



Situation Analysis of Children in Rwanda

2017



Situation Analysis of Children in Rwanda, 2017

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Acronyms and abbreviations

CFSVA	Comprehensive Food Security and Vulnerability Analysis
CHW	community health worker
CRC	Convention on the Rights of the Child
DDP	district development plan
ECD	early childhood development
EDPRS	Economic Development and Poverty Reduction Strategy
EICV	Integrated Household and Living Conditions Survey
EMIS	Education Management Information System
ENAs	essential nutrition actions
ENA Framework	Essential Nutrition Actions Framework
ESSP	Education Sector Strategic Plan
FAO	Food and Agriculture Organization of the United Nations
FPHC	Fourth Population and Housing Census
GAVI Alliance	Global Alliance for Vaccines and Immunization
GDP	gross domestic product
HMIS	Health Management Information System
HSSP	Health Sector Strategic Plan
IYCF	infant and young child feeding
LARS	Learning Achievement in Rwandan Schools (Assessment)
LODA	Local Administrative Entities Development Agency
MCH	maternal and child health
MDG	Millennium Development Goal
MIDIMAR	Ministry of Disaster Management and Refugee Affairs
MIFOTRA	Ministry of Public Service and Labour
MIGEPROF	Ministry of Gender and Family Promotion
MINAGRI	Ministry of Agriculture
MINALOC	Ministry of Local Government
MINECOFIN	Ministry of Finance and Economic Planning
MINEDUC	Ministry of Education
MINIJUST	Ministry of Justice
MININFRA	Ministry of Infrastructure
MoH	Ministry of Health
MTR	Mid-Term Review
NCC	National Commission for Children
NFNP	National Food and Nutrition Policy and Strategic Plan (2013–2018)
NISR	National Institute of Statistics of Rwanda
NST	National Strategy for Transformation
NTD	neglected tropical disease
P1, P2, etc.	Grade 1, Grade 2, etc.; the first, second, etc. year of primary school
PRS	Poverty Reduction Strategy
Q1	Quintile 1 – the lowest 20 per cent in terms of consumption
Q5	Quintile 5 – the highest 20 per cent in terms of consumption
RDHS	Rwanda Demographic and Health Survey

RURA	Rwanda Utilities Regulatory Agency
RWF	Rwandan franc
SDG	Sustainable Development Goal
SSP	sector strategic plan
STI	sexually transmitted infection
TMM	Tubarerere Mu Muryango
TVET	Technical and vocational education and training
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
US\$	United States dollar
VUP	Vision 2020 Umurenge Programme
WASAC	Rwanda Water and Sanitation Corporation
WASH	water, sanitation and hygiene





Foreword

Over the course of the last decade, Rwanda has witnessed significant improvements in child survival and the widening of access to basic social services. This Situation Analysis of Children in Rwanda provides a comprehensive picture of the status of children, highlights the achievements made, and provides a roadmap for their advancement.

The analysis touches upon a wide spectrum of issues relating to children in Rwanda, including health, nutrition, water and sanitation, education, child protection, social protection and early childhood development. It highlights progress linked to the key indicators, policies, and strategies that guide each sector. The analysis also proposes measures to support children in their development and the achievement of their full potential.

The Situation Analysis of Children in Rwanda was developed through a collaborative process with various Government partners. We express our sincere appreciation to the Ministry of Gender and Family Promotion, Ministry of Education, Ministry of Health, Ministry of Local Government, Ministry of Agriculture and Animal Resources, Ministry of Infrastructure, Ministry of Public Service and Labour, Ministry of Justice, Ministry of Disaster Management and Refugee Affairs, National Commission for Children, Local Administrative Entities Development Agency, and the National Institute of Statistics of Rwanda for their continued support and guidance during the process, and their approval of this important analysis.

Ted Maly
Representative
UNICEF Rwanda



Executive summary

Over the last two decades, Rwanda has achieved remarkable progress by actively promoting and advancing democracy and inclusion, the rule of law, fiscal and administrative decentralization, and the well-being of children, families and communities. As a direct result of Government of Rwanda leadership, and through the implementation of their Vision 2020 national development programmes, economic growth has been steady for several years at about 8 per cent and economic production continues to outpace population growth. According to official government data, the proportion of Rwandans living in poverty declined from 45 per cent in 2010/11 to 39 per cent in 2013/14. At the same time there were increased opportunities for education, improved access to basic services and a steady decline in fertility.

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

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

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

In terms of child survival, infant and under-five mortalities have declined and immunization coverage is high, suggesting that overall access to children's health services is good. Access to safe water and sanitation has also increased markedly, although efforts are still required to provide access to safe water and improved sanitation, promote hygiene and ensure appropriate waste management. Other challenges that remain include undernutrition and stunting, and the need to further reduce neonatal mortality and childhood anaemia. Ongoing efforts to remove barriers to access for the poorest and most-isolated rural households need to be

strengthened. The provision of antenatal care has expanded, but too few women – especially poor rural women – receive antenatal care four or more times during pregnancy (as recommended by the World Health Organization), and maternal mortality remains high.

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

As recognized by the government and evidenced in the data, limited household resources and household income have a negative influence on national development, as well as on child and family well-being. The government has therefore introduced a range of social protection schemes that target vulnerable households, including those with children. These include the flagship Vision 2020 Umurenge Programme (VUP) which comprises direct-support and public-works programmes. These two core VUP components increasingly benefit households with children: 67 per cent and 89 per cent of the households benefiting from direct support and public works, respectively, are households with children. Other social protection measures include financial services and skills training (under VUP), community-based health insurance (which covers more than 70 per cent of the population) and the One Cow Per Poor Family Programme (Girinka).¹ Current priorities for the sector include enabling households to graduate more easily from poverty and providing more child- and gender-sensitive social protection services.

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

In the education sector, extensive progress has been achieved in increasing primary enrolment with gender parity for boys and girls, but more investment is required to continue expanding access to secondary schooling, especially for girls and poor and/or vulnerable children. Despite recent declines, somewhat elevated primary school repetition and dropout rates indicate the need to maintain focus on the quality of primary education. For both primary and secondary schooling there is a need to further prioritize English language skills for both teachers and students, and support the ongoing roll-out of the competency-based curriculum. Additional investments are required to increase access to technical and tertiary education to build critically needed human capital and meet national development objectives. Ensuring inclusiveness, gender equity and an education system able to cater for the learning needs of disabled and/or acutely disadvantaged children are also priorities. Further decentralization and capacity development for education sector management, policy implementation and cross-government coordination are needed to institutionalize positive changes.

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

¹ Other programmes worth noting are the One Cup of Milk per Child and the school feeding programme (designed to address school dropouts), and the crop intensification programme, which aims to increase agricultural productivity through promotion of land consolidation and the use of improved seeds, fertilizers and irrigation. The Ubudehe Programme encourages communities themselves to identify solutions to poverty that can be implemented through community-based interventions.

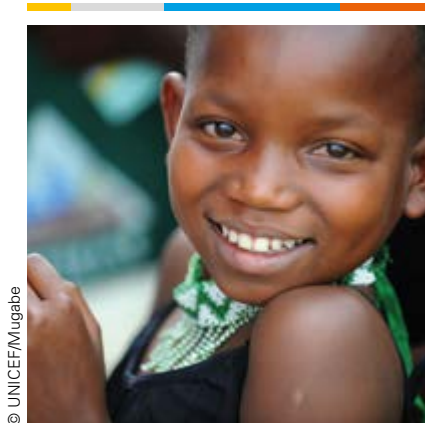
In addition to the Integrated Child Rights Policy noted above, the government adopted a Strategy for National Child Care Reform in 2012, which set out a progressive shift away from institutionalization. As a result, 2,559 disadvantaged children have benefited from placement in family-based care arrangements.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

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

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

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





1. Introduction

1.1 Purpose of the situation analysis

Undertaking a situation analysis is an integral part of the United Nations Children's Fund (UNICEF) programme and planning cycle. It is realized through a process that builds consensus around key priorities and current and emerging themes of major importance to children, policymakers and development partners. The 2015 adoption of the 2030 Agenda for Sustainable Development, and the Sustainable Development Goals (SDGs) gives particular importance and relevance to this situation analysis in debates about the direction of Rwandan national development.²

The commitment of the government to close the gaps between universal children's rights and inequitable outcomes for children in Rwanda and of development partners to achieve the SDGs presents a seminal opportunity.³ However, for this to happen the progressive realization of child rights must be strategically positioned as essential to Rwanda's prosperity and sustainability and achievement of the SDGs. For these reasons, the Agenda for Sustainable Development and the SDGs reaffirm and build upon the importance of the Universal Declaration of Human Rights and other fundamental international human rights instruments, including the United Nations Convention on the Rights of the Child (CRC).

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

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

This situation analysis provides a timely assessment of progress for children, achievements to date, and remaining challenges and barriers to the realization

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

³ For the purpose of this situation analysis – and in accordance with article 1 of the Convention of the Rights of the Child and Rwandan National Law (article 3, National Law No. 54/2011, 2 September 1990) – a 'child' is any person under the age of 18 years.

of children's rights in Rwanda. At the same time, this analysis emphasizes the critical importance of investing in children as key to enabling and promoting sustainable national development. Over recent years, Rwanda has made steady progress towards national development objectives (see Chapter 2) and achieving the Millennium Development Goals (MDGs). Yet, as the government and development partners address challenges and step up efforts to realize the SDGs, there is a need to take stock of progress for children, to assess remaining challenges, and to explore the reasons why investing in children is so critical.

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

1.2 Methodology

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

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

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

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

1.3 Guiding principles

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

1. A critical consideration of inequities, deprivations, vulnerability and gender issues as they relate to children;
2. A rights-based perspective that considers the situation of rights-holders, state obligations and the role of duty-bearers;

3. A multidimensional approach entailing an assessment of the manifestations of child-rights deprivations, an analysis of underlying causes and recommendations for action;
4. An analysis of barriers and bottlenecks to improve outcomes for children; and
5. A consideration of the challenges and emerging issues faced by children and a focus on advocacy, supporting investments in children and the benefits such investments can yield.

1.4 Data usage and limitations

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

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

1.5 Structure of this situation analysis

Section 1 explains the purpose and methodology of this situation analysis.

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

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

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

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

Section 6 considers some emerging and cross-sectoral challenges to children's rights and sustainable development.

Section 7 provides conclusions and key recommendations.



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

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

2.1 Vision 2020 and Rwandan national development

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

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

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

Key achievements realized within the Vision 2020 framework include:

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

2.2 Economic growth and poverty reduction

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

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

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

⁴ EDPRS II Policy document (MINECOFIN 2013).

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

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

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

Overall, economic growth and development under Vision 2020, the 2002–2005 PRS, and EDPRS I and II have been substantial. Coupled with improved access to services, including social protection, this growth has led to a decline in overall income poverty. Based on data from EICVs⁶ undertaken in 2005/06 (EICV 2), 2010/11 (EICV 3) and 2013/14 (EICV 4), key achievements include:

- Steady economic growth between 2001 and 2014 averaging around 8 per cent per annum, with gross domestic product (GDP) per capita more than tripling from US\$211 in 2001 to US\$718 in 2014. Between 2007 and 2014, growth in crop production significantly outpaced population growth and, since 2001, agriculture and services have contributed the most to total GDP output.
- Increased business establishment by 24 per cent from 2011 to 2014, and mobile phone ownership (from 45 per cent in 2011 to 64 per cent in 2014 during the same period) contributed to an improved enabling environment for small-scale commerce. Over the same period, ownership of mobile phones more than doubled to 36 per cent among the poorest 20 per cent of Rwandans.
- Reduced the proportion of the population living below the national poverty line from 57 per cent in 2005/06 to 39 per cent in 2013/14. The proportion of the population living in extreme poverty decreased over the same period from 36 per cent to 16 per cent.
- Reduced income inequality, as measured by the Gini coefficient, from 0.52 in 2005/06 to 0.45 in 2013/14. The ratio of the wealthiest 10 per cent to the poorest 10 per cent also dropped from 6.36 to 6.01 between 2010/11 and 2013/14.
- Improved access to services, increased educational enrolment, decreasing child and maternal mortalities, and increased access to safe water and adequate sanitation.

⁵ Decentralization has been a key Government of Rwanda policy since 2000 when its first phase was introduced; a second phase was enacted in 2012. Challenges and opportunities in relation to decentralization are addressed in Section 6.4.

⁶ French acronym derived from *Enquête Intégrale sur les Conditions de Vie des ménages*.

2.3 Governance and policy for children

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

Rwanda ratified the CRC in 1991 and the Convention on the Elimination of all Forms of Discrimination against Women in 1981. The CRC is incorporated into Rwanda domestic law via the 2003 Constitution, which states in article 109 that treaties ratified and published in the *Official Gazette* are part of the domestic law of Rwanda and therefore can be invoked before a court of law. In 2012, the government also enacted the Law Relating to the Rights and the Protection of the Child, updating and replacing the previous Law on the Rights and Protection of the Child against Violence. The most recent state reports to the Convention on the Elimination of all Forms of Discrimination against Women and CRC committees were submitted by the government in 2015⁷ and 2011, respectively.⁸ Clearly, children's rights are enshrined within the Constitution of the Republic of Rwanda and are protected in legislation. Yet, as is the case in many countries, gaps and inequities in relation to the implementation and enforcement of child-related laws and policies require further attention.

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

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

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

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

⁷ Convention on the Elimination of all Forms of Discrimination against Women: Seventh to ninth periodic reports of States parties due in 2014, submitted in July 2015.

⁸ Consolidated third and fourth periodic reports of States parties due in 2008, submitted in January 2011. United Nations Committee on the Rights of the Child (2013).

⁹ Sectoral policies are addressed in more detail in Chapter 5 of this report.

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

2.4 Future directions and SDG domestication

Rwanda is advancing towards the development of a new national development policy (Vision 2050) to build upon the achievements of Vision 2020 and the new NST I, to set strategic directions following the conclusion of EDPRS II in 2018. The development of both of these policies will be informed by recent global and international agreements, including adoption of the SDGs, the 2015 Addis Ababa Action Agenda (financing for sustainable development), the Paris Declaration on Climate Change, the East African Community Vision 2050 and the African Agenda 2063.^{10, 11} Vision 2050 and NST I will also be developed with reference to an analysis of synergies between government policy and the SDGs; the evaluation of EDPRS II achievements and limitations; lessons learned from other countries; the development of innovative sector financing strategies; and the potential impact of new technologies.

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

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

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

¹⁰ Addis Ababa Action Agenda, see United Nations Department of Economic and Social Affairs (2015); Paris Declaration on Climate Change, see United Nations (2015).

¹¹ For more information, see African Union Commission (2014).



3. Children and sustainable development: Investing where it matters

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

3.1 Moving beyond the Millennium Development Goals

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

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

Given the scope and ambition of the SDGs, and inevitable constraints on the availability of financing for development (see Section 6.1), there will be a need to prioritize resource allocation with the goal of maximizing returns on investments. For Rwanda (as for all other countries), this provides a key rationale and justification for prioritizing investments in children. As the Addis Ababa Action Agenda highlights, investing in children (including adolescents and young people) is essential for achieving the broader SDG objectives of inclusive sustainable development. Children must be understood not just as recipients of social assistance, but also as active agents and drivers of future growth and development.

3.2 Equity and the Sustainable Development Goals

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

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

3.3 Children's agency and the Sustainable Development Goals¹³

Ensuring that children realize rights to survival, well-being and protection enables and assures their development and participation in the education system and more broadly as they reach adolescence and venture into the world. For all children (including marginalized and/or vulnerable children), developing and participating to the fullest of their abilities and capacity requires that they first survive infancy, be adequately nourished, be protected in the home and community, be supported to interact with other children and adults, and benefit from organized early childhood development, education and care. If these prerequisites are met, if the education system provides adequate learning opportunities, and if children and adolescents are encouraged to participate in decision-making and productively engage with their social, political and physical environment, they can be empowered as key drivers of sustainable development.

In relation to intellectual development and learning (covered by SDG 4), work towards achieving this SDG will be greatly enhanced through investment in the quality of children's education, particularly in ECD and primary and secondary schooling. Making sure that children acquire literacy and problem-solving skills is essential for economic and social development. These skills also enable children to learn about, understand and find solutions to issues such as environmental management, agricultural and technological innovation, public health challenges and emerging threats to sustainability (e.g. climate change, over-population, land misuse and inadequate waste management). Education is also the key means through

¹² The use of the term 'equity' recognizes that there will always be a degree of inequality in society and represents a practical approach to poverty reduction and development with the aim of realizing a more just and socially cohesive level of equality within societies.

¹³ A large part of this situation analysis is concerned with the analysis of data and issues that affect children's rights to survival, development, protection and participation. However, given the sectoral orientation of work undertaken for children by the Government of Rwanda, UNICEF and development partners, the data and analysis in Chapters 4 and 5 are organized by sector to increase their utility and practical application.

which to raise community awareness in relation to sustainability, climate change and environmental management. This is especially relevant for vulnerable children and families that can be empowered to learn about specific risks to their livelihoods and communities and, subsequently, increase their resilience to economic and environmental disruption.

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

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

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





4. The situation of children: What the data tell us

4.1 Understanding poverty in Rwanda

4.1.1 Demographics and household dependency

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

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

According to UNICEF's equity analysis of EICV 4 data, 59 per cent of households in the poorest quintile (Q1) have at least one child under 5. Variations in the percentage of households with children under 5 are not particularly acute across wealth quintiles (ranging from a low of 47 per cent in Q2 to a high of 61 per cent in Q5). However, as Figure 1 reveals, there are more children of all ages (under 18) living in households in the poorer quintiles.

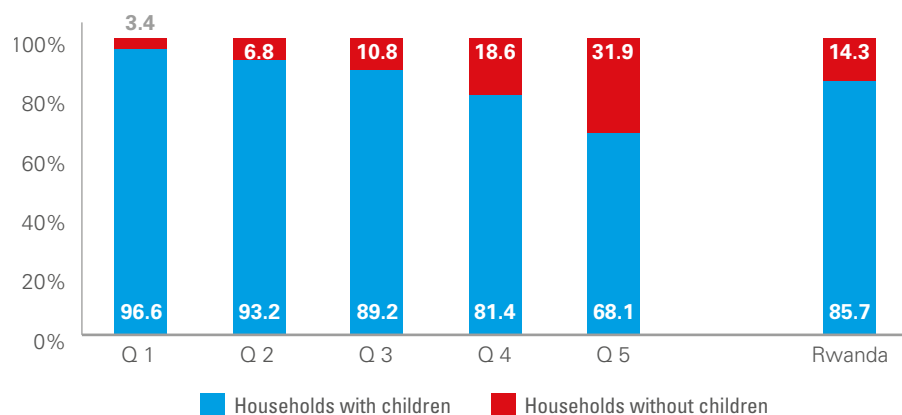


Figure 1. Distribution of households with and without children by wealth quintiles

Source: EICV 4 (NISR 2015a)

Dependency ratios measure the ratio of dependents (under 15 and over 65 years) to household members of working age and can provide insights into the potential impact

of poverty on the capacity of households to care for children. In Rwanda, EICV 4 data reveal an overall decline in the dependency ratio (dependents per 100 persons of working age) from 86 to 83 per 100 between 2010/11 and 2013/14. However, data also reveal that levels of dependency remain high nationally, and that the poorest (Q1) households have the highest total number of dependents. The poorest households (Q1) have 110 dependents for every 100 people of working age (although not necessarily working) falling to 97 for Q2, 85 for Q3, 77 for Q2 and 56 for Q5. Even though at least one child under 5 and/or aged between 5 and 15 is present in households across all wealth quintiles at fairly similar levels, the overall burden of household dependency is higher for the poor. In Rwanda, as in many other countries, children are over-represented among the poor largely because fertility rates are higher in poorer quintiles, ranging from 5.1 in the poorest quintile to 3.3 in Q5. Because there are more children of all ages in the poorer quintiles, income poverty has an inequitable impact on children.

4.1.2 Incidence and distribution of poverty

Poverty is measured in relation to a nationally determined poverty line calculated against the cost of a basic basket of goods (food and non-food). For 2014, the Rwanda national poverty line, or minimum level of annual consumption, was set at RWF159,375. Extreme poverty is measured against a minimum annual level of consumption of RWF105,064.¹⁴ Employing these thresholds, EICV 4 revealed the share of the population that cannot afford a basic basket of goods – or the percentage below the poverty line – to be 39 per cent in 2013/14. Extreme poverty was assessed by EICV 4 to affect 16 per cent of the population.

As for the percentage of children living in poverty and extreme poverty, UNICEF equity analysis of EICV data reveals a significant decline since 2010/11, but also that children remain over-represented among the poor and the very poor. Table 1 shows that between 2010/11 and 2013/14, the percentage of children living in poverty declined from 49 per cent to 44 per cent, and children in extreme poverty from 27 per cent to 19 per cent.

Table 1. Percentage of general and child population living in poverty and extreme poverty based on national poverty line, by age group

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

Source: EICV 3 (NISR 2012d), EICV 4 (NISR 2015a) and UNICEF Equity Analysis (UNICEF 2017)

Regarding urban and rural distribution of poverty, EICV data presented in Table 2 show that child poverty and extreme poverty (and overall poverty and extreme poverty) remain concentrated in rural areas of Rwanda. The data also show that child poverty and extreme poverty have decreased in both rural and urban areas since 2010/11, and that decreases in child poverty have been consistent with overall decreases in poverty.

¹⁴ EICV 4 also calculates average consumption for five wealth quintiles. For the poorest quintile (Q1), the average annual consumption is RWF88,212. Average consumption for the other quintiles is as follows: Q2 is RWF137,433; Q3 is RWF187,027; Q4 is RWF265,500; and Q5 is RWF513,492.

Table 2. Percentage of general and child population living in poverty and extreme poverty based on national poverty line, by area of residence

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

Source: EICV 3 (NISR 2012d), EICV 4 (NISR 2015a) and UNICEF Equity Analysis (UNICEF 2017)

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

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

4.1.3 Poverty correlates and characteristics

EICV data show remarkable progress in Rwanda across many key poverty indices, but also reveal a distinct correlation between income poverty and opportunities for children and women. How poverty and other deprivations actually manifest for children, women and families varies across different contexts, but in general terms income poverty – and particularly extreme income poverty – consistently emerges as having an identifiable causal relationship with suboptimal outcomes. Living in a rural location and having lower levels of education in the household, higher levels of household dependency and gender inequalities are also strongly linked to inadequate outcomes for children. Since these other factors also consistently correlate to income poverty (see below), income poverty emerges from the data (from a programming and policy perspective) as perhaps the most reliable indicator of the actual or potential risk for child deprivation(s).¹⁵ Accordingly, it is important to look more closely at the profile of income poverty, including its distribution and observable characteristics.

With regard to poverty and household levels of education, 2015 RDHS data reveal that although 17 per cent of men and 16 per cent of women have completed primary school in the wealthiest quintile (Q5), this falls to 7 per cent (men) and 9 per cent (women) in the poorest quintile (Q1). Looking at EICV 4 literacy data, in Q1 78 per cent of the population over the age of 15 are considered literate, whereas in Q5 91 per

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

cent are considered literate. Literacy is also higher in urban (93 per cent) than in rural areas (85 per cent). Computer literacy provides another example of the correlation between income and education (or access to knowledge), with EICV 4 showing that while 3 per cent of household members can be considered computer literate in Q1, this rises to 24 per cent in Q5. Interestingly, the differences in computer literacy between the bottom four quintiles are small, whereas the difference in computer literacy between Q4 and Q5 is more pronounced – 10 per cent versus 24 per cent. Similarly, participation in tertiary education is less than 1 per cent for Q1 and under 2 per cent for Q4 but then jumps to 8 per cent for Q5.

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

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

A correlation between income poverty and access to safe water and sanitation is also apparent. EICV 4 data show that 81 per cent of households in Q1 (compared to 89 per cent of households in Q5) have access to an improved source of drinking water (the national average is 85 per cent).

In terms of the average time required to access an improved drinking-water source, households in Q1 travel on average 16 minutes, whereas households in Q5 travel on average 11 minutes. Looking at access to improved drinking water pumped to the dwelling or yard, the disparity is more apparent, with 28 per cent of households in Q5 but under 1 per cent of households in Q1 having access to pumped water. Access to improved sanitation is also limited for the poor although a pro-poor strategy was adopted in the 2016 policy: 94 per cent of households in Q5 are able to access improved sanitation, but the figure is only 70 per cent in Q1 (the national average is 83 per cent).¹⁶

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

The occupation of the household head has an impact on consumption and poverty. Having an occupation in agriculture remains associated with poverty, even though the percentage of usually employed people working in agriculture has decreased since 2010. EICV 4 data show that 24 per cent of all employed people in Q1 have a paid farm job, compared to just 4 per cent in Q5, and rates of paid farm employment steadily decrease relative to increased levels of consumption. Being an independent farmer is also associated

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

with poverty – EICV 4 data show that 61 per cent of employed people are independent farmers in Q1, rising to 65 per cent for Q4 and 68 per cent for Q3 but dropping to 34 per cent in Q5. Inversely, not being engaged in agricultural employment is associated with higher levels of consumption with data showing, for example, that 42 per cent and 10 per cent of employed people have non-farm paid jobs in Q5 and Q1, respectively.

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

In the bottom consumption quintiles (Q1 and Q2), poverty has consistent features. Most – but not all – poor households are rural, have benefited less from education, are employed largely in the agricultural sector, are at risk of food insecurity and are more isolated from infrastructure and services. Data also indicate that poorer households have more dependents, particularly child dependents, and that these children face multiple and often similar challenges. Poor children and families do not always have adequate access to nutritious food, or safe water and sanitation, or basic services, and often live in households where caregivers do not always have adequate financial resources to support their development.

4.2 Maternal and child health

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

4.2.1 Household living conditions and environment

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

As discussed in Section 4.1, household food insecurity and limited access to safe drinking water, improved sanitation and basic services are all examples of living conditions more frequently evident in lower wealth quintiles and rural populations. The presence of a beaten earth floor in the dwelling is an example of suboptimal living conditions more prevalent among poor and rural populations. EICV 4 data

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

show that earthen floors are common across rural Rwanda and for all wealth quintiles, but particularly so for Q1 to Q4 (ranging from 94 per cent to 74 per cent). Even in Q5, where the presence of earthen floors is substantially lower, the percentage is still high (39 per cent). Overall, the presence of earthen floors in Rwandan households decreased from 78 per cent in 2010/11 to 74 per cent in 2013/14, and the proportion of dwellings with cement floors increased by 4 per cent to 21 per cent in 2013/14. In urban areas 63 per cent of households have cement floors, compared with only 12 per cent of households in rural areas.

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

2015 RDHS data indicate that many households lack facilities for handwashing. This suggests that handwashing practices are probably inadequate, and that more could be done to promote handwashing as a key behaviour in support of good health and communicable disease control. RDHS data show a slight increase in the percentage of households with a place for handwashing from 10 per cent in 2010 to 12 per cent in 2015. Similarly, there was an increase in the presence of soap and water from 21 per cent of households that had a place for handwashing in 2010 to about one third of such households in 2015. The absence of any place for handwashing was observable across all quintiles, but particularly for Q1 to Q4 where the presence of handwashing facilities ranged from 9 per cent to 10 per cent in 2015. In Q5 the presence of facilities for handwashing is higher, but still low at 20 per cent.

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

4.2.2 Declining maternal and under-five mortality

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

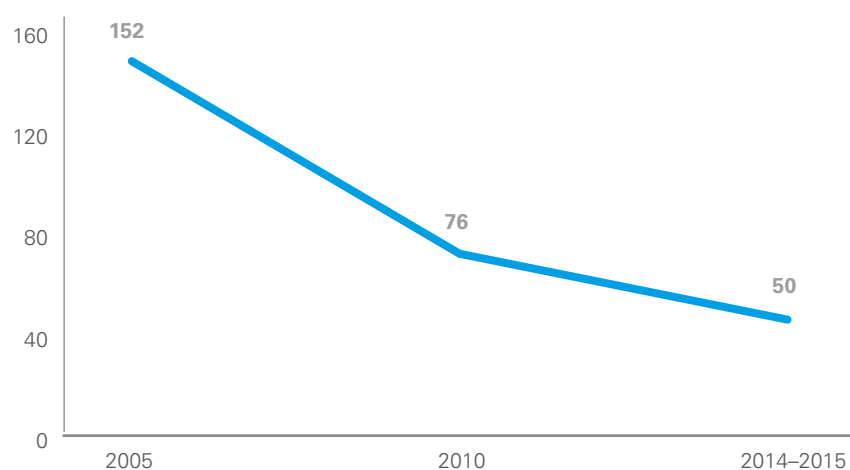


Figure 2. Under-five mortality rate: Deaths per 1,000 live births

Source: RDHS (NISR and ORC Macro 2006, NISR et al. 2012, 2015)

4.2.2.1 Maternal mortality

Good maternal health is critical to child development in utero, during infancy and throughout the child's growth. RDHS does not disaggregate maternal mortality data by wealth quintile, but other maternal health indicators suggest that although the coverage of key maternal health interventions is high, poorer women still face challenges accessing some services. 2015 RDHS data also show that while maternal mortality has declined significantly, it remains high at 210 per 100,000 live births (the 2030 SDG target is 70/100,000 live births), with the estimated range of 134–287 per 100,000 indicating that disparities in outcomes for women persist. Ministry of Health 2015 HMIS data indicate that post-partum haemorrhage causes 26 per cent of all maternal deaths in Rwanda followed by infections, obstructed labour, eclampsia and abortion.¹⁸

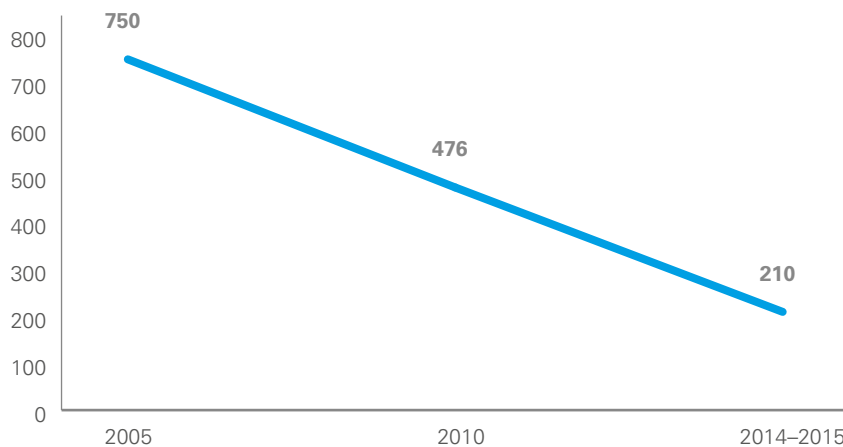


Figure 3. Maternal mortality ratio: Deaths per 100,000 live births

Source: RDHS (NISR and ORC Macro 2006, NISR et al. 2012, 2015)

4.2.2.2 Risk of pregnancy

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

4.2.2.3 Nutritional status of women

Women from lower wealth quintiles are slightly more likely to have a lower body mass index and be shorter and thinner which, along with anaemia and other micronutrient deficiencies, is a risk factor for increased maternal and infant mortality. They are also more likely to have obstructed labour, post-partum haemorrhage, low birthweight babies and to produce lower-quality breast milk. Inversely, women from higher quintiles are slightly more likely to be overweight or obese, which is a risk factor

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

for non-communicable diseases such as diabetes. Clear correlations are evident across all five wealth quintiles, with the proportion of women shorter than 145 cm and with a low body mass index increasing incrementally alongside declining household income levels: 6 per cent of women in Q1 are shorter than 145 cm and 11 per cent are considered thin and have a body mass index below 18.5. These figures decrease respectively to 2 per cent and 5 per cent in Q5. Inversely, 36 per cent of women in Q5 are either overweight or obese but this falls to 11 per cent in Q1.

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

4.2.2.4 Women and HIV

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

4.2.2.5 Antenatal, postnatal and delivery care

The coverage of antenatal care has increased steadily since 2005 and coverage is now high, with 2015 DHS data showing that 99 per cent of all pregnant women received antenatal care at least once, with no significant differences apparent in relation to urban or rural location or wealth quintile. However, data also suggest that pregnant women from higher quintiles sometimes receive more comprehensive care when attending facilities and are more likely to be attended to by a doctor.²⁰ Looking at the percentage of pregnant women receiving antenatal care four or more times (as recommended by the World Health Organization), 2015 RDHS data show that while coverage is relatively equitable, the overall national average of 44 per cent remains too low, and consequently presents a risk to further improvement in Rwanda's maternal health status. The coverage of postnatal care also requires attention, with just 40

¹⁹ Prevalence for children aged less than 2 years is 0.7 per cent for girls and 0.4 per cent for boys. Prevalence among all children under 14 years is 0.2 per cent for both girls and boys, suggesting that prevention of mother-to-child transmission interventions in Rwanda have been quite successful.

²⁰ For example, 2015 RDHS data show that while 55 per cent of pregnant women from Q1 had a urine sample taken, for Q5 it is 75 per cent. Similarly, while just 3 per cent of pregnant women from Q1 received antenatal care from a doctor, this percentage rises to 13 per cent for Q5.

per cent of women from Q1 and 50 per cent of women from Q5 receiving a postnatal check-up within two days of giving birth. With regard to skilled assistance at delivery, there has been a huge increase in the percentage of women whose delivery was assisted by a skilled provider (39 per cent to 91 per cent) between 2005 and 2015. However, inequities are also evident, with 2015 RDHS data showing that although 97 per cent of women in Q5 benefit from skilled assistance, only 84 per cent of women in Q1 do so. Rural women are also less likely to benefit from skilled delivery assistance, with data showing that 89 per cent of women from rural locations and 97 per cent of women from urban locations received skilled assistance. In relation to education, 83 per cent of women with no schooling benefited from skilled assistance at delivery, compared to 97 per cent of women with secondary school or higher education.

4.2.2.6 Under-five mortality

RDHS data reveal a steady decline in infant and under-five mortality between 2000 and 2015. Rwanda was among the few countries that achieved the MDG target in this area; this evidence underlines the steady progress towards establishing a comprehensive health system in Rwanda. However, as for other key MCH indicators, inequities persist and under-five mortality (and by proxy under-five morbidity) remains too high. Also of concern is the fact that declines in neonatal mortality have been more modest than declines in under-five and infant mortality, indicating that further investments in neonatal and antenatal care are required. (See Figure 4.)

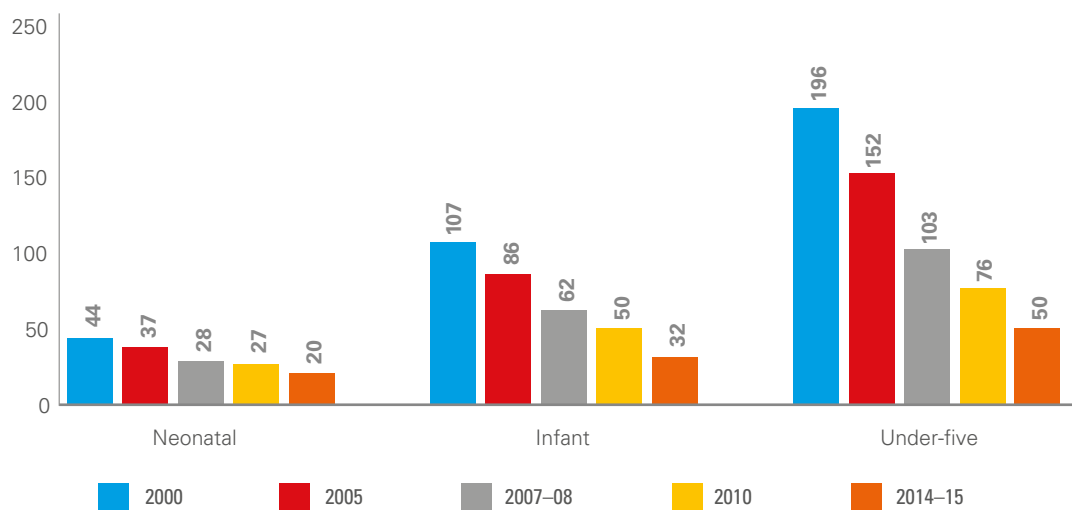


Figure 4. Trends in childhood mortality: Deaths per 1,000 live births

Source: RDHS (NISR 2001, NISR and ORC Macro 2006, NISR et al. 2012, 2015)

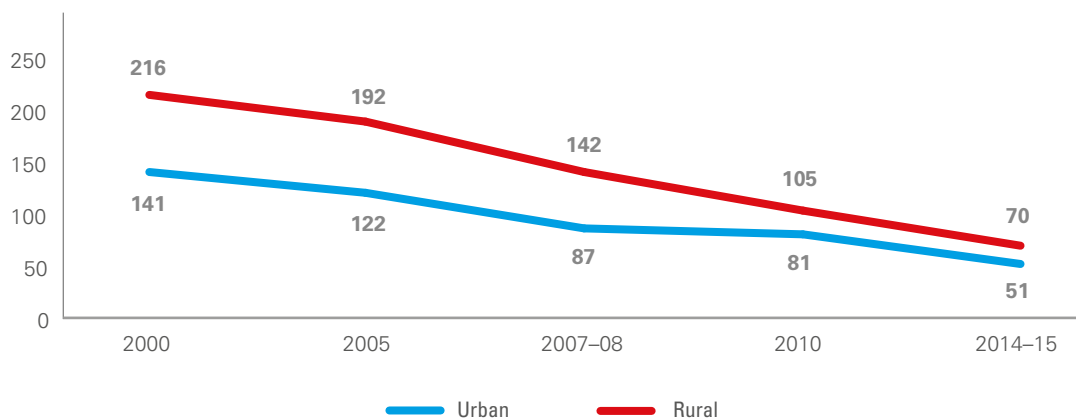


Figure 5. Under-five mortality rate trends by residence

Source: RDHS (NISR 2001, NISR and ORC Macro 2006, NISR et al. 2012, 2015)

Considering again all under-five mortality, Figures 5 and 6 show the overall progress between 2000 and 2015, but also that under-five mortality remains significantly higher in rural than urban areas, and in the poorest quintiles. Higher levels of all under-five mortality are still found in rural locations and relatively evenly across all the provinces, except for Kigali City where rates of all types of under-five mortality are lowest.

Higher rates of all forms of under-five mortality correlate with higher levels of poverty. Despite progress in narrowing equity gaps, and a reduction from 76 per 1,000 live births in 2010 to 50 per 1,000 in 2015, 2015 RDHS data indicate higher rates of all types of under-five mortality among the lower four wealth quintiles (ranging from 84 per 1,000 live births in Q1 to 58 per 1,000 live births in Q4). The data also reveal a significantly lower level of all under-five mortality for children born into families in Q5 (40 per 1,000 live births).

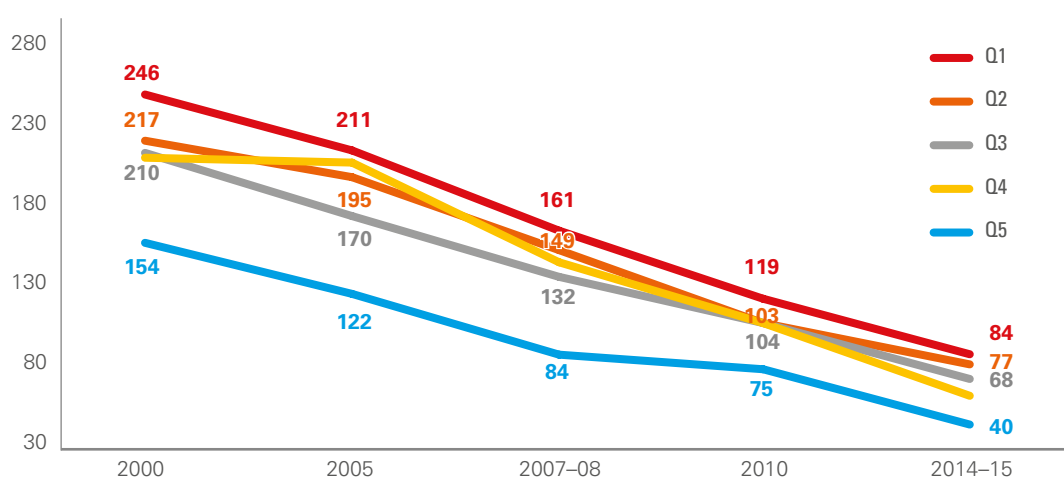


Figure 6. Under-five mortality rate trends by wealth quintile

Source: RDHS (NISR 2001, NISR and ORC Macro 2006, NISR et al. 2012, 2015)

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

4.2.2.7 Childhood immunization

Child immunization coverage has steadily improved over the last 10 years suggesting – despite some inequities (in particular, relating to whether children receive all basic vaccinations) – that overall access to health services for both children and women is good, and has increased. 2015 RDHS data reveal that 93 per cent of children aged 12–23 months have received all basic vaccines and that 94 per cent have vaccination cards, with no statistically meaningful difference between boys and girls. The percentage receiving all basic vaccinations is almost the same for rural and urban areas at about 93 per cent, although coverage is higher in Kigali (96 per cent) than in the provinces (Southern 95 per cent, Western 90 per cent, Northern 95 per cent and Eastern 91 per cent). Notably, coverage of all basic vaccines increases with wealth quintile, rising from 87 per cent in Q1 to 95 per cent in Q5. Additionally, the mothers' level of education also has a bearing, with data showing coverage at 86 per cent for children of women with no education, rising to 93 per cent for women with some primary education, and to 95 per cent for women with secondary education or higher.

4.2.2.8 Childhood illness and the utilization of services

The RDHS collects data relating to the presence of symptoms of acute respiratory infections, fever (indicative of malaria) and diarrhoea, and also health-seeking behaviour for each. In relation to the

symptoms of acute respiratory infections, fever and diarrhoea, 2015 RDHS data show a statistically higher prevalence of symptoms among the poorer quintiles and in rural areas: 6 per cent of children under 5 years in Q1 had acute respiratory infection symptoms in the two weeks prior to the 2015 RDHS survey, whereas the figure was 4 per cent in Q5. For fever, a 20 per cent incidence of symptoms was reported in Q1, with incrementally lower levels to 16 per cent in Q5. Similarly, the prevalence of diarrhoea was 15 per cent for Q1, decreasing to 8 per cent in Q5. Looking at utilization of health services or health-seeking behaviour, 2015 RDHS data show that caregivers in higher quintiles, from urban areas and with more education, more frequently seek advice from a health facility or provider than those from lower quintiles.

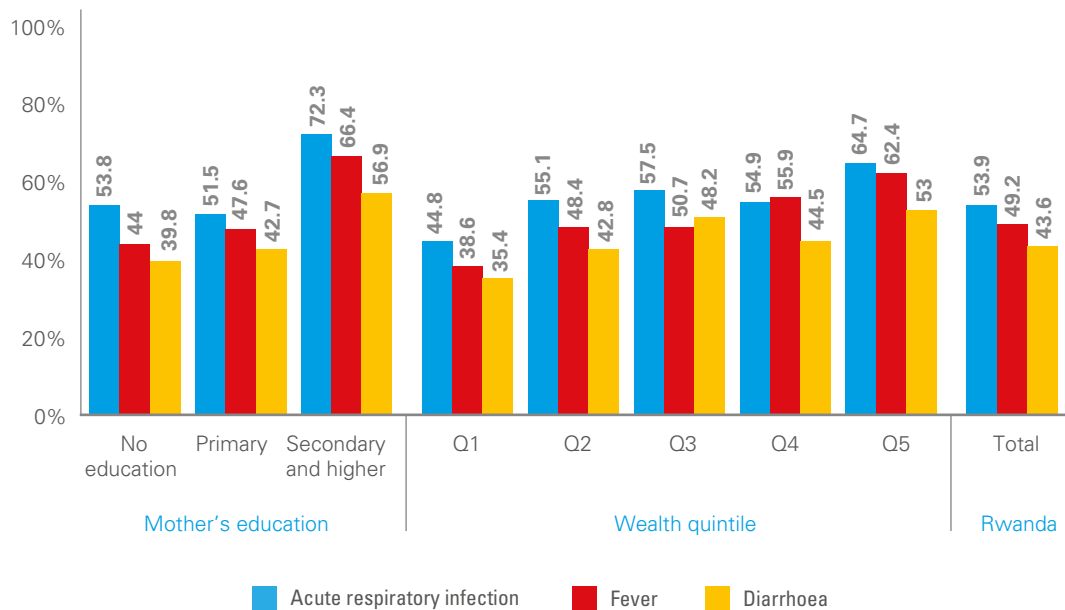


Figure 7. Percentage of children under 5 for whom advice or treatment was sought from a health facility or provider

Source: RDHS 2015 (NISR et al. 2015)

4.2.2.9 Nutritional status for children under 5 years

Adequate nutrition (especially in utero and up to 24 months of age) is critical to child growth and cognitive development. The causes of child undernutrition are complex (and often interconnected) but relate to a combination of poor maternal nutrition and well-being, inadequate child feeding and care practices, childhood diseases and environmental issues such as inadequate household food security and poor access to safe water and sanitation. If children are not adequately nourished, they become increasingly at risk of poor physiological development; micronutrient deficiency; greater vulnerability to respiratory infections, diarrhoea and malaria in early childhood; an overall higher incidence of ill health throughout childhood; and ultimately poorer educational outcomes and life opportunities. RDHS data indicate that childhood malnutrition decreased significantly between 2005 and 2015, but also that stunting remains a major concern. Figures 8, 9 and 10 illustrate progress in reducing stunting, but also how stunting tends to most adversely affect boy children, children from rural locations and/or children in households from lower consumption quintiles.

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

Nationally, 38 per cent of children under 5 are stunted, starting from a low of 21 per cent in Q5 and then rising to 30 per cent in Q4, 38 per cent in Q3, 45 per cent in Q2 and 49 per cent in Q1 (see Figure 10). Stunting rates are much higher in rural than urban areas (41 per cent and 24 per cent, respectively), and

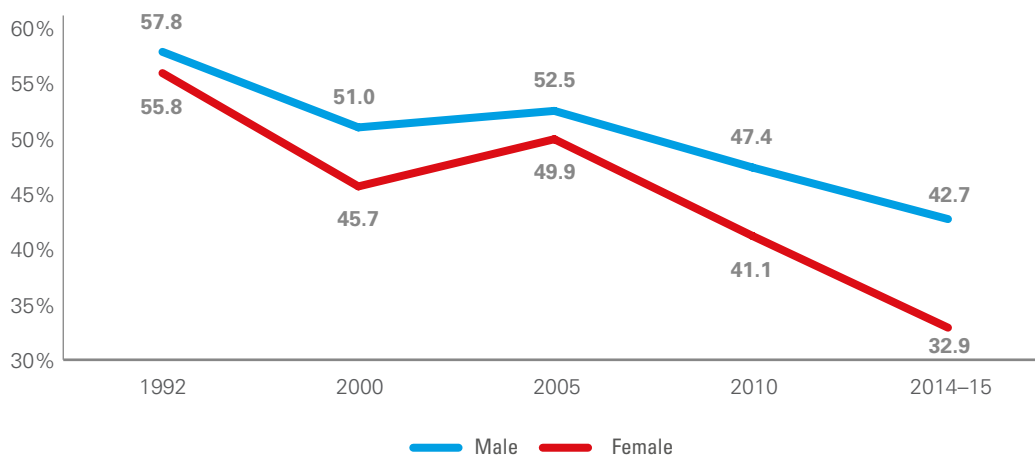


Figure 8. Child stunting trends by gender

Source: RDHS (NISR 1993, 2001, NISR and ORC Macro 2006, NISR et al. 2012, 2015)

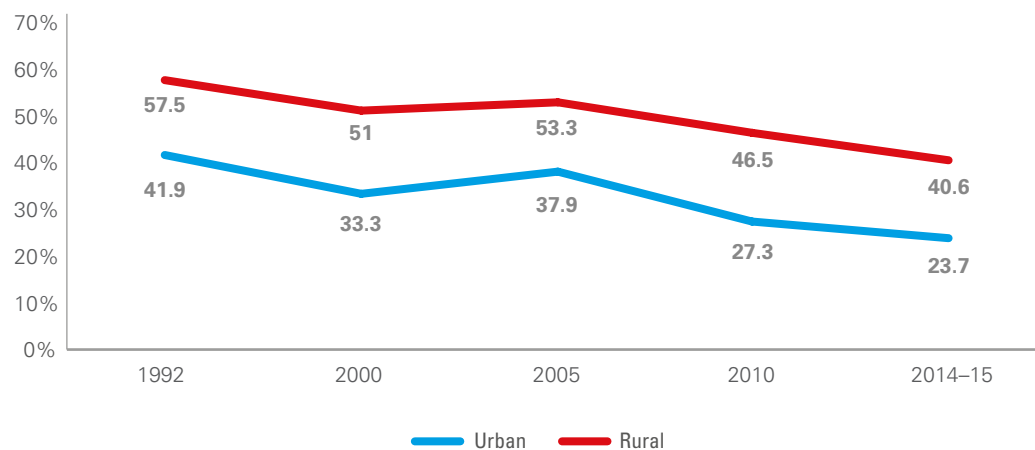


Figure 9. Child stunting trends by residence

Source: RDHS (NISR 1993, 2001, NISR and ORC Macro 2006, NISR et al. 2012, 2015)

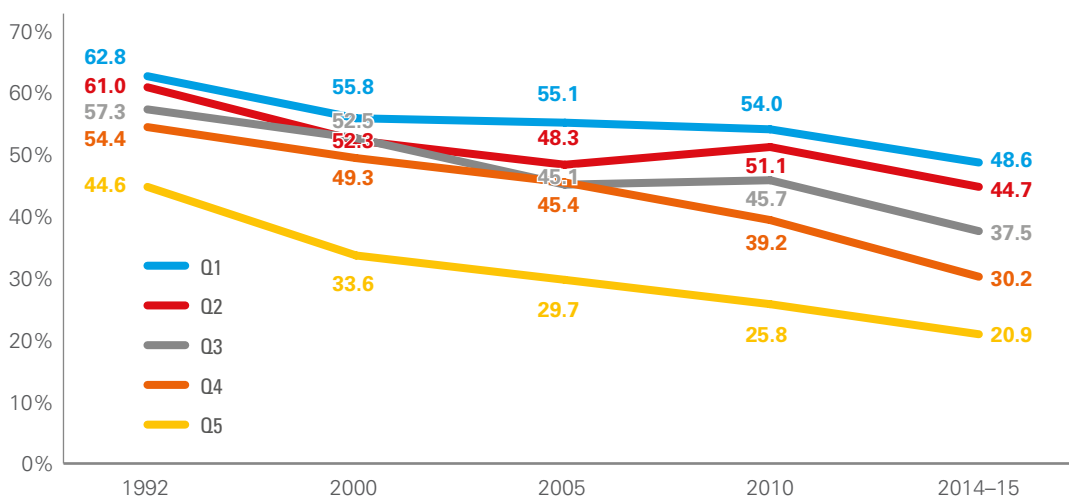


Figure 10. Child stunting trends by wealth quintile

Source: RDHS (NISR 1993, 2001, NISR and ORC Macro 2006, NISR et al. 2012, 2015)

for children whose mothers have no education (47 per cent) or only primary education (39 per cent). For children with mothers who have secondary or higher education, stunting levels are much lower (19 per cent). Overall, stunting levels are highest in Western, Southern, Northern and Eastern Provinces (45 per cent, 41 per cent, 39 per cent and 35 per cent, respectively) and decline significantly in Kigali to 23 per cent (but even this must be considered high). Wasting levels in Rwanda are low at 2 per cent of all children under 5, and vary only slightly in relation to location and wealth quintile. However, the prevalence of underweight children is four times higher in Q1 (13 per cent) than in Q5 (3 per cent).

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

4.2.2.10 Infant and young child feeding

The World Health Organization recommends that all infants be exclusively breastfed for the first six months. After six months, breastfeeding should be supplemented with four basic food groups: animal-source foods (protein), dairy products, vitamin-A-rich fruit and vegetables, and staple carbohydrates (e.g. grain-based). In this context, appropriate infant and young child feeding (IYCF) has three components: 1) breastfeeding; 2) ensuring that children aged 6–24 months are progressively fed at least four basic food groups every day; and 3) increasing the frequency of feeding as the child gets older. The 2015 RDHS found exclusive breastfeeding from 0–6 months to be high at 87 per cent nationally and slightly more likely to be evidenced in rural areas and among lower wealth quintiles. Most (96 per cent) children aged 6–23 months were also given breast milk or milk products. However, nationally, only 30 per cent of children aged 6–23 months received food from at least four food groups. Just 47 per cent were fed with adequate frequency, and only 18 per cent were fed in accordance with all three minimum recommended IYCF practices. Looking at data on feeding in accordance with all three minimum recommended IYCF practices, Figure 11 illustrates that children whose caregivers have less education and children from lower wealth quintiles are less likely to have their nutritional requirements adequately met.

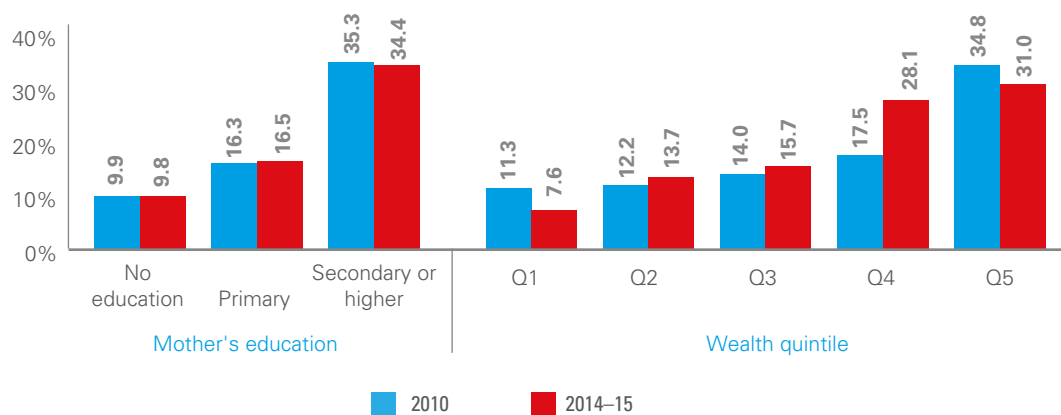


Figure 11. Minimum acceptable diet by mother's education and wealth quintile

Source: RDHS (NISR et al. 2012, 2015)

4.2.2.11 Adolescent sexual and reproductive health

Although significant data relating to the health and nutrition status of children under 5 in Rwanda is generated, much less information is available to assess the health of adolescents. However, data relating to adolescent sexual and reproductive health provides some insight into overall adolescent well-being.

In addition to posing a greater risk of pregnancy complications, child mortality and illness,²¹ teenage pregnancy undermines the opportunities girls and young women might otherwise have to pursue education or employment. The 2015 RDHS reports that 7 per cent of all girls and women aged 15–19 years have begun childbearing (either had a live birth or was currently pregnant). Looking at age-specific fertility, data show that 21 per cent of 19-year-old women have begun childbearing. The percentages fall to 4 per cent at age 17, 2 per cent at 16 and 1 per cent at 15. Notably, the burden of teenage pregnancy is higher for the poorest, with 11 per cent of all girls and young women aged 15–19 in Q1 having begun childbearing, falling to about 6 per cent in Q4 and Q5.

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

4.3 Early childhood development

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

To assess the percentage of children aged 3–6 considered to be developmentally on track, the 2015 RDHS calculates an ECD index score in relation to four key domains (literacy and numeracy; physical; social-emotional; and learning). 2015 data show that 63 per cent of all children are developmentally on track

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

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

overall. Children whose mothers have less education, are from rural locations and are in poorer quintiles are less likely to be developmentally on track. Looking at literacy and numeracy specifically, 2015 RDHS data reveal that 18 per cent of all Rwandan children aged 3–6 can be considered on track and rural children from poor quintiles and children whose mothers have lower levels of education are disadvantaged. The percentage of children aged 3–6 developmentally on track for literacy and numeracy is 6 per cent in Q1 and 5 per cent in Q4, jumping to 18 per cent in Q5. In relation to mothers' education, less than 3 per cent of children with mothers who have no education are on track for literacy and numeracy, compared with 19 per cent of children with mothers who have secondary or higher education.

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

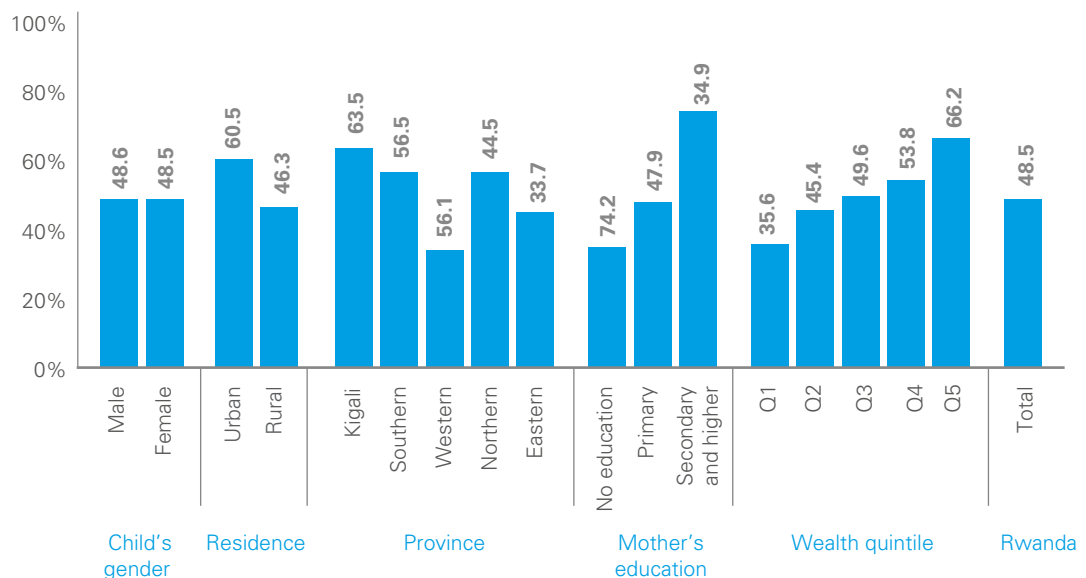


Figure 12. Percentage of children with whom adult household members had engaged in four or more activities that promote learning and school readiness in three days preceding the survey

Source: RDHS 2015 (NISIR et al. 2015)

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

Beyond access, the poor quality of child care and inadequate psychosocial stimulation (only about half of parents surveyed engaged in activities that stimulate a child's development and early learning), and a lack of opportunities for optimal child development are evident. Children in rural areas (37 per cent) are more often left home alone compared to children in urban areas (23 per cent), averaging 30 per cent of children nationally (RDHS 2015).

From the equity perspective, therefore, the ECD target group consists of children and caregivers living in poverty and in rural areas, specifically, children who are not meeting expected developmental milestones (who are likely to be stunted as well) and whose caregivers have little education and inadequate parenting

skills. These highly vulnerable children suffer from multiple interconnected deprivations – poor practices in child care and protection; water, sanitation and hygiene (WASH); education, health and nutrition – that result in mutually reinforcing conditions of stunted growth (38 per cent) and developmental delay (37 per cent).

4.4 Opportunities for education

Ensuring the realization of children’s rights to inclusive and quality education is a key government priority and an essential prerequisite for sustainable social and economic development. Education enables children’s personal development by providing a structured and safe social environment where children can progressively acquire the knowledge and personal and technical skills to improve their lives and contribute to society. This section of the situational analysis considers data relating to pre-primary or ECD (children aged 3–6), primary school (children aged 7–12) and secondary school (children aged 13–18).²³ Learning achievement and participation in technical and vocational education and training (TVET) and tertiary education are also discussed. The most recent 2015 and 2016 MINEDUC data are employed, supplemented where appropriate by 2013/14 EICV 4 survey data, which are more comprehensive and benefit from a greater degree of disaggregation.²⁴

4.4.1 Pre-primary schooling and early childhood education

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

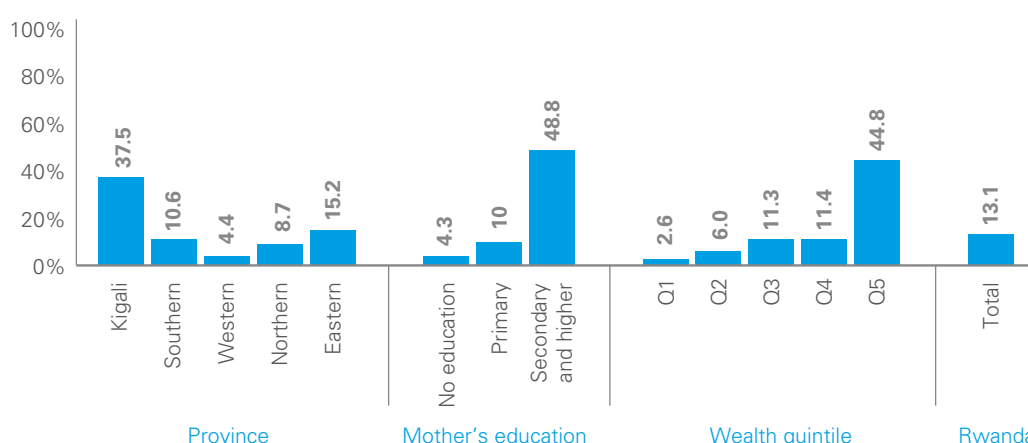


Figure 13. Percentage of children aged 36–59 months receiving early childhood education

Source: RDHS 2015 (NISR et al. 2015)

²³ Although MINEDUC data relate to children aged 6–12, all Rwandan children are required by law to commence primary schooling at 7.

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

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

4.4.2 Primary schooling

Enrolment in primary education has increased steadily since universal free primary school education was introduced in 2003, and gender parity has been achieved. EMIS data show that 2,546,263 children were enrolled in primary school in 2016 (205,117 more than in 2011). However, EICV 4 primary school attendance data or net attendance ratios (which measure attendance at primary school relative to the primary school population)²⁵ show that nationwide access to primary school for children aged 7–12 has declined slightly to 88 per cent since EICV 3. Attendance is slightly higher for girls (89 per cent) than for boys (87 per cent), and increases with children's age, from 69 per cent at age 7 to 87 per cent at age 8, and then above 90 per cent for ages 9–12 (indicating that some children are entering primary school late). As illustrated in Figure 14, attendance at primary school is much lower for children with disabilities (57 per cent) and has declined since EICV 3 (when the figure was 66 per cent).

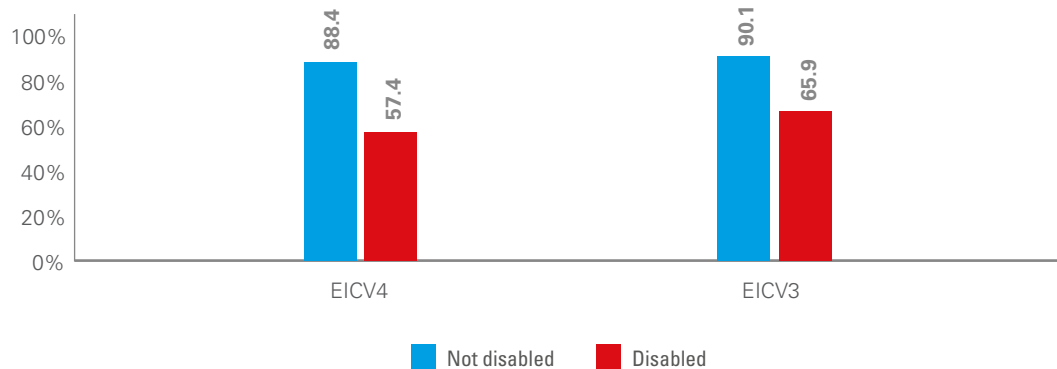


Figure 14. Net attendance rate in primary school by disability status

Source: EICV (NISR 2012d, 2015a)

In terms of geographic and socioeconomic determinants, access is relatively equitable across the country. However, there is an incremental decrease in access to primary school across the wealth quintiles, with net primary attendance decreasing from 92 per cent in Q5 to 82 per cent in the poorest quintile. EICV 4 data also reveal that primary school access is slightly better in urban (91 per cent) than rural areas (87 per cent), and that access is higher in Kigali City (91 per cent) and Northern Province (92 per cent), than in Western (87 per cent), Eastern (87 per cent) and Southern (87 per cent) Provinces.

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

²⁵ Data is calculated in relation to 2012 FPHC population estimates (NISR 2012a).

4.4.3 Secondary schooling

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

EICV 4 data show that access to secondary school has increased since 2011 from 18 per cent to 23 per cent, across all quintiles. Net attendance by children with disabilities has also increased, from 10 per cent to 16 per cent. Attendance is higher among girls (25 per cent) than boys (21 per cent), and increases relative to children's age, indicating – as with primary school – that children are starting secondary school too late. According to UNICEF's equity analysis of EICV data, 6 per cent of children aged 13 attend secondary school, rising progressively to 13 per cent at 14, 25 per cent at 15, 31 per cent at 16, 35 per cent at 17, and then falling slightly to 35 per cent for children aged 18.

Data also show that access to secondary schooling is less equitable and widespread than for primary schooling, with significant disparities evident in relation to consumption quintiles and rural or urban location. EICV 4 data (see Figure 15) reveal that secondary school attendance is lowest for the poorest quintile (11 per cent), increasing steadily to 17 per cent in Q2, 21 per cent in Q3, 26 per cent in Q4 and 40 per cent in Q5. Access to secondary education is twice as high for urban children (40 per cent) as for rural children (19 per cent), reinforcing the rural–urban divide. As would be expected, secondary school attendance is much higher in Kigali City (37 per cent) than the Northern (24 per cent), Eastern (21 per cent) and Western and Southern (20 per cent) Provinces.

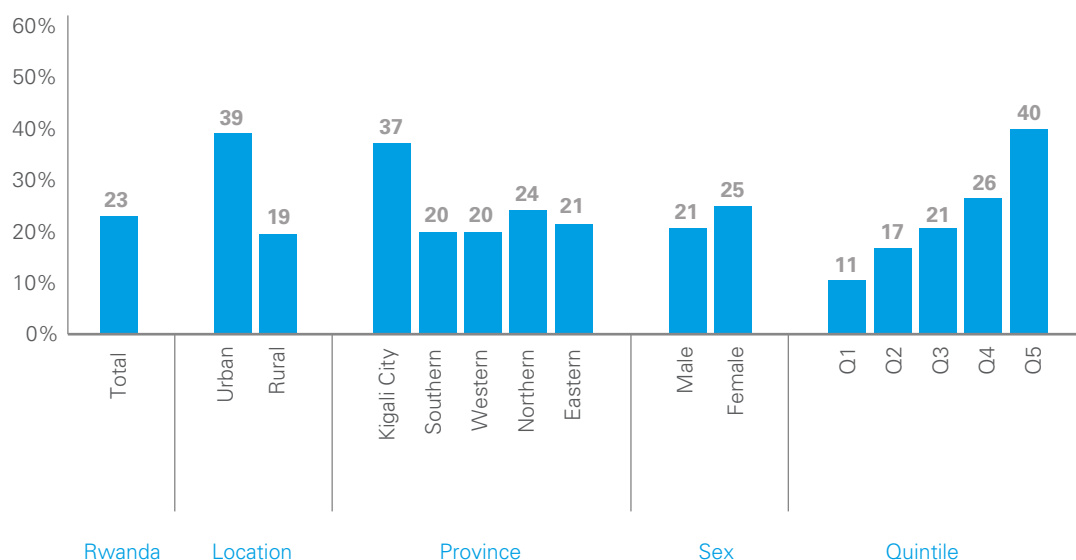


Figure 15. Net attendance rate in secondary school (%)

Source: EICV 4 (NISR 2015a)

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

per cent) and for boys (87 per cent) than girls (86 per cent), but lower for children with disabilities of all ages (79 per cent).

4.4.4 Technical and vocational education and training

2016 MINEDUC data show that government commitment to TVET has resulted in a significant increase in the number of vocational training centres, from 98 in 2011 to 179 in 2016. Over the same time, the number of technical secondary schools also increased, from 151 to 199, and the number of technical tertiary institutions from 2 to 16. Overall, the number of students enrolled in any type of TVET has increased from 67,919 in 2011 to 93,158 in 2016, although male participation remains higher than that of females (58 per cent versus 42 per cent).

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

4.4.5 Tertiary education

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

EICV 4 data show that just 3 per cent of the population aged 16–30 attended tertiary institutions (males: 3 per cent, females: 2 per cent). Attendance was much higher in Kigali City (9 per cent) than in all the provinces, where attendance is roughly 2 per cent. Attendance is lowest in the poorest quintile at just over 0 per cent, rising to 2 per cent in Q4, before jumping to 8 per cent in Q5.

4.4.6 Learning achievement

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

Developed by the Rwanda Education Board, Learning Achievement in Rwandan Schools (LARS) is an assessment of literacy and numeracy in primary schools in Rwanda. For the second LARS in 2014, 3,500 children in primary Grade 2 (P2) and 3,500 children in Grade 5 (P5) were tested in literacy and numeracy. Mean test scores for children in P2 were 45 per cent for literacy and 33 per cent for numeracy, and 44 per cent and 38 per cent, respectively, for children in P5. While 2014 LARS results are not disaggregated by consumption quintiles, they reveal that children in urban areas score significantly better than rural children. For example, mean P2 and P5 literacy scores in urban areas were 58 per cent and 68 per cent, whereas in rural areas mean scores were 44 per cent and 41 per cent, respectively. Mean scores were considerably higher in urban private primary schools than for any other category (see Figure 16).

There are few data on learning achievement in secondary schools. However, 2015 EMIS data suggest that children who attend secondary school (and do not drop out) pass leaving examinations at relatively high rates. In 2015, 89 per cent of students sitting their secondary school leaving exams passed (girls: 85 per cent, boys: 92 per cent).²⁶ There is also a shortage of data relating to TVET learning achievement, but 2015

²⁶ These data are not available in the 2016 Education Statistical Yearbook.

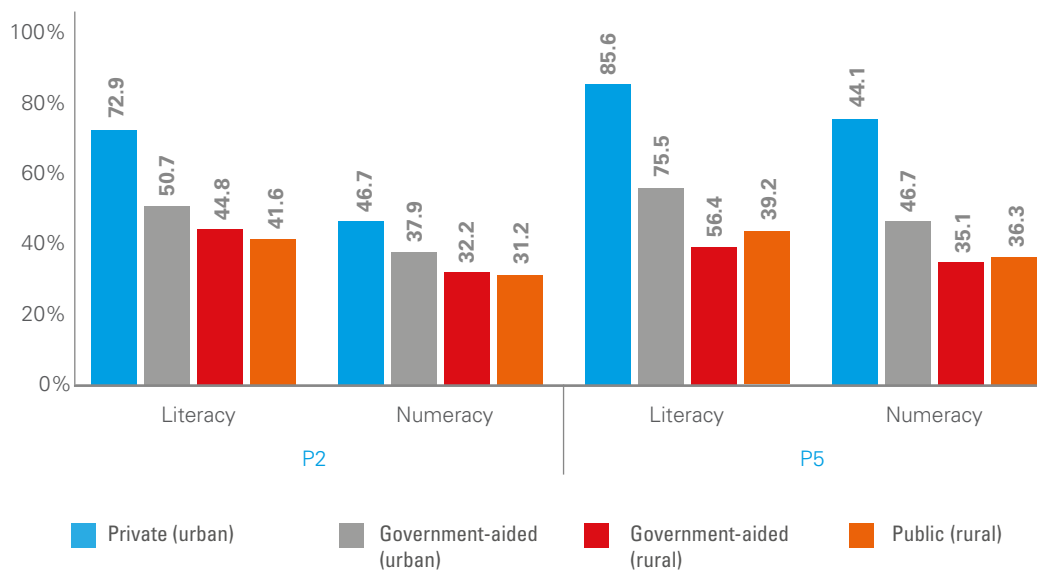


Figure 16. Mean test scores (%) for P2 and P5 at different types of schools

Source: LARS II (MINEDUC 2016c)

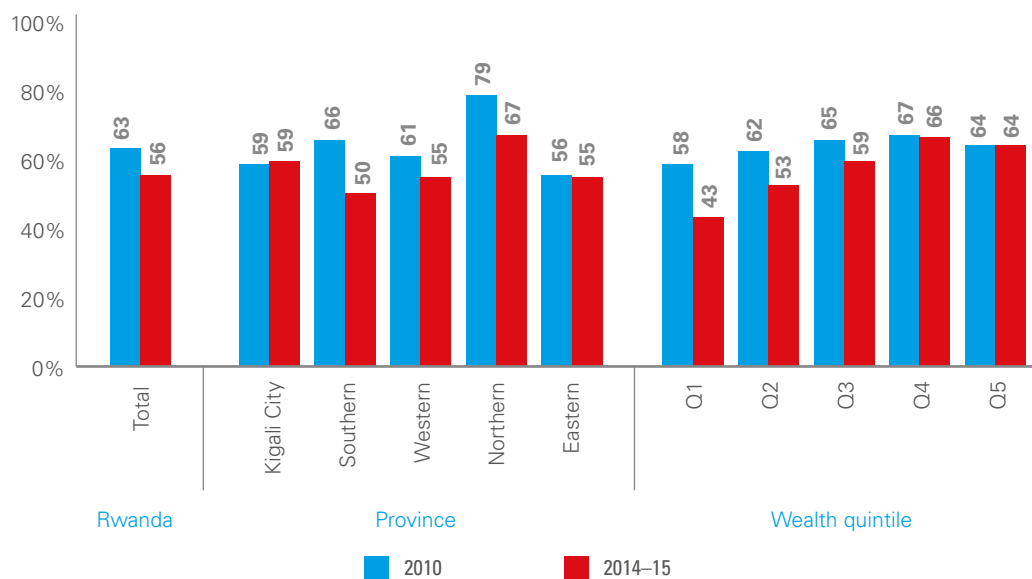


Figure 17. Children (%) under 5 whose births are registered

Source: RDHS (NISR et al. 2012, 2015)

EMIS reveals that the number of graduates from vocational training centres almost tripled from 7,547 in 2011 to 20,489 in 2016 (62 per cent of vocational training centre graduates were male and 38 per cent were female).

4.5 Child protection

Vulnerability can be heightened and exacerbated by a range of risks to children’s well-being that can compound other deprivations and further limit individual and household capacity to promote and realize children’s rights. Categories of vulnerable children that may be particularly at risk and in need of protection include children whose births have not been registered; children with disabilities and/or children in institutions; children in contact with the justice system; and children living on the street, or involved in

exploitive or harmful labour. Violence, and sexual abuse and exploitation, both inside and outside of the home, are also a concern.

4.5.1 The right to an identity

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

Data on birth registration collected through the RDHS reveal that 56 per cent of children under 5 had their births registered in 2015. The data also show that children aged 2–4 are more likely to be registered than those younger than 2 years and, of concern – just 3 per cent of RDHS respondents could produce a birth certificate for their child. Birth registration for children under 5 (and the presence of birth certificates) declines outside Kigali and for the bottom consumption quintiles (see Figure 17).

4.5.2 Children with disabilities

According to EICV 4, 4 per cent of people in Rwanda have some form of disability. Disability prevalence is higher in rural than urban areas (4 per cent and 3 per cent, respectively) and is about 4 per cent in Q1 to Q4, dropping to 3 per cent in Q5. Age-disaggregated data show that disability increases with age.²⁷ Just under 1 per cent of children aged 0–4 have a disability, rising to just over 1 per cent for children aged 5–9 and about 2 per cent for children aged 10–19. No significant gender differences are observable.

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

4.5.3 Orphaned children

EICV 4 data reveal that 10 per cent of children under 18 in Rwanda are single orphans (have lost one parent), and that over 1 per cent are double orphans (have lost both parents). There are slightly more single orphans in urban (12 per cent) than rural areas (10 per cent) and in the poorer quintiles (12 per cent for Q1 and 10 per cent for Q5). As for single orphans, the presence of double orphans is higher in urban (3 per cent) than rural areas (1 per cent), and in Kigali (3 per cent). However, the percentage of double orphans is higher in Q5 (2 per cent) than for the lower quintiles (around 1 per cent).

EICV 4 data on the percentage of the population aged 7–8 not attending school show that 21 per cent of single orphans in that age group are not at school (compared to 13 per cent at the national level). However, double orphans are more likely to be attending primary school than other Rwandan children, with only about 6 per cent of double orphans aged 7–8 out of school. Qualitative and quantitative data pertaining to the well-being and household situation of orphans are limited.

²⁷ The 2012 FPHC shows a slightly higher percentage, with 5 per cent of the population assessed as having some form of disability (NISR 2012a).

²⁸ The 2012 FPHC reports net attendance at primary school for children with disabilities at 68 per cent (NISR 2012a).

4.5.4 Children in institutions

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

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

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

4.5.5 Corporal punishment and violence in the home

In Rwanda, positive discipline is promoted, and the use of corporal punishment is unlawful in schools and the penal system,²⁹ but not fully prohibited in the home or alternative care settings. The recently revised Early Childhood Development Policy (2016) includes positive parenting as a key driver for the appropriate education of children. In addition, parents and caregivers regularly benefit from training sessions at model ECD centres and home visits with trained *Inshuti z'Umuryango* (Friends of the Family) workers, promoting a gradual move from corporal punishment to positive discipline. Furthermore, evening forums for parents (*Umugoroba w'Ababyeyi*) promote positive, non-violent disciplinary practices, and there are community training sessions (*Noza imibanire mu muryango wawe* – 'Live in harmony with your family members') which further promote positive parenting.

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

²⁹ The government, through MINEDUC, has abolished caning and any corporal punishment in schools. Schools receive related instructions, and a code of conduct for teachers is being developed. There is also a ministerial order specifying educational measures and other forms of non-violent disciplinary punishments, care and treatment for the child.

³⁰ A survey on the knowledge, attitudes and practices of nurturing of children used both qualitative and quantitative methods of data collection and analysis, and conducted 2,000 interviews with female caregivers, 600 interviews with male spouses and 12 focus group discussions with caregivers (UNICEF and the Government of Rwanda 2014).

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

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

About a quarter of young people aged 15–19 (24 per cent of girls and 28 per cent of boys) have experienced physical violence. This percentage rises steadily with age to 43 per cent of women and 48 per cent of men aged 40–49. There is no significant correlation between experience of violence and rural or urban location, but the experience of violence by women and men is more frequent in lower quintiles: 44 per cent of all girls and women aged 15–49 have experienced violence in the poorest quintile, compared to 30 per cent in Q5. Violence against all women is mostly perpetrated by a current (or former) intimate partner or husband (58 per cent and 27 per cent, respectively).

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

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

4.5.6 Child labour and exploitation

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

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

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

4.5.7 Children on the street

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

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

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

4.5.8 Children in contact with the law

To inform the later, 2014 Justice for Children Policy, an assessment was undertaken by MINIJUST with support from UNICEF in 2013. The following key conclusions were identified through key informant interviews, visits and observations, and 10 focus group discussions with key stakeholders, including children in conflict with the law. This assessment highlighted that – at that time – children in contact with the law were at risk during long periods of pre-hearing detention in often unfriendly environments and were sometimes incarcerated alongside adults. The average time minors spent in prison sometimes spanned months.

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

Table 3. Numbers of children in conflict with the law assisted at all levels

Years	Numbers of children assisted
2013–2014	1,197
2014–2015	1,194
2015–2016	1,232
2016–2017	1,317

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

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

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

4.5.9 Refugee children

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

4.6 Opportunities for participation

4.6.1 Children's civic participation

All people (including children) are guaranteed the right to freedom of expression by the Constitution of the Republic of Rwanda (article 33). Children's rights to participation are also upheld in law and

³² For more details, see UNICEF (2017d).

emphasized through the 2011 National Integrated Child Rights Policy. To actively promote children's civic participation, the government established annual national children's forums and children's summits. The NCC and children's committees comprising elected children (including children with disabilities) aged 6–15 are established every three years, with the most recent committees having been elected in 2015. Key responsibilities for these committees include leading the children's forum and providing key advice to authorities on issues relating to children's rights and well-being. Other responsibilities include participating in district-level decision-making, monitoring the implementation of interventions, and communicating discussions and resolutions emanating from annual national children's summits. The NCC has a responsibility to work with district administrations to strengthen the capacity of the children's committees and the National Children's Council, particularly in relation to children's rights and obligations, and good governance.

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

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

4.6.2 Participation in the labour force

EICV 4 data relating to youth employment provide insight into how young people (aged 14–19) participate economically in Rwanda. According to EICV 4, 49 per cent of boys aged 14–19 and 47 per cent of girls in the same age group were employed in 2013/14 (of which 34 per cent of boys and 36 per cent of girls were categorized as students). For the same age group the mean number of working hours per week was just over 31, with little variation between girls and boys. However, more than 25 per cent of those aged 14–19 worked more than 40 hours a week and 18 per cent worked more than 51 hours a week. The majority of boys and girls aged 14–19 worked on the family farm (boys: 48 per cent, girls: 59 per cent), 28 per cent of boys and 20 per cent of girls have non-farm wage employment, and 16 per cent of boys and 13 per cent of girls have farm wage employment. A small percentage of girls and boys (7 per cent), work independently or are unpaid in non-farming sectors.

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

Looking at EICV 4 data on the types of industries where boys and girls aged 14–19 are employed, it is clear that girls are more likely to be employed in agriculture, forestry or fishery than boys (girls: 72 per cent, boys: 64 per cent), and that these industries provide the vast majority of employment for girls and boys. The other main industries are categorized by EICV 4 as 'activities of households as employer' (girls: 15 per

cent, boys: 13 per cent); 'wholesale, retail trade, repair' (girls: 8 per cent, boys: 9 per cent); 'construction' (girls: 2 per cent, boys: 6 per cent); 'transportation and storage' (girls: 0 per cent, boys 2 per cent); 'mining and quarrying' (girls: 0 per cent, boys: 2 per cent); and 'manufacturing' (girls and boys both about 1 per cent). Data show that levels of employment for this age group in other technical, administrative, knowledge and service-based industries range from 0 per cent to 1 per cent, with a consistently higher percentage of boys being employed in these types of industries than girls. Looking at EICV 4 data for older age groups (19–35), gender biases become further consolidated, with men increasingly dominating in technical, administrative, knowledge and service-based industries, whereas female representation in the agriculture, forestry or fishery industries continues to rise. For example, male employment in the agriculture, forestry or fishery category declines from 64 per cent (for ages 14–19) to 52 per cent (for ages 30–35), but levels of female employment in these industries increases from an already high 72 per cent (for ages 14–19) to 76 per cent (for ages 30–35).

4.6.3 Access to information and communication technology

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

Access to information is also a key enabler of communication and societal participation. EICV 4 data show that 8 per cent of girls and boys aged 14–19 access the Internet (sometimes: 5 per cent, often: 2 per cent, and regularly: 1 per cent). Moreover, 2015 RDHS data reveal that just 3 per cent of boys and girls aged 15–19 access three forms of media (newspaper, television and radio) at least once a week. Looking at data for all respondents (aged 15–49), only a little over 0 per cent of this cohort accesses all three forms of media in Q1. 2015 RDHS data reveal that boys and girls aged 15–19 access all three forms of media at significantly higher rates than older age groups, and that media access declines with age. With regard to radio access (the most accessed form of media by all ages and across all wealth quintiles), 67 per cent of girls and boys aged 15–19 reported having listened to the radio in the last week, which then falls incrementally to 54 per cent for those aged 45–49.

4.7 Understanding inequity in Rwanda

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

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

- Overall, substantial progress has been made towards ensuring that children in Rwanda increasingly realize their rights to good health, education, protection and participation.
- Poverty and extreme poverty continue to correlate to varying degrees with lower levels of household education, higher rates of household dependency (poorer households have larger numbers of

dependent children and elderly people, as outlined in the latest EICV), limited access to services and suboptimal health, nutrition and education outcomes for children and women. Nevertheless, suboptimal outcomes for children, women and families can be identified in all wealth quintiles, not only in families living in poverty and extreme poverty.

- Income poverty is more common in rural areas but is also evident in urban locations. Similarly, poor outcomes for children (e.g. stunting) are more commonly observed in rural areas, but are also evident in urban areas. It is therefore important to emphasize that despite geographic and rural–urban variations in the incidence of poverty, poverty affects the lives of children and their families in all districts of the country, and in both rural and urban locations.
- Income poverty consistently correlates with poor educational, health and household-level outcomes, but its causal relationship to other dimensions of child vulnerability is less clear. National data must therefore continue to be supplemented with surveys and research that focus on how specific vulnerabilities and inequities – and patterns of vulnerability and inequity – affect children in poverty, both from a countrywide perspective, and in relation to specific locations and circumstances.





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

5.1 Addressing undernutrition in children

5.1.1 Enabling environment

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

The 2015 CFSVA confirms that food insecurity is directly correlated with labour supply within the household. In Rwanda, there are approximately 130,000 households living in extreme poverty that do not have sufficient labour capacity to engage in productive activities and become self-reliant. Such households usually comprise older people living alone or caring for children, or a single adult caring for someone with severe disabilities. Beyond these extremely labour-constrained households, all households are exposed to a range of life-cycle-related risks and shocks (such as pregnancy, childbirth, sickness, disability and old age) that have a negative impact on household labour supply, productivity and capacity to withstand other economic and climatic shocks. Female-headed households are particularly vulnerable given their significantly higher economic dependency ratios (EICV 4).³⁴

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

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

³³ Data from the 2015 CFSVA reflect similar trends in child undernutrition and similar correlations (MINAGRI et al. 2016). The 2015 CFSVA also offers detailed analysis of the characteristics of food-insecure households, and of factors relating to childhood undernutrition.

³⁴ See NISR (2015a) and Pavanello et al. (2016).

³⁵ The 2012/13 Cost of Hunger in Rwanda study (Government of Rwanda and One UN 2013) was led by a national implementation team chaired by the MoH and co-chaired by the Ministry of Agriculture (MINAGRI). The team also included representation from MINECOFIN, MINEDUC, Ministry of Foreign Affairs and Cooperation, MINALOC and the World Food Programme.

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

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

Increasingly cognizant of the urgency of the situation and the need to promote multi-sectoral action, the government has set an ambitious target to reduce stunting in under-5-year-olds to 18 per cent by 2018 in their Third Health Sector Strategic Plan (HSSP III).³⁷ This commitment is in accordance with the SDG objective to end hunger (Goal 2) and all forms of malnutrition by 2030 (Goal 2.2). It also reflects the intent of the Vision 2020 and EDPRS II which correctly position nutrition and food security as foundational issues for national development. To provide guidance on nutrition interventions, and to better coordinate government ministries and development partners with capacity and responsibility for improving nutrition, a first National Nutrition Policy was developed in 2007. A second National Food and Nutrition Policy and Strategic Plan for 2013–2018 (NFNP) were subsequently developed by the government to guide the identification and management of child undernutrition at subnational level; to backstop multi-sectoral district plans; and to provide a framework to coordinate community-based programmes.

The 2013–2018 NFNP builds upon previous nutrition interventions and advocacy work including national nutrition summits in 2009 and 2011, and recognizes and acknowledges the importance of links between food security and nutrition. A third national nutrition summit was held in February 2014 and focused on setting strategic direction for the 2013–2018 NFNP and the first 'One Thousand Days in the Land of One Thousand Hills' government promotional campaign to prevent stunting. This emphasizes the importance of nutrition to a child's development, particularly from conception to 24 months.

The 2013–2018 NFNP was developed primarily by the MoH, the Ministry of Agriculture (MINAGRI) and MINALOC and has strategic objectives that cut across the responsibilities of multiple ministries, including MIGEPROF, the Ministry of Public Service and Labour (MIFOTRA), MINEDUC and MIDIMAR. Strategic priorities include strengthening and reinforcing political commitment; promoting optimal IYCF practices; scaling up community-based nutrition; food fortification; promoting household food security; nutritional support to children and people living with HIV/AIDS; promoting school and pre-school nutrition; and communication for behaviour change.³⁸

The 2010–2013 National Multi-Sectoral Strategy to Eliminate Malnutrition was developed in 2011 and district plans to eliminate malnutrition (DPEMs) have been adopted by every district since 2012. To track

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

37 Both the Government of Rwanda and development partners recognize that systematically addressing stunting in children under 5 necessitates interventions that also have a positive impact on maternal undernutrition, maternal and child micronutrient deficiency, and the overall capacity of service providers to address undernutrition in its broader manifestations.

38 The Scaling Up Nutrition movement also played a key role in shaping the Rwanda National Food and Nutrition Policy, and helps to guide and coordinate national efforts. The United Nations Renewed Effort against Child Hunger and Undernourishment (REACH) initiative functions as a convener for Scaling Up Nutrition, and the private sector has established the Scaling Up Nutrition National Food Fortification Alliance under the National Food and Nutrition Technical Working Group to support it. However, private-sector participation in food and nutrition coordination platforms remains limited.

and support the implementation of the national strategy and district plans to eliminate malnutrition, a joint action plan is developed each year by the government ministries with core responsibility for strategy's implementation (MoH, MINAGRI, MINEDUC, MINALOC and MIGEPROF). In 2016, at the behest of the national leadership, the National Nutrition Secretariat (chaired by MINALOC) was established to better coordinate policy, and government and development partner interventions at national and district levels.³⁹ This National Nutrition Secretariat was moved in 2017 to MIGEPROF, under the National Early Childhood Development Programme, which has the general mission to coordinate all interventions that support adequate early childhood development for children, from their conception to 6 years of age, as outlined in the ECD policy. The National Food and Nutrition Technical Working Group, chaired by the MoH, is also active and meets on a monthly basis to coordinate and provide stewardship for the work of all agencies and development partners active in promoting improved nutrition.

5.1.2 Key challenges

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

5.1.2.1 Food insecurity

Despite steady reductions in income poverty (see Chapter 4) and a doubling of agricultural production between 2000 and 2012, food insecurity remains a major challenge and is among the key causes of malnutrition. Using the Consolidated Approach for Reporting Indicators of Food Security, the 2015 CFSVA revealed that 20 per cent of all Rwandan households were food-insecure. Of these, 3 per cent were assessed as severely food-insecure, while 17 per cent of households are moderately food-insecure.⁴¹ Forty per cent of households were assessed as food-secure and the remaining 40 per cent were considered marginally food-secure (food-secure but with lower coping capacity and greater vulnerability to shocks). The 2015 CFSVA disaggregates food-security data by districts, and the highest levels of food insecurity are seen in Western Province and the lowest levels in Kigali. However, while Kigali has the highest levels of food security, rates of moderate and marginal food insecurity are high across the country, with the latter indicating suboptimal levels of vulnerability to food insecurity in all provinces. In terms of the characteristics of food-insecure households, the 2015 CFSVA reveals that they are typically rural rather than urban; have few adult household members and more dependents; are usually agricultural wage-labourers or small-scale agricultural producers; are located further from markets; and are slightly more likely to be female-headed than male-headed. Food-insecure households spend a greater share of income

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

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

⁴¹ The Consolidated Approach for Reporting Indicators of Food Security is a World Food Programme indicator used to assess the multiple dimensions of food security. See the World Food Programme (2015) for more details.

on food and are more likely to be poor – 58 per cent of all severely food-insecure households are from the poorest quintile. This declines to 24 per cent for Q2, 13 per cent for Q3, 5 per cent for Q4 and 0 per cent for Q5.

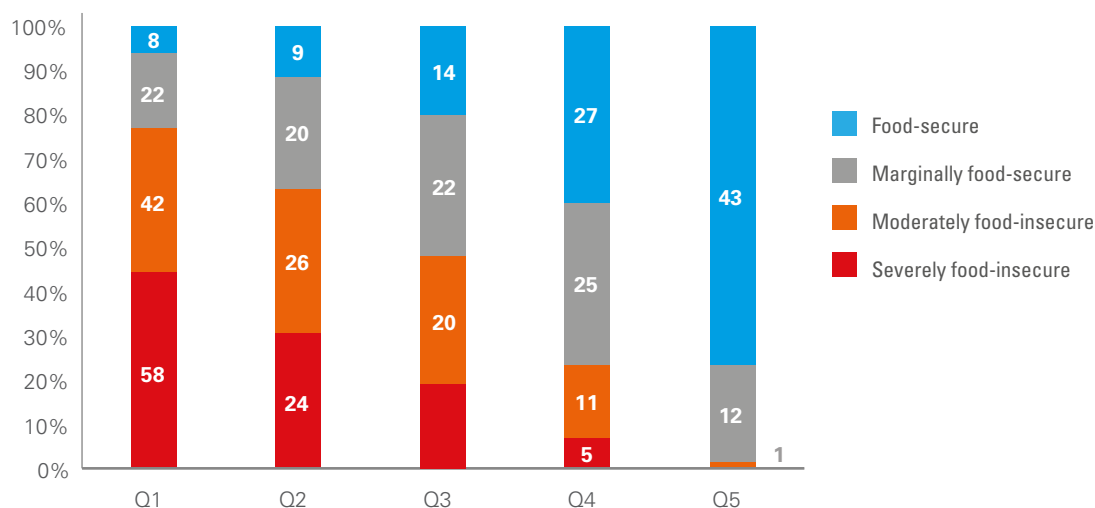


Figure 18. Food security status by wealth quintile

Source: CFSVA 2015 (MINAGRI et al. 2016)

5.1.2.2 Income poverty and access to markets

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

5.1.2.3 Limited dietary diversity

As noted in Section 4.2, just 29 per cent of all children aged 6–24 months are fed from at least four food groups, with children less likely to be fed appropriately when mother's education levels are lower and household income poverty is higher. Although the knowledge of caregivers about appropriate IYCF is clearly important to children's well-being, it may be that qualitative research is needed to clarify the extent to which a mother's level of education is actually a causal factor for child undernutrition. Additional research may reveal that the production and availability of nutritionally diverse foods and household

⁴² Social protection, including social protection measures that address food insecurity and nutrition, are addressed in the Section 5.1.2.4.

financial capacity to access sufficiently diverse food for dependents may prove to have more relevance than a perceived lack of awareness of appropriate IYCF on the part of caregivers. Certainly, 2015 CFSVA data suggest that both availability of, and access to, sufficiently diverse foods may be particularly salient with, for example, the data showing that of the 74 per cent of Rwandan households practising agriculture, the vast majority cultivate just three crops: beans, sweet potato and maize. Moreover, while the severely food-insecure cultivate an average of just 2.3 crops, this rises only slightly to 3.3 for the food-secure, suggesting that diversity of crop cultivation is limited across most households – both food-secure and food-insecure, poor and non-poor. This has implications not only in relation to the diversity of food consumed, but also in relation to the diversity of produce available in markets.

Looking at food consumption (rather than diversity), 2015 CFSVA data show similar trends, with 97 per cent of households in Kigali having acceptable levels of food consumption,⁴³ falling to 78 per cent in Eastern, 72 per cent in Southern, 71 per cent in Northern and 57 per cent in Western Provinces. Kigali has the highest level of dietary diversity, with households consuming eight out of 12 food groups, which then falls to between five and six out of 12 for the remaining provinces. Dietary diversity declines in relation to increasing food insecurity, with severely and moderately food-insecure households consuming just three or four foods out of 12 food groups, respectively. In short, the 2015 CFSVA found that food-insecure and marginally food-insecure households have nutrient-low diets. For example, while 92 per cent of food-secure households consume some protein daily (pulses, nuts, fish, meat, eggs or dairy products), almost half of food-insecure households had not consumed any protein-rich food items in the past week.

5.1.2.4 Agricultural challenges

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

There is a need to invest further in research and in developing policy options that promote pro-poor land tenure reforms and increase the availability of modernizing inputs at all levels. The 2015 Rwanda Nutrition, Markets and Gender Analysis⁴⁴ suggests that greater levels of woman's empowerment and influence in the household and a reduced agricultural labour burden for women can have a positive correlation with improved child nutrition outcomes. There is a need to explore the relationship between household gender dynamics and poor maternal and child nutrition more comprehensively, with a view to the development of strategies that can enhance women's capacity to negotiate (at household and community level) and to access and utilize resources that improve the quality, quantity and diversity of agricultural production.

5.1.2.5 Inadequate coverage of essential nutrition actions

Developed in 1997, the Essential Nutrition Actions (ENA) Framework has been used in Africa, Asia and Latin America to improve maternal and child nutrition. The ENA Framework is currently employed in Rwanda to achieve government policy and Scaling up Nutrition objectives. It also provides a platform for advocacy, planning and the delivery of an integrated and contextually determined package of interventions that, when delivered at scale, can have a positive and sustainable impact on child and maternal nutritional status. The specific issues covered in the ENA Framework have been identified internationally⁴⁵ as

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

⁴⁴ Lung'aho et al. (2015).

⁴⁵ See, for example, the 2008 and 2013 *Lancet* series on Maternal and Child Undernutrition.

essential to adequate nutrition in the first 1,000 days of life and include improved maternal nutrition, appropriate IYCF, micronutrient supplementation (specifically, vitamin A, iron, zinc, calcium and iodine), and access to safe water and sanitation.⁴⁶ In Rwanda, 23 essential nutrient actions (ENAs) have been identified and are delivered by community health workers (CHWs) through MoH (health facilities), MININFRA, district authorities, community groups, non-governmental organizations and United Nations partners.⁴⁷ According to 2015 data compiled under the United Nations Renewed Effort against Child Hunger and Undernourishment initiative, the coverage of certain ENAs is at 100 per cent for some districts, and all districts are implementing at least one. However, only one district is addressing all 23 ENAs, and only one district (with 75 per cent coverage of ENAs) is reaching over 30 per cent of the target population. Key obstacles include a lack of consistent and adequately geographically focused support for all 30 districts, and the low levels of beneficiary coverage in some districts where ENAs are being implemented. Other challenges include inadequate community and individual demand for ENAs; the sometimes inconsistent availability of key commodities such as therapeutic milk (therapeutic milk is distributed by health centres to malnourished children, but the demand may be larger than supply given the impacts of climate change on food security) and iron-folate supplements at health facilities; and the lack of available resources for the pre- and in-service nutrition training of health workers and CHWs. At 4 per cent per annum, Rwanda is achieving only average levels of stunting reduction (range: between 0 and 10 per cent) and will have to scale up interventions and investments if reductions are to increase to 10 per cent per annum and government 2018 targets are to be achieved.⁴⁸

5.1.2.6 Institutional capacity

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

Other key challenges include a shortage of in-country nutrition expertise and high levels of nutrition expertise attrition within government ministries and agencies; the absence of integrated 'nutrition' budgets at national and district levels; the uncertainty of funding for nutrition interventions; a tendency towards the district-level prioritization of short-term interventions over the longer-term investments

⁴⁶ Key challenges in the water and sanitation sector are addressed in Section 5.4.

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

⁴⁸ Average annual rates of reduction for stunting are calculated from the four to six best consecutive years of reduction for different countries. For Rwanda, 4 per cent reduction is derived from 2010 and 2015 RDHS data (United Nations Renewed Effort against Child Hunger and Undernourishment, 2015).

needed to reverse undernutrition trends; the absence of effective functional linkages between district development plans and district plans to eliminate malnutrition; the need to improve coordination between the Food Security Working Group, the Nutrition Working Group and the National Early Childhood Development Programme; and the need for joint reporting mechanisms at district level that reinforce local accountabilities and responsibilities.

5.1.2.7 Financing for nutrition

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

5.2 Towards equitable and child-sensitive social protection

5.2.1 Enabling environment

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

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

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

⁴⁹ The United Nations Research Institute for Social Development defines social protection as concerned with preventing, managing and overcoming situations that adversely affect people's well-being.

⁵⁰ Under Government of Rwanda classification, social protection also includes women's empowerment and child protection. Child protection is addressed in Section 5.7.

Alongside the flagship VUP, managed under MINALOC by LODA, the social protection sector has two other core programmes: the genocide survivors' assistance programme, managed through the Genocide Survivors Support and Assistance Fund; and the demobilization, reintegration and reinsertion programme, managed by the Rwanda Demobilization and Reintegration Commission. These two programmes have very specific mandates, and beneficiaries qualify according to criteria over and above those related to poverty levels.

Households with children are generally well covered by all social protection programmes, with a recent UNICEF-supported equity analysis of EICV 4 data showing that 79 per cent of households benefiting from the Genocide Survivors Support and Assistance Fund are households with children aged 0–18. For the Rwanda Demobilization and Reintegration Commission, 95 per cent of beneficiary households have children, whereas for VUP direct support and public works, 67 per cent and 89 per cent of households have children, respectively.

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

Specifically targeted at extremely poor families, the VUP has three components: 1) the Safety Net Component, which includes direct support (cash transfers for very poor households unable to work), classic and expanded public works (both cash-for-work schemes) and nutrition support services; the Expanded Public Works Scheme (cash for work); and Nutrition Support Services; 2) the Livelihoods Enhancement Component comprises asset transfers, skills development and financial services; and 3) the Sensitization and Community Mobilization Programme based on the *Ubudehe* community categorization, which ranks households in relation to household socioeconomic status. The community-level categorization of household poverty (largely considered to be transparent and fair)⁵¹ takes several aspects of poverty into account (including distance to health and education facilities and access to safe water), but is principally linked to the presence and availability of household assets such as land and livestock, and the capacity of households to sustain livelihoods.

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

In addition to social protection measures under the VUP, Genocide Survivors Support and Assistance Fund and the Rwanda Demobilization and Reintegration Commission, health insurance is provided under the *Mutuelle de Santé* community-based health insurance scheme to households currently categorized as *Ubudehe* Category 1 (previously *Ubudehe* Categories 1 and 2). The social protection system also allows for the allocation of ad hoc income support to cover education and health care costs for households in *Ubudehe* Category 1, allocated at district level, and based on identified priority needs. Agricultural social

⁵¹ *Ubudehe* categories are validated through community processes where multiple households are interviewed by district authorities at the same time and recorded to promote transparency. Further validation is undertaken by joint action development forums at sector and district levels.

⁵² Households are currently assigned to four categories where households in Category 1 are considered to be 'very poor'; Category 2 as 'poor'; Category 3 as 'resourceful poor'; and Category 4 as 'rich'. However, VUP coverage data is only available in relation to prior *Ubudehe* categories. The analysis here references these prior categories: 16 per cent of households in Rwanda are now classified as *Ubudehe* Category 1; 30 per cent as *Ubudehe* Category 2; 54 per cent as *Ubudehe* Category 3; and 1 per cent as *Ubudehe* Category 4.

⁵³ Apart from access to the VUP, other benefits associated with membership of *Ubudehe* Categories 1 and 2 include – in principle – contribution-free health care, freedom from land taxes and subsidised electricity (if available).

protection measures, in particular the Girinka 'One Cow per Poor Family' intervention, have also been implemented by the government in an effort to improve livelihoods and household nutritional status.

5.2.2 Key challenges

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

5.2.2.1 VUP programme coverage

Starting in 2008, in one sector in each of the 30 districts in Rwanda, VUP expanded by adding at least 30 sectors each year. (Each district is divided into sectors; there are 416 sectors in Rwanda.) As a result, and according to data reported in the Joint Sector Report for 2015/16, VUP coverage has expanded to cover all 416 sectors with direct support and 210 sectors with public works. In addition, coverage of the Expanded Public Works Scheme, which offers suitable forms of work for households with low labour capacity and responsibilities of care for children or persons with disabilities, has been rolled out in 30 sectors with the aim of gradual roll-out to all VUP sectors. Financial services cover 239 sectors. According to the EICV 4 Social Protection and VUP Thematic Report, 61 per cent of households included in the VUP sample (and eligible for VUP) participated in it at the time of the survey. The most recent administrative data, however, indicate that less than 52 per cent of households in *Ubudehe* Category 1 are covered by direct support and public works.

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

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

Regarding consumption quintile characteristics of VUP participants, around 30 per cent of household members in VUP-participating households were in the poorest quintile (Q1), and around 8 per cent of VUP beneficiaries are in the highest quintile (Q5). Forty-three per cent of household members participating in public works programmes were from the poorest quintile (Q1), and 70 per cent of participating household members were in either Q1 or Q2.

5.2.2.2 Income support

Data suggest that public income support coverage such as financial assistance or food relief by the VUP programme is limited, with just 14 per cent of all households reported having received financial assistance. With regard to payments to cover health and education costs, the poorest households in Q1

received the most direct support (18 per cent), which falls progressively to 6 per cent in Q5. The data also show that families in Q1 (19 per cent) and female-headed households (22 per cent) are twice as likely to receive income support as households in Q5 (10 per cent) and households headed by men (11 per cent). However, income support is skewed towards the elderly, with households headed by a member over the age of 60 being twice as likely to receive income support as households headed by those of working age. Therefore, despite higher levels of income support for female-headed households, the data suggest that income support could be more child-sensitive.

5.2.2.3 Agricultural social protection

EICV 4 data show that coverage of the Girinka programme has increased for all quintiles since 2010/11. The data also show that about 7 per cent of households in Q1 to Q4 reported having received livestock under Girinka, which then falls to 4 per cent in Q5. Very little variation in levels of support under Girinka can be observed in relation to household heads being male or female, or in relation to whether the household head is over 60 or of working age. It is expected that this situation will further improve through increasing coherence between the agricultural and social protection sectors. The 2016 Multi-Sector High-level Stakeholder Meeting and Policy Dialogue on Social Protection and Agriculture, as well as increased focus on agriculture and livestock acquisition for the poorest households in providing the minimum package to enable graduation from extreme poverty have resulted in strong collaboration to strengthen targeting and delivery of agricultural inputs to the poorest.

5.2.2.4 Health insurance coverage

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

5.2.2.5 VUP impact

Challenges identified with regard to the VUP programme (derived from the LODA's VUP Impact Evaluation Assessment) relate to coverage of the public works (cash for work) programme, the duration of work days and the availability of work, and inclusion and exclusion errors. However, the number of public works participants from higher *Ubudehe* categories has been decreasing over time (from 34 per cent in 2009 to 29 per cent in 2014 for *Ubudehe* Category 3, and from 10 per cent in 2009 to 4 per cent in 2014 for *Ubudehe* Category 4); poor families – and families vulnerable to poverty – are increasingly benefiting from participation in public works. Nevertheless, the data do suggest that more needs to be done to maximize coverage for the very poor.

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

Direct support to households with children is considered to be of most potential benefit to young children. When it comes to the household composition of beneficiaries under the VUP programme of direct support,

⁵⁴ Community-based health insurance (Mutuelle de Santé) constitutes 94 per cent of all health insurance coverage in Rwanda.

EICV 4 data indicate that these households are much more likely to be female-headed (70 per cent), are smaller than households participating in public works (with the average size ranging from three to five members), and in most cases comprise one elderly member, one adult and one child aged 6–18. Households receiving direct support are typically less likely to include young children than they are elderly people, or children aged 6–18. The recent equity analysis of the EICV 4 data undertaken by UNICEF indicates that 67 per cent of households benefiting from direct support are households with children under 18.

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

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

Looking at the impact on household consumption, LODA's VUP Impact Evaluation concludes that public works and direct support have had somewhat limited effect on the level of household assets in the period up to 2014 (other than livestock assets, particularly in Eastern Province and Kigali City). However, the data also show that the VUP has enabled an increase in the level of food expenditure for households receiving both types of support, but that it has only impacted significantly on food consumption levels for households receiving direct support (measured in terms of number of meals consumed).

5.2.2.6 Quality issues

Despite difficulties in assessing the full impact of the VUP and other social protection measures on the well-being of children, the government has gone to considerable lengths to establish and expand a relatively comprehensive social protection system, overseen by a sector working group and orientated and governed through an overarching sectoral policy. According to a 2016 UNICEF analysis of public financing for children, the share of the national budget dedicated to social protection measures increased by one percentage point to 4.3 per cent between 2012/13 and 2015/16 (from RWF45.3 billion to RWF75.5 billion).⁵⁵ Considering the restrained fiscal space available to the government for social sector programmes, this represents a major accomplishment. However, anecdotal evidence and consultations with stakeholders reveal that several critical challenges persist, particularly in relation to the sensitivity of the social protection system to children's and women's needs and well-being, and in relation to management and sector capacity. These are summarized below:

- Despite a consensus that the *Ubudehe* categorization process is relatively transparent, there are concerns about the overall quality of VUP targeting, including, in particular, the inappropriate inclusion of households from higher *Ubudehe* categories and exclusion of eligible households within VUP programmes.
- Regarding the timeliness of payments, the 2014 LODA Impact Evaluation assessed that just above half of the transfers for public works were received by beneficiaries on time. About 30 per cent of payments of direct support were received late, and delays are often substantial (more than one month).

⁵⁵ The percentage of the national budget dedicated to social protection measures in Rwanda is much higher than for many other African countries. For example, Government Spending Watch reported that the percentages of national budgets devoted to social protection in 2014 were 1.1 per cent in Burundi, 1.6 per cent in the Democratic Republic of the Congo, 0.9 per cent in Malawi and 0.2 per cent in Uganda.

- Awareness of the Appeals and Complaints Process for the VUP is also a challenge. The 2014 LODA Impact Assessment reported less than 2 per cent of VUP households being aware of procedures. Anecdotal evidence cited in the evaluation and based on interviews suggests that interviewees did not recognize the name (Appeals and Complaints Process), but were aware of where to go to address their complaints. The main cause for an appeal or complaint was that households felt that they had been incorrectly assigned to an inappropriate *Ubudehe* category. However, for households that had lodged an appeal or complaint, most considered that their complaints had been handled fairly.
- In relation to gender issues and the VUP, studies (including the 2013 VUP Gender Assessment) reveal a number of challenges.⁵⁶ In practice, there was found to be limited recognition of the gender barriers to women's participation that can affect selection and targeting and sometimes result in an inequitable level of participation by women. This relates, in particular, to the gender-based division of productive and reproductive labour at household level, with many women facing hidden barriers to participation relating to domestic and child care responsibilities. (This is particularly the case for single, female-headed households where extra responsibilities place acute restrictions on their time.) However, according to the VUP Gender Assessment, the VUP has improved income generation at household level and has increased access to markets. Most respondents also indicated an improvement in the sharing of household decision-making, and identified improvements in the equality of household relationships and in the quality of women's community-level participation. In relation to gender issues and the VUP, a 2016 qualitative study (supported by the Food and Agriculture Organization of the United Nations) on rural women's economic empowerment and social protection (based on 2014 research) also revealed a number of challenges.⁵⁷ These include the limited impact of the VUP on the gendered division of household labour; the predominant use of public works and direct support transfers for household consumption; the limited impact of the VUP on women's business investment; and the need for the VUP to do more to enable changes in women's bargaining power at household level, particularly in relation to the control of household assets and agricultural production. Also noted as obstacles to women's empowerment were the relatively few working days; the generally limited value of cash transfers; the burden of fees to open a local credit account and government taxes levied on transfers; and, significantly, the inability of many women in households with high household dependency to be able to participate in public works. The qualitative study also assessed that the VUP programme design has insufficiently addressed linkages between the VUP, community-based services and livelihood interventions, which limit opportunities for female beneficiaries to move towards achieving viable economic livelihoods and graduate from poverty.
- In relation to children, limitations in data relating to the sensitivity of the social protection sector to children and their basic needs impedes assessment of its effectiveness. However, in response to concerns about the public works component of the VUP (including negative influences on child nutrition due to the impact of strenuous physical work on the nutritional status of women and the conflict of interest for children between participation in public works and their child care responsibilities), public works now has an 'expanded' component. Expanded public works should address issues such as primary caregivers self-excluding (and missing out on benefits) due to their care responsibilities, and the negative consequences for children brought to Public Works locations or left at home without adequate care. It should also address the issue of older children missing school to care for younger children while household caregivers participate in public works activities.

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

- Piloting the Expanded Public Works Scheme, which continues to provide regular benefits for the community and also offers year-round employment with more predictable payments, increased flexible working hours, and work that is less physically demanding and closer to beneficiary households. Households with only one adult worker and at least one dependent are prioritized for participation in expanded public works programmes. Worksite crèches at public works sites are also being trialled for

⁵⁶ See Pavanello et al. (2016).

⁵⁷ Pavanello et al. (2016).

children aged 0–24 months, and caregivers participating in public works are now being supported to develop home-based childcare arrangements.

- Endorsing a child-sensitive social protection options paper (and its costed implementation plan) to better prioritize child- and gender-sensitive measures, including the Expanded Public Works Scheme and childcare.
- Piloting child-sensitive social protection options (including the Expanded Public Works Scheme) and nutrition-sensitive interventions in three sectors of two districts that have demonstrated the viability and effectiveness of the child-sensitive social protection approach. In particular, a recent 2017 UNICEF-supported evaluation of the pilot revealed a positive impact on household livelihoods and suggested that the Expanded Public Works Scheme offers a more flexible arrangement, enabling caregivers to work closer to home and on less onerous tasks. The evaluation also found that the introduction of mobile crèches has provided a hub for caregivers to learn about children's developmental needs, resulting in improvements in home-based care, and IYCF practices. In addition, parents reported improvements in their children's nutrition and CHWs were able to provide evidence of closely monitored nutritional progress, demonstrating the evident value of feeding schemes for children in crèches. Finally, the evaluation also found evidence of enhanced income-saving practices, and improved health outcomes for some children in pilot sectors.
- Scaling up the child-sensitive Expanded Public Works Scheme, targeting 3,000 households for 2016/17 and an additional 12,000 households for 2017/18.
- Through the *Ubudehe* 2015 exercise, the government initiation of steps towards developing a more effective targeting and appeals process. This includes work on an appeals system based on mobile phone text messaging and wider dissemination of information in relation to the appeals process to communities.
- Strengthening the VUP management information system to improve targeting and real-time monitoring. Household profiling is also proposed as a means of improving targeting of beneficiaries and improving the integration of complementary measures.
- Developing an integrated management information system for social protection to further strengthen the targeting of beneficiaries, and to improve the integration of different programmes through the creation of a single registry, and the application of a sector-wide monitoring and evaluation framework.
- Piloting the Graduation from Extreme Poverty Minimum Package by the government in 30 sectors (one in each district) to strengthen the delivery of an integrated set of measures, which combine the provision of safety nets with livelihood diversification to enable a more rapid graduation from extreme poverty, and to foster resilience to potential shocks.
- Redesigning the VUP to include three components: 1) a Safety Net Component, which includes direct support, public works (classic and expanded) and nutrition support services; 2) a Livelihoods Enhancement Component, which includes financial services (education, credit extension and insurance), formal skills training and asset grants; and 3) a Sensitization and Community Mobilization Component, which will disseminate information and introduce local advisory services.

5.3 Sustaining progress in the health sector

5.3.1 Enabling environment

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

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

Although there is still a need to further expand health sector infrastructure, government commitment is evident in the substantial expansion of health sector resources over recent years. Data from the 2015 MoH HMIS Statistical Yearbook show that between 2013 and 2015 there was a significant increase in the number of national referral hospitals (from 5 to 8); provincial hospitals (0 to 4); health centres (465 to 499); and health posts (252 to 471). The coverage of other types of health facility remained relatively unchanged except for the number of district hospitals, which declined as a consequence of upgrades to provincial hospitals. According to HMIS data, there were 36 district hospitals in 2015 (more than the number of districts in Rwanda); 123 private dispensaries; 5 private hospitals; 13 community-owned health facilities; and 26 voluntary testing and counselling centres.⁵⁸ 2015 HMIS data also reveal that all hospitals and 94 per cent of health centres had viable Internet connections. In terms of human resources, the number of health professionals and allied health professionals increased slightly or remained stable between 2013 and 2015. There were 1,392 medical doctors, i.e. one doctor for 8,484 people (the World Health Organization target is 1 per 10,000); 10,975 nurses, i.e. one nurse for 1,094 people (the World Health Organization target is 1/1,000); and 752 midwives, i.e. one for 3,942 women of childbearing age.

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

Stewardship for the health sector in Rwanda is provided by MoH and guided by HSSP III, and an updated Health Sector Policy (2015). There is also an active multi-partner Health Sector Working Group and a number of technical working groups that cover, for example, immunization, MCH, nutrition and HIV/AIDS. The overall aim of the Health Sector Policy and HSSP III is to achieve universal access to equitable and affordable health care services by improving coverage, demand and quality. The policy and strategic plan also aim to strengthen sub-sector policies, resource management, monitoring and evaluation systems, and health sector governance. There are also several other MoH and government policy instruments that have a significant bearing on the health of women and children. Of particular relevance are the national water supply and sanitation policies; the National Food and Nutrition Policy; the National Community Health Policy; the Health Financing and Sustainability Policy; the Rwanda Family Planning Policy; the Adolescents Sexual and Reproductive Health Policy; and the Strategic Plan for Child Survival.⁵⁹

Most MCH services in Rwanda (e.g. antenatal care, management of childhood illnesses and immunization) are delivered through health facilities (provincial and district hospitals, health centres and health posts). There is also a community health programme implemented through a network of approximately 45,000 CHWs (elected by communities) that forms a critical link between services, health facilities and the community. Trained CHWs are currently deployed to all 30 districts in the country at a ratio of three CHWs per village (i.e. one in charge of maternal and newborn health, and a male and a female CHW who provide general services).⁶⁰ CHWs are supervised at cell level by more experienced CHWs (*Assistante Maternelle de Santé*) and an 'in-charge' at health-centre level.

⁵⁸ MoH (2016).

⁵⁹ Note: A review of the effectiveness, impact, efficiency and/or implementation of individual health sector policies is beyond the scope of this situation analysis. For more information on current health sector policies, see MoH (2015c).

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

Service delivery is organized in two key streams: 1) maternal, community and child health; and 2) disease control and prevention. The former includes all key MCH services, including health promotion, family planning, sexual and gender-based violence, vaccine-preventable diseases and nutrition, and the latter addresses communicable and non-communicable diseases, mental health, drug abuse prevention and treatment.

5.3.2 Key challenges

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

Overall, the sustainability of health sector gains continues to be challenged by population growth and demographic pressure; restrictions on geographical and financial access for key populations; human resource shortages; subtropical climatic conditions that foster disease; inadequate child and maternal nutrition; limited access to safe water and sanitation in some locations; gaps in the coverage of health insurance; sometimes inadequate utilization of health services; and the limited fiscal space for continuing expansion and quality improvements.⁶²

Drawing primarily on discussions with health sector stakeholders, the recent 2015 mid-term review of HSSP III (referred to below as 2015 HSSP MTR) and the 2016 UNICEF-supported comprehensive evaluation of the community health programme, the following section summarizes key challenges facing the sector.⁶³ The description of challenges is organized in relation to key components of the HSSP III, and emphasizes issues of particular relevance to the health of children and women.

5.3.2.1 Management of common childhood illnesses

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

5.3.2.2 Maternal and newborn health

Key challenges include the high incidence of maternal and neonatal mortality; inadequate coverage of optimal antenatal care (four or more visits) and postnatal care; shortfalls in relation to intrapartum care and

⁶¹ For example, see Chapter 5 of the human development report (UNDP 2015) and MoH (2015d).

⁶² MoH has considerable responsibility for promoting and coordinating effective nutrition interventions, particularly in relation to stewardship through the technical working group, and by ensuring the provision of micronutrient supplementation and nutrition monitoring. However, the scope and complexity of challenges in relation to improving maternal and child nutrition in Rwanda, and the multi-sectoral nature of the responses required, necessitates that nutrition be addressed independently. Therefore, and with the exception of micronutrient supplementation and nutrition monitoring, this situation analysis covers challenges in relation to improving nutritional status separately in Section 5.1.

⁶³ Moh (2015a), Liverpool School of Tropical Medicine et al. (2016).

the management of newborn illness; and delays in the timely arrival in hospitals of pregnant women for delivery.

5.3.2.3 Family planning

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

5.3.2.4 Health promotion

According to the 2015 HSSP III MTR, health promotion is undertaken largely at the community level by CHWs at an average of two sessions per month per cluster of CHWs. Topics most covered include hygiene promotion, health-seeking behaviour and use of insecticide-treated nets. However, despite the existence of a Health Promotion Strategy and Department of Health promotion, interventions are rarely evaluated and there is insufficient technical and supervisory capacity for health promotion at district level. Other challenges include the lack of collaboration between CHWs across the districts, and the prevalence of ad hoc approaches to health promotion. As noted in relation to health-seeking behaviour for child fever, respiratory infections and diarrhoea, there is a need to further invest in generating demand for services.

5.3.2.5 Other communicable diseases

The most-reported communicable diseases are diarrhoeal diseases, acute respiratory infections and malaria (see Section 5.3.2.1 on the management of common childhood illnesses), HIV/AIDS, tuberculosis and neglected tropical diseases (NTDs). According to the 2015 HMIS Statistical Yearbook, NTDs continue to be an important cause of morbidity in Rwanda. Ascariasis (roundworms) is by far the most common form of NTD and the prevalence of schistosomiasis is estimated at 2 per cent. Key challenges identified by the 2015 HSSP MTR include difficulties in assessing the extent to which NTD-control strategies have been implemented; the absence of donor funding for NTD control; and the need for coordinated multi-sector interventions, increased coverage of safe water and sanitation, and improvements in wastewater management. In relation to tuberculosis, detection among children remains a serious challenge and financial constraints are similar to those currently faced by malaria and HIV programmes.

5.3.2.6 Non-communicable disease

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

5.3.2.7 HIV/AIDS

According to the 2015 HSSP MTR, HIV prevalence stabilized between 2005 and 2015 at around 3 per cent. Prevention of mother-to-child transmission services are well established, and 80 per cent of those in need receive treatment. Data from the 2013/14 National HIV Annual Report on mother-to-child transmission show that transmission rates have reduced from 7 per cent in 2009 to 2 per cent in 2013/14. However, the same report also shows that mother-to-child transmission rates are higher among younger women and female sex workers (more than 5 per cent for young women and 8 per cent for female sex workers). Overall sectoral challenges include potential funding decreases for HIV/AIDS programming; evidence

⁶⁴ Stakeholders in the sector have noted concerns about increasing levels of childhood obesity (currently 8 per cent in children under 5) which may – particularly in urban areas – become a factor contributing towards higher levels of non-communicable disease. Similarly, if not soon addressed, rising levels of obesity, diabetes and hypertension among pregnant women may threaten the gains achieved in maternal health.

of emerging drug resistance; and the need to strengthen prevention services for most-at-risk groups including adolescent girls, young women, men who have sex with men and female sex workers.

5.3.2.8 Mental health

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

5.3.2.9 Immunization

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

5.3.2.10 Health financing

The Government of Rwanda budget allocated to health is 16.52 per cent, which surpassed the 15 per cent required under the 2001 Abuja Declaration, demonstrating the high commitment and support to the development of the health sector.⁶⁵ The 2015 HSSP MTR assesses a high degree of dependency on external financing (61 per cent of the total health sector budget allocation) and notes that actual and potential reductions in the level of external financing (particularly in relation to GAVI Alliance; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and the United States President's Emergency Plan for AIDS Relief for the health sector present a challenge to the sustainability of service provision. In addition, challenges such as population growth; variations in the incidence of malaria; imperatives to reduce neonatal mortality and increase antenatal care coverage to four or more visits; and the need to maintain HIV-prevention and care services will put further pressure on health sector resources. Other key challenges identified include a 33 per cent resource gap in relation to ongoing HSSP III implementation; low private-sector contributions (under 2 per cent); stagnant coverage of community-based health insurance; some management inefficiencies, including unnecessarily high administrative costs; inadequate financial reporting and accounting for some health facilities; problems with community-based health insurance reimbursements; and the need for increased investments in the analysis of cost-effectiveness in the health sector. Stakeholders have also raised concerns about the introduction of user fees for services which may affect access and generate insufficient revenue to cover financing gaps. Also identified as a challenge is the limited contribution to sector financing made through the community-based health insurance scheme (less than 40 per cent according to MoH) and the future sustainability of community-based health insurance.

5.3.2.11 Access to health care services

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

⁶⁵ MoH (2015a).

health facilities remain a challenge, in particular for rural households which are typically further away from facilities.

Access to health insurance has significantly improved (84 per cent),⁶⁶ particularly for the poorest households. Overall, EICV 4 data report that possession of health insurance remains lower in the poorest consumption quintile compared to the highest.⁶⁷ The capacity of households in the poorest quintiles to make out-of-pocket payments and co-finance visits to health services (health services for *Ubudehe* Category 1 are free) has not been adequately researched, but looking at 2015 RDHS data it is likely that finding money for health care is often more of an obstacle to care-seeking than physical distance.⁶⁸ While 49 per cent of all women aged 15–49 report financial barriers as the most significant obstacle, just 22 per cent report physical access as a challenge (education levels, getting permission or having children seem to have little bearing on access). For women in the poorest quintile, 77 per cent report ‘getting money for treatment’ as a major challenge. While financial barriers to seeking care decline progressively from 63 per cent in Q2 to 24 per cent in Q5, 2015 RDHS data seem to indicate that financial barriers are significant across all wealth quintiles. Moreover, a comparison of 2010 and 2015 RDHS data reveals that while overall financial barriers were reported as slightly less prevalent in 2015 for Q3 (2015: 51 per cent; 2010: 55 per cent), Q4 (2015: 36 per cent; 2010: 45 per cent) and Q5 (2015: 24 per cent; 2010: 32 per cent), financial barriers have increasingly become more of a barrier for households in the poorest quintiles (Q2: 2015: 63 per cent and 2010: 61 per cent; Q1: 2015: 77 per cent and 2010: 74 per cent). As a disincentive to care-seeking (particularly care-seeking that might be inaccurately perceived by households as non-essential), financial barriers to the utilization of services – including user fees – may in the longer term prove to undermine children’s and women’s health gains, and possibly the viability of co-financing systems. 2015 RDHS data show that 82 per cent of women in Q1 report one or more problems accessing services, which falls progressively to 51 per cent in Q4, and 32 per cent in Q5. In this context, health promotion efforts designed to foster utilization should be evaluated in relation to both the physical and financial barriers to access, in addition to the role that social norms and cultural values may or may not play in undermining utilization.⁶⁹

5.3.2.12 Service delivery

According to the 2015 HSSP MTR, district health service delivery is sometimes undermined by gaps in leadership, planning, budgeting and management, and by insufficient funds for the full implementation of district health plans in some districts. Gaps in the collection, analysis and use of evidence are apparent, and communication between sectors and districts, and between districts and district-level health sector constituents, also needs strengthening. Funding for health facilities is sometimes inadequate and sustainability is also a challenge, given that 12–16 per cent of clients are not making co-payments. Health workers sometimes exit the system quickly when partner funding ends abruptly, and there are also challenges in relation to assessing district-level performance.

Service delivery at provincial and referral hospitals is challenged by a shortage of specialized health workers and a high turnover of health professionals and allied health workers as a consequence of unpredictable funding, reductions in external funding, and staff exiting for private-sector opportunities.

⁶⁶ Ministry of Health Annual Report, 2016.

⁶⁷ NISR (2015a).

⁶⁸ A nominal user fee was introduced in 2014 at all levels (including for CHW visits), which ranges from RWF200 to RWF500 per visit (depending on the services offered and the type of health insurance coverage). Although these amounts are considered nominal, global evidence generally indicates that the introduction of user fees of any amount can have a significant impact on access to services.

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

Equipment maintenance and utilization is also reported as an issue, with the 2015 HSSP MTR reporting a lack of adequate skills for using some equipment and for maintenance. Provincial hospitals have limited mechanisms for the generation of internal revenue.

In relation to the Community Health Programme, the recent comprehensive evaluation of it reports that while most users report overall satisfaction, they expressed concerns about the quality of care, the poor education of some CHWs, and their lack of trust in some CHWs.⁷⁰ In this context, the evaluation found that training for CHW networks is sometimes affected by inconsistencies and gaps, with some CHWs not having received training on core Community Health Programme components under their responsibility. Duplications and reporting challenges are also noted, and CHW supportive supervision is not always optimal, with a low level of 'in-charges' to CHWs, and limited resources for supervision. Challenges in relation to the timely procurement and distribution of medicines are evident, as are problems with the provision of sometimes less essential medicines and that medicines which have expired are provided. Sectoral stakeholders have also raised concerns that financial resource restraints affecting the health sector as a whole may in turn affect the sustainability of the Community Health Programme.

5.3.2.13 Institutional capacity

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

- In relation to planning and budgeting, the availability and use of district-level data is limited, and comprehensive district-wide health plans are not always in place. In addition, the alignment of development partner and government planning processes is not fully effective, and resource-tracking systems are not adequately used for planning.
- Although HSSP III targets for doctor-to-population, nurse-to-population and midwife-to-population ratios have been achieved, and despite a significant expansion in medical education, the 2015 HSSP MTR assesses that there are still not enough health workers (particularly specialist doctors, including paediatricians) to meet population needs.
- With regard to quality assurance, standards and accreditation, there is as yet no independent accreditation body, although coordination is currently undertaken through the MoH accreditation steering committee.
- Research and knowledge generation are limited and although HSSP III targets stipulate a 1 per cent investment of funds for research, only 0.18 per cent was invested in 2014. The research that is undertaken is usually funded by development partners and relates to specific and planned interventions.
- Aside from MoH stewardship and policy guidance, health sector governance is coordinated through the Health Sector Working Group. However, the 2015 HSSP MTR observes that following requests for a greater division of development partner labour (and the subsequent exiting of some partners from the sector), policy dialogue within the sector working group has become less robust, with the sector working group tending to delegate policy discussions to the technical working groups (resulting in a fragmentation of health sector components). Communication and harmonization among development partners is reported to be in need of improvement, and progress has been limited in bringing more off-budget development partner resources into on-budget processes. Monitoring and evaluation tends to be undertaken in relation to sector programming which can undermine the development of an effective sector-wide monitoring and evaluation system (also compromised by staffing shortages and capacity gaps).
- There is no comprehensive report on financial management or budget execution in the health sector, including for government, development partner and non-governmental organization spending. This limits programme evaluation (as noted in the 2016 evaluation of the community health programme) and undermines effective planning.

5.4 Universal access to safe water, sanitation and hygiene

5.4.1 Enabling environment

Ensuring universal, equitable access to safe water and adequate sanitation and hygiene services underpins sustainable socioeconomic development and is critically linked to efforts to improve nutritional status, overall population health, poverty reduction food security⁷¹ and environmental management. Access to safe WASH services is fundamental to the prevention of waterborne diseases, including diarrhoea, malaria and intestinal parasites, all of which weaken children's immune systems and leave them vulnerable to disease and malnutrition (through decreased food intake, impaired nutrient absorption and direct nutrient losses). As noted in Sections 4.2 and 5.1, malnutrition, undernutrition and childhood illnesses pose a great risk to young children's cognitive and physical development, and consequently to prospects for future economic and social prosperity.

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

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

MoH manages and leads household sanitation and hygiene promotion; MINALOC (in charge of decentralization) supports district-level planning, administration and financing; and MINEDUC oversees water and sanitation elements of school health. Project planning and implementation, including service provision, is undertaken by district authorities (and in Kigali by the Kigali City Council), with support from the Rwanda Water and Sanitation Corporation (WASAC). Services are provided through public–private partnerships managed at the district level by district water supply and sanitation boards, with support from the WASAC Rural Water Supply Directorate (and by WASAC for Kigali). Independent regulation is provided through the Rwanda Utilities Regulatory Agency (RURA), the Rwanda Standards Board and the Rwanda Environment Management Authority.

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

⁷¹ In countries where land resources are scarce, irrigation can help to mitigate the effects of land scarcity, and allow for increased cultivation of otherwise unused or underused lands, thereby potentially increasing agricultural production.

5.4.2 Key challenges

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

5.4.2.1 Water supply

- Although significant progress has been made towards ensuring access to safe water, some barriers to access remain, especially for poor rural households. EICV 4 data indicate that 81 per cent of households in Q1 and 89 per cent of households in Q5 have access to safe water, although access can be considered pro-poor given that 81 per cent of households in Q1 do not pay water fees (compared to 42 per cent of households in Q5). The time required to collect water reveals inequities, with households in Q1 walking for an average of five minutes longer to collect water than households in Q5 (16.4 minutes and 11.4 minutes, respectively).⁷²
- Issues relating to rural access and water supply for unplanned and scattered settlements in hilly and/or relatively remote locations are recognized in the 2016 National Water Supply Policy, as are challenges related to securing funding to increase access. For this reason, the policy notes the need to identify and prioritize high-impact projects that can fill access gaps, and to develop corresponding financing plans.
- In terms of rural water supply management, the 2016 National Water Supply Policy identifies a need to promote economies of scale by clustering service areas to make them more attractive (and potentially profitable) for private-sector suppliers, and to improve the availability of technical and managerial capacity. Also identified is the absence of a fully developed operation and maintenance support structure that can provide services including technical advice, spare-parts supply, credits for major repairs or scheme extensions, and training. Monitoring and evaluation for rural water supply schemes also need improvement and would benefit from a strengthened RURA presence at district level, and the development of an Internet-based management information system that can be accessed by different stakeholders (WASAC, RURA, districts, private-sector operators and the general public).
- For urban water supply, the 2016 policy identifies the need to develop a strategic plan that prioritizes actions to achieve 100 per cent coverage, to intensify private-sector engagement and to undertake further research into options around the financial viability of increased coverage for the urban poor.
- Most importantly, the policy recognizes the necessity of developing and implementing a pro-poor approach that includes a clear demarcation of policy measures to address vulnerable populations (including children and the disabled), a review of tariffs and their impact on the poor, and improved oversight and regulation of water suppliers.
- Impacts of climate change on rainfall patterns (and thus water flows) are emerging which could indicate a change in water availability. There are inadequate data to understand the impact that changes in rainfall patterns will have on drinking-water sources.

⁷² As noted previously, the 2015 RDHS does not disaggregate access to safe water or sanitation by wealth quintile. However, RDHS data do reveal that 55 per cent of rural households spend 30 minutes or longer walking (round trip) to collect water for the household. This seems to be at odds with EICV data and has implications for children and women tasked with collecting water who may be exposed to violence or abuse, and/or are suffering from undernutrition. For children, time missed from school may also be an issue.

5.4.2.2 Sanitation

- Despite improvement in sanitation services, EICV data indicate that the coverage of sanitation is less equitable than for safe water, which has implications in terms of children's health and nutritional status. While EICV 4 reported that 94 per cent of households in Q5 access improved sanitation, this falls progressively to 74 per cent in Q1. Some 37 per cent of Rwandan households are sharing sanitation facilities (at relatively similar rates across all quintiles) which, according to the RDHS series, does not constitute the use of improved sanitation.⁷³
- Although most households have financed and built their own pit latrines, the quality of some open pit latrines is considered inadequate. Poor households – particularly in relatively remote and/or hilly areas – also face challenges in terms of raising the necessary resources to fund pit latrines. There is, therefore, a need to develop a pro-poor financing mechanism if 2020 sanitation coverage targets are to be met. This would include efforts to make sanitation facility products available at local markets, as well as access to microfinance to encourage households to construct or rehabilitate latrines.

5.4.2.3 Hygiene

- As noted in Section 4.1, 2015 RDHS data show that a place for handwashing was observed in just 12 per cent of households (9 to 10 per cent for Q1 to Q4, and 20 per cent in Q5), and that among these households, 37 per cent had soap and water. This suggests that despite the benefits of handwashing being well understood, practice remains inadequate.
- Community health clubs have been established in all districts (and are registered in 98 per cent of villages) to promote improved sanitation (supported by CHWs). Further efforts are required, as only 42.3 per cent of community health clubs are fully functional.
- There are major challenges in terms of solid waste management, including high levels of household waste dumped in fields and bushes (recorded by EICV 4 as practised by 31 per cent of households). Management of solid waste has been previously delegated to households, communities, non-governmental organizations, the private sector, community associations and district authorities, which often operate with limited technical and financial means. Although some waste sorting, composting and recycling activities have been implemented over recent years and efforts are made to maintain communal environments, there is a need to further develop recycling incentives, invest in landfill sites and establish a national waste-management task force to support and advocate the establishment of a waste management information system, as well as increased decentralized waste management capacity (including through the recruitment of district hygiene and sanitation officers).

5.4.2.4 WASH in institutions

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

5.4.2.5 Cross-sectoral challenges

Financing

EDPRS II targets for achieving 100 per cent water supply and sanitation coverage by 2017/18 are considered ambitious (although motivational). This is particularly the case for sanitation, given the scale of the improvements required, the limited availability of options for low-cost household sanitation, and estimates in the 2016 Sanitation Policy which suggest that at least 500,000 household sanitation facilities will need to be rehabilitated or newly constructed. Hygiene promotion – which has received a very small share of overall sector budgets – will also need to be prioritized, as will community-level demand, district-level waste management and district-level capacity development for improved sanitation. Solid waste and

⁷³ It should also be noted that the reliability of access figures is acknowledged in government sanitation policy as a consequence of inherent difficulties in correctly assessing the quality of the private pit latrines.

storm-water management will require enhanced institutional capacities and costly new infrastructure. Investments with low financial returns are usually not particularly attractive for the private sector and will probably require public finance and/or subsidies, which have cost implications. Other potential challenges with financing implications include limits to private-sector capacity and opportunities for additional public–private partnerships; supply-chain issues, including the absence of local manufacturers and readily available spare parts (e.g. for pumps); challenging hilly topography; and the costs involved in transporting supplies and equipment from Mombasa on the Kenyan coast.⁷⁴

In terms of past expenditure in the water and sanitation sector, figures from the national budget reveal financing for the sector has increased, with total revised allocations increasing from RWF21.1 billion in 2013/14 (1.4 per cent of total national budget) to RWF32.3 billion in 2014/15 (1.9 per cent of total national budget).^{75, 76} Water supply at all levels has consistently received the largest share of expenditure, with expenditure for sanitation and hygiene representing just 6 per cent of the total sector budget allocation in 2015/16.⁷⁷ This is below expenditure targets for sanitation and hygiene (34 per cent of total sector budgets) within the 2016 water supply and sanitation policies, and provides some explanation of why investments in sanitation and hygiene are now so urgently required.

Unlike budgetary allocations to health and education, the available data on planned budget allocations for water and sanitation from MINECOFIN's national budget laws (Annex II.2) show that total budget allocations to the districts fell by 23 per cent (from RWF13.4 billion in 2013/14 to RWF10.6 billion in 2015/16), with almost an equal amount anticipated in 2016/17. Although the government has increased earmarked transfers for water and sanitation, these have not been sufficient to compensate for large falls in project- and grant-related funding provided to districts through transfers from other agencies and via external grants. In terms of external financing for the water and sanitation sector, there have been (and continue to be) a multitude of active donors, including the African Development Bank, the Government of the Netherlands, the Swiss Development Cooperation, the Japanese International Cooperation Agency and the European Union. Assistance is provided in the form of both on- and off-budget allocations and, as for other sectors, it is sometimes difficult to ascertain whether or not donor funds are being adequately captured by MINECOFIN breakdowns of external and domestic financing in the national budgets. However, MINECOFIN data do show a decline in external financing with the 'drinking water access' budget line showing that external financing for this budget category declined from 66 per cent in 2013/14 to 18 per cent in 2015/16. However, some of the donor-funded projects may not be accounted for within MINECOFIN data.

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

Institutional capacity

As for other sectors, a comprehensive review of the capacity of the water supply and sanitation sector is beyond the scope of this situation analysis and would require an ongoing and detailed capacity gap analysis that addresses shortcomings across a range of key ministries, government agencies and private-

⁷⁴ Climate change also has implications for the water and sanitation sectors and is discussed in Section 6.2.

⁷⁵ The 2016/17 allocation for the water supply and sanitation sector (RWF31.5 billion) is at similar levels as for 2015/16.

⁷⁶ However, these figures seem to be contradicted by data from joint sector review processes, which show that central-level expenditure on water and sanitation fell from RWF14.8 billion in 2013/14 to RWF12.9 billion in 2014/15 (UNICEF, 2016).

⁷⁷ Gaps in the provision of hygiene and sanitation services are being funded to some extent by development partners; however, the extent to which this is the case remains difficult to assess from publicly available expenditure data.

sector implementing partners. However, consultations with stakeholders and analysis within the 2016 water supply and sanitation policies reveal a number of challenges.

- In relation to coordination, the depth and complexity of the challenges faced require consolidation and strengthening of roles and responsibilities for all government agencies active in the sector (in particular WASAC, RWS and RURA) and greatly heightened coordination among the various government, private sector and development partner actors. As noted, there is a sector working group under MININFRA, but to date the sector working group has perhaps been overly preoccupied with water supply at the expense of sanitation improvements, which will in future require greater and more consistent collaboration between MoH, MINALOC and MININFRA.
- In relation to district capacity, the new water and sanitation policies note significant improvements as a result of increased decentralization, but also ongoing gaps in relation to the level of technical expertise required to ensure compliance with implementation standards. The new policies thus recommend sector-specific backup to the districts and revised training arrangements to eventually replace existing project implementation units. The 2016 water supply and sanitation policies also recommend sector capacity needs assessments with specific emphasis on the district level, as well as the coordination of capacity development strategies and activities with the MINEDUC Workforce Development Authority and Integrated Polytechnic Regional Centres. Other capacity development priorities identified include the need to strengthen the enforcement of existing and emerging regulations with regard to issues such as sludge-emptying services, household solid-waste separation and storm-water management standards.
- There is also a need to improve data disaggregation and the quality of data and indicators relating to coverage, implementation, and sector and sub-sector financing. As the 2016 water supply and sanitation policies note, monitoring and evaluation and performance measurement require strengthening, and a further shift towards results-orientated management, planning and budgeting. With regard to the joint sector review processes, the policies note a need for well-defined performance indicators, and that the current joint sector review process does not allow for a sufficient analysis and discussion of underlying challenges and constraints. Finally, there is a need to improve the collection of disaggregated data relating to how interventions and policies affect the well-being of children and women, and in relation to social equity issues.

5.5 Investing in early childhood development

5.5.1 Enabling environment

During the first few years of life, a child's brain and body grow rapidly and are extremely sensitive to a range of environmental factors. Conclusive international evidence clearly demonstrates that negative influences (including poor maternal health and nutrition, depression during pregnancy, poor infant and child nutrition, infectious diseases, child mistreatment, poor nurturing and the absence of opportunities for early childhood learning and interaction) undermine cognitive, social and emotional development. This being the case, investing in integrated interventions that promote positive parenting, good MCH and nutrition, and ECD will maximize children's physical, intellectual and emotional development over the first six years of life. These interventions will also result in long-lasting benefits for children and lay the essential foundations for future learning and achievement at school, personal growth and social and emotional well-being.⁷⁸ As recognized by the government, investing in ECD pays significant dividends for society and is essential to ensuring the necessary human capital to realize Vision 2050 and sustainable national development. SDG 4 (to ensure that all girls and boys have access to quality ECD, care and pre-primary education) is of critical importance.

⁷⁸ Investments in ECD can also improve the efficiency of the schooling systems (see next section) by reducing grade repetitions and dropouts.

The government developed the first multi-sectoral Early Childhood Development Policy in 2011 under MINEDUC, and the importance of ECD was further emphasized within EDPRS II, which recognizes the importance of early learning as a key foundation priority for national development. In 2016, the Early Childhood Development Policy was revised and updated to better align with other sectoral policies to address gaps in the earlier policy, to foster integrated approaches to delivering ECD services and to more comprehensively reflect national commitments (including the SDGs) and international evidence on the benefits of ECD. The revised 2016 ECD policy sets out key cross-sectoral interventions that cover child health and nutrition, access to safe water and sanitation, hygiene, ECD, child protection and social protection. These interventions aim to ensure the optimal development of 'children's full sensory-motor, social-emotional and cognitive-language potential from conception to the age of six years'.⁷⁹

The responsibilities of key ministries under the 2016 National Early Childhood Development Policy are summarized below:⁸⁰

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

5.5.2 Key challenges

2015 RDHS data presented in Section 4.3 show that not all children in Rwanda aged 0–6 are developmentally on track, and that children from rural areas and poorer households are less likely to be on track and/or be attending either pre-primary school or any form of organized early education. Data in Section 4 also reveal disparities in relation to access to safe water, sanitation and hygiene practices and access to, and utilization of, health services. Undernutrition and stunting are major challenges, as is ensuring comprehensive antenatal and postnatal care for pregnant women. Challenges in relation to access to pre-primary and early childhood education are addressed within the broader context of education in Rwanda (see Section 5.6), and health, nutrition, water and sanitation, social protection and child protection challenges relevant to ECD are addressed comprehensively in other sections of this chapter. The following section, therefore, only considers challenges relating to provision of ECD services and highlights key achievements.

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

⁷⁹ See MINEDUC (2017).

⁸⁰ Full details of responsibilities across the Government of Rwanda (including at district level) and of the responsibilities of development partners and communities and parents are detailed in the policy.

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

5.5.3 Progress to date

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

- With support from development partners, local authorities and communities (and in partnership with the Imbuto Foundation, a non-governmental organization founded and chaired by the First Lady), the government has established 15 model ECD centres in 14 districts, benefiting some 13,000 children. Three hundred home-based ECD models have been established to benefit 6,000 children, and 10,000 parents and primary caregivers have benefited from increased skills training to support child development through parenting sessions and coaching. Key results achieved through the establishment of these centres include the development of an essential package for early learning and sessions for parents on appropriate parenting, nutrition, child health and hygiene. Using a 'hub-and-spoke' approach, home-based ECD services have also been provided in villages away from the main district ECD model centre, and these services are managed by selected parents who receive relevant training. Visits by trained 'home visitors' provide counselling sessions for parents with infants (and expectant parents) on key nutrition, hygiene and home-based early learning and stimulation best practices. The government and the Imbuto Foundation will build an additional three 'centres of excellence' and, by the end of 2017,

18 out of 30 planned centres will be in place. Ultimately, it is intended that one centre of excellence will be established for each district in Rwanda by the end of 2025.

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

5.6 Improving the quality of education

5.6.1 Enabling environment

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

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

Government education-related policy inherently recognizes the importance of education for sustainable development and will prioritize ensuring synergy and complementarity with SDG 4 and its targets. The high priority afforded education is reflected in Vision 2020 which emphasizes enabling the development of an information-rich and knowledge-based economy, and within EDPRS II, which identifies quality ECD and basic education as core foundational issues. The education sector itself is overseen by MINEDUC. The Rwanda Education Board is the implementation agency for basic education. There is also a sector working group, which guides policy development, and various technical working groups, which address issues such as quality, pedagogy, curriculum development and the role of information and communication technology. There is an overarching Education Sector Policy and a variety of other education sector policies, including the revised 2016 Early Childhood Development Policy and Strategic Plan; a Nine-Year Basic Education Policy; a Teacher Development Policy; a Girls Education Strategy; a TVET Policy; and a Special Needs Education Policy.⁸¹

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

5.6.2 Key challenges

Based on the 2016 ESSP II MTR and discussions with key government and development partner stakeholders in the education sector, the following section presents sectoral challenges in relation to

⁸¹ For more information, see MINEDUC (2017).

pre-primary or early childhood, primary schooling, secondary schooling, and TVET and higher education. Challenges and sector capacity gaps must be viewed in the light of the enormous progress that has been made, particularly in relation to expanded access to primary school.

5.6.2.1 Pre-primary education

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

- The declining share of the overall education sector budget that pre-primary education has received over recent years, which reflects fiscal constraints rather than any lack of commitment. The 2016 UNICEF-supported analysis of government budget data reveals that expenditures on pre-primary education declined between 2012/13 and 2014/15 from 1.9 per cent to 1.5 per cent of total education-sector allocations. Nevertheless, EMIS data also show that net enrolment in pre-primary increased over the same period from 13 per cent to 14 per cent.
- EMIS data on pre-primary enrolment are not disaggregated by wealth quintile but, as noted in Section 4.3, 2015 RDHS data on access to pre-primary and/or earlier education show that of the 13 per cent children attending early childhood education, under 3 per cent of children aged 36–59 months in Q1 participate in any sort of education programme (including pre-primary school). Participation then rises gradually to 6 per cent in Q2, 11 per cent in Q3 and Q4, and then jumps to 45 per cent in Q5. Participation is also far more likely in urban areas (37 per cent) than in rural areas (9 per cent) and in Kigali (38 per cent) than in the provinces, where participation ranges from 4 per cent to 15 per cent. 2015 RDHS data also show that, as a consequence of low levels of participation, children from rural poor households are less likely to be developmentally on track.
- The 2014 UNICEF baseline study on Early Childhood Development and Family Services, implemented in 10 locations in Rwanda observed that communities and families are expected to financially contribute to participation in early childhood or pre-primary education (e.g. transport fees, school uniforms and in-kind contributions such as food or firewood), and that parents report costs as a key barrier to participation. A recent 2016 ESSP MTR (Section 5.6.2.2) also notes financial challenges and suggests that because many parents know that children can enrol in Grade 1 (P1) for free at the age of 7, they choose not to incur the costs of pre-primary education for younger children. The 2016 ESSP MTR also suggests that as long as there are significant household costs associated with early childhood education, enrolment will only increase gradually.
- Social norms are a challenge, with a 2014 UNICEF-supported knowledge, attitudes and practices study on early nurturing of children revealing that many parents feel young children should be close to the family rather than participating in early childhood education. This being the case, there is a need to invest in activities that increase awareness of the lifelong importance of ECD and education, and foster community and family engagement in the provision of ECD and education services (see Section 5.6.1). However, 2016 MINEDUC EMIS data show that access to pre-primary increased from 10 per cent in 2011 to 18 per cent in 2015. The data also show a rising and significant disparity between pre-primary net and gross enrolment rates, with 2016 EMIS data showing net enrolment rates at 18 per cent and gross enrolment rates at 24 per cent. This suggests that many children enrolled in pre-primary are not from the target age group of 4–6 years, which undermines efficiency and affects the quality of early childhood education. The 2016 ESSP MTR notes that this may be contributing to higher primary school gross enrolment rates as older children remain in pre-primary and parents delay primary school enrolment, and/or, in cases where pre-primary facilities are linked to primary schools, teachers may be delaying the transition of some students to Grade 1 (P1) level in primary schools.

- Whereas significant efforts have been invested in recent years to build capacity and improve service quality, there has been limited systematic inquiry into the quality of early childhood education. Anecdotal reports suggest that some pre-primary facilities lack appropriate early childhood play and learning materials. Many teachers are either unqualified or underqualified and, although decreasing, teacher-to-pupil ratios in pre-primary remain high (EMIS data showed a ratio of 32 to 1 in 2016). The Rwanda Education Board is working to develop standards for pre-primary schools which meet minimum standards of child-friendly design, including gender-sensitive sanitation facilities. Efforts are also under way to step up the training of early childhood education teachers under the umbrella of the University of Rwanda College of Education, and to develop pedagogical tools that will improve the quality of pre-primary education.

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

5.6.2.2 Primary schooling

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

- A capitation grant (based on a per-pupil formula) has been put in place which has increased the overall allocation of resources. However, according to UNICEF analysis of MINECOFIN data, the overall allocation of financial resources to primary education decreased slightly between 2012/13 and 2014/15 from 32 per cent to 29 per cent of the total education sector budget. Of concern to stakeholders are gaps between education sector policies (particularly the more ambitious and reform-orientated elements) and the level of resources available to implement policies, and the privileging of expenditure on the construction and renovation of facilities rather than on quality improvements.
- Alongside gaps in literacy and numeracy, key proxy indicators for quality – gross enrolment ratios and repetition rates – reaffirm the need to increase investment to retain students, ensure appropriate progression through the grades and improve learning outcomes. MINEDUC EMIS data show that between 2011 and 2015, primary school repetition rates increased from 13 per cent to 21 per cent, with boys slightly more likely to repeat a grade than girls (boys 21 per cent and girls 20 per cent in 2015). Looking at gross enrolment rates, EMIS data reveal that between 2011 and 2016, the gross enrolment rate increased from 127 per cent to 140 per cent indicating that there are too many children attending primary school who fall outside the primary school age range (7–12 years). High gross enrolment rates and high rates of repetition (evidenced in high gross enrolment rates) swell the number of schoolchildren in primary school and the number of schoolchildren in grades often already congested by repetition.⁸² This places an added burden on teachers, and on the adequacy of school facilities and learning materials. Additionally, the 2016 ESSP MTR notes that the visible strain placed on primary schools by high gross enrolment rates and high pupil repetition – sometimes recommended by

⁸² The 2016 ESSP II MTR reports anecdotal evidence suggesting that repetition rates in higher primary grades are greater but that the Rwandan system, in which teachers instruct subjects rather than by classroom, ultimately renders the disaggregation of gross enrolment rate and repetition rates challenging. The 2016 ESSP II MTR also noted that the range and robustness of indicators included in the ESSP for measuring the quality of learning outcomes are currently weaker than its importance to developing Rwanda's education sector warrants.

teachers – may lead to systems inputs being prioritized over the quality improvements that would have a more direct bearing on learning outcomes.

- Another proxy indicator for quality (i.e. primary school completion rates) is low for both boys and girls, with EMIS data showing that between 2011 and 2016 completion rates declined from 79 per cent to 65 per cent.
- Dropout rates also indicate quality issues, as well as household conditions that undermine sustained school attendance. Between 2011 and 2015, EIMS data show dropout rates increasing to 14 per cent in 2013 but then dropping sharply to 6 per cent in 2015. Comprehensive evidence on causes of dropout is not available, but a MINEDUC-commissioned assessment of repetition and dropout in basic education is currently under way and will soon shed more light on causes and potential solutions. Data on absenteeism is not available, but temporary dropouts are often a result of household illnesses and the absence of adequate in-school support for children with learning difficulties.
- Language issues are also a challenge for primary schoolchildren, and the system itself. Since 2008, Rwandan primary-aged children have been taught in Kinyarwanda for Grades P1 to P4 and in English for Grades P5 and above. This creates challenges for pupils who may not adequately achieve literacy in either their native Kinyarwanda or in English due to inadequate exposure to instruction in Kinyarwanda in early years, and – despite significant investment by government and development partners – broader challenges relating to the provision of English language instruction. These include limited English language capacity among both primary and secondary schoolteachers; limited exposure to English at home and in the community; and low levels of Kinyarwanda and English reading activity in schools and at home. English language instruction also presents risks to learning as children switch from Kinyarwanda to English at P5 level and encounter difficulties understanding what is being explained or asked of them, and in relation to communicating their own ideas and thoughts. Moreover, a child who is not functionally literate will struggle not only in language-focused classes, but in all subjects in the curriculum, including mathematics and science.⁸³

5.6.2.3 Secondary schooling

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

- Unlike access to primary schooling, which is almost universal, access to secondary schooling is skewed in favour of wealthier and urban households. As noted in Section 4.4, 2013/14 EICV 4 data show that children from urban areas were twice as likely to be attending secondary school as children from rural locations (39 per cent and 19 per cent, respectively). Children from households in the wealthiest quintile were almost four times more likely than those in the poorest quintile to be attending secondary school (Q5: 40 per cent and Q1: 11 per cent). Probably as a consequence of incidental household costs associated with secondary schooling, access directly correlates to household consumption levels, with access steadily improving as household consumption levels rise. Apart from household resources (which EICV data show as strongly correlating to access), the 2016 ESSP MTR speculates that other challenges to secondary school access may include children (particularly rural poor children from agricultural households) being required to work and contribute to household livelihoods; perceptions among parents that primary schooling alone is sufficient; perceptions among children that working is a better option than continuing schooling; limited geographical access for some rural communities; and insufficient secondary schools, and/or available secondary school places in some districts. The 2016 ESSP MTR also notes that further analysis is needed to better ascertain the dynamics of limitations to secondary school access in Rwanda.

⁸³ The 2016 ESSP MTR observes that high repetition and dropout rate in P5 and P6 are likely to have a direct relationship with the change in medium of instruction, including the very high dropout rate at the end of P5, the year before preparation for the final exam and transition to lower secondary school.

- Declining rates of transition from primary to secondary school also affect secondary school enrolment. MINEDUC EMIS data show that between 2011 and 2014 primary school transition declined from 86 per cent to 73 per cent and that transition rates have been consistently higher for boys than girls, and have widened – the 2014 transition rate was 75 per cent for boys and 71 per cent for girls.⁸⁴ The 2016 ESSP MTR suggests that the causes of declining levels of transition to secondary school cannot be extrapolated from ESSP indicators. However, the MTR suggests that primary schoolchildren are sometimes not acquiring adequate education to be given approval to sit for the primary school exams (which are mandatory for transition, and in English). The MTR also notes that approaches to teaching, learning and assessment must be strengthened to improve levels of transition (especially for girls) and primary completion.
- In relation to proxy indicators for secondary school quality, EMIS data show that transition rates from lower secondary to upper secondary have declined from 96 per cent in 2011 to 88 per cent in 2015, with girls transitioning at a higher rate for the most recent years that data are available (2014: girls: 96 per cent, boys: 81 per cent).⁸⁵ In relation to gross enrolment rates, the secondary school gross enrolment rate has declined from 42 per cent in 2013 to 37 per cent in 2016 (slightly higher for females). However, net enrolment also declined from 36 per cent to 28 per cent in 2015, with an increase to 33 per cent in 2016 – widening the gap between gross enrolment rate and net enrolment rate and implying an increase in age-inappropriate enrolment. EMIS data enabling longitudinal comparisons of secondary school dropouts and repetition are not available, although 2014 EMIS data do show that high levels of repetition and dropout are observable in the lower secondary grades. For 2015, EMIS data show that dropout rates were 6 per cent for lower secondary (3 per cent for upper secondary), and that repetition rates for lower secondary were 12 per cent (upper secondary were 6 per cent). This suggests that some children in lower secondary may be struggling to learn enough to progress to the next grade, and perhaps become more pressured to contribute economically to the household. Other variables such as increased household vulnerability may also be a factor. However, these data also suggest that the children who have benefited from prior education continue to do so in upper-secondary grades, and are performing relatively well compared to children who have not been adequately supported to progress through primary school and lower secondary grades.

5.6.2.4 Cross-cutting issues

Consultations with stakeholders and the 2016 ESSP MTR reveal challenges relating to both primary and secondary schooling, some of which require further research. These challenges are summarized below:

- MINEDUC and the Rwanda Education Board have invested significantly in the development of a competency-based curriculum that was rolled out in 2016 for pre-primary, primary school Grades P1 and P4, and for secondary school Grades S1 and S4.⁸⁶ Standards have also been established, a teacher assessment guide is being developed, new textbooks have been finalized, and many teachers and head teachers have received training. However, most of the new materials developed to support implementation of the competency-based curriculum are in English, and therefore the success of the roll-out and the curriculum's longer-term effectiveness will only be fully realized if teachers and students are better supported to work in English. Although teachers' English language proficiency has increased enormously since 2008, capacity gaps still exist and there is a need to further invest in ensuring that teachers continue to improve their English language competency. This may prove challenging given resource constraints in the sector and – in the context of double shifting and full teacher timetables – the limited time that teachers have for English language training. The 2016 ESSP MTR recommends

⁸⁴ Despite higher transition rates for boys, primary school completion rates for girls have been significantly higher between 2011 and 2015 with, for example, EMIS data showing that 66 per cent of girls and 55 per cent of boys completed primary school in 2015. This may suggest that parents are prioritizing secondary education for boys over girls.

⁸⁵ In previous years, male and female transition rates have been closer and there is no evidence to indicate why 2014 witnessed a sudden decrease in boys' transition, although it may be related to increased economic growth and agricultural production and the employment options that may have become available to boys. Further research is required.

⁸⁶ In 2017, the competency-based curriculum will also be rolled out for Grades P2, P5 and S2 and S5.

that the government and MINEDUC find a way – difficult though it may be – to further privilege increased investment in English language training and support for teachers.

- Looking at human resources, MINEDUC EMIS data show that 94 per cent of primary schoolteachers were qualified in 2016, representing a 5 per cent decline since 2011. Just 69 per cent of secondary schoolteachers were qualified, representing a slight increase since 2011 and a slight decrease since 2013. With regard to teacher-to-pupil ratios (which affect the level of individual attention and the quality of education that students receive), 2016 EMIS data show that for primary education the ratios have remained relatively stable since 2011, but are high at 58 to 1. However, student-to-qualified-teacher ratios for secondary school have reduced markedly from 37 to 1 in 2011 to 28 to 1 in 2016, which reflects both the increased investment in the recruitment and training of secondary schoolteachers and the gradual increases in secondary school enrolment (relative to primary, where gains in terms of recruitment and training may have been offset by increasing primary school enrolment).
- In relation to the competency-based curriculum, stakeholders have identified the need for increased investment in pre- and in-service teacher training (including to enhance English language skills); developing teacher capacity for multilevel teaching (that addresses the needs of both high- and low-ability students); for investment in improving gender-sensitive teaching; and to build the capacity of district and sector education officers and head teachers to support implementation of the competency-based curriculum.
- Regarding the educational needs of single and double orphans, 2013/14 EICV 4 data presented in Section 4.4 show that non-attendance at primary school for single orphans aged 7 and 8 is almost double that of other children (21 per cent and 13 per cent, respectively), but also that double orphans are more likely than non-orphan children to be attending school.⁸⁷
- For children with disabilities, schooling is not adequately inclusive with, for example, 2013/14 EICV 4 data (cited in Section 4.4), suggesting that primary school attendance for children with disabilities (57 per cent) is below levels for the general school-age population. However, in 2016 the Special Needs and Inclusive Education Policy was updated and an Inclusive Education Teacher Guide was published, demonstrating MINEDUC commitment to ongoing sector reform to accommodate the special needs of children with disabilities. In relation to the challenges currently faced by children with disabilities, a 2016 UNICEF-supported study on child disability and their rights to education in Rwanda makes a number of observations.⁸⁸ These include:
 - There is no formal system for identifying children with disabilities or classifying the degree of disability.
 - There are sociocultural barriers and bottlenecks faced by children with disabilities with regard to accessing, learning and completing education. Stigma and discrimination compel many children with disabilities to stay at home, and ultimately obstruct their access to education. Distances to school are also a barrier for many children with disabilities.
 - Special schools that cater for children with disabilities are not evenly spread across the country. Demand exceeds supply and there are insufficient schools to provide placements for all children with disabilities. There are also approximately 92 identified inclusive schools in Rwanda, but some districts do not have any. Teachers working at these schools report difficulties in ensuring adequate participation by children with disabilities.
 - There is inadequate awareness in both regular and inclusive schools with regard to the barriers to learning faced by children with disabilities, and consequently learning difficulties are frequently overlooked or missed. Teachers in inclusive schools have limited experience of applying differentiation methods, and inadequate support is provided to teachers to develop appropriate skills for learning by children with disabilities.
 - Specialist teachers highlight the lack of adapted textbooks for students with visual impairments, and a general lack of assistive devices.

⁸⁷ Beyond these data, there is very little information relating to challenges faced by single or double orphans in relation to their experience of schooling, learning achievement or sociocultural factors.

⁸⁸ MINEDUC (2016d) makes several key recommendations.

- Special schools and services for children with disabilities have frequently been provided by faith-based organizations which have tended to emphasize a medical model of care and a charity-based perspective rather than an inclusive approach.
- The 2016 ESSP MTR notes that the diversity of special needs complicates efforts to increase access and learning for children with disabilities, and that while bespoke solutions are often provided in high-income countries, this may not be practical in resource-restrained environments. The MTR therefore suggests that MINEDUC address more manageable and less costly issues such as easily correctable myopia and deafness, in parallel to promoting inclusivity for all children with disabilities.
- Despite significant investments in school infrastructure, stakeholders report that there is a shortage of classrooms, textbooks, laboratories, libraries and other facilities that support learning. Some school physical environments are not assessed as adequately conducive for learning, although standards for child-friendly schools have been developed and adopted.⁸⁹ Some schools also lack basic equipment and are without electricity, computers and/or Internet access: according to EMIS data, only 19 per cent of secondary schools and 10 per cent of primary schools had viable Internet connections in 2016.⁹⁰ Currently, the government and MINEDUC plan to rapidly scale up access to information and communication technology and promote the roll-out of 350 fully connected 'smart classrooms' at both primary and secondary level to enhance school learning environments.
- Investments have also been made to increase the number of toilets and sanitation facilities available at schools. Student-to-toilet ratios seem acceptable for secondary school (17 users per toilet: 16 female and 18 male), but the ratios are high for primary schools (59 students per toilet: 58 female and 60 male). MINEDUC statistics show that 45 per cent of primary schools and 57 per cent of secondary schools have handwashing facilities but no data are available on the gender sensitivity of facilities (beyond data on users per toilet disaggregated by sex).⁹¹
- According to the 2016 UNICEF analysis of government budget data, the education sector is largely funded internally with external financing in decline and representing just 14 per cent of total sector financing for 2015/16. The same analysis – citing MINECOFIN data – notes that the largest recipient of external financing is the TVET sector, which received 97 per cent of all external education-sector funding for 2015/16. The proportion of the national budget dedicated to education has declined from 16 per cent in 2011/12 to 12 per cent in 2015/16 (as a share of GDP, expenditure on education dropped from almost 5 per cent of GDP in 2012/13 to under 4 per cent of GDP for 2015/16). The share of the overall sector budget dedicated to each level (pre-primary, primary, secondary, TVET and tertiary) has also declined since 2011/12 for all levels except for tertiary education, which increased from 16 per cent in 2011/12 to 20 per cent in 2015/16. Secondary education received the majority of education sector funding in 2015/16 (31 per cent), followed by primary (29 per cent), tertiary (20 per cent), TVET (10 per cent) and pre-primary (2014/15: less than 2 per cent).
- In terms of education sector management and coordination, the Education Sector Working Group meets on a quarterly basis, and feeds into the annual Joint Review of the Education Sector. However, the 2016 ESSP MTR identifies challenges in relation to textbook distribution systems; work-planning; coordination between Rwanda Education Board departments; quality control; and the need to effectively utilize the results of learning assessments for policy development. Management challenges are exacerbated by multiple and sometimes irreconcilable data collection processes, and by insufficient data disaggregation. Concerns have also been raised with regard to the positioning of district and sector education officers under the management of MINALOC rather than MINEDUC, which stakeholders report has resulted in these staff members being overburdened with tasks outside their specific mandate, and having diffuse responsibilities.
- Finally, as recognized in the 2015 Girls Education Strategic Plan, there are a number of issues affecting girl's education which require further research and investment. These include the lower performance of

⁸⁹ For more information on child-friendly schools, see UNICEF (2012).

⁹⁰ For data relating to school physical infrastructure and learning resources, see MINEDUC (2016a).

⁹¹ Analysis of gender sensitivity for sanitation facilities would consider issues such as cleanliness, location and privacy, as well as the sex segregation of facilities.

girls compared to boys in national examinations; higher rates of girls dropping out of upper secondary school; insufficient gender-sensitive water and sanitation facilities in schools; gender disparities among teaching and management staff; sometimes inadequate implementation of the Girls Education Policy at district level; financial and physical access issues that disproportionately affect girls; and lower levels of access to TVET and tertiary education.

5.6.2.5 Technical and vocational education and training

MINEDUC EMIS data on TVET enrolments is not age-disaggregated, but 2013/14 EICV 4 data presented in Section 4.4 show that participation in TVET among adolescents aged 14–19 represents just 2 per cent of all adolescents in that age bracket. Data also show that participation is lower for females than males, and that participation is more likely (for all ages) among higher wealth quintiles. However, given the level of investment in TVET over recent years, and the fundamental importance of TVET to sustainable national development and the rights of children and adolescents to valuable and dignified work, it is important to look at the main elements of the system and some emerging issues.

In Rwanda, TVET comprises vocational training centres, technical secondary schools and technical colleges. Vocational training centres are focused on developing skills and have flexible requirements for entry, technical schools are secondary schools that offer vocational and technical subjects, and technical colleges provide tertiary-level training. The TVET system in Rwanda is designed to encourage enrolment and help individuals gain much-needed qualifications, particularly for areas in demand such as construction, carpentry, electrical engineering, plumbing, civil engineering, information and communication technology, and mining and geology.

Over recent years, and in line with Vision 2020 and EDPRS goals and objectives, the government has invested heavily in TVET, with MINEDUC EMIS data showing that both numbers of TVET facilities and enrolments have increased significantly (see Section 4.4). In addition, the government has made efforts to link TVET with market demand through a National Employment Programme managed by MIFOTRA. Progress is evident, with data collected by the Workforce Development Agency (under MINEDUC) showing that ESSP II targets have been met in relation to the percentage of graduates employed within six months (indicative of the level of demand for skilled labour in Rwanda), the level of employer satisfaction and the use of competency-based curricula. However, the 2016 ESSP MTR also shows that some ESSP II indicators (i.e. enrolment and success in final exams) are slightly off-track for the TVET sector, and that more-significant challenges remain regarding pupil-to-trainer ratios and the proportion of trainers who have received pedagogy training in relation to facilities with adequate infrastructure and equipment, and in relation to the provision of career guidance. Other challenges identified by the MTR and through consultations with stakeholders include:

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

- The need to improve the effectiveness and efficiency of pathways between lower secondary and TVET streams which, according to the 2016 ESSP MTR, will include full implementation of the Rwanda TVET Qualifications Framework to support movement between academic and technical streams.

5.6.2.6 Tertiary education

As discussed in Section 4.4, enrolments in tertiary education have increased over recent years but according to EICV 4 data still represent just 3 per cent of the population aged 16–20. Women are under-represented and participation is strongly skewed in favour of wealthy and urban populations with, for example, participation at 8 per cent for the wealthiest quintile and less than 1 per cent for the poorest. However, Rwanda’s remarkable progress over recent years has been aided by the expansion of tertiary education, which has increasingly provided skilled graduates in finance and accounting, public health, agronomy and livestock production, engineering and technology, and management and public administration. Further increasing the number of graduates with these skills – and the range of skills with which tertiary students graduate – will continue to be critical for future Rwandan prosperity and development. However, a number of challenges identified by the 2016 ESSP MTR will need ongoing attention if Rwanda is to realize its development aspirations. These include:

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

5.7 Strengthening the child protection system

5.7.1 Enabling environment

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

Strengthening child protection systems requires the development of effective and appropriate policies and legal instruments that comply with human- and child-rights protocols; strong institutions that can monitor and ensure compliance with legislation, policies and standards; strategic plans that articulate how results for children will be achieved; programmes and activities sufficiently resourced to prevent and redress child-

rights violations; and a capable workforce to identify and monitor children at risk, prevent violations and respond to child protection needs. Protecting children also implies protecting women from violence, abuse and exploitation – not only because they are usually the primary caregivers whose well-being affects the well-being of children, but also because they are often marginalized by poverty, institutional and societal discrimination, and social norms that work to undermine their independence and personal freedom.

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

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

In relation to child care, a Strategy for National Child Care Reform was endorsed by Cabinet in 2012. The strategy is informed by the Constitution of the Republic of Rwanda (article 27) and the 2011 Integrated Child Rights Policy, and is aligned with the CRC (articles 20 and 21), and the African Charter on the Rights and Welfare of the Child (article 25). Envisaging a progressive shift away from institutionalization towards family-based care, the strategy details how children living in institutions should regain their rights to live in a safe and supportive family environment. In 2013, to support implementation of the Child Care Reform Strategy, the government (with support from UNICEF and Hope and Homes for Children) developed the Tubarerere Mu Murungu (TMM, or Let's Raise Children in Families) programme. Key achievements under this programme include the identification, training and deployment of 68 professional social workers and psychologists to work on child care and protection at the district level; the recruitment and training of 29,674 community-based child and family protection volunteers (known as *Inshuti z'Umurungu* or Friends of the Family) to prevent unnecessary institutionalization and violence against children; the sustainable reintegration of children into families; and the placement of at-risk children into family-based care. Under TMM, 2,559 out of 3,323 previously institutionalized children have now been placed in family-based care. Justice for children environment has also been strengthened through the adoption of Law No. 54/2011 Relating to the Rights and the Protection of the Child, which upholds the best interests of the child. The Children's Access to Justice Policy and its strategic plan were approved in 2014. A *Maison d'Accès à la Justice* programme has also been developed to support the transformation of minors' prisons into rehabilitation centres.⁹²

5.7.2 Key challenges

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

⁹² The *Maison d'Accès à la Justice* offices provide benevolent legal aid and referrals to children and vulnerable women at district level.

5.7.2.1 Birth registration

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

5.7.2.2 Children with disabilities

Challenges relating to children with disabilities and their special needs cut across all branches of government, particularly the social sectors. Such children frequently face stigma and discrimination and, as a consequence of reduced physical and/or intellectual capacities, are often victims of social exclusion, violence, abuse and exploitation (including sexual abuse and exploitation). For these reasons, the situation of these children is both a child protection concern and a cross-cutting concern. The rights of children and adults with disabilities are recognized in the Constitution of the Republic of Rwanda, which provides for equality of opportunity, and in Law No. 01/2007 relating to the protection of disabled persons in general, which requires that provision be made for special education to meet the needs of children with disabilities in mainstream or special schools, in addition to rights to health care and rehabilitation. The government has ratified the United Nations Convention on the Rights of People with Disabilities (2008) and the CRC, which stipulates that children with disabilities have a right to special provisions to meet their specific needs. Law No. 54/2011 Relating to the Rights and the Protection of the Child, which provides for special protection for children with disabilities and for equality of treatment and special assistance (article 54). The needs and rights of children with disabilities are addressed in the MINEDUC Special Needs Education Policy, and there is also a National Council of Persons with Disabilities under MINALOC, which is mandated to advocate for the rights of children and adults with disabilities. However, compliance with and enforcement of legislation and/or human rights commitments has not been assessed, and it is difficult to measure progress in this regard. Key challenges relating to children (and adults) with disabilities are summarized below:

- There are limited data on the nutritional and/or health status of children with disabilities. While data are collected on degrees of disability, these data are not cross-tabulated with other health sector data relating to the burden of disease and mortality. According to the 2015 HSSP III MTR, there is some collaboration between the National Council of People with Disabilities and the MoH non-communicable disease programme, but it requires formalization and intensified efforts to ensure that MoH can meet obligations to provide long-term palliative care. The absence of a policy to provide support (including wheelchairs and other specialized equipment) is also noted as a gap, as is the lack of indicators in the HSSP II relating to disability. EICV data disaggregation in relation to disability has improved, but connections between child malnutrition – stunting in particular – and disability require further policy attention.

- Children with disabilities face significant challenges accessing education at all levels, and with regard to the quality of learning at school with even minor disabilities often presenting unnecessary challenges. Specialist schools are insufficient and schools that identify as inclusive are often insufficiently resourced to adequately address the learning needs of children with disabilities.
- There is limited evidence available to explore community care practices, stigma, social discrimination and/or violence, exploitation and the abuse of disabled children and women. However, the government is currently supporting a study on violence against children which should shed further light on the protection needs of children with disabilities (available in early 2018).
- With the success of reintegration of children in institutions into families, the challenge of placement and reintegration of children with disabilities arises and will require a comprehensive approach to sensitization and capacity-building to address the issue.

5.7.2.3 Child labour and exploitation

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

5.7.2.4 Street children

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

5.7.2.5 Children in institutions

Government policy in relation to child care rightly supports a shift towards family-based care of children living in institutions and the transformation of existing institutions into community-based centres. MIGEPROF supports district-level placement and reintegration efforts, and since the implementation of the national TMM programme there has been no new institutionalization of children due to abandonment and neglect. The TMM programme was established to implement the Strategy for National Child Care Reform, and promotes the development of a national alternative care system whereby children residing in institutions are placed in family and community care. The TMM programme recognizes the importance of family environments in the development and protection of children, and therefore promotes the transformation of orphanages and institutions into community-based centres which provide services for children and their families. The programme also focuses on preventing the separation of children from their parents and families by supporting vulnerable families to remain together. Under the TMM programme, 2,559 children from 34 institutions have been placed in family- or community-based care.

5.7.2.6 Children in contact with the justice system

The Justice for Children Policy was developed and approved by the government in 2012, aiming at backstopping the rule of law and ensuring a restorative and child-friendly approach to juvenile justice. As an implementation framework, MINIJUST (in collaboration with stakeholders) developed Justice for Children Guidelines and disseminated them to central and local government.

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

5.7.2.7 Violence against children and women

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

5.7.2.8 Institutional capacity

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

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



6. Emerging challenges to children's rights and sustainable development

6.1 Financing for development and budgeting for children

Over recent years, Rwanda has moved from aid-dependency to a greater reliance on domestic revenue generation, and there is no question that significant investments have been made in social sector development, and towards improving outcomes for children.⁹³ Increasing the level of internally generated revenue is an ongoing priority for the government, and the concept of 'self-reliance' is widely referenced as the basis for domestic resource mobilization. Significant investments in strengthening the capacity of the Rwanda Revenue Authority have been made, and it is frequently cited as a best-practice example for other low-income countries seeking to create an efficient tax system. Key achievements include the introduction of modern taxation laws, human resource development, and the establishment of necessary information and communication technology infrastructure for tax collection, building public trust in the concept of tax and minimizing corruption.

As a consequence, Rwanda has significantly increased revenue collection and is shouldering a much greater responsibility for development financing. However, concerns are emerging that declines in the level of external financing – and limits to the level of public revenue that can realistically be generated – may prove challenging to the sustainability of some progress, as well as to future government capacity to deliver on its more ambitious policy priorities. Nevertheless, the level of resources available to the government has increased exponentially over the last 10 years with, for example, total available resources (external grants plus government revenue) almost quadrupling from RWF376 billion in 2006 to RWF1,419 billion in 2014/15. Over the same period external grants, as a percentage of total revenues, fell from 45 per cent in 2006 to roughly 30 per cent in 2014/15 and, as a percentage of GDP, declined from 9.3 per cent to 7.3 per cent between 2013/14 and 2014/15. Recent forecasts by the International Monetary Fund suggest that external grants will decline to just 4.2 per cent of GDP by 2017/18, and that government tax and non-tax revenues will only increase as a percentage of GDP by 0.5 per cent (from 17.7 per cent to 18.3 per cent). This may present challenges in the longer term in the context of population growth and increasing demand for public services.

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

In short, Rwanda is facing a situation where domestic revenue is increasing only gradually, external economic risks may be emerging, official development assistance is declining and borrowing is rising. Given the government priority to reduce the fiscal deficit to 4.2 per cent of GDP by 2017/18, a further shift towards 'expenditure

⁹³ Data on Government of Rwanda revenues and official development assistance are extracted from the International Monetary Fund's country report (International Monetary Fund, 2016).

prioritization' and tighter budgetary measures is possible. For both the government and development partners, this will necessitate a strengthened focus on adding value, maximizing cost-effectiveness and improving programme efficiency.

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

- **For the nutrition sector**, expenditure estimates and projections are complicated by the complex cross-sectoral nature of nutrition interventions. There are also concerns that not all nutrition-related expenditure is sufficiently nutrition-sensitive. The biggest current nutrition-related investments relate to secondary school feeding, MINAGRI's One Cup of Milk programme and LODA's nutrition (milk) programme. A much more modest budget is invested to support CHWs, the frontline staff who are a key part of the health sector's effort to combat malnutrition. Moving forward, the extent of additional funds available for nutrition is unclear, and there are concerns that the health sector's nutrition sub-programme budget is under pressure (albeit increasing).
- **For the social protection sector**, budget allocations have increased from 3.3 per cent of the national budget in 2012/13 to 4.3 per cent in 2015/16 (from RWF45.3 billion to RWF75.5 billion). This positive trend is expected to continue. It is anticipated that the sector will continue to be financed through a combination of financing from national revenues, official development assistance and borrowing.
- **For the health sector**, 11.3 per cent of the national budget was allocated to the health sector (HSSP III) in 2015/16, representing a slight increase from 11 per cent in 2011. The budget for MCH seems particularly under pressure and has declined from 7.3 per cent in the allocation for 2013/14 to only 35.6 per cent in the (2015/16) revised budget.⁹⁴
- **For the water and sanitation sector**, there are concerns that finances may prove inadequate to meet 100 per cent of targets by 2020, even though total budget share has increased over recent years. Similar to nutrition, the complexity and multi-sectoral nature of ensuring access to water and sanitation complicates assessment of expenditures. Although the government has increased transfers for water and sanitation, these transfers may not adequately compensate for falls in project and grant-related external funding.
- **For ECD**, UNICEF internal analysis estimates the ECD-related budget at about RWF15 billion for 2015/16, representing an increase since 2014/15. As for other cross-sectoral priorities, clear estimates of total spending on ECD are complicated, but a comparison of budget lines for health and nutrition programmes (specifically the immunization programme, the LODA nutrition (milk) programme and the MINAGRI One Cup of Milk programme) constitute the largest contributions. On the other hand, investments in pre-primary and ECD centres account for just 4 per cent of the total ECD budget, although this is set to increase. Declines in health sector resources are of concern, particularly in relation to the critical role of CHWs and pressures on the budget for MCH service provision. However, the revised ECD policy of 2016 and its costed implementation plan should lay the ground for new sources of investment.
- **For education**, the sector is largely government-funded with external funding representing just 13.5 per cent of total sector financing for 2015/16. However, education sector funding has declined from 15.8 per cent of all government allocation in 2011/12 to 12.3 per cent for 2015/16. There has also been an increasing prioritization of funding for tertiary education, but allocations for pre-primary remain restrained. Moreover, since 2013/14, some important education sector programmes have seen their budgets fall, including programmes critical to quality improvements such as teacher development and management; and curricula and pedagogical materials development.
- **For child protection**, most resources are allocated to the district level. The NCC budget has been increasing, even though it has decreased relative to MIGEPROF's overall budget. As for nutrition and ECD – and given the cross-sectoral nature of child protection interventions – it is difficult to accurately

⁹⁴ UNICEF calculation from MINECOFIN budget data, 2013/14 and 2015/16.

assess overall allocations. However, UNICEF estimates suggest that around 0.4 per cent of the national budget was invested, across sectors, for child protection in 2015/16. Although allocations to districts are unclear, it is likely that the real figure is considerably higher.

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

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

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

6.2 Environmental risks and disaster management

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

The Ministry of Land and Forestry formulates water resource management policies, strategies and laws, while the Ministry of Environment leads in enforcement of environmental regulations and awareness promotion. Key policies include the 2011 National Strategy for Climate Change and Low Carbon Development (Green Growth), the 2013–2018 Environment and Natural Resources Strategy, and the 2013–2018 Strategy on Climate Change. Legal mechanisms in place include laws relating to the environment in general, and also forestry, mining and land use. Rwanda has ratified a range of international treaties relating to biodiversity, desertification, endangered species and ozone protection. In 2016, the government ratified the Paris Agreement on Climate Change and established a 'Green Fund' to create green jobs and foster climate resilience at community level. Other key interventions include community-level reforestation

efforts, the development of district forest management plans and efforts to reduce the use of wood and charcoal for household fuel. As a consequence of these sustained efforts, Rwanda has made substantial progress, with the 2013 MDG progress report noting low carbon emissions, increasing forest coverage, and improvements in the coverage of access to safe drinking water and sanitation.

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

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

MIDIMAR oversees the Rwandan National Disaster Management Policy, which addresses natural hazards (e.g. earthquakes and volcanic eruptions) as well as potential risks from terrorism, mass population movements and disease pandemics. The policy aims to strengthen the legal and institutional framework for disaster management through raising awareness, and through developing capacity for disaster management at all levels. The policy also aims to ensure that institutions and disaster-risk management strategies are partnership-focused to foster effective communication across government line ministries, the private sector and regional entities. The policy also promotes linkages between disaster management and sustainable development to reduce vulnerability to hazards and disasters. Key strategies to ensure effective implementation of the policy include a focus on disaster-risk assessment and reduction, the integration of disaster management with district-level planning, community engagement, strengthened communication between government actors and partners, and the mainstreaming of climate change. Institutional arrangements for disaster management include a multi-sectoral National Disaster Management Committee that oversees policy, coordination and general guidance, and a National Disaster Management Technical Committee that provides timely advice to ministries and public institutions. Each district has a District Disaster Management Committee, chaired by the District Mayor, which also includes the District Army Commander, the District Police Commander, the District Social Protection Officer, the Director of the District Hospital and the Rwanda Red Cross Representative. Apart from coordination, risk assessment and monitoring responsibilities, the District Disaster Management Committee also has responsibility for mainstreaming disaster-risk reduction and climate-change adaption through all development programmes (agriculture, infrastructure development, settlement, health, education, etc.) and for engaging with community groups and volunteers. Finally, there are also sector disaster management committees with similar representation and responsibilities at sector level, which also undertake community mobilization activities.

However, apart from interventions such as development of the district disaster management plans and the UNDP-supported 'Green Villages' approach, which has worked to strengthen community-level disaster resilience and capacity for climate-change adaption, the engagement of communities (and children) in disaster-risk reduction and management has to date been somewhat limited. In the context of the SDGs

and the emphasis on current and future climate-change adaption and risk mitigation, the involvement of children will be essential. Intensifying the mainstreaming of disaster risk reduction through the education system, and ensuring children are educated about the need for environmental protection and how it is achieved are critical to children's current and future well-being, and to that of future generations. Children's instinctive interest in and concern for the environment presents a key opportunity to promote inter-generational environmental awareness and community resilience through the school system. Especially among less well-off families, children are often a major source of information for parents and can relay their learning to their parents and within their communities. This not only saves lives in the event of disaster through the dissemination of critical information, but also contributes to longer-term awareness and the resilience of communities and the environment, as children mature and become adult participants in society.

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

6.3 Working with adolescents

Adolescence is a time of transition from childhood to adulthood during which boys and girls go through major physiological changes, and when challenges and opportunities emerge that will affect the direction their lives will take in adulthood.⁹⁵ Recent research shows that during adolescence (particularly early adolescence), the brain undergoes significant development and consequently opportunities for positive development and learning will have a life-long impact on future prospects for social, economic and emotional well-being.⁹⁶ Moreover, as with investment in young and primary-school-aged children, investment in the well-being of adolescents will pay substantial dividends in terms of future social and economic prosperity, and for sustainable development. All of the SDGs have implications for adolescents, but SDG 2 (ending hunger and food insecurity), SDG 4 (ensuring quality education) and SDG 5 (gender equality) have particular relevance.

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

In terms of government policy, there is no specific reference to adolescents in Vision 2020 or EDPRS II. However, both of these policy instruments implicitly recognize the critical role of adolescents in as much as they promote a knowledge-based economy and prioritize investments in the development of human capital. There is also strong political will to address the challenges of adolescence in many sectors, most notably as evidenced within the education sector through the Girls Education Policy, in relation to adolescent sexual and reproductive health interventions under HSSP II, through efforts to

⁹⁵ Adolescence is defined by the United Nations as the second decade of life from 10–19 years of age.

⁹⁶ See, for example, UNICEF (2011).

reduce gender-based violence and in relation to child protection interventions undertaken by the NCC. Youth Friendly Corners have been established in health centres and there are also interventions such as the 12+ Programme, which is aimed at empowering young adolescent girls. As noted in Section 5.7, the MIGEPROF and NCC *Inshuti z'Umuryango* initiative has deployed social workers to address violence in communities, and the Adolescent Girls Initiative has improved employment and income-generating opportunities for girls and women aged 16–24.

Despite evidence gaps, a number of issues relating to the well-being of adolescents aged 15–19 are evident in the data presented in Chapter 4 and in relation to educational opportunities in particular. These include the incidence of teenage pregnancy, which is higher among the poorest quintiles; unmet needs for adolescent reproductive health services; increasing rates of HIV infection (especially among girls); and gaps in relation to awareness of HIV prevention and comprehensive knowledge of HIV/AIDS. 2015 RDHS data show that exposure to violence for adolescents aged 15–19 is an issue, with boys experiencing high levels of physical violence and adolescent girls experiencing higher levels of sexual violence. In relation to education, data presented in Section 4.4 show that access to secondary schooling and TVET (although increasing) is still limited, especially for adolescents in the poorest quintiles. Anecdotal evidence and consultation with stakeholders reveal that other challenges include difficulties faced by out-of-school adolescents and the absence of non-agricultural employment opportunities and opportunities for skills development; isolation and family rejection (along with expectations in many communities that adolescents must fend for themselves); reports of drug and alcohol abuse; mental health issues and self-harming; limited media and Internet access; and gender stereotyping that perpetrates sexual violence against girls. Although education is a key means by which to support and encourage appropriate adolescent development, there is a need for a more holistic approach.

Despite recognition within the government and key ministries of the importance of investing in adolescent development – and the many interventions in place that indirectly and directly have a positive impact on adolescent well-being – there is no overarching policy on adolescence in Rwanda. According to the 2012 census, there are approximately 2.7 million adolescent girls and boys in Rwanda who are part of a rapidly expanding age group (given that there are more than 3 million children under 10 years of age). Consequently, and to maximize the benefits of this demographic dividend, there is an urgent need to develop an adolescent policy as a follow-up to the 2005 Youth Policy, to guide investment in adolescents, set priorities for adolescent development and well-being, and maximize their future contribution to sustainable development.

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

6.4 Decentralization and children

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

Decentralization in Rwanda has been an outstanding success and has fundamentally enabled and underpinned sustainable social and economic development across the country, in both rural and urban settings. For the health and education sectors, decentralization has promoted accountability and local engagement with providers, including through community engagement in the maintenance and establishment of facilities, and through forums such as parent–teacher associations and community hygiene clubs. As noted in Sections 5.4 and 5.5, substantial efforts have also been made to partner with communities to accelerate the delivery of ECD interventions and to scale up the construction of sanitation facilities.

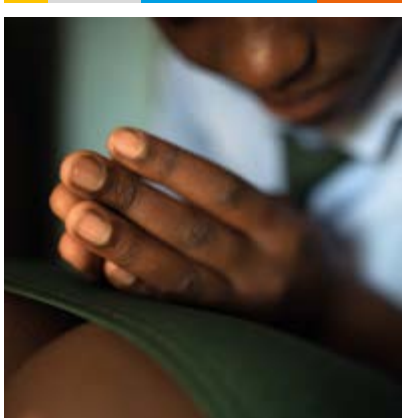
Decentralization has also fostered democratic representation, enhanced community and local government capacity to identify challenges and find solutions, and inspired confidence in government and public policy. Through *Umuganda* (community work), families and individuals participate in local development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

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

only that human and financial resources are in place to implement policy, but also that the intent, implications and objectives of new and emerging policies are well understood to promote engagement and civic participation.

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





7. Conclusions and recommendations

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

Over the past two decades, results for Rwandan children, individuals, families and communities have been outstanding. Now, to meet the challenges ahead and achieve steady progress towards equitable and sustainable development, several barriers to improved outcomes for children must be overcome. Reviewing the key findings of this situation analysis the following conclusions can be drawn.

7.1 Enabling environment

Rwanda has a well-established policy domain that effectively sets out a vision for national development, economic growth and poverty reduction. The country has also established a comprehensive regulatory environment, even if more efforts are required to maximize the enforcement of laws designed to protect children and women. Within the sectors, key priorities are well known and both overarching sectoral policy and sub-sector policies are in place. Moreover, the government has consistently demonstrated a constructive and open approach to policy development and a willingness to engage in policy dialogue with development partners and the community. Over recent years there have also been significant efforts to develop policy that enables inter-sectoral collaboration across government line ministries, institutions and agencies including, for example, the 2011 Integrated Child Rights Policy and the 2016 Early Childhood Development Policy.

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

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

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

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

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

Rwanda's expanding population presents both a risk and an opportunity. According to the 2012 FPHC, population is set to increase from 10.5 million in 2012 to between 15.4 million (low scenario) and 16.9 million (high scenario) by 2032. Consequently, there is a risk that demand for services will increasingly outweigh supply, resulting in higher costs for services and greater social and economic inequity. However, an increasing population also represents an opportunity to expand the coverage of services as economic reforms and investments in human capital are realized, and when these investments lead to sustained economic expansion and increased revenue generation. As the World Bank argued in 2013, demographic changes set in motion by declines in fertility (population growth and changing age structures as children and youth move to maturity and youth dependency decreases) have the potential to accelerate economic growth. Before the recent declines in fertility, Rwanda's GDP per capita was forecast to double between 2010 and 2050. However, according to World Bank assessments, declines in fertility and demographic changes could result in per-capita GDP trebling between 2010 and 2050. Moreover, GDP growth over the next few decades will be even greater if further declines in fertility can be achieved, and if revenues are increasingly directed towards human capital development. UNICEF therefore commends government commitments to promote and enable appropriate ECD; good health and nutrition; and universal quality education.

7.1.1 Supply of services

The enabling environment – particularly the availability of human and financial resources – is critical to ensuring the adequate supply of services to achieve improved outcomes for children and sustainable development. This situation analysis identifies a number of supply-based challenges, including (for the nutrition sector) the increasing but still inadequate coverage of essential nutrition actions, and integrated

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

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

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

7.1.2 Quality of services

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

The quality of services is partly determined by the strength of the enabling policy and regulatory environment, and the availability of key inputs. However, quality also depends on the capacity of communities to contribute financially and in-kind to improvements and on the extent to which government encourages communities and the private sector to participate. In Rwanda, the government continues to actively consult and engage with all development partners, including the public, to improve the quality of services. Caregivers are also involved in schooling through parent-teacher associations, as participants in community-based ECD and as agents of change for the delivery of improved household sanitation. Consequently, the government has been wise to focus on enabling the capacities of communities,

including children, to contribute to quality improvements and to engage with the public and the private sector to generate new ideas and approaches to service delivery. Again, a focus on ECD, education and human capital development will be the key to sustainable progress.

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

7.1.3 Demand for services

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

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

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

7.2 Recommendations

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

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

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

7.2.1 Overarching recommendations

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

encourage the active participation of children and citizens, and leverage further opportunities for collaboration and resource mobilization.

7.2.2 Recommendations for the nutrition sector

- Continue support to the recently established National Early Childhood Development Programme to further develop its capacity to coordinate and oversee policy, implementation and evaluation at both national and district levels. Further formalize the district-level coordination of nutrition interventions needs to ensure integrated, well-targeted interventions.
- Undertake comprehensive assessment of the ENAs with a view to improving the relevance and efficacy of the district-level ENAs, including continued emphasis on proven nutrition interventions.
- Design and implement innovative sustainable solutions to support the poorest households which demonstrate high levels of stunting.
- Scale up nutrition-sensitive programming interventions, including saving and lending groups and farmer field learning schools, among others.
- Further explore gender disparities in under-five stunting so that stunting-reduction interventions can be designed to redress these inequities.
- With regard to budgeting, consolidate sectoral plans and data on expenditure (off-budget and within national budgets) and contributions towards nutrition-sensitive interventions. This will allow both the government and partners to better assess the levels of investment needed, and more effectively evaluate and plan resource allocation.

7.2.3 Recommendations for the social protection sector

- Income poverty, particularly extreme poverty, is a key driver of child deprivation. Building on commendable efforts to expand coverage of social protection and to initiate child- and gender-sensitive approaches, harmonize and expand coverage of social protection, ECD and nutrition services to maximize impact and improve the resilience of households with children to economic and climate shocks. Consider scaling up of access to direct support for vulnerable households with children.
- Further embed the implications of monetary and multidimensional poverty of children, men and women (as guided by SDG 1) into social protection policies and programmes. The aim would be to ensure that all aspects of poverty are addressed through the social protection system linked to a system of pro-poor measures in other social sectors, while taking into consideration the specific needs of individual children and households. In doing this, the sector will build on significant progress made in introducing child-sensitive social protection, links to ECD and nutrition services.
- Strengthen the efficiency of the social protection system through better targeting of households with vulnerable children. The next round of *Ubudehe* categorization, plus the introduction of categorical targeting for old age pensions, disability grants and child-nutrition support grants planned for implementation within the next three years, will provide an opportunity to ensure that acutely vulnerable households are well targeted by the VUP.
- Continue strengthening the key social protection management information systems including complementarity between social programmes.
- Strengthen capacities of the community-level social protection workforce and of lower-level administrative staff for district and community-level case management, referral across sectors and monitoring to improve programme delivery.

7.2.4 Recommendations for the health sector

- Make concerted efforts to close remaining equity gaps and ensure equal access to maternal, newborn and child health services to the poorest, and families living in rural areas.
- Improve the quality of maternal, newborn and child health services through provision of essential equipment for mother and child health service interventions, continuous training and professional mentoring of health workers at all levels, and monitoring of service provision.

- Maintain high coverage of interventions, including in prevention of mother-to-child transmission of HIV/AIDS, immunization and integrated management of childhood illnesses. Design and implement innovative strategies on how to reach the remaining few.
- Accelerate coverage (where coverage is currently low) of high-impact interventions, including immediate newborn care, a minimum of four antenatal-care visits and postnatal care.
- Design and implement communication interventions to improve parent and caregiver knowledge and care-seeking behaviour.
- Improve the quality of prevention of mother-to-child transmission of HIV/AIDS services and retention of mothers and children in care to reduce and eliminate HIV infection of children.
- Expand access to and promote utilization of HIV-prevention services among adolescents.
- Implement innovative strategies to identify (through HIV testing) children living with HIV and link them to treatment and care services.
- Increase resource mobilization for the sector, with a focus on expanding access and quality, to address the concerns about the sustainability of health financing and the capacity of the sector to adequately cover the cost of maternal, newborn and child health services.

7.2.5 Recommendations for the water and sanitation sector

- Ensure increased investment to scale up access to drinking water and improve technical, financial and social sustainability through improved service-delivery models.
- Improve understanding of and responses to the barriers to hand-washing in households and institutions, and prioritize the improvement of hand-washing practices, targeting primary caregivers of under-five children (in order to further reduce stunting, and under-five mortality and morbidity). Further strengthen communication strategies as key factors leading towards hand-washing behaviour change.
- Build community and household capacity and demand to achieve basic sanitation, including addressing financial barriers of the poorest households.
- Develop and implement a comprehensive management information system to address the challenge of insufficient data in the WASH sector. This will continue to be a government priority in the coming years.
- Establish more structured interventions to meet the needs of adolescent girls in school. Girls must be given the social support, information, facilities and products they need to manage their menstrual hygiene with dignity.
- Better understand the impacts of climate change and build resilience at community level, and through all levels of government, to mitigate negative impacts on water, sanitation and hygiene.
- Further strengthen collaboration between the government and partners to improve monitoring and increase the level of public financing available for WASH, especially for remote and/or vulnerable rural communities, and to leverage other sources of finance, including private finance.

7.2.6 Recommendations for early childhood development

- Under MIGEPROF leadership, enforce the implementation of the Early Childhood Development Policy and Strategic Plan at national and decentralized levels, ensure accountability of the sectors critical to young child development (health, nutrition, protection), and oversee investment of development partners and civil society organizations in scaling up ECD services. At district level, efforts should be made to incorporate ECD priority interventions into district plans and budgets, monitoring and evaluation.
- Further strengthen links with other social services (social and child protection, health, nutrition), and bring social services to young children and their families in a coordinated manner.
- Systematically address the shortage of qualified caregivers – this would include setting up a system for identifying ECD caregivers, and providing training, mentoring and supervision.
- To address the lack of physical infrastructure, and deliver on government commitment to provide quality community and family-based ECD services for every young child and family, prioritize the establishment of low-cost community-based ECD centres (by restoring or redesigning existing community spaces) in addition to current models of ECD centres.

- Promote social norms supportive to early learning and the participation of fathers.
- Explore options to increase financial and human resource investments by government and civil society organizations, in accordance with the costed ECD Strategic Plan.

7.2.7 Recommendations for the education sector

- Ensure that children are ready for primary school by scaling up access to quality pre-primary schooling and organized early childhood education. Significant efforts have been made in recent years to build capacity and improve quality, but systematic inquiry into the quality of early childhood education/pre-primary schooling needs strengthening.
- In primary schools, improve the quality of education through building the capacity of both teachers and the education system to provide child-centred learning and inclusive education. Address the educational needs of vulnerable and poorly performing children, and those with disabilities, and ensure that they are systematically supported within the school environment through remedial classes and individually tailored approaches.
- The competency-based curriculum needs to be further promoted, and increased investment is necessary in teacher training (including training to enhance English language skills); in developing teacher capacity to fulfil the needs of students of all abilities; in improving gender-sensitive teaching; and in building the capacity of education officers and head teachers to support implementation of the competency-based curriculum.
- At the district level, it will be critical to further develop the capacity of the education sector to streamline data systems and utilize the data to inform planning and evaluation. Innovative approaches to gathering data and monitoring the quality of learning should also be explored.
- Building on the achievement of gender parity in primary school enrolment, systematic support structures need to be built to ensure that all children – both girls and boys – are in school and learning and are receiving the necessary support. In addition, there is a need to promote the enrolment of girls in TVET and tertiary education.

7.2.8 Recommendations for the child protection sector

- Tackling violence will require a multi-sectoral approach and a good understanding of existing norms that perpetuate violence.
- Put in place a comprehensive approach to sensitization of communities and service providers to reduce stigma associated with disability and increase the number of children with disabilities reintegrated into families. In addition, strengthen capacity building programmes and referral mechanisms to connect diverse stakeholders and services.
- Focus on strategic interventions to improve linkages between birth registration processes and protocols, and ongoing efforts to strengthen the civil registration and vital statistics systems. In addition, civil registration and vital statistics systems programme implementation should be prioritized by including appropriate performance indicators within MINALOC and district *Imihigo*.
- Strengthen institutional capacity and community awareness to eliminate child labour, and enforce laws prohibiting child labour.
- Improve the capacity of the social workforce as a way to ensure quality and coverage of the child protection system. One critical aspect of the system is to further strengthen ongoing efforts to build the capacity of community volunteers to prevent violence and abuse, and to provide appropriate case-management and referral services.
- Raise community awareness of child protection issues and generate community-level demand for child protection services such as birth registration, services for children with disabilities and prevention of violence.
- Ensure the capacity of the justice system to better enforce child-related laws and prosecute violations, and develop effective linkages and referral across the sectors as a matter of priority.
- Strengthen coordination across sectors at the national, district and community levels on child protection issues.

- Strengthen the evidence-base to support planning and monitoring of interventions, including development of the management information system for child protection.
- Invest additional resources for MIGEPROF, the NCC and district child-protection focal points and staff to address the full range of child protection-related challenges within their remit.
- Allocate additional national budget to enable absorption of the social workforce into civil service structures and increase sustainability of the child protection system.





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United Nations Children's Fund
Ebenezer House
1370 Umuganda Boulevard
Kacyiru
Kigali
P O Box 381
Kigali

Tel: +250 788 162 700

Email: kigali@unicef.org

Web: www.unicef.org/rwanda



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