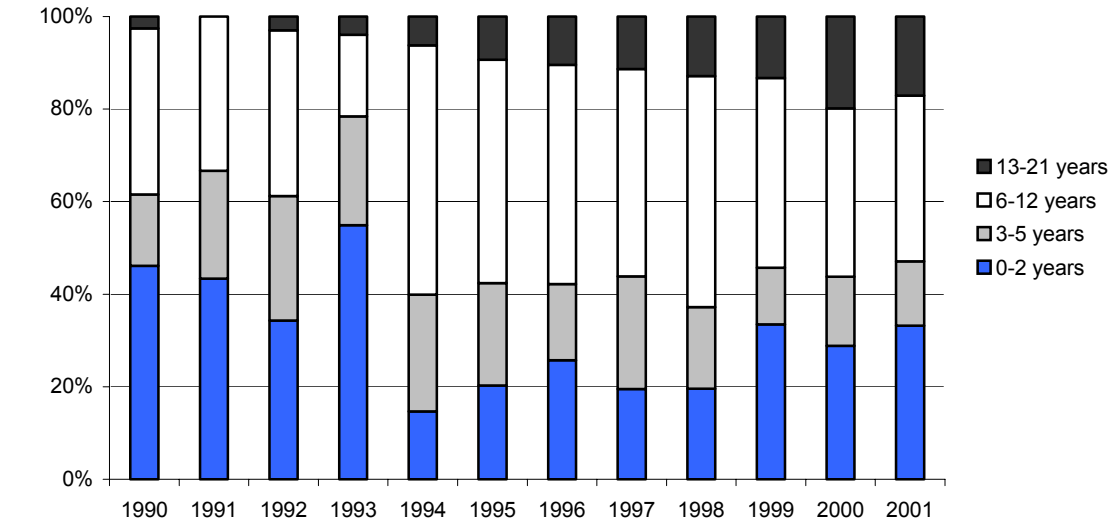
Although centres admit infants under one year old more frequently than any other age, the average age of entry is skewed upwards by other children entering at later ages. The average age of entry for children in centres is 6.5 years, and although there is a large deviation of average ages from the mean, there is not a significant difference in the age of entry between boys and girls. Table 6 shows the average age of entry ranges between 1.4 years and 9.4 years.

Table 6. Average age of entry in years for children in UAC centres, January 2002

Centre	Mean	Standard deviation
Byumba 2	1.37	2.41
Kibungo	2.80	3.04
Kigali 6	4.48	4.25
Kigali 2	4.58	3.34
Kigali 8	4.66	3.29
Kigali 7	4.83	5.99
Gikongoro 2	5.37	5.56
Gisenyi 2	5.47	4.82
Umutara	5.51	5.16
Gikongoro 1	5.56	3.53
Byumba 1	6.66	3.70
Kibuye 2	6.72	4.58
Kigali 3	6.74	3.17
Kibuye 1	7.00	5.27
Gisenyi 1	7.38	3.09
Butare 2	7.44	3.61
Cyangugu	7.63	5.66
Butare 1	7.98	4.84
Ruhengeri	8.50	4.41
Kigali 1	8.80	4.64
Kigali 5	8.83	3.63
Gitarama	9.17	4.19
Kigali 4	9.29	4.48
Butare 3	9.37	3.66
Average age	6.52	4.74

Age of entry is associated with the period in which the child entered the centre. Prior to 1994, among those children living in centres at the time of data collection, proportionally more children entered a centre as infants or pre-school age compared to children who entered after 1994 (Figure 17). The lowest proportion of infants or pre-school children entering was in 1994, at which time the war indiscriminately caused children of all ages to be orphaned or separated from their parents. Another interesting trend that appears to be developing is that in recent years proportionally more adolescents are new entries in centres. Taking into account those children transferred from other centres, this trend of older entries may or may not hold under further investigation.

Figure 17. Since 1994 children are entering UAC centres at older ages



Source: 3302 children in 24 centres, Jan. 2002.

United Nations Convention on the Rights of the Child addresses State Parties:

“For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.”

Article 1

Indicator 7: Age distribution

The age distribution of children in centres is an important indicator in terms of providing care tailored to children’s needs. The size of age groups will largely determine how the living arrangements are organized for children, and how they are supervised.

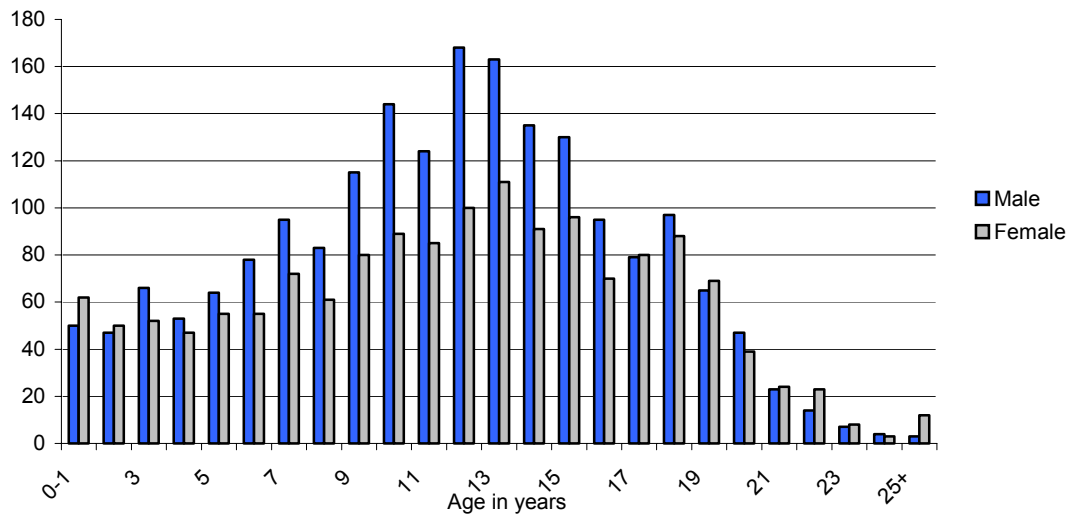
Infants and young children require less living space than older children do mainly because they do not need privacy. However, they need almost constant supervision to ensure their safety and proper stimulation for mental and physical development. Younger children, because they are generally easier to place in foster or adoptive families than older children, also call for special preparation for leaving the centre and joining a family.

Adolescents, on the other hand, require more living space. Their living arrangements are such that they are separated by sex, and they benefit from having a private area to study or deepen relationships. Although they do not require constant supervision by adults like younger children, they merit a different quality of supervision and guidance to help them prepare for their future, i.e. pursue a career path, start a family, manage a household, etc. In addition, older children in Rwanda are likely to have suffered traumatic events from what they experienced during the years of war or the genocide, and therefore may need special counseling (Veale *et al.* 2000). Older children also must be made aware of the risk of AIDS, how it is transmitted, and how to protect themselves against contamination. In 1998 an estimated 6-7% of children in Rwanda between age 15 and 19 years were already infected with HIV/AIDS (*Rwandan National HIV/STD/AIDS Strategic Plan Framework 1998-2001*).

Figure 18 shows the age breakdown of boys and girls living in centres at the time of data collection. The average age, 11.6 years, is not significantly different between boys (11.7 years) and girls (11.5 years). Note that centre authorities report that some persons over age 21 years are still attached to the centres.¹² This may be explained by the tradition that a youth without parents and who is still in secondary school should continue receiving support. This view probably relates to a clause in the Rwandan legal code (article 33 of Executive Order, 1974, in *Haguruka*, 1996) that states if a person is under age 25 years and still attending school, they are legally entitled to a survival allowance (Veale *et al.* 2000). Among the 61 children over age 21 years who were reported as attached to a centre, 49 are in fact enrolled in school. Most of the remaining 12 have a mental or physical disability.

¹² Legal definitions of “child” differ. Rwandan national law recognizes a child as a person less than 21 years of age (article 360 of the Rwandan Civil Code Book I), while the Convention on the Rights of the Child defines “child” as a person less than 18 years (article 1).

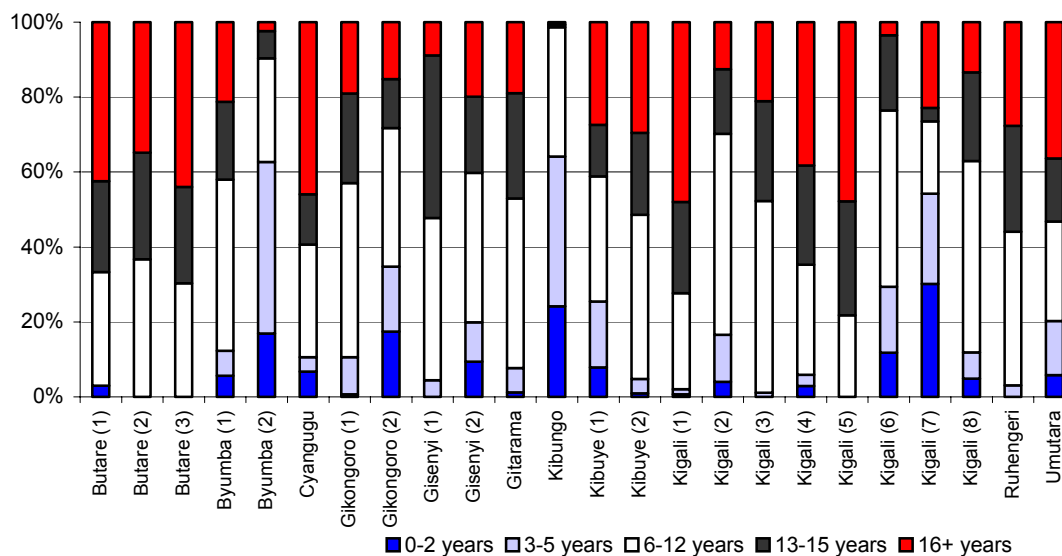
Figure 18. The average age for boys and girls in UAC centres is 11.5 years



Source: 3471 children in 24 UAC centres, Jan. 2002.

The age distribution for children varies widely across centres. [Figure 19](#) shows that three centres-- Centre Muhura ('Byumba 2'), House of Joy ('Kibungo'), and Home of Hope ('Kigali 7')-- have over 50% pre-school age populations. Other centres host only children who are old enough to attend school: St. Elizabeth ('Butare 1'), Orphelinat St. Antonien ('Butare 2'), Gisimba ('Kigali 1'), Croix Rouge ('Kigali 3'), and Petites Soeurs ('Kigali 5'). Centres with almost exclusively school age children may mean that the centre has not received any new children (the ones residing there are gradually aging out), or else the centre strictly provides services to unaccompanied children who are old enough to attend school.

Figure 19. Adolescents account for over 50% of children in half of the UAC centres



Source: 3472 children in 24 centres, Jan. 2002.

Children in centres today are, on average, older than they were five years ago. [Table 7](#) shows the older age distribution of children currently in centres compared to the age distribution in 1996. In 1996, 24.6% of children were under 6 years of age, compared to only 15.7% in 2002. While the largest proportion of children is still primary school age-- 38.1% in 1996 and 38.9% in 2002-- the proportion of children 16+ years in the same period has more than doubled: 11.3% to 24.5%.

Table 7. Proportion of unaccompanied children in five age groups, 1996 and 2002.

Age in years	% children in centres (Apr. 1996)	% children in centres (Jan. 2002)
< 2	7.1	6.0
3-5	17.5	9.7
6-12	38.1	38.9
13-15	25.8	20.9
16+	11.3	24.5
N	4313	3472

Source: MINITRASO/UNICEF (April 1996).

Indicator 8: Incidence of institutionalization

The incidence of institutionalization, or the proportion of the children living centres, is a proxy for the relative levels of orphanhood in a region. The incidence of institutionalization can be easily calculated when the number of children in centres is known, and the corresponding population data are available. [Table 8](#) shows the incidence of institutionalization for children age 0-14 years that lived in centres in January 2002.

Table 8. Incidence of institutionalization: proportion of children¹³ age 0-14 years living in UAC centres, per 100,000 children in the province, January 2002

Province	# children age 0-14 yrs in centres, by province (a)	# children age 0-14 yrs in general population, by province (b) ¹⁴	Incidence of institutionalization per 100,000 children 0-14 yrs.
Kigali rural	0	381 172	
Kigali Ville	574	196 637	291.9
Gitarama	248	494 244	50.2
Butare	149	318 415	46.8
Byumba	230	396 995	57.9
Kibungo	144	222 787	64.6
Gikongoro	140	276 612	50.6

¹³ The proportion of children living in centres can be calculated for each province (or any administrative unit), and by age group, as long as the total number of children for that age in the province is available for the year of interest. The proportion of children is calculated by the number of *events* in a given time period divided by the number of children that are *exposed to risk*. In this scenario, the *events* in the numerator are the number of children age 0-14 years living in centres in 12 provinces. The children *exposed to risk* in the denominator is simply the total number of children in the same age group and in the same province. The data in the denominator are usually available from a population projection based on a national census.

¹⁴ *Technical note.* The general child population age 0-14 years in 1996 was adjusted to reflect the projected mid-year 2002 level as follows: the total projected increase in the number of children age 0-14 years from 1996 to 2002 is 946,463 children (ESD 1996). The number of children in provinces in 1996 was weighted and the total projected increase was distributed proportionally among them. Thus the assumption is that the changes in relative proportions of the child population in each province from 1996 to 2002 were negligible. In addition, the number of children in centres corresponds to January 2002, while the general population corresponds to mid-year 2002. The six-month difference in time periods is assumed negligible.

Ruhengeri	123	515 591	23.9
Kibuye	102	220531	46.3
Cyangugu	134	357 647	37.5
Umutara	99	119 068	83.1
Gisenyi	452	471 301	95.9
Unknown	1080		
Rwanda	3475	3 971 000	87.5

Source: (a) 3475 children in 24 centres (2002); (b) ESD (1996) for base population in provinces (Vol. 2 Table 3) and 2002 mid-year population projections (Summary Volume, pg. 46).

There are a couple of precautions to take in interpreting the incidence between provinces. First, a child that lives in a centre may not live in a centre located in his or her same province of origin. As seen in an earlier section on where children come from, many are from a province other than the one where their centre is located. This is especially true, for example, in centres in Kigali Ville that have absorbed a high proportion of children who come from rural provinces-- 23% of all children living in centres live in centres *in* Kigali Ville, but only 7.5% of all children in centres are originally *from* Kigali Ville. Hence the incidence of institutionalization appears inflated in the capital (292 per 100,000) because it includes children from other provinces. Likewise, incidence of institutionalization is deflated in other provinces where children are living in centres in another (or unknown) province. Kigali rural shows zero incidence of institutionalization and that is because there are no centres registered in this province; children from Kigali Rural live in centres in other provinces.

Second, compared to levels of orphanhood in the general population, that is, orphans who do not live in institutions, the incidence of institutionalization is a very low measure of orphanhood *overall* in Rwanda. This is because only a small minority of orphans lives in centres. The overall incidence of children in institutions in Rwanda is about 88 children age 0-14 years per 100,000 children the same age. By contrast, Hunter and Williamson (2000) estimate the percent of maternal and double orphans age 0-14 years in 2000 to be 13.6%, or 13,600 per 100,000 children under age 0-14 years. Unfortunately this estimate is not broken down by living arrangements of these orphans so it cannot be determined what share live in institutions and what share live in households.

Other sources that estimate maternal and double orphans living in households (but not counting orphans in institutions), MINECOFIN (2001), in the MICS2 survey, estimates about 13,300 age 0-14 years per 100,000 children the same age. Results from the demographic health survey (DHS) conducted in 2000 reveal slightly higher estimates of maternal and double orphans living in households: 16,100 per 100,000 children age 0-14 years. These estimates clearly show that the great majority of orphans live either with extended family members, in foster homes, in child-headed households, or on the streets.

The point is, for the most accurate assessment of levels of orphanhood in Rwanda, or in any country, information from both a household and an institutional based survey is necessary. Estimates computed from these instruments should then be compared with information from a national census, assuming it takes into account persons living in non-traditional group homes, such as orphanages and UAC centres. In Rwanda, information on UAC should become available from the decennial population census. This national census scheduled for August 2002 will attempt to identify all orphans by inquiring a household member if any resident has lost a mother and/or father., enumerating children in UAC centres, and, by working through local authorities, will also attempt to count children living on the street.

The next section addresses orphan status in greater detail, including children in institutions as well as those living in households.

Indicator 9: Orphan status

“Regular national estimates of vulnerable children and inventories of their status and needs are required so that policies can be adjusted to keep pace with the epidemic’s growing and changing impacts.”

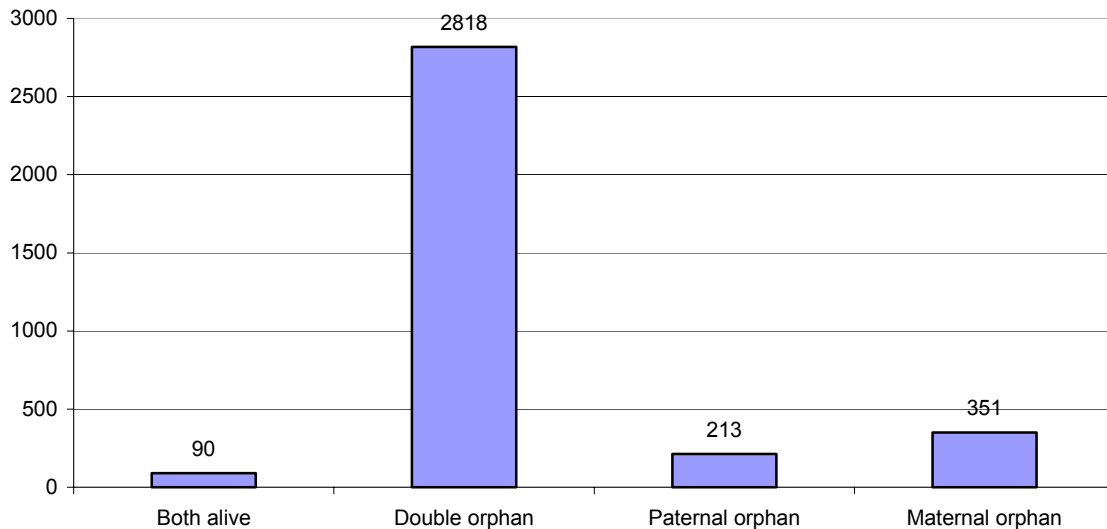
(Hunter and Williamson’s Executive Summary, 2000)

The exact definition of ‘orphan’ is frequently ambiguous and varies widely depending on who is defining the term. In the spectrum of definitions offered in Veale *et al.*’s study, however, the local authorities, direct caregivers, and children agreed that orphanhood is closely linked with notions of vulnerability due to lack of adult protection (Veale *et al.* 2000).

In order for estimates of orphans to have meaning across a range of perspectives, disciplines, and cultures, a technical definition to distinguish ‘maternal’, ‘paternal’ and ‘double’ orphan is accepted in the literature. Maternal orphans are children under age 15 years whose mother has died. Paternal orphans are children under age 15 years whose father has died. Double orphans are children under age 15 years whose mother and father have died (Hunter & Williamson 2000).

The data on children in UAC centres show that double orphans are the overwhelming majority: 81% have lost both their mother and father, and more orphans in centres have lost their mother than their father (Figure 20).

Figure 20. Most orphans in Rwanda’s UAC centres have lost both parents



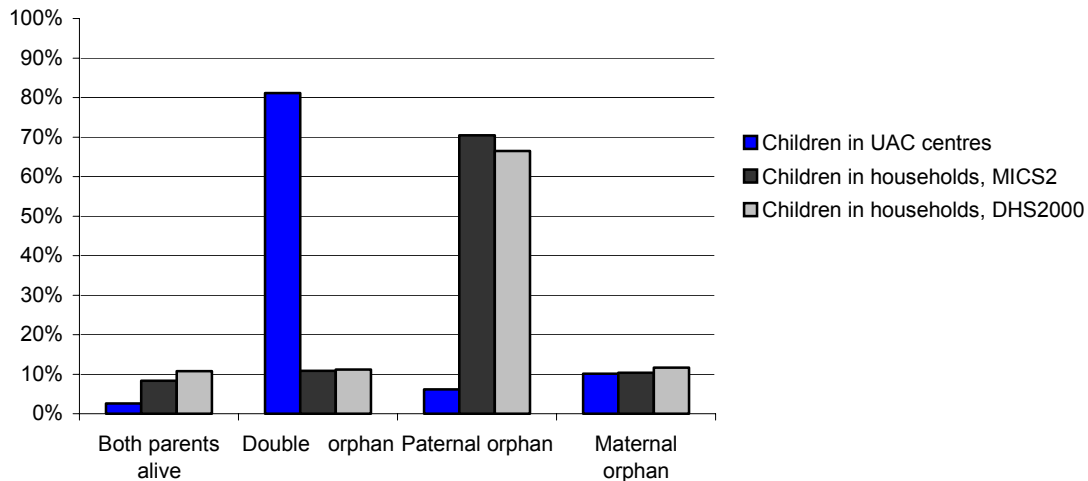
Source: 3472 children in 24 centres, Jan. 2002.

Figure 21 shows that, for children not living in UAC centres in 2000, the share of orphans who are missing one or both parents differs dramatically. While the ratio of maternal-paternal-double orphans is approximately 10-6-83 for children in centres in 2002, it is 12-77-11 (MICS 2000) and 13-74-13 (DHS 2000) for orphans living in households in 2000.¹⁵ Among the latter, the overwhelming number are paternal orphans (rather than double orphans), probably having lost their father during the years of war and genocide. It is interesting to note that when *both* parents are dead or missing the child tends to enter a UAC

¹⁵ *Technical note.* For MICS2 and DHS estimates in 2000: 'Maternal orphan' includes a child who lives with neither parent and his father only is living, a child who lives with his father and his mother is dead, and a child who lives with his father and his mother is living. 'Paternal orphan' includes a child who lives with neither parent and his mother only is living, a child who lives with his mother and his father is living, and a child who lives with his mother and his father is dead. 'Double orphan' includes a child whose parents are both dead. For children in UAC centres in 2002: 'Maternal orphan' includes a child whose father is dead or presumed dead; 'Paternal orphan' includes a child whose mother is dead or presumed dead; and 'Double orphan' includes a child whose parents are both dead, or presumed dead.

centre, and when the father *only* is dead or missing the child tends to stay with the mother or with another family in the community.

Figure 21. Percent of children age 0-14 years who do not live with a biological parent



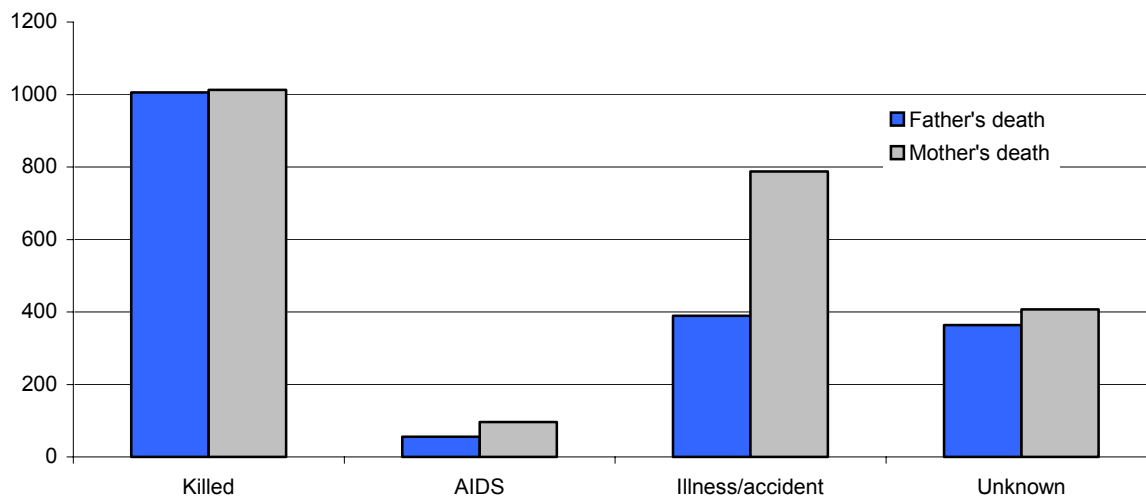
As was pointed in the incidence of institutionalization, the number of maternal and double orphans in centres accounts for only a fraction of those estimated by other sources. The maternal and double orphans (any age) in UAC centres number only 3169 compared to the estimated 421,511 in 2000 (Hunter & Williamson 2000). This indicates that the great majority of orphans in Rwanda, probably less than 1%, do not live in centres. This is a much smaller percent than in 1995 when, in *Children of Rwanda* (MINITRASO/UNICEF 1995), it was reported that 27.4% of unaccompanied children lived in centres, with the remainder dispersed in foster families and other small groups (e.g. child headed households, on the street, etc.).

Death of parents

Rwanda is one of the sub-Saharan African countries that is most severely affected by the AIDS pandemic. About 13% of the adult population are living with AIDS, numbering more than 370,000 Rwandans (cf. *Rwanda and HIV/AIDS*). The AIDS epidemic is expected to peak by 2010 and then the orphan population to peak seven to ten years later (Hunter & Williamson, 1997).

In terms of parents' cause of death for children in UAC centres, AIDS appears to be overshadowed by the enduring effects of war and genocide. The latter cause will become increasingly less frequent, however, as orphans from this tumultuous period are now age 8 years or older and continue to leave or 'age out' of centres. Figure 22 presents the cause of death, when known, of the parent(s) of children who live in UAC centres. AIDS as cause of death for mother or father accounts for only a few deaths. There are a couple of likely explanations for this. First, orphans of parents who died of AIDS may not be in the centres. According to a missionary in Butare who works with AIDS patients, orphans whose parents died of AIDS strive to survive in their home in order not to lose their parents' property and other inheritance rights. If this custom is widespread then a larger share of orphans due to parents dying of AIDS would live in child-headed households.

Figure 22. Cause of death for mother and father



Source: 4119 parental deaths of children in 24 centres, Jan. 2002.

In addition, orphans whose parent(s) died of AIDS may live in separate, family-like homes. In April 1995, MINTRASO/UNICEF reported a CARITAS housing project of 20 homes for 10 orphans of parents who died of AIDS. These small homes were apparently never registered with MINALOC and no further information was found on them.

Second, the categories including “illness” and “unknown” may be proxies for parents who died of AIDS,¹⁶ although it must be kept in mind that women dying during childbirth are also included in this category. Maternal mortality in Rwanda is in fact very high, numbering 1071 maternal deaths per 100,000 births in 1995-2000 (ONAPO 2001). It is not surprising that many orphans at birth are taken to a centre to be weaned and temporarily nurtured.

¹⁶ The share of deaths of parents from AIDS is low compared to the national estimate of about 11.1% of the total population infected with HIV/AIDS ([UN Common Country Assessment Papers on HIV/AIDS and Child Protection, Feb. 2000](#). Cited in [Veale et al. 2001](#)). This may be related to lack of testing in Rwanda. The DHS 2000 found that only 4.8% of women and 7% of men in Rwanda had been tested for HIV/AIDS (varying between 1% in Gikongoro, 7.3% in Butare, and 22.9% in Kigali Ville); 49% would like to know their serology status. 61.9% of women and 72.3% of men know someone who has died of AIDS.

United Nations Convention on the Rights of the Child addresses State Parties:

“Recognizing that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding,”

Preamble

Indicator: Tenure time

“Government policy... states that children should be raised in a family environment rather than an institution. This goal must be pursued through every possible method. The longer a child stays in a centre, the more difficult it becomes for both parties to be reunited.” (MINITRASO/UNICEF July 1995)

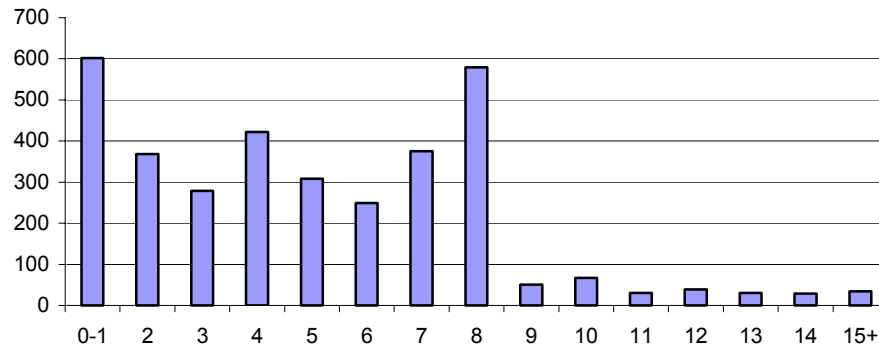
Child protection authorities agree that securing a safe family environment for vulnerable children is the principal goal of child protection strategies. Despite compelling circumstances that sometimes dictate a child having to live temporarily in a centre, life in a centre cannot provide the natural stimulation that a loving family does. When child protection strategies are successfully implemented, children will be placed in families more quickly and the average time that children spend in centres will be decreased.

Average tenure time is an indicator of how efficient tracing and placement efforts are for children in centres. It is defined as the average time that a child spends in an institution, ideally measured starting on the day that the child entered the centre and ending on the day he or she left the centre. In this study, the average time a child has lived in the centre can only be estimated in years since more precise dates of entry were not available for most children—a problem that could easily be overcome with maintaining a current register (see Section IV, “Maintaining and reporting statistics”).

Figure 23 shows the time in years that children have lived in a centre until the time of data collection.¹⁷ The range is from 0 to more than 15 years. Since few children were entering centres prior to the genocide in 1994, most children have lived 8 years or less in the centre. The largest share of children have been in a centre less than two years. This partially reflects the fact that children are still being admitted to centres despite the absence of civil conflict, and more often for socio-economic reasons as was discussed in the section on the reasons why children are in centres. In addition, children who have lived in a centre for a shorter period of time have less exposure to family tracing efforts. Again, true tenure time can only be measured accurately with a precise date of entry *and* exit from the centre.

¹⁷ A child’s total tenure time is underestimated for two reasons. First, a child’s total time lived in a centre times is censored. That is, the data collected tells us when the child entered the centre, but not when he or she was discharged. Thus tenure time is computed from the time of entry until the time of data collection, resulting in truncated tenure times. Because all children will continue living in the centre for unknown period of time, the average tenure time presented in this section reflects the *minimum* time spent in the centre. The second source of underestimating average tenure time is due to children that have been transferred to the centre from another centre. Because data were not readily available on how much time a child spent previously in another centre, the average tenure time is underestimated by the amount of time spent (but not recorded) in a previous centre. It underestimated the most for centres that have higher proportions of children transferred, such as JAM Centre in Gitarama and Croix Rouge Centre in Kigali Ville, where over half of the children living in these centres came from another centre (85% and 51% respectively).

Figure 23. The average time that children have resided in UAC centres is about 5 years



Source: 3462 children in 24 centres, Jan. 2002.

The overall average time that children have lived in a centre is 5.04 years. Children in urban areas have, on average, lived in centres about a half a year longer than children in centres outside of Kigali Ville (5.3 years and 4.93, respectively). A closer examination of individual centres would provide reasons why this might be the case: Perhaps the cost of raising a child in rural areas is less than in urban areas, and so it is easier to place a children outside of Kigali in a foster home.

The difference between boys and girls' average tenure is small, but slightly higher for girls than boys: 5.0 and 5.2 years, respectively. This is an unexpected finding since it is generally believed that girls are more readily placed in a foster or extended family than boys.

Table 9 shows the average time children have lived in 24 centres. In three centres, children have resided less than three years. For Home of Hope ('Kigali 7') and Kibungo centres this is because there are a high proportion of children under age 5 years, and a high proportion of children in the centre due to illness (mainly suffering from malnutrition and who are then reunited with family members when they become healthier). In Gitarama, the reason that children have lived in the centre for a shorter than average period of time is because of the high number of children who were transferred to the centre in recent years—their time spent in a previous centre not being counted.

Table 9. Average time in years that a child has lived in a UAC centre, January 2002.

Average number of years	Centre
1-2 years	Kigali (7), Kibungo, Gitarama
3-5 years	Kigali (2), Kigali (3), Kigali (4), Kigali (6) Butare (3), Gikongoro (2), Kibuye (1), Kibuye (2), Byumba (1), Byumba (2), Ruhengeri, Gisenyi (1), Gisenyi (2)
6+ years	Kigali (1), Kigali (5), Kigali (8), Butare (1), Butare (2), Gikongoro (1), Cyangugu, Umutara

Educational attainment & Health status

Educational attainment and health status are not among the Basic Indicators suggested in this report, mainly because it is not static information that is maintained in the *single* register (cf. Section IV). Information on education and health is usually kept as separate records and updated as the child progresses in school, or experiences a change in health status.

However, data on education and health are very important in monitoring children in UAC centres and assuring that they are receiving rights promised in the UN Convention on the Rights of the Child. The data presented below portray children's educational and basic health status in the 24 centres.

United Nations Convention on the Rights of the Child addresses State Parties:

“...recognize the right of the child to education and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:

- (a) Make primary education compulsory and available free to all;
- (b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child and take appropriate measures such as the introduction of free education and offering financial assistance in case of need;
- (c) Make higher education accessible to all on the basis of capacity by every appropriate means;
- (d) Make educational and vocational information and guidance available and accessible to all children;
- (e) Take measures to encourage regular attendance at schools and the reduction of drop-out rates.”

Article 28(1)

In line with education rights in the CRC, article 27 of the Rwandan Constitution recognizes free and mandatory education for all children, the target being 70% of children age 7-12 years enrolled in primary school in 2000 (1992 Plan of Action). Primary education for children in UAC centres in 2002 has exceeded that goal. Table 10 shows that overall 92.5% of the boys and 91.4% of the girls age 8-13 years in UAC centres are enrolled in primary instruction. This is significantly better than for children age 8-13 years in the general population in 2000: 74.5% of boys and 74.1% girls were enrolled (MINECOFIN/UNICEF 2001).

Table 10. Percentage of children age 8-13 years in primary school,¹⁸ Jan. 2002

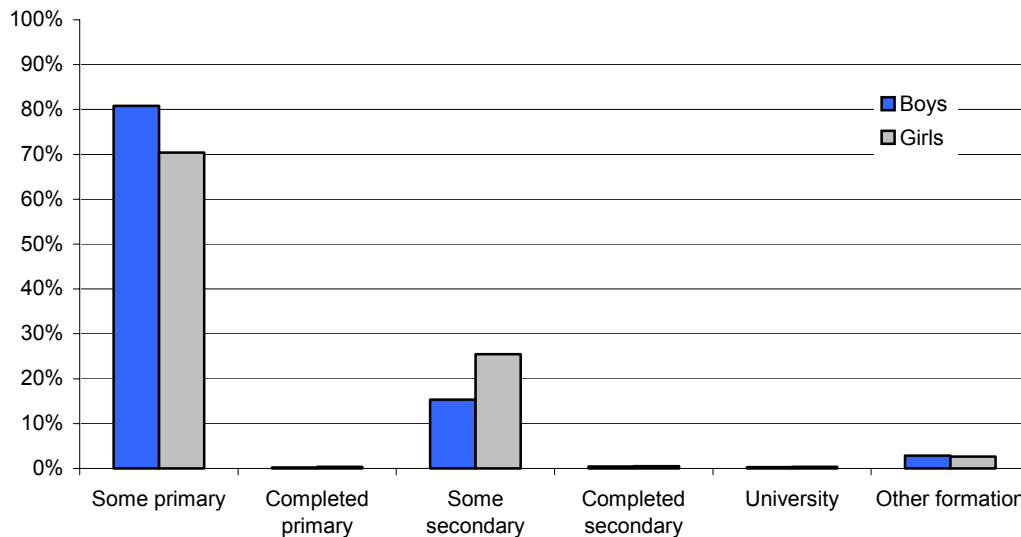
		Boys		Girls		Total	
		%	Count	%	Count	%	Count
Residence	Urban	94.15	193	95.16	118	94.53	311
	Rural	91.88	543	90.25	361	91.22	904
Age	8	86.75	72	78.69	48	83.33	120
	9	91.30	105	88.61	70	90.21	175
	10	96.53	139	93.26	83	95.28	222
	11	91.13	113	92.86	78	91.83	191
	12	93.45	157	94.00	94	93.66	251
	13	92.59	150	95.50	106	93.77	256
Total age 8-13 years		92.46	736	91.41	479	92.05	1215

¹⁸ The official age for primary school instruction is 7-12 years. Data for this survey was collected in Jan. 2002; children who reported to be age 8-13 years were actually age 7-12 during the school year beginning in fall 2001.

Among children in UAC centres who are over age 13 years, there is a significant proportion still enrolled in primary school: 33%. A surplus of students older than 13 years old is likely to be the result of the war and genocide disrupting services and leading to many children having to start, or return, to school at a later age.

About 92% of children in UAC centres attend school or have attended school at some time (93.1% boys and 90.9% girls). [Figure 24](#) shows the highest education status attained by these children. It is interesting to note that, although more boys than girls are enrolled in primary education (a 1% lead in the age 8-13 year age group and a much larger 11% lead overall for children in centres), a larger percent of girls than boys have some secondary school education. Almost no children in centres, however, have completed secondary education (a reported 11 children have completed secondary education, 8 have university education).

Figure 24. Highest level of education attained, for children age 8 years and older



Source: 2418 children in 24 centres, Jan. 2002.

Most children in UAC centres attend a public school (58%); 23% attend a school located at the UAC centres, and 19% are enrolled in a private school. Although primary education in a public school is purportedly free, there are fees associated with books and uniforms. The centre pays fees, and private schooling, for 85% of the children. The state, mainly through its fund for genocide orphans (Fonds d'assistance aux rescapés du genocide, FARG), pays for 12% of the children in school. A small proportion of children is supported by other national or international sources.

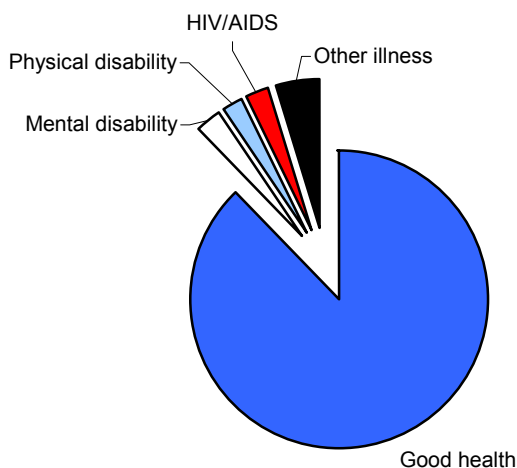
United Nations Convention on the Rights of the Child addresses State Parties:

“[to] recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of ill and rehabilitation of health. State Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.”

Article 24(1)

Most children in UAC centres were reported to be generally in good health at the time of data collection. Among the children not reported to be in good health, 42% suffer from a mental or physical disability (26% and 16%, respectively).

Figure 25. General health status of children in UAC centres, Jan. 2002



Source: 3473 children in 24 centres, Jan. 2002.

90 children-- about 2.6% of all children in UAC centres-- have confirmed or suspected cases of HIV/AIDS. None of the UAC centres systemically test children for the virus; a few children were admitted to the centre with the diagnosis, other centres tested children whom they suspected of having the virus. For the most part centres do not have the means financially or logistically to test children, and furthermore they are discouraged from doing so. They are, rather, encouraged to practice measures to prevent spreading the infection in case any child already has the virus. None of the centres treat children specifically for HIV, although care is taken to relieve the symptoms. Table 11 shows the age breakdown of children in centres with HIV, or symptoms of the virus.

Table 11. Number of children with HIV/AIDS (suspected or confirmed), by age, Jan. 2002

	0-4 years	5-9 years	10-12 years	13+ years
Boys	14	19	11	8
Girls	12	14	5	7
Total	26	33	16	15

Afterword & Recommendations

In the last decade many unaccompanied children entered UAC centres for reasons related to war and genocide. Many of these children have been reunited with their family (or extended family members) or placed in foster families. These family placement efforts, mainly in 1995 and 1996, have led to the number of unaccompanied children and UAC centres to decrease.

But a closer examination of children in centres reveals that in recent years-- in a period absent of civil strife-- children are continuing to enter centres. Many families cannot afford to provide the basic needs for their children, and social service programs are extremely limited. Placing their child in a centre is perceived by these families as a better alternative to raising him or her at home.

Placing a child in a centre is not the alternative recommended by the Government of Rwanda, nor by the international community. A child is best raised in a family environment, and resources should be directed to support families in providing for their child at home. In the long run a family environment *is* best for a child because of the integral stimulation it provides for a child's development. In the long run a centre is *not* the best environment to meet the developmental needs of the child. In addition, centres are not cost effective nor are they auto-financed: UAC centres are at least partially financially supported by an international source.

Most centres report that they are running close to or even over full capacity. There should be guidelines in place to assess the capacity of a centre; standards adopted to regulate living conditions in centres; and a mechanism implemented to closely monitor the flow of children in and out of centres. It is the latter activity on which this study has focused.

The thrust of this study is not only to cast light on the post-emergency situation of institutionalized children, but more importantly to *regenerate* efforts started in the emergency period to monitor children in centres. The resources needed to implement and maintain a monitoring mechanism are not extensive. However, efforts need to be sustained in the long-term at local and national levels: at the local level for maintaining standard statistics on children entering and leaving the centre; and at the national level for producing and disseminating indicators.

In light of the above petition to revive and improve a standard monitoring mechanism, the following recommendations are put forth:

Step 1: Maintaining statistics at the local level.

- Implement a standard array of statistics to be maintained on all children entering and leaving the centre (cf. Section IV. "Maintaining and reporting statistics"). The distribution of the present report to all centres is a first step to sensitizing local and national authorities to the importance--and simplicity-- of maintaining these statistics in each centre.
- Organize regional training for UAC centre authorities and their designated 'archivist(s)' to introduce how to maintain a *single* register to track children.
-

Step 2: Collecting statistics at the national level.

- Work with MINALOC and inter-ministerial child protection stakeholders to explore how, and how often, statistics should be collected from centres.
- Develop a database/spreadsheet that would be updated regularly and easily analyzed.

Step 3: Producing, presenting, and disseminating Basic Indicators.

- Basic indicators from compiled statistics would be produced much like the ones shown in this report. This report, as a template for computing and presenting indicators, may be sufficient, or further technical assistance may be needed.
- Dissemination by MINALOC, or a collaborative/inter-ministerial entity, may publish a regular bulletin or newsletter, much like the one published bi-monthly by MINITRASO/UNICEF in 1995-1996 (*Children: the Future of Rwanda* series in English and French).

Bibliography

Cantwell, Nigel. 1997. *Starting from Zero: The promotion in children's rights in post-genocide Rwanda*. Florence: International Child Development Centre.

CARITAS, Kigali. 1984. *Qui sont nos orphelins?* Bureau Social Urbain. January 1984.

Catholic Relief Services-Kigali. 2001. *Rapport sur la Situation des Centres Safety Net, Juillet 2001*. Kigali, Rwanda: CRS.

Displaced Children and Orphans Fund (DCOF) & Patrick J. Leahy War Victims Fund. 2001. "A Participatory Review of the Reunification, and Youth Development Program of the International Rescue Committee in Rwanda." July 2001. http://www.usaid.gov/pop_health/dcof/wvf/reports/evals/dcrwanda01.html

Displaced Children and Orphans Fund (DCOF) & Patrick J. Leahy War Victims Fund. Project Fact Sheet for Rwanda. http://www.usaid.gov/pop_health/dcof/wvf/dc/rwanda.html

Dona, Dr. Giorgia, Charles Kalinganire and Félix Muramutsa. 2001. *My child is yours and ours: The Rwandan experience of foster care for separated children*. Kigali, Rwanda: Government of Rwanda, UNICEF, Save the Children.

Government of Rwanda & UNICEF. 2000. *Situation of Children and Women in Rwanda: Survival, Development and Protection 2000*. Kigali, Rwanda: Government of Rwanda, UNICEF.

Hunter, Susan & John Williamson. 1997. *Children on the Brink: Strategies to support children isolated by HIV/AIDS*. US: United States Agency for International Development.

Hunter, Susan & John Williamson. 2000. *Children on the Brink Executive summary: Updated Estimates & Recommendations for Intervention*. US: United States Agency for International Development.

Hunter, Susan & John Williamson. 1998. *Responding to the Needs of Children Orphaned by HIV/AIDS: Discussion Papers on HIV/AIDS Care and Support*. Discussion Paper Number 7 June 1998. US: United States Agency for International Development and Health Technical Services Project.

International Rescue Committee (IRC) Rwanda Program. 2002. Reintegration & Reunification Program for Unaccompanied Children (UAC): Fifth Quarterly Report. Kigali, Rwanda. May 2001-August 2001.

Ministry of Local Government and Social Affairs (MINALOC). 2001. *Rapport National sur le Suivi du Sommet Mondial de 1990 pour les Enfants*. Kigali, Fevrier 2001.

Ministry of Local Government and Social Affairs (MINALOC) and UNICEF. 2000. *Child's Rights Conference Report Rwanda*. 14-18 August 2000. Kigali, Rwanda.

Ministry of Labor and Social Affairs (MINETRASO) and UNICEF. 1995. *Children of Rwanda* (precursor to *Children: the Future of Rwanda* series) a monthly bulletin on children in difficult circumstances. Vols. April 10, 1995 (No.3), and May 31, 1995 (No. 4).

Ministry of Labor and Social Affairs (MINETRASO) and UNICEF. 1995 through 1997. *Children: The Future of Rwanda* A regular update on children in difficult circumstances. Vols. June 16, 1995 (No. 13), September 1995 (No. 3), 15 April 1996 (No. 5), Dec. 1996 (No. 7), and data sheet entitled "Centres pour enfants non-accompagnés," 20 January 1997.

Ministry of Labor and Social Affairs (MINETRASO) and UNICEF. *Enfants: Avenir du Rwanda*. 16 juin 1995 (No.1), 31 juillet 1995 (No.2), 15 avril 1996 (No. 6), 4 décembre 1995 (No. 4).

Ministry of Labor and Social Affairs (MINETRASO), UNICEF, Barakabaho, and SCF-UK. 1996. *Seminaire atelier sur la promotion de suivi a base communautaire des enfants vulnérables*. September 1996, p. 19.

Ministry of Finance and Economic Planning (MINECOFIN) and National Poverty Reduction Programme & Statistics Department. 2002. *A Profile of Poverty in Rwanda: a report based on the results of the Household Living Standards Survey*. Kigali, Rwanda.

Ministry of Finance and Economic Planning (MINECOFIN). 1996. *L'Enquete Socio-Demographique 1996*. Kigali, Rwanda: Office National de la Population (ONAPO).

Ministry of Finance and Economic Planning (MINECOFIN) and UNICEF. 1998. *Diagnostic des systemes d'informations demographiques et sociales au Rwanda*. Document de Travail. July 1998. Kigali, Rwanda.

Ministry of Finance and Economic Planning (MINECOFIN) and UNICEF. 2001. *Enquete a indicateurs multiples (MICS2): Rapport Final, Rwanda*. Juin 2001. Kigali, Rwanda.

Office National de la Population (ONAPO) [Rwanda] and ORC Macro. 2001. *Enquête Démographique et de Santé, 2000*. Kigali, Rwanda and Calverton, Maryland, USA: Ministère de la Santé, Office National de la Population and ORC Macro.

Rwanda and HIV/AIDS: Key Talking Points. U.S.: US Agency for International Development and Impact. <http://www.synergyaids.com/summaries.php>

Rwandan National HIV/STD/AIDS Strategic Plan Framework 1998-2001.

UN General Assembly. 1989. UN Convention on the Rights of the Child. General Assembly Resolution 44/25, 20 November.

US Census Bureau. *International Data Base*. 2002. <http://www.census.gov/cgi-bin/ipc/>

Veale, Angela, Pdraig Quigley, Theoneste Ndibeshye and Celestin Nyirimihigo. (2001) *Struggling to survive: Orphan and community dependent children in Rwanda*. MINALOC/UNICEF, Implemented by Trocaire and Care. Kigali, Rwanda.

Veale, Angela and Pdraig Quigley. (2000) *In-depth assessment into the situation of orphans in Rwanda*. MINALOC/UNICEF. October 2000. Kigali, Rwanda.