
IHORERE MUNYARWANDA
ORGANISATION
« **IMRO-RWANDA** »

**REPORT ON THE ASSESSMENT FOR
THE IMPLEMENTATION OF THE
RECOMMENDATIONS GIVEN TO
RWANDA BY THE AFRICAN
COMMITTEE OF EXPERT ON THE
RIGHTS AND WELFARE OF THE
CHILD RELATED TO SRHR**

FINAL REPORT

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PREPARED & SUBMITTED BY THE
CONSULTANT TO IMRO-RWANDA

About IMRO – Rwanda

Ihorere Munyarwanda Organization (**IMRO-Rwanda**) is a national Non-Governmental not-for-profit Organization founded in 1999 and legally operating in Rwanda under. IMRO is a national human rights organization with particular focus on sexual reproductive health rights and HIV prevention through human rights-based approach and justice strengthening towards the vision of excellence in harmonization of policies and legislations for a healthy society, our work mainly targets the general population, women, youth, children, Key Population and vulnerable groups in Rwanda. IMRO is working with various government departments, local, and international partners to advance strategies for protecting the sexual and reproductive health and rights of Rwandans. Our efforts target the broad array of both state and non state actors interact with women & young people and influence their ability to attain information and services related to sexual and reproductive health. These include women and youth-led organizations, feminist oriented organizations, health providers, schools, Religious-based institutions & community members.

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Executive Summary

This report is divided into three parts whereby part one focuses entirely on the introduction of assignment, part two highlights the recommendations that the African Committee of Experts on the Rights and the Welfare of the Child gave to the Government of Rwanda, and the third part examines the extent to which the Government of Rwanda has implemented the recommendations, looking at the progress and the challenges of gaps that are registered.

1. Objective of the Report

The objective of the report is to assess the extent at which the Government of Rwanda has implemented the recommendations which were given by the African Committee of Experts on the Rights and Welfare of the Child (ACRWC), in its second review of the state report that was submitted and reviewed in 2019. The response to the assessment will be drawn from the recent state third periodic report that was submitted again to the Committee which covers the period 2019 to 2022 and the development of these issues comes in compliance with the guidelines on the form and content of the Periodic State Party reports submitted pursuant to article 43 (1) (b) of the ACRWR. The assessment will further tackle the contributions of different public and private institutions relevant work towards realization of the right to health and other related and cross-cutting issues, the institutions include UN agencies, international NGOs, local NGOs, faith-based organizations as well as media. It is important to highlight that though other non-state actors participate in the implementation, the sole responsibility is rested on the Government shoulder through its institutions such as Ministry of Gender and Family Promotion (MIGEPROF), Ministry of Justice (MINIJUST), Ministry of Health (MOH), Ministry of Education (MINEDUC), Ministry of Finance and Economic Planning (MINICOFIN), National Child Development Agency (NCDA), Ministry of Local Government (MNALOC), National Human Rights Commission (NHCR), Rwanda Investigation Bureau (RIB) and National Public Prosecution Authority (NPPA)

2. Methodology

The drafting of this report was based on data collected from studies, national reports of different private and public institutions, interviews with some key representatives of institutions, national documents including; laws, policies and strategic plans as well as the government reports.

3. Key Findings

The report highlights progress that has been made by the Government of Rwanda in implementation of the recommendations which were given by the African Committee of Experts on the Rights and Welfare of the Child (ACRWC) during the government review of its report in 2019. The report notes with appreciation, legal reform undertaken as well as the adoption of various policies, strategic plans and initiatives which have contributed to the improvement of the rights of children especially adolescents boys and girls in relation to Sexual Reproductive Health and Rights as well as other related issues.

The report also highlights concerns in certain specific areas which require extra efforts to fully implement initiatives and further proposes-recommendations which would address the challenges that will be highlighted.

4. Limitations of the Report

The report does not cover all the rights provided under African Charter on the Rights and Welfare of the Child (ACRWC) rather focuses on sexual reproductive health of adolescents and other related issues.

5. Structure of the Report

The Report is divided into three major parts. Part one covers the recommendations that the African Committee of Experts on the Rights and Welfare of the Child gave the government of Rwanda, and part focuses on the status of implementation of recommendations given to the government of Rwanda related to sexual reproductive health and last part touches on the IMRO's concerns in the gaps that have been identified to be bridged.

Under each of the recommendations analyzed, the report commends progress made by the Government of Rwanda in the implementation of specific sexual reproductive health issue under African Charter on the Rights and Welfare of the Child and raises concerns and lastly where applicable highlights the recommendation to the areas that need attention.

6. ACRWR recommendations given to Rwanda relevant to SRHR read as follows;

6.1.Limited space for CSOs working to promote the rights of children in Rwanda

In **recommendation No 11**, the Committee alluded during the consideration of the State Party Report, it is concerned about the limited space available for CSOs in the protection of children's rights; hence recommends that the State Party creates a conducive environment for the participation of CSOs in the protection and promotion of children's rights as well as implementation of the Charter and the recommendations of the Committee.

In response to this specific recommendation given to the Government of Rwanda by ACEWR, the government responded through emphasizing that the government has availed and is affording favorable space for CSOs and other stakeholders as key partners in the protection and promotion of children's rights as well as in the implementation of the Charter and the recommendations of the Committee. CSOs are meaningfully engaged and involved in all national efforts regarding the protection and promotion of children's rights as well as implementation of the Charter and the recommendations of the Committee.

To ensure strategic coordination of the implementation of national policies, strategies, and programs, the Ministry of Gender and Family Promotion instituted the Gender and Family Promotion Cluster to utilize partners' efforts to improve the quality of interventions, synergize, and avoid fragmentation of efforts and overlaps. From that cluster, a Child Protection Sub-Cluster was put in place to gathers all actors in child protection (Government of Rwanda, Civil society and National and International Development partners) to assess the progress of NCDA activities, child protection issues, give updates and share recommendations on child protection issues. The sub-cluster serves as a coordination meeting where NCDA ensures coordination and implementation of activities on child protection system (both at national and district levels - co-chaired by CSO on a rotational basis).

Additionally, the Government of Rwanda has put in place mechanisms to establish a strong collaboration and involvement of CSOs in the child rights protection. For instance, since 2021, NCDA entered into partnership with various CSOs to monitor the implementation on Early Childhood Development whereby the Government of Rwanda provides financial support to CSOs to facilitate their work in this regard.

6.2. Inadequate coordination and celebration of the Day of the African Child

Recommendation No 12, the Committee further encouraged the State Party to continue celebrating the Day of the African Child and ensure the meaningful participation of children in the celebrations, particularly by providing them with the opportunity to reflect their views on the theme selected by the African Union (AU).

It is reaffirmed that the Government of Rwanda is committed, and organizes the celebration of the Day of African Child each year on 16th June under the theme selected by the African Union. However, to align the theme to Rwanda's context depending on the issues of concern, a national theme can be selected but the later will always be linked to the AU theme. In Rwanda, this event is an occasion for the Government and its stakeholders to reflect on progress made, issues still affecting children, and next action steps to remedy children's issues.

Further to the commitment, the Government of Rwanda will celebrate DAC with emphasis on the following issues of the low access of integrated ECD services to achieve potential of child growth, persistence of teenage pregnancy, child labor, street children, and school dropout cases among others. The celebration of DAC was conducted from 5th to 16th June 2022 in all districts, as part of the Governance and Family Welfare Campaign that started on 15th May (on International Day of Families) and ended on 16th June (on Day of the African Child).

The Government reiterates that children's participation is always considered, and children are meaningfully engaged. Children from all categories and administrative levels are represented, and actively involved in the whole process of preparation and celebration of the Day of African Child. For instance, in this year 2022, Children were given space to show their talents, and give their recommendation and wishes. Among the different conducted activities, there was competitions in secondary schools on the selected theme and 127 children from five (5) districts namely Karongi, Kayonza, Musanze, Gasabo and Bugesera received school materials as awards for the 'best debate performers.

6.3. Definition of the Child

In **recommendation No 13**, the Committee notes with great appreciation that the definition of the child as well as minimum ages set for employment, criminal responsibility and marriage are in line with the African Children's Charter and other international instruments. The Committee

commends that the concern it raised in relation to the waiver for the age of marriage in its previous recommendation (2019) has been addressed by the Government of Rwanda through repealing the provision in the law governing Persona and Family of 2016, hence no such waiver applies anymore.

6.4.The issue of non-discrimination

In the ACERWC [recommendation No 14 \(2019\)](#), the Committee stated that it is still concerned about the urban-rural disparity that exists in terms of accessing basic services as well as the discrimination of marginalized and vulnerable children which the Committee raised on its previous recommendations. The Committee also encourages the State Party to educate and sensitize communities about non-discrimination of children with disabilities, and other vulnerable children.

The Government of Rwanda has implemented the Constitution of the Republic of Rwanda of which has been revised in August 2023 and it prohibits any form of discrimination and emphasizes the principle of equality and non-discrimination to all citizen. The law no 68/2018 of 30/08/2018 determining offences and penalties in general criminalizes discrimination in all its forms in article The Government of Rwanda has further put in place specific legislations and policies, independent institutions and programs to ensure that all children including those with disabilities, affected by HIV and AIDS, or from vulnerable families have adequate access to justice, health, education, socio-economic opportunities without any form of discrimination.

Furthermore, the Social Protection Policy has an inclusive development character and further responds to the regional and international commitments, respectively the East African Community, African Union agenda, and the United Nations Sustainable Development Goals (SDGs). The overriding principle of the SDGs of ‘*Leaving No One Behind*’, calls for a more ambitious approach to social protection that is more inclusive and preventative in nature, providing an environment for protection from a range of social risks as well as being transformative for all citizens. Within this framework, the government put in place an initiative to provide proper housing to disadvantaged groups and persons in high-risk areas in all 30 districts to promote proper human settlement, especially in rural areas.

6.5.The best interest of the child

Recommendation No 15, the Committee commends that the State Party has taken note of the recommendation of the Committee to provide systematic mechanism for ensuring the best interests of the child by mainstreaming child rights issues in its action plans and by providing trainings for the judiciary and the law enforcement sector. The Committee further encourages the State Party to ensure that laws, policies, and guidelines provide for clear procedures on how to protect the best interests of the child in judicial, administrative and law making procedures. The Committee also encourages the State Party to continue providing trainings and reach out more judges and law enforcement officers.

The Government of Rwanda is committed to protect the best interest of the child and through this; it has established different law including the law (208) relating to the Protection of the Child is very pronounced on the child protection principles of best interest of the child. For instance, section 2, art 11 of this law (regulating the Placement of a child in the custody of a third party like alternative care) emphasizes that the best interest of the child should be a principle of consideration. Furthermore, the Government has enacted complementary law N°71/2018 of 31 August 2018 relating to the Protection of the Child, there are other newly adopted national legal and strategic frameworks that emphasize child protection rights. For instance law (2019) relating to the Criminal Procedure which provides for a specialized chamber separate from that of adult offenders; and a detention facility separate from that of adults.

In regard to strengthening the capacity of judicial, administrative and law makers in child rights and protection, trainings have been provided to the executive and the judiciary on child rights and protection with the special focus on the principle of the '*Best interest of the child*' to ensure that this principle is taken into account during judicial and executive decision-making processes in all matters affecting children. A total of 293 males and 230 females' judges and law enforcement officers have been trained at Institute of Legal Practice and Development (ILPD) on the following areas such as Child Psychology in Child Justice as well as Child Rights and Social Justice; Juvenile Justice and Rights of the Child victim as well as Protection of Child Rights in the Digital Age; Child Rights Monitoring Systems and Child Rights in Civil Matters; law Governing Persons and Family, Matrimonial Regimes, Liberalities and Successions; law Relating to the Prevention, Suppression and Punishment of Trafficking in Persons and

Exploitation and integrated electronic case management system (IECMS). To further strengthen the best interest of the child, the Government of Rwanda has merged that the obligation of National Commission for Children (NCC) with Early Child Development Program into National Commission for Children Agency (NCDA) article 6 lists the responsibilities of the NCDA to include coordination, monitoring of the implementation of all activities that support early childhood development program since the conception; promotion and protection of children's rights and eradication of child malnutrition and stunting.

6.6.The issue of children participation in the divorce process

Under Recommendation No. 19, relating to the participation of children in judicial proceedings and issues affecting children, the Committee was concerned about the law governing persons and family (2016) which did not highlight the any procedure upon which children should participate in the custody cases at the time of divorce. The Government was recommended to review the procedure and ensure children participation in matters of divorce, this has been effected through putting in place a ministerial order No 001/MIGEPROF/2023 of 12/01/2023 Relating to the Child Well-Being; a compilation of ministerial orders for the implementation of the Law No 71/2018 of 31/08/2018 relating to the protection of the child, was adopted by the Cabinet in its session of 14/10/2022 and was published in Official Gazette n° Special of 17/01/2023.

6.7.The issue of child registration process

In its [recommendation No 20](#), the Committee noted that birth registration is being provided in health services and sensitization campaigns are undertaken to increase the rate of birth registration. Following the recommendations of the Committee, the State Party has provided procedures where one parent can register a child without barriers, which the Committee appreciates. However, the Committee notes that the rate of birth registration remains very low where birth notification stands at 58%, and birth registration at civil registry and certification are even lower. The Committee is also concerned that birth registration is not accessible in some areas; birth certification is not immediate as provided by law; and people have to travel long distances to obtain the birth certificate.

Following the reforms of both legal and policy framework, some challenges were identified that required the amendment of some laws. Here the Law n° 32/2016 of 28/08/2016 governing persons and family was amended with the aim to simplify the process of registration of new

births, registration of a judgment establishing paternity or maternity, electronic recording in civil registrars (art 9 to 12, 18 to 20) and harmonize the system on child's identity and certificate provision online. As a result, birth registration improved from 54% in 2015 to 84.6% in 2021 (Rwanda statistical report). For further clarity, the Government has also proposed an amendment of the entire law governing persons and family in 2024, some provisions specifically on the child registration have been reviewed to respond to the current challenges.

6.8.Delay of birth certificate after registration

Further still on the [recommendation No 21](#), the Committee, in its General Comment No 2, the Committee recommended that the State Party should ensure birth certificate is issued immediately after registration and the first copy should be provided for free. The Committee, therefore, recommends that the State Party work towards increasing access to birth registration for all children born in all areas of the Country, including in remote and rural areas particularly by establishing mobile birth registration centers, among others. Moreover, the Committee recommends that the State Party decentralizes birth certification services so that it is issued at the same time with birth registration. In addition, the Committee encourages the State Party to continue the ongoing extensive sensitization to achieve universal birth registration and certification of all children born in its territory.

As this mostly affect children are those born from teen mothers whose age is also under 18 years with multiple challenges that cut across SRH issues. The Government of Rwanda has developed different child protection related information management systems including: Civil Registration and Vital Statistics (CRVS) A well developed and functioning civil registration system ensures the registration of all vital events including births, marriages and deaths and issues relevant certificates as proof of such registration;

6.9.The issue of adoption

The issue of adoption was among the concerns of the Committee under the [recommendation No 32](#), the Committee recommends that the State Party complies with international standards of inter-country adoption through establishing safeguarding rules on identification of adoptive parents, accreditation and regulation of adoptive bodies, probationary period, right to participation for children below the age of 12 based on their evolving capacity, and identifying

the cost for adoption procedures to prevent sale of children. The Committee is concerned about the lack of centralized data on domestic adoption; therefore, recommends that the State Party establishes centralized data collection and monitoring mechanisms for domestic adoptions. The safeguarding rules recommended above for inter-country adoption should also apply in the context of domestic adoption.

In 2010 the Government of Rwanda ratified The 1993 Hague Convention on Inter-country Adoption and Cooperation in Respect of Child Rights. Thus, the process of the inter-country adoption follows provisions of this convention and other domestic legal framework. Inter-country Adoption in Rwanda is governed by two sets of laws and guidelines: the Law No 32/2016 of 18/08/2016 Governing Persons and Family; the Ministerial Order No 001/MIGEPROF/2017 of 16/01/2017 determining conditions to be considered in Inter-country Adoption, its Procedure thereof and Guidelines on Inter-country Adoption of 10/08/2018. According to the above-mentioned Ministerial Order, article 3 states that *“inter-country adoption only occurs when it is the only way possible to adopt the child after determining that there is no other family in Rwanda wishing to adopt the child.”* The Ministerial Order goes further to mention that the national organ in charge of child protection (NCD Agency) called ‘*Organ*’ by the Order is responsible to approve that the person intending to adopt the child fulfils the requirements.

6.10. Basic health and wellbeing

Recommendation No 33, the Committee notes that the State Party is undertaking efforts to build more health centers and referral hospitals, train more physicians, provide health insurance, and employ more health extension workers. While the positive achievements are notable, the Committee is concerned that the ratio of health budget to national budget declined in the past few years and the physician to population ratio is one of the lowest in the continent. Access and quality of health services are still areas where the Committee believes more actions need to be taken. Furthermore, the Committee notes that there is an increase in the rate of child pregnancy.

The Government of Rwanda has committed to invest in the capacity development of all health systems, with a special focus on the quality and increase of the quantity of Human Resource for Health. The health sector is continuously increasing the number of qualified health Professionals.

According to the Health Sector performance report 2021-2022, the number of Health Professionals' ratio per populations improved as follows: Doctors per population ratio has improved from 1/8,247 in 2020 to 1/6,793 in 2022 whereas Nurses per population ratio has improved from 1/1,198 in 2020 to 1/1,170 in 2022. Furthermore, the midwives per population ratio have improved from 1/ 2,340 in 2020 to 1/2,272 in 2022. The health worker density per 1,000 populations in Rwanda is 1.1 skilled health workers (physicians, nurses and midwives) while the recommended minimum WHO health workforce density is 4.45/1,000 to achieve the SDGs by 2030.

To improve access and quality of health services, the following actions have been undertaken. Five new Hospitals were constructed and started offering quality health services (Gatonde, Gatunda, Nyarugenge, Nyabikenke and Munini) and further construction and operationalisation of Health Posts: Currently 1153 are functional including 60 Second Generation Health Posts.

The Government also recognizes that issue teenage pregnancy being a major health concern because of its association with higher morbidity and mortality for both the mother and the child. Childbearing during adolescence is known to have adverse social consequences, particularly regarding educational attainment. According to Rwanda Demographic Health Survey 2019-2021, the percentage of teenagers who have given birth or are pregnant with their first child has declined since 2014-15, from 7% to 5% in 2020. Furthermore, the Government of Rwanda through the Ministry of Health is in the process to review and combine the law on patient's rights (2013) and the law on human reproductive health of persons (2016) and enact a law regulating the health services in general. The draft law proposes the age of consent for accessing health services including sexual reproductive health care at the age of 16 years which they believe would be partly the solution to reduce issues of teenage pregnancy.

Recommendation No 34, the Committee recommends that the State Party increases its budget allocation to the health sector and does not primarily target the health or education sectors in cases where budgets need to be cut off. The Committee encourages that the State Party increases investment in medical education to train more physicians and to sustainably retain available physicians. The Committee also recommends that Government interventions to achieve universal health coverage incorporate programs and actions to improve the quality of health services

provided at all levels. In this regards, the Committee encourages the Government to seek partnership with the private health sectors and other stakeholders.

As response to these issues, the Ministry of Health in collaboration with its partners continue to scaling up of the Isange one Stop Center (IOSCs) services from 46 Hospitals to the decentralized health facilities countrywide; currently among almost 510 Health Centers, 482 (94%) are actively providing basic GBV services and ensure effective and efficient referral pathway to the victims.

6.11. The Issue of Teenage pregnancy

The Committee ([Reference to recommendation No 35](#)) highlights that child pregnancy is one of the causes for maternal mortality and adversely affects the teenage bearing the baby in terms of education, economy, and social stigma. The Committee would like to stress that teenage pregnancy can be prevented if sexual reproductive health services are made available to adolescent girls. The Committee recommends that the State Party sensitizes adolescent girls on contraception options including emergency contraception pills and prevention of sexually transmitted diseases including HIV. While schools are one of the most important places to raise awareness on such issues, the Committee recommends that sensitization program also target out of school and economically disadvantaged girls as they are the most vulnerable when it comes to teenage pregnancy. Moreover, the Committee recommends that the State Party makes contraception available for adolescent girls.

Community awareness and outreaches have been conducted by the Government and its partners especially Civil Society Organisations including, Imbuto Foundation, Health Development Initiative (HDI) across the 30 districts in the country. This has been done through production and dissemination of IEC materials and training manuals. 112 banners: displayed at health centers, 3,706 leaflets: displayed in 3706 villages, 3706 posters, 9 pull up (one per district), 210 training manual used in the training of opinion leaders and 3706 booklets distributed in the villages.

Emergency Contraception pills (Levonorgestrel 0.75mg) are available in all health facilities and supplied through the national supply chain of reproductive health commodities for both public and social marketing programs. The emergency contraceptives have been decentralized to all

health centers. 5, 891 GBV victims received emergency contraception within 72 hours from 2020-2022.

More than 60,000 adolescents and young people in humanitarian settings and more than 5000 in 9 University of Rwanda campuses were reached with SRH information, including prevention of HIV/STIs, teenage pregnancies, GBV and its response.

6.12. Access to Sexual Reproductive Health services for children with disabilities

Recommendation No 36, the Committee recommends that the State Party employs its continued efforts to ensure the protection of the rights and welfare of children with disabilities. The Committee recommends that children with disabilities are not excluded from health services such as immunizations and nutrition supplements. Health facilities should also be accessible to children with disabilities; and health workers should be trained to provide disability friendly services that can cater for the special needs of children with disabilities.

The Ministry of Health in collaboration with the Umbrella of Organizations of Persons with Disabilities in the fight against HIV/AIDS and for Health Promotion (UPHLS) have done the following actions in the year from 2019 to 2022; conducted accessibility check in 81 health centers countrywide and DISC (Disability Inclusion Score Card) for health facilities. Renovations of Health Facilities (Installation of walkways/ramps, put in place directive sign posts, merging accessible toilet and Parking for people with disability): 27 health facilities were renovated.

In total, 644 health care providers including: 314 Health Care professionals from different health facilities supported by MOH CDC, 154 heads of health centers supported by Ministry of Health, 101 community health workers, 50 customer care and 23 HIV clinical mentors from hospitals supported by Ministry of Health CDC were trained on disability, specific needs of persons with disabilities basic sign language, mobility and orientation. Reproduced and distributed the disability mainstreaming toolkit/guide (Appropriate disability terminology, accessibility check, basic sign language poster, etc.) for local authorities and involved partners in HIV. Reproduced adapted IEC tools on ART, OI and PMTCT (Posters, Image boxes, etc.) for Persons with in total,

1206 sign language posters, 605 image boxes, 945 Booklet in ordinary print, 189 disability mainstreaming tool kits and they were distributed.

In terms of capacity building, all 59,348 Community Health Workers have been trained on integration of ECD services in community health package. Specifically, they were trained on early disability and developmental delay detection and referral, support to children with disability. All 29,674 IZU (Friends of Family) made of one male and female in every village across the country have been trained on inclusion, care and support to children with disability; and 95,000 ECD care givers have been trained on provision of inclusive ECD services. Furthermore, the Government of Rwanda has put the body lotion of albinos on the list of medicines allowed to be prescribed on the community health insurance.

6.13. Sexual Exploitation and abuse

In recommendation No 48, the Committee is concerned that sexual exploitation and abuse against children, both girls and boys, is increasing in the State Party. The Committee notes that children are abused mostly by family members, relatives or people they know. The Committee further notes that reporting on cases of sexual abuse and exploitation is significantly low, mainly due to fear and shame. The increase in sexual exploitation has also led to an increase in teenage pregnancy. Moreover, reports show that over 80% of Rwandan children who have been sexually abused or exploited dropout of school.

The Government of Rwanda has established a standing committee in different districts across the country the community (individuals, couples, families, communities and groups in the community like *Umudugudu* (village) or Families' Forum "*Umugoroba w'Umuryango*" – (UWU) were actively involved in sensitization against GBV: GBV legislation and the legal justice system, existing health services, GBV prevention and reintegration of victims in the community. Trainings were done for clinical psychologists, mental health and social worker on mental health and psychosocial support for gender-based violence victims, to equip them with a fundamental understanding of trauma, its effects on individuals who suffer gender-based violence, and how to deal with these effects through psychosocial care. The trainings for IOSC district-based mentors on GBV case management and referral process entry and exit Health-Centers and IOSC were conducted.

[Recommendation No 49](#), the Committee notes with appreciation that the State Party has launched a campaign to end violence against children and conducted a survey on violence against children. The Committee also notes the State Party's effort to prosecute and convict perpetrators. The Committee recommends that the State Party work towards making its one-stop centers as child friendly as possible where children feel safe to report cases. Other reporting mechanism that are close to the community should also be introduced including in schools to encourage the habit of reporting on cases of sexual abuse. The Community, including traditional leaders, should be sensitized to prevent and report on incidents of sexual abuses perpetrated against children.

The Government has put in place severe punishments as stipulated by the Law N°68/2018 of 30/08/2018 determining Offences and Penalties in General for the crime of child defilement, which states that upon conviction, the following penalties can be pronounced: Imprisonment for a term of not less than twenty (20) years and not more than twenty-five (25) years. If child defilement is committed on a child under fourteen (14) years, the penalty is life imprisonment that cannot be mitigated by any circumstances. If child defilement committed on a child of fourteen (14) years of age or older has resulted into an incurable illness or disability, the penalty is life imprisonment. If child defilement is followed by cohabitation as husband and wife, the penalty is life imprisonment that cannot be mitigated by any circumstances.

Moreover, the Committee encourages the State Party enhance its efforts in prosecution and conviction to deter further violence. The Committee also encourages the State Party to provide emergency contraception, medical, psychosocial, and education services for victims of sexual abuse and exploitation.

In Fiscal Year 2020-2021, the Maternal, Child and Community Health (MCCH) Division supported provision of a package of services for Gender-Based Violence cases reporting to its health facilities. Isange One Stop Centers (IOSC) was set up for treatment and counseling provided to 33,636 victims at 52% had experienced sexual violence, and 41% physical violence. Just under half (46%) were under 18 years of age (earlier cited). Community sensitization for early presentation at the IOSCs for preventative services against HIV infection and pregnancy is ongoing.

6.14. Children in street situation

Recommendation No 50, the Committee notes that there is increasing number of children in street situation particularly in urban areas like Kigali. The Committee recommends that the State Party assesses the situation, identifies the cause and prevent the situation of children on the street. The Committee also encourages that the State Party to withdraw children from the street, reunify them with their parents or provide them with alternative care, provide them with skills training, and reintegrate them in the community.

In an assessment conducted by the Ministry of Gender and Family Promotion under National Commission for Children Agency (NCDA) An assessment of the street children situation was conducted in all the 30 districts of Rwanda in 2019. The latter indicated that a total of 2,882 street children were enumerated, including 2,621 boys (91%) and 261 girls (9%). In the street, boys are ten times more represented than girls. This finding seems to back the idea that there are generally more boys in the street than girls due to the fact that boys are not only under less risk of abuse than girls when in the street, but also girls face increased social constraints or pressure than boys to stay at home. Among this total, 1,629 children, have both their mum and dad which is 56.52% of the total. 202 have only their fathers, while 490 have their mums only.

However, the remaining 135 are orphans with neither of the parents. The street kids interviewed said that they cannot live at home because of unending family conflicts, others their parents do not care about them and others cited poverty. From 2019 to June 2022, a number of 4401 children were withdrawn from street, taken to transit center for screening and reunified with their families; and 400 children placed in foster family and adoption.

Rwanda National Rehabilitation Services (NRS) was established to support the rehabilitation of children in centers and after a given period, to work with Districts to reunify children with their families, and in most of cases, NCDA staff based at District level support this process of taking children from rehabilitation centers to their families. They also work with Districts in the post reunification follow-ups.

6.15. Harmful practices

51. The Committee notes with great appreciation that child marriage is at a low rate and FGM is not a cultural practice in the State Party. The Committee encourages the State

Party to be vigilant and prevent the occurrence of child marriage or female genital mutilation (FGM) which can be brought with cross border movements. The Committee recommends that the State Party criminalizes FGM and cooperate with neighboring countries to prevent cross-border FGM.

The Government has enacted the law relating to the Protection of Personal Data and Privacy and the Strategic Plan for the Integrated Child Rights Policy (2019-2024). The Child Online Protection Policy (2019) also lays out guidelines for the protection of children from online abuse. It aims at having all Rwandan children empowered to access the digital environment creatively, knowledgeably and safely. Throughout the various policy areas, the policy institutionalized measures and systems for prevention of online-child abuse as well as timely detection and response in case of abuse.

Harmful practices such as female genital mutilation are not cultural practices in Rwanda. The Government conducts regular awareness on child rights, including harmful practices and child marriage. Moreover, the Government is pleased to report that during the reporting period there has been no incidence related to female genital mutilation practices reported in its jurisdiction.

After thorough assessment on the level of implementation on the recommendations given to the Government of Rwanda by the African Committee of Experts on the Rights and Welfare of the Child, the assessment identified some gaps that require further attention hence recommended the government to further redress these concerns.

7. Recommendations for the areas that need further action from the Government

- ✓ Expedite the review of the law N°21/05/2016 of 20/05/2016 relating to human reproductive health to lower the age of consent for adolescents below the age of 18 years old to access sexual reproductive health services without parental/guardian consent
- ✓ To make DNA sampling voluntary for minors seeking abortion services and DNA sampling should remain an optional service offered to minors by Isange One Stop Center (IOSC) and amend the Standard Operating Procedures of the IOSC by clearly stating that DNA sample collection is optional for pregnant minors seeking abortion services.

- ✓ To allow task-shifting and add mid-level health providers among qualified professionals to provide abortion services at the health centers so that it affords young women a right to safe abortion
- ✓ To remove the requirement of a medical transfer from a health centre to a hospital as a precondition for the Community-Based Health Insurance users to cover the costs of abortion services at the hospital
- ✓ The government should provide alternative health facilities in areas whereby the Catholic Church operates hospitals that do not provide safe abortion especially to children below the age of 18 years
- ✓ Review article 11 of the Medical Professional Liability Insurance law (2016) to accommodate the room for adolescents to access health services including sexual reproductive health without parental/guardian consent.
- ✓ Conduct a thorough review of the contents of the existing CSE to harmonize it with international and regional human rights in the context of sexual and reproductive health,
- ✓ Identify synergies and linkages between the provision of CSE in the formal education sector and out of school provision for children in Rwanda
- ✓ Review the legal and policy framework to define clearly the age appropriate of adolescence.
- ✓ Expedite the adoption and implementation of the Prime Minister's Order determining the role of other institutions in activities related to human reproductive health.
- ✓ Expedite the adoption of the Ministerial Order on curriculum on reproductive health to accommodate the sexual reproductive health rights of children