



What we do in Rwanda

- We're protecting 36,000 children from abuse and exploitation through community-based child protection networks
- We're improving access to good quality healthcare for 700,000 people



Rwanda has made extraordinary progress since the genocide of 1994, in which 800,000 people lost their lives. The country is now largely at peace and its economy is stable and growing. But life for many Rwandans remains a struggle. Six out of every ten people live in poverty, on less than US\$1 a day. Four out of ten children are stunted due to malnutrition and **one out of every ten children dies before their fifth birthday**. Life expectancy is just 46 years.

Half of the country's 9.7 million people are under 18. Nearly all children get enrolled in primary school, but only half of them complete it. Many have to work to support their families. AIDS has had a devastating effect on many families, and together with the genocide, accounts for Rwanda having one of the highest proportions of orphans in the world.

The Rwandan government is making progress with some of the biggest challenges, but there is still much to be done to improve accountability and responsiveness to citizens. There is also a need for greater investment in basic services (health spending, for example, is only allocated 9% of the national budget).

Save the Children in Rwanda

We started work in Rwanda in 1994. We helped trace parents or relatives of children who had become separated from their families and successfully reunited 40,000 children with family members. Since then, working together with local government and community-based

organisations, we've helped thousands of former child soldiers return to their villages and provided them with education and training so that they can earn a living.

Our child protection work is mainly in the North province, in Gicumbi district, and we've been running a health programme in Burera district since 2007. We're helping communities develop ways to protect their children and we're working with the government to ensure that its policies take full account of children's needs.

In 2008, our health and protection programmes together reached 81,245 children directly. In 2009, we aim to reach 100,000 children, helping them and their communities to hold government to account, as well as influencing key policies that affect children.

We're helping communities protect their children

Many children lack the protection afforded by living with their families, and they're at greater risk of abuse, violence and exploitation.

More than 35,000 children and young people benefited from our child protection work last year with funding from UNICEF and Irish Aid. We're supporting child protection committees (CPCs) in Gicumbi district, providing training on children's rights and child protection for both adults and children. We help the CPCs to identify the most vulnerable children in their area, talk to them to assess their needs, and help them find solutions to their problems. They are also able to identify those children who are subjected to violence and abuse, and provide them with psychosocial support or referral to other services. The CPCs play a vital role in reporting cases of abuse to local authorities. In the latter part of 2009, the CPCs identified and followed up 237 cases of abuse in three sectors of Gicumbi district.

We're also supporting children's forums and children's corners. In Gicumbi district, these forums play an active role in identifying child protection issues, dealing with them if appropriate or bringing them to the attention of local authorities. The government has been impressed by this model and is keen to roll it out nationally. We've also supported 21 children's corners in the district (one in each sector). These provide safe spaces for children to meet and play. Trained staff provide psychosocial or emotional support. The children also received training on children's rights and child protection using a toolkit we developed and published. Our activities have reached over 36,000 parents and community members.

One of our successful areas of work is a scheme to support *Nkundabana* (mentors for child-headed households) in all 21 sectors of Gicumbi district. We're helping 50 *Nkundabana* provide practical and psychosocial support to 3,429 children who run their households in the absence of parents or older siblings. These children are extremely vulnerable and often receive little help. The mentors help them claim state benefits they're entitled to, as well as helping them to access schemes that can pay for school fees and health insurance. In 2009, nearly 120 children in child-headed households had their annual health insurance fees covered by the local authorities as a result of help from their mentor.

In Gicumbi, the child rights and protection management group (made up of district officials, facilitators, and representatives from the CPC and children's forums) successfully persuaded the district authorities to dramatically increase the budget for the most vulnerable children – from 6 million to 42 million Rwandan francs. This means most families have been able to keep their children in school, as the fees are paid for them.

In 2009, we'll extend our work on child protection with the support of Save the Children Sweden. We aim to reach a further 22,000 vulnerable children in the areas where we work.

We're protecting refugee children

Rwanda is home to 50,000 refugees who have fled fighting in the neighbouring Democratic Republic of Congo (DRC). Refugee children are particularly vulnerable to abuse and exploitation, and are often recruited as soldiers, servants or 'wives' by armed groups still active near the border.

Last year, we helped 12,000 children in three refugee camps (Gihembe, Nyabiheke and Kiziba) with child protection activities. We've supported the setting up of children's corners so that they can have a safe place to play. We've also trained children and young people in children's rights, child protection, and life skills.

We're influencing government policy

In 2008, the Rwandan government launched its Vision 2020 Umurenge (VUP) social protection and rural development programme. The government invited Save the Children onto a working group to revise the social protection strategy. We carried out a feasibility study into how to develop a model of social protection that would fully integrate the needs of vulnerable children into government policies and programmes. The key recommendation was to support the integration of early childhood development (ECD) into the government's social protection programme, which we'll be helping the government work on in the coming years.

Our health staff made important contributions to the national health insurance scheme (*Mutuelles*) working group, ensuring a new focus on accountability to children. We've also attended other coordination and policy review meetings. These provide vital opportunities for us to raise issues about how children are affected, and how their views can be taken on board.

We're getting children's voices heard

We're seeing a growing respect for children's views and a willingness to engage them in policy discussions. The National Children's Summit in Kigali in November 2008 brought together children from around the country, and we helped a number of representatives from Gicumbi and Burera to attend.

As part of Save the Children's global Get on Track campaign to get governments to redouble their efforts to achieve the Millennium Development Goals (MDGs), over 3,000 youth groups, children and women's groups took part in a day of action in Gahunga, Burera district, ahead of a high-level UN summit in September. They called on the Rwandan government and the international community to do much more to save children's lives.

We're providing healthcare for vulnerable children

Under the government's community health insurance scheme (*Mutuelles*), every adult and child has to pay the equivalent of £1.50 for a health card to cover the cost of basic health services. But people also have to pay 10% of any treatment costs. Although it's compulsory by law to belong to the scheme, many people just can't afford it. As a result, children can't easily access treatment for pneumonia, malaria and diarrhoea – the biggest killers – which can easily be prevented. And women continue to give birth without skilled birth attendants, resulting in a very high rate of deaths among mothers and newborn babies. Burera district is one of the poorest in the country, and has only one poorly functioning hospital. Of the district's 17 sectors, 5 don't have a functioning health centre. Where there are health centres, staff are often poorly trained and under-resourced.

Working with the Ministry of Health, we're providing basic, affordable healthcare for 123,024 children under five and 160,770 women in Burera and Gicumbi districts. We're providing training and resources to support the district health teams to provide healthcare and treatment for more children. We've also rehabilitated maternity wards in five health centres in Burera, providing safer and better birthing facilities for more than 3,000 women. In Gahunga sector, we've built a 20-bed capacity health centre serving 30,000 people, including 6,000 children, who had no access to health facilities before. We also trained 52 nurses and community health workers from both districts in integrated management of childhood illnesses, benefiting 45,000 children. Recently, we supported 13 health centres to develop a three-year strategic health plan. We also trained all *Mutuelles* finance staff, strengthening their accounting and financial management skills.

From 2009, our health programme will also focus on neonatal health, as deaths of newborn babies (those in their first month of life) account for 25% of child mortality. We'll save babies' lives by improving their mothers' nutrition, and providing better antenatal care. We'll promote exclusive breastfeeding and advise mothers' on nutrition and infant feeding. We'll also work to reduce chronic malnutrition and improve the quality and quantity of children's diet, working closely with UNICEF and other partners. And we'll tackle the root cause of malnutrition – poverty – through our social protection programming.

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