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Struggling to survive:

Orphan and community dependent children in Rwanda

2001

Ministry of Local Government and Social Affairs
UNICEF

Struggling to survive:

Orphan and community dependent children in Rwanda

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Implemented by Trócaire and Care

2001

Foreword

The phenomenon of children living without parental care in Rwanda has become increasingly visible and worrying over the last few years. Thousands of children live in dire poverty, confronted with a lack of food, shelter and clothing; without protection. These children are exposed to neglect, abuse and exploitation.

The number of orphans and vulnerable children in need of support increased dramatically following the war and genocide of 1994 and the period of insecurity of 1997-1998. Nowadays, this inheritance from the conflict is being further exacerbated by the HIV/AIDS pandemic.

Aware of the growing problem and the need to find and propose durable solutions, the Ministry of Local Government and Social Affairs proposed to undertake an assessment on the situation of orphans in Rwanda. This initiative was strongly supported by UNICEF and child centred agencies and organisations as it responded to the need to reinforce existing knowledge and to contribute to a comprehensive framework for a national concerted effort in aid of orphans and vulnerable groups of children.

The study is the result of close collaboration between MINALOC, UNICEF, Trócaire, the University of Cork and Care International, and marks a joint effort to develop a comprehensive understanding of the challenges faced by orphans in Rwanda. It also provides guidelines and recommendations that will help the Government and its partners design appropriate and comprehensive policies and for plan adequate resources to address the needs of these children and "break the silence" that, for too long, has shrouded the future of Rwanda's most vulnerable children.

The concerted interventions of the Government of Rwanda, the international agencies and local NGOs will help to strengthen the capacities of the children to take care of themselves while also raising awareness of the responsibility of the community in ensuring the protection of "their children".

Dr Odette NYIRAMIRIMO	**M. Théophane Nikyema**
Secretary of State in the Ministry of Local Government and Social Affairs	UNICEF Representative in Rwanda

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We are greatly indebted to the staff of the Unaccompanied Children's' Centres and to the various N.G.Os who contributed their knowledge and experiences to the project.
We remain grateful to USAID and SIDA who provided financial support for the study.

Signed:

_____

Juvénal Turatsinze
Country Representative,
Trócaire Rwanda.

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In-depth Assessment into the situation of Orphans and Community Dependent Children in Rwanda

Executive Summary

1. Introduction

1.1. The war and genocide of 1994, shredded the social fabric of Rwandan society, decimated families and greatly reduced the capacity of communities to meet their own needs. One of the lasting legacies of this tragedy is the large number of orphans and children living without adult protection in Rwanda. Both government and service providers have long been aware of the difficulties faced by these children, especially in terms of the provision of basic needs and psychosocial support. In 1999, the Government of Rwanda in conjunction with UNICEF decided that is was necessary to conduct an in-depth analysis into the situation of Orphans in the country. The rationale behind this decision was driven by the desire to explore the real situation of orphans and in particular the nature of their relationship to the communities in which they live. it is widely accepted that the vulnerability of orphans is likely to increase as a result of the impact of the HIV/Aids pandemic on the Rwandan population. It is estimated that 11.1% of the total population are infected with the HIV/Aids virus and that there is an infection rate of 4.3% among children between 12 - 14 years of age.[1] The in-depth analysis into the situation of orphans, therefore, was designed to explore the social-biography of orphans within the wider context of a society balancing peace and reconciliation with the debilitating effects of the HIV/Aids pandemic.

1.2. Since the Genocide of 1994, the Government, UNICEF and other agencies have worked hard to try and deal with the scale of the disaster that took place in Rwanda. Indeed, it is important to acknowledge the work that has already been achieved under extremely difficult circumstances. To date over 65,469 children have been reunited with their families and thousands more have been fostered through formal and informal procedures. It is also estimated that over 90% of children witnessed acts of extreme violence during the genocide.[2] The Government of Rwanda, UNICEF and other agencies have established numerous programmes and structures in order to try and relieve the suffering experienced by these children. However, it is also important to reflect upon what has taken place and to explore how they can improve the situation of the most vulnerable. The complexity of the Rwandan situation, charges service providers with the responsibility to engage in reflective practice in order to constantly improve the design of programmes and therefore their potential to have a meaningful and sustainable impact at the community level.

1.3. The Government of Rwanda and UNICEF called for this study in order to assess the capability of civil society (local communities, government agencies and NGOs) to support and supplement existing formal and informal community networks involved in the provision of

[1] Sourced from UN Common Country Assessment Papers on HIV Aids and Child Protection, February 2000.
[2] Sourced from UN Common Country Assessment Paper on Child Protection, February 2000.

services to orphaned children. The study was particularly interested in exploring the challenges facing the provision of community based support to orphans and methods to involve the community in developing appropriate strategies for overcoming these problems. The study sought to explore the continued effectiveness of programmes in light of the increasing effects of the HIV/Aids pandemic on the situation of orphans. The assessment, therefore, sought to explore the micro level forces that characterise the 'everyday situation' of orphans in Rwanda. This information is necessary in order to understand the social dynamics operating at commune, village and even hillside level. Without this information it is difficult for the government and service providers to design the kind of interventions needed to help foster reconciliation and the re-emergence of community based protection for orphaned children.

2. Objectives for the Assessment

2.1. The Ministry of Local Government and Social Affairs and UNICEF designed the objectives of the study in order to provide a detailed overview of the situation of orphans in Rwanda. The assessment was concerned with providing information on how this situation could be improved through policy developments, improved co-ordination and the empowerment of local communities. The objectives for the research are as follows:

- To identify existing and potential forms of community support for orphans.
- To assess the contemporary definition of 'orphans' in Rwanda. It has been suggested that community perceptions of orphanhood are not static[3] and that a diverse range of children are often referred to as orphans.
- To establish and analyse the links between the continuing vulnerability of orphans and the HIV/Aids pandemic.
- To outline the policy framework and guidelines for intervention programmes in Rwanda and to evaluate these in relation to the existing body of knowledge on the situation of orphans.
- To evaluate the needs of professionals working with orphans and on HIV/Aids related programmes.
- To gather indicators on the nature and scale of the problems facing orphans and in particular on community awareness of HIV/Aids issues – modes of transmission, methods of prevention, etc.
- To reflect upon the types of programme response that have been implemented since 1994 and to provide a summary of the collective experiences of Government and NGOs.
- To explore the role of the community in supporting orphans. An essential objective of this study will be to assess the role of the community in providing direct and indirect support to orphans. It is also important to assess the attitudes or opinions that manifest themselves as barriers to the improvement of services to orphans.

3. Methodology

3.1. A very qualitative/participatory methodology was used as the aim of the assessment was to explore the everyday situation and life experience of orphans and to assess their level of interaction with social networks and

[3] Pilot study on social education conducted by Concern and Trócaire/University College Cork.

community structures The research team organised workshops, in-depth interviews and focus group discussions with a wide cross section of Rwandan society. Specific methodologies employed in order to elicit views, opinions and general information on the situation of orphans included:

- Social Mapping
- Story games
- Comparative Analysis exercises
- Rights and Protection matrices
- Chain of consequence exercises
- Thematic focus group discussion on the situation of orphans and the effects of HIV/Aids.

A questionnaire was also developed in order to gather basic indicative statistics on the levels of awareness of sexually transmitted diseases, including HIV/Aids, among vulnerable children and people charged with their care. It should be noted that the sample selected provides only initial indicators in terms of statistical data and will therefore not be presented as a representative sample of the attitudes and awareness levels that exist within the community in general. Such information would require a more detailed nationwide process of data collection. For example, the general census scheduled for 2002 could incorporate the necessary provisions for developing an up-to date and reliable profile of the different categories of vulnerable children.

3.2. The *sample population* selected included a wide cross section of the different social groups characterising Rwandan society. Any methodology that seeks to develop realistic context sensitive programmes to improve the situation of orphans also needs to address all other relevant groups; children live in communities and not in isolation. The sample population for the research process was selected from the six prefectures[4] of: Kigali Ville, Kigali Ngali, Ruhengeri, Butare, Umutara and Kibuye. The participatory research process involved more than 1200 people over a four week period between May and June 2000. 54% of the participants in over 50 workshops and focus group discussions were children. As well as this qualitative dimension, over 350 questionnaires were administered to children in orphanages and care centres, centre staff, children in foster families and child heads of households. In-depth interviews were also conducted with key respondents from local and international NGOs and government ministries. The respondents were selected through random sampling and through co-operation with local authorities and the representatives of NGOs and church groups.

4. Overview of the main findings:

4.1. Discussion on the definition of an orphan and the problems they face was often wide ranging and prompted much debate among the different sample groups. In general there was widespread acceptance that technical definitions of an orphan corresponded to either that of a single or double orphan. Maternal orphans (especially children under the age of five) were

[4] It is important to remind that this study was conducted from April to July 2000, before the law No 47/2000 (of 19th December 2000) that changed Préfectures and Communes into respectively, Provinces and Districts. The sampling has been done following the boundaries of the former Communes.

seen as being much more vulnerable than paternal orphans. In more general terms, orphan status is also attributed to children who have difficulties accessing shelter, food, medicines, education, clothing, affection and other psychosocial needs. Unfortunately, most of the groups contacted were of the opinion that the situation of orphans is becoming worse and that they are suffering from increased levels of social, economic and emotional marginalisation. Many people believed that the number of orphans and other vulnerable children is too high in relation to the level of aid and support being received. The fact that the capacities of the communities themselves have been so disrupted in also a serious problem that has implications for the effective use of aid. The problems faced by overburdened services are further compounded by the fact that many interventions are failing to reach or adequately tackle the problems of their target populations. That is, many of the orphans and in particular children living in child headed households are slipping through the limited safety nets that do exist. The number of children living in child headed households has been estimated at being somewhere between 200,000 and 300,000.[5]

4.2. The fact that these children are marginalised from community structures and from protective adult and family care systems is decreasing their capacity to function in society. These children lack role models and therefore undergo a socialisation process that has become removed from the cultural norms and values of traditional Rwanda. The children are left in a position where they are required to develop their own survival and coping strategies in order to deal with their numerous problems. Unfortunately, many of the coping strategies that the children have developed for themselves conflict with the traditional view of children, thereby placing them in conflict with social norms and values. Before the war and genocide, the communities were charged with the role of responding to the needs of vulnerable children. Orphans were successfully incorporated into the extended family structure and the existence of street children or child headed households was minimal. This no longer appears to be the case, the scale of the problem and the fact that the community/extended family structures were decimated means that children are often required to fend for themselves. This situation often leads to conflict and a lack of understanding between children living without adult protection and the community.

5. Key issues raised by local authorities, Centre staff, NGO staff and communities:

5.1. The following key issues were discussed by a variety of professionals and concerned individuals involved in the provision of services to the orphans and other categories of vulnerable children. The issues highlighted below also include the views of representatives of government and local authorities who participated in the research process. As a result, the list tends to focus on more programme orientated and macro issues affecting the social services for orphans in Rwanda. According to our respondents the key issues are as follows:

[5] Sourced from UN Common Country Assessment paper on Child protection, February 2000. This figure is based on estimates from a UNICEF and World Vision report (1997). However, some practitioners have begun to question the validity of this figure and it is important that more reliable statistics are gathered in the near future.

- *Who is an orphan?* A study conducted by the United States Agency for International Development estimated that the total number of orphans from all causes in Rwanda was 767,368 or 8.6% of the total number of children under the age of 15 in 1995.[6] During discussions to explore the concept of orphan, it became clear that even though there was widespread acknowledgment of the terms single (maternal/paternal) and double orphan, there was also a less technical definition linked to vulnerability. The respondents stressed that there are many children who share the characteristics of orphans or live in similar circumstances and conditions. Understanding of the term orphan, therefore, appeared to be based on the level of adult care received and on the level of economic and psychosocial support. Characteristics associated with orphan status include children growing up outside of a family environment capable of providing physical and emotional support. Staff of children's centres and orphanages usually defined an orphan as a child living without adult support and didn't limit the use of the term orphan to children whose parents were deceased. Orphanhood was therefore defined in relation to the perceived vulnerability of a child. This connection between orphanhood and vulnerability was also linked to the cause of parental death and how this could influence the situation of children. For example, children with a parent who died of Aids or who had a parent in prison were seen as being among the most vulnerable categories of orphans. The degree of vulnerability is often linked to the death of parents and to the social stigma that may be associated with the particular cause of death.
- ***Stigmatisation of some categories of orphans and child headed households.*** Certain categories of children are extremely vulnerable to marginalisation and isolation. Two such categories are AIDS orphans and children with a parent in prison. Being stigmatised can often lead to increased levels of psychological difficulties and this usually results in a negative impact on the ability of children to engage in positive social relations. A report conducted by the Ministry of Health and the PNLS refers to studies which indicate that 60% of the population would prefer not to associate with people infected by HIV/Aids.[7] A significant proportion of the adult population in Rwanda is also dealing with psychosocial problems thereby making it difficult for them to support children experiencing emotional difficulties. Psychosocial support in communities or therapeutic interventions for traumatised children in centres is critically needed. 600,000 children are estimated to be suffering from varying degrees of trauma.[8]
- ***Lack of follow-up and support of children reintegrated with families.*** Problems associated with the rapid and large scale reunification and placement programmes are now beginning to become more apparent. Visible tensions and lack of mutual understanding characterise the relationship between many children and their extended families or foster parents. Concerns about the exploitative use of orphan labour in families were also widely expressed. According to some respondents, many

[6] Sourced from 'Children on the Brink'; strategies to support Children Isolated by HIV/Aids, Susan Hunter and John Williamson, United States Agency for International Development, *(1998).*

[7] p. 11 'The Rwandan National HIV/STD/Aids Strategic Plan Framework for the MTP111 Period 1998-2001, Ministry of Health & the PNLS, October 1998.

[8] Sourced from UN Common Country Assessment Paper on Child Protection, February 2000. It should be noted that these figures appear to be estimates and need further verification.

families fostered children because they expected to receive some form of material support from the Government, the UN or NGOs. When this material support failed to materialise the families felt tricked and turned their anger towards the children they had taken in. Some children also exhibited behavioural adjustment/difficulties which made it difficult for families to care for them These difficulties often led to tension between children and foster parents which could have been eased through a more systematic process of follow-up by social workers. It should be noted that over 120,000 children are living in foster families and that such a case load would pose extreme difficulties for any system of social support.[9]

Post-conflict social relations leading to distrust and suspicion in communities. There is still widespread distrust and suspicion between different groups in the community and this is allegedly having a negative effect on the levels of assistance to orphans. The underlying tensions are such that people talked about 'a calculated risk' associated with providing assistance to orphans. Some respondents indicated that there is always suspicion surrounding why somebody is helping somebody else and this situation actually dissuades people from assisting others. It was also indicated that this is a phenomenon that has arisen since the war and genocide of 1994. If this is genuinely the case then it supports the view that *trust (re)building and reconciliation* should form an essential component of community mobilisation programmes.

'There are some people who act by a good will and support orphans without any other interest but these are very few. Other people have fostered orphans as a business that helps them to get support and they use it as a threat. There is a third category of people who seem to be indifferent or unconcerned with the fear of being judged and then prefer not doing anything to orphans. But my opinion is that it is not possible to be unconcerned with orphans issues.'[10]

- ***Lack of resources/expertise to provide the children with adequate health and sex education, especially on HIV/Aids issues.*** Both adults and children are still somewhat misinformed on HIV/Aids related issues. An urgent review of strategies and practices needs to take place including a content analysis of the awareness raising materials being developed in Kinyarwanda. This process could begin within the aids schools clubs, etc. that are currently being set up around the country. UNICEF has also conducted a review of the HIV/Aids related programming in Rwanda called 'Breaking the Silence'. Measures should be taken to ensure that the findings of this document are distributed throughout the wider development community.

- ***Economic Capacity building at Community level.*** Strengthening economic capacity in communities so that communities can support orphans is critical, particularly in foster families. Economic capacity building needs to be implemented and monitored, as it is usually the foster child who will suffer in times of economic difficulty. 66% of the Rwandan population are estimated to be living in extreme poverty. This figure includes high numbers of unaccompanied children and households

[9] Sourced from UN Common Country Assessment Paper on Child Protection, February 2000
[10] Interview with carer working with orphans

headed by women who are deemed to be at the highest risk of economic and sexual exploitation.[11]

6. What the children believe

6.1. The active participation of children was an important part of the assessment process. Throughout the fieldwork phase the participation of children was high (54% of respondents) and the children were often willing to discuss a wide variety of issues in an open and direct manner. The various groups of children that participated in the study identified the following issues as the most pressing in their lives:

- ***Poverty***. Many children are living in poverty as a result of the loss of their parent(s) and have the perception that the mechanisms of aid are not sufficient to meet their needs. There is a widespread perception among the orphans that they are not receiving the full benefit from the amount of aid that is currently being channelled into programmes for vulnerable children. This perception is contributing to their relative sense of marginalisation and their fatalistic view of the future. This sense is summed up in their rejection of the widely used term 'children of the future'. Indeed the children point out that their problems exist in the present. In an interesting co-incidence this sentiment echoes a statement made by Ms Carol Bellamy, Executive Director of UNICEF, following the launch of 'Voices of Children and Adolescents in Latin America and the Caribbean'. *" Children are not only our future, they are our present and we need to start taking their voices very seriously."*

- ***Un-systematic Aid:*** They also believe that the aid they receive is often sporadic and that there is a general lack of follow-up and on-going support They believe that aid is often directed to some groups and not to others and they find this difficult to understand. Why should some children receive help while others are left to struggle? Specific problems they refer to include:
  - Lack of adequate food and nutrition
  - Lack of adequate shelter
  - Lack of access to medical and health care services
  - Problems cultivating their land (if they have any)
  - Lack of security and protection
  - Nobody to talk to about their problems

- ***Education and Training***. Lack of access to education and vocational training. This is quite a debilitating problem as the children wish to assume more responsibility for themselves (increased levels of self-sufficiency) and to take greater charge of their futures. This desire is probably linked to their distrust/lack of faith in others to really provide the support they require. The orphans are aware that they currently lack the opportunities and support required to develop their capacities and levels of self sufficiency. They have identified the need to form associations or co-operatives in order to try and improve their situation. Access to formal education is also an on-going problem for the vast majority of orphans and especially orphans living in child headed households. There are funds for genocide orphans which provide school

[11] Sourced from UN Common Country Assessment Paper on HIV/Aids, February 2000

fees and some materials to facilitate children to go to school. However, the majority of child heads of households were resigned to the fact that they themselves will not be able to re-enter education and that the best they can hope for is to receive assistance for the younger children in their care.

The children indicated that they experience genuine problems in terms of balancing school with work. The children are required to work in order to provide for their basic needs. During a focus group discussion in Kibuye, the children suggested semi-formal/non-formal models of education that are based on a more flexible approach to the provision of accredited education. Education can provide orphans with numerous benefits, especially in terms of literacy, numeracy, but also in terms of helping to improve their psychosocial situation and giving them the confidence to develop a more positive outlook on the future. An orphaned street child now living in an unaccompanied childrens' centre remarked, *' Yes at school we meet other children, we play and discuss things, At school we are able to learn and have friendships with other children, we discuss with our comrades and we feel like normal children, just like others'.*[12]

- ***Family reintegration and fostering*** Children also believe that extended and foster families have not received adequate preparation to ensure genuine reintegration of unaccompanied and orphaned children. Many children are wary of the benefits of being placed with a foster family. There is widespread belief that they will be exploited as domestic labourers and that they will not receive adequate care and attention. The psychosocial situation of children is also something that continues to receive little attention and the children feel that they have no adult or emotional support on which to draw. It should be noted, that there would appear to be some confusion and misuse surrounding the terms associated with fostering (adoption, guardianships, etc.).

- ***Housing.*** The standard of housing is also a problem and the accommodation standard for orphans appears to be deteriorating rapidly. For example, children who are living in the homes of deceased parents do not have the means to maintain the upkeep of these properties. As the houses continue to fall into states of disrepair the children feel that they will be forced to find alternative and less desirable forms of accommodation including having to move back into blindes made from wood and plastic sheeting. This situation will have a negative impact on their health and ultimately on their ability to meet their own basic needs or to participate in education.

- ***Exploitation.*** Closely linked to the protection of children's' rights is the issue of exploitation. Many respondents referred to the fact that some children were being exploited for of labour and sex. The issue of exploitation of children is a sensitive topic as it often challenges many cultural views and beliefs. The role of prostitution or the exchange of sex for other services (including food, protection, etc) would appear to be a key part of some children's survival strategy. Groups of child headed households (the majority of which were teenage girls) spoke about how

[12] Taken from a participative workshop with children living in a CENA in Ngoma District, Butare.

they can go with a man in order to receive assistance of some form; usually material assistance or protection. It should be noted that these were the views of the respondents and that an attempt to substantiate these claims was beyond the scope of the research. However, it would appear that more information is urgently needed on these topics.

- ***HIV/Aids.*** Children are being affected by the HIV/Aids pandemic in a number of ways. HIV/Aids will lead to a rise in the number of orphans in Rwanda and will place many children in the situation of having to watch their parents die. Children of parents with HIV/Aids experience stigmatisation. Children are also being infected with the virus and will therefore die. Some children are infected by HIV positive mothers before birth or through breastfeeding. Others are being infected as a result of sexual exploitation. Many children are allegedly involved in the sale of sex in order to receive material support from adults. Children are also the victims of many crimes and acts of violence including rape. Unfortunately, there is little information on the scale of rape and use of sexual violence.

- ***Psychosocial difficulties and isolation*** Many orphans experience little psychosocial support in dealing with grief and loss and coping needs as a result of parental death. Many children are still coming to terms with the psychological impact of traumatic events witnessed or experienced during the genocide. This is expressed in behavioural and emotional difficulties at home and in learning difficulties in school. At present, and in the future, children face witnessing the slow destruction of their communities as a result of HIV/Aids. Many children who may have been fostered may now have to watch as their foster parents become sick and slowly die, and face the prospect of being re-orphaned. As a result, children will have little or no emotional support, they will have nobody to talk to or be able to share their worries and fears with.

- ***Protection of Children's Rights.*** Children also express a relatively dim view of their rights situation. According to the children there is a general ambivalence towards the protection of their rights. They also feel that some issues are not adequately adapted to their socio-economic situation. For example, some children are receiving assistance to go to school but are unable to fully exploit these opportunities due to their need to work in order to meet basic survival needs. Poor children also appear to suffer from the fact that they cannot afford to buy school materials or uniforms. One child summed up the situation as follows '*how can my younger brothers or sister participate fully in school when I am unable to feed or clothe them properly. It is just not possible to study when you are hungry or worrying about the bad state of your home'.*

7. Recommendations:

7.1. The following section briefly summarises some of the key issues and main recommendations arising from the research process. The recommendations outlined below will be expanded in more detail throughout the main body of the report. The recommendations fall into the general categories of improved co-ordination; context sensitivity to the specifics of Rwandan society; improved monitoring and evaluation of programmes; policy changes and structural flexibility in order to protect the rights of orphans; prioritisation of HIV/Aids programming and improving the level of community participation

in programme design. The rationale underpinning most of the recommendations is the need to develop a more child centred rights based approach to the provision of care for orphans in Rwanda. This approach should consider both the immediate and long term needs of orphans and should be designed to facilitate their development as active members of society. Short term care arrangements for orphans should be assessed in terms of the future development of the child and the quality of life that the child will have in the future.

7.2. In other countries battling the HIV/Aids pandemic (Uganda, Mali, Zimbabwe) the accepted practice has been to promote community based models of care for orphaned children and these models need to be explored in relation to the situation in Rwanda. Service providers need to acknowledge the long term effects of the genocide on Rwandan society and design community mobilisation programmes that are sensitive to a post-conflict situation where community life has already been greatly disrupted. For example, community strategies focusing on communication skills, trust rebuilding and reconciliation could help to foster a more open and mutually supportive social environment. The National Commission for Peace and Reconciliation is already involved in this process and it is important that the information uncovered by this body is shared with Government Ministries and other organisations working with orphans.

8. Areas of Special Focus and Recommendations:

8.1. The following list of recommendations have been developed as a result of the consultative research process involving children, parents, community leaders, social and youth workers, community leaders and representatives of local authorities. Some of the recommendations also reflect the views of the research team and other key individuals involved in the analysis of the data collected through the field work.

- ***Develop inclusive terminology and strategies for orphans*** The majority of people who took part in the research process felt that the ideal situation would be for all orphans to be treated equally and to receive the same levels of protection and care from the state. Indeed, equality in the provision of services for orphans should become an aspiration for all service providers in Rwanda. In the short term however, it is likely that care for orphans will continue to be provided by local and international NGOs on the basis of targeting particular categories of orphans for different levels of support. In other words, many service providers are currently working from an 'issue' based approach to care for orphans. Indeed the different service providers are definitely attempting to give orphans much needed assistance and are building up a body of considerable experience on how to support orphans affected by a range of issues including, the Genocide, Aids or how to work with street children. However, it is also important to explore the possibility of these organisations coming together in the future in order to share their expertise, to support each other and to develop a more co-ordinated and comprehensive response to caring for all orphaned children.

  Of course, some children will always require specialised services as a result of their experiences but these services should be officially available to all orphans and not just particular groups. For example, children

orphaned during the genocide are more likely to be in need of psychosocial services than other categories of orphans. However, this does not mean that psychosocial services should only be directed towards genocide orphans but could be institutionalised and made more universally accessible. The development of community based psychosocial services has particular relevance for Rwanda and there is some evidence to suggest that these programmes can have a significant impact in improving the quality of life of children and adults. There is a danger that the long-term institutionalisation of 'issue based' care could lead to tensions between different service providers and the different sections of the community they work with. Therefore, it could be more useful in the long term to begin working towards adopting a universal classification for orphans in order to increase the equality of provision of care and services.

- ***To develop community based support programmes for Orphans***. Many countries are using models of community based care in order to deal with increasing numbers of orphans as a result of war and the effects of the HIV/Aids pandemic. Unfortunately, the situation in Rwanda is somewhat different in that the community capacity has already been greatly reduced as a result of the war and genocide of 1994. The government of Rwanda is faced with the combined problems of an extremely high HIV/Aids infection rate and the long-term effects of the events of 1994. Community mobilisation programmes needs to explore the everyday concerns and priorities of communities before they can organise people to help themselves and the most vulnerable groups. For example, programmes could include elements of trust rebuilding/reconciliation as well as more sustainable income generation strategies. A useful initiative could be to develop Helpful Active Listening (HAL) and communication programmes in order to facilitate more open and effective dialogue between different groups in the community.

  Community support for orphans could be improved through the development of outreach programmes. These programmes could involve a variety of individuals and could be used to foster links between unaccompanied children's centres and the community in general. For example, orphans should be integrated into the general school system as much as possible and the school authorities should take time to explain alternative lifestyles of orphans to all children. Peer to Peer education could have an important role to play here. The situation of orphans and their particular needs could be used as a mechanism for educating others about children's' rights. Developing community based 'mentoring programmes' whereby volunteers or extended family members are charged with the responsibility for maintaining contact with orphans living without adult supervision. These 'mentors' should be supported by NGOs and local authorities and could act as a useful system for monitoring the situation of orphans. The mentors could serve as a link between the orphans and the community and could inform the relevant authorities of the needs/situation of orphans. Such a system is likely to work more efficiently if the mentor receive some form of formal support as well as official recognition for their work. However, it is also important that any system is grounded in the principles of volunteerism and recruits people who are committed to the idea that communities should

assume responsibility for vulnerable groups. Both the Rwandese Red Cross and Food for the Hungry International are currently operating programmes using volunteer structures and these should be examined in more detail.

- ***Improved training initiatives.*** To develop a sector wide training approach for professionals involved in the care of orphans. This training should also include representatives of Local Authorities, community leaders (e.g. representatives of social development committees and children themselves). This training should be designed to develop a clear and standardised understanding of issues relating to orphans. All individuals involved in the provision of care to orphans should receive training on social work, child development and psychosocial issues affecting children. The combination of basic social work training combined with psychosocial skills would help improve the quality of care being offered to orphans. These skills would also help care givers and social workers to increase awareness of the problems facing orphans and to develop community based support systems. More specific training initiatives such as dealing with severe behavioural difficulties or parenting skills could be organised for individuals involved in more targeted forms of work with orphans such as tracing, reunification and especially fostering. A centralised training unit could be developed within the Ministry of Local Government and Social Affairs in order to co-ordinate training activities and to conduct regular needs assessments for Ministry staff. This central training unit could liase closely with Local Authorities at the prefecture level in order to ensure a more systematic approach to the development of social work. It is also important that training initiatives target social workers at the lower levels who have more direct contact with orphans and communities. In this way the Ministry can try and ensure that new skills and information filter down and have an impact at community level.

- ***Policy changes/adaptations to protect the interests of Orphans***. A number of policy initiatives need to be reviewed and clarified and guidelines for implementation and enforcement need to be drawn up and disseminated to the relevant authorities. Key policy areas that need to be explored include; inheritance rights, access to education, medical services and accommodation (some of these areas are currently under review). The key issues facing orphans should be explored in terms of their legal ramifications and this information should be disseminated in a user friendly format to both children and adults. For example, a guide to orphans rights and entitlements should be developed and used as the basis for an education or awareness raising programme. However, such a guide will be limited by the constraints of national law and existing policy. For example, more information is urgently required on the situation of child domestics and children who have been fostered in Rwanda. This information is necessary in order to understand more about the quality of life experienced by these children and whether or not they are being exploited sexually or in terms of their labour

- ***A review of all organisations involved in the provision of services to Orphans***. The Ministry of Local Government and Social Affairs should develop a comprehensive register of all the organisations working with

orphans, including human rights NGOs and organisations providing medical assistance. This register could also include a profile of the programmes currently being implemented and a review of the skills level of staff employed by these programmes. Organisations working with orphans should also be asked to produce a strategic plan and long-term objectives for their programmes. The prefecture level authorities could also be involved in the collection and analysis of this information which would provide a useful overview of the state of services for orphans in Rwanda. This information could be published or circulated in order to provide a sectoral overview of organisations working the orphans sector.

- ***A Task force on HIV/Aids should be established.*** This task force could be charged with developing an inter-ministerial approach to dealing with HIV/Aids issues and in particular how this problem is affecting the lives of children and orphans. The Government has already established the Programme Nationale de Lutte Contre le SIDA (PNLS) and this structure could be used as the basis for increasing the levels of co-ordination in response to the HIV/Aids pandemic. Steps should be taken to ensure higher levels of participation of UNAIDS, UNICEF, the Ministries of Local Government and Social Affairs, Education and Health and the local and international NGO community in future initiatives. It is also vital for this body to consult with community groups and young people in order to ensure the relevance and therefore the effectiveness of programmes.

  This task force could establish a sub-committee or working group responsible for promoting best practice and initiating pilot programmes in order to develop more appropriate forms of intervention and assistance for orphans. This could be done by encouraging closer monitoring and evaluation of programmes for orphans and in the area of HIV/Aids. This body could also assume responsibility for adopting a more pro-active approach to HIV/Aids support programmes. The degree of vulnerability of children could be greatly reduced by anticipating the death of parents and trying to prepare both families and communities to deal with expected increases in the number of orphans. The chapter on HIV/Aids will explore the relevance of the lessons learned through the COPE programme in Malawi and the Fact programme in Zimbabwe for Rwanda. Both of these programmes were established in order to develop community based models of care for orphans. It would also be useful to develop a monitoring system in order to gather information on how the HIV/Aids pandemic continues to affect children and communities. This is an important step as there is a time lag between the infection period and increases in mortality rates. It is therefore important for service providers to monitor how communities deal with and are affected by the different stages of the HIV/Aids infection. In this way, it may be possible to develop a profile of vulnerability and to design intervention strategies to assist children before they become isolated from family and community structures.

CHAPTER 1: GROWING UP WITHOUT PARENTS: ORPHANS IN RWANDA

INTRODUCTION

Developing appropriate services and rebuilding social support for orphaned children is a complex challenge that should be informed by in-depth analysis into the everyday situation of this group in Rwanda. Children and service providers are faced with a complex web of socio-economic and psychosocial barriers that limit the potential for developing sustainable child- centred approaches for resolving the vulnerable situation of orphans. This problem is further exasperated by the fact that the orphans are spread throughout the range of CEDC categories, thereby making it difficult to isolate some of the specific problems they face.

Following the closure of the majority of children's centres and the gradual winding down of tracing and reunification programmes, it is necessary to profile the qualitative experience of children who may now be classified as being in child headed households, adopted, reunified or fostered. Indeed, it can be argued that communities and service providers still have different understandings of fostering and reunification, and that this can raise problems for orphans following placement. Assessing the actual lived experience of orphans however is something that requires an analysis of formal, both state and non-governmental, and informal practices in relation to orphans. Understanding more about community-based forms of support (or indeed their absence) is essential for developing a sustainable programme for the reintegration and support of orphans.

In terms of the care of separated and orphaned children in Rwanda in the aftermath of 1994, significant challenges have been overcome. The majority of unaccompanied children's centres established after the genocide have been closed and children reintegrated in communities. In excess of 70,000 children have been moved from unaccompanied children's centres to community care through reunification and fostering. Less than 5,000 children remain in centres, a figure on a par with pre-genocide figures. In addition, in excess of 200,000 orphaned and separated children are estimated to have been spontaneously fostered within communities. This achievement is more stunning in the context of the extremely difficult socio-economic conditions families experience, in which more households have fallen below the poverty line compared to a decade previously, and absolute poverty is greater. However, the work is not over and more serious is the probability of a sharp increase in the numbers of new orphans in the next decade as a result of the impact of HIV/AIDS. Regionally, and throughout Africa in general, Rwanda has one of the highest estimated growth rates for children under 15 years that will be orphaned by HIV/AIDS in the year 2010.

It is this combined picture; communities struggling to develop re-emergent social relations after conflict, the need to assess the situation of orphaned children returned to communities and to examine community capacity and strategies for the future as a consequence of the project impact of HIV/Aids that informs this

analysis. The task is daunting and will call on the collective will and resources of civil society, government and international community for children and families to feel supported and not abandoned as they struggle to find the capacity to survive and develop in this changing social landscape.

The primary aim of the research process therefore was to explore in a detailed way the everyday situation of orphans in Rwanda. This information is necessary in order to understand the social forces operating at commune, village and even hillside level. Without this information it is almost impossible for the government and service providers to design the kind of targeted interventions needed to help foster reconciliation and the re-emergence of community based protection for vulnerable children. This piece of research is also in part an attempt at reflective practice in order to provide direction to future programmes. Since the Genocide of 1994, the Government, International and Local NGOs and the various branches of the UN have worked hard to try and deal with the scale of the disaster that took place in Rwanda. Indeed, it is important to acknowledge the amount that has been achieved under extremely difficult circumstances. However, it is also important for service providers to be willing to reflect upon what has taken place and to identify the lessons that need to be learned in order to proceed and to improve the situation of the most vulnerable.

Therefore, the essence of what this piece of research is trying to achieve can be summarised as follows 'The fundamental aim of action research is to improve practice rather than to produce knowledge. The production and utilization of knowledge is subordinate to this aim. The improvement of practice consists of realizing those values which constitute its ends, e.g. 'justice' for legal practice, 'patient care' for medicine, 'preserving the peace' for policing, 'education' for teaching and " The reflective practitioner's understanding of the values he/she attempts to realize in practice are continually transformed in the process of reflecting about such attempts. Values constitute ever receding standards".[13] In order to meet the needs of orphans in Rwanda it is necessary for the preconceptions of service providers to be constantly challenged by the very people and communities we attempt to help. It is only through such a dynamic process of action, consultation, intervention and reflection/ evaluation that we can achieve genuine long-term sustainable improvements in the quality of life of orphans and other vulnerable children.

RESEARCH STATEMENT

The aim of the research is to assess the capability of civil society (local communities, government agencies and NGOs) to support and supplement existing formal and informal community networks involved in the provision of services to orphaned children. In particular, the study is interested in reviewing community initiated and traditional models of support for orphaned children and how these can be supported through a range of interventions including policy development and training activities. The study will seek to address how programmes need to be re-evaluated in the light of the increasing effect that the HIV/Aids pandemic is having on the situation of vulnerable children and the numbers of orphaned children in Rwanda.

[13] Elliot, J. (1991), Action research for social change, OUP, pp 49-50.

RESEARCH OBJECTIVES

The objectives of this action research were chosen to provide a detailed overview of the situation of orphans and how this situation can be improved through policy developments, improved co-ordination and the empowerment of local communities. The objectives for this action research were as follows:

- To identify existing and potential forms of community support for orphans.

- To assess the contemporary definition of 'orphans' in Rwanda. It is important to have a context related definition of orphans in order to design clear and effective interventions. It has been suggested that community perceptions of orphanhood are not static[14] and that many other categories of CEDC are often referred to as orphans. The social perception of 'how children became orphans' is also a sensitive issue that can affect levels of community support for orphans.

- To establish and analyse the links between the continuing vulnerability of orphans and the HIV/Aids pandemic. This information will then be used to develop intervention that is more appropriate and develop awareness raising programmes for transmitting information about HIV/Aids.

- To outline the policy framework and guidelines for intervention programmes in Rwanda and to evaluate these in relation to the existing body of knowledge on the situation of orphans. That is, what is the nature of the relationship between, information, practice and policy in the context of service provision to orphans?

- To evaluate the needs of professionals working with orphans and on HIV/Aids related programmes. For example, it is important to know the degree to which Government workers are informed about government policy and procedures. This information can then be used to identify what skills are needed to help these groups build the capacity of local communities.

- To gather statistical indicators on the nature and scale of the problem facing orphans and in particular on community awareness of HIV/Aids issues and their impact on children.

- To reflect upon the types of programme response that have been implemented since 1994 and to provide a summary of the collective experiences of Government and NGOs.

- To explore the role of the community in supporting orphans. An essential objective of this study will be to assess the role and capacity of the community in providing direct and indirect support to orphans. It is also important to assess the attitudes or opinions that manifest themselves as strengths or barriers to the improvement of services to orphans. For example, practical experience appears to support the idea that orphans are associated with material assistance and that this connection is sometimes the motivation

[14] Veale, A. et al. (1999) Drama and dialogue in a Rwandan community: Community education for psychosocial support of vulnerable children. Concern Worldwide, Trócaire/ University College Cork, Ireland.

behind assistance. Different categories of orphans may suffer form certain levels of social stigma because of their parental actions or family history.

CHAPTER 2: LITERATURE REVIEW

Parental loss is the most fundamental loss that can be experienced in childhood. Loss of one or both parents impacts on children's psychological, physical and material well being. Frequently, children are capitulated into altered care and guardianship arrangements. In extreme circumstances, where a large number of children are orphaned simultaneously such as in Rwanda after genocide, normative cultural responses for the care of orphans are frequently overwhelmed and children and communities strive to cope in the face of enormous adversity. The Convention on the Rights of the Child asserts that children have the right to grow up in a family environment and that 'childhood is entitled to special care and assistance'. This is particularly the case where systems best placed to protect and support children such as the family, experience disruption through death or loss of members. In cases where a child experiences loss or separation from parents, the Convention asserts that State parties are obliged to ensure the protection of a child without a family (Article 20), to ensure reunification where possible and appropriate (Article 10), adoption (Article 21) and a periodic review of placement of children placed by the State of their care, protection and treatment (Article 25). In practice, emergent coping responses to adapt to large numbers of orphans are more diverse than those acknowledged within the Convention. Many adaptive strategies of children are not visible, such as children trading labour for food, shelter and protection, and children living in sibling or peer groupings. In such cases the role of the broader community becomes especially significant in responding to orphan's rights. This chapter reviews the literature on orphans and examines issues such as technical and cultural definitions of 'orphan'. It gives a brief overview of the situation of orphans in Africa in general, and in Rwanda in particular. It looks at research findings on different categories of orphans in Rwanda, and explores the implications for Rwanda for the HIV/AIDS pandemic for the future.

WHO IS AN 'ORPHAN'?

Orphanhood is generally perceived as an outcome of parental death. The literature on orphans commonly refers to single and double orphans. 'Single orphan' refers to a child that has experienced the death of one parent. A 'double orphan' is one that has lost both parents. A frequently used definition of 'orphan' makes a distinction between **maternal orphans**, children under 15 years whose mothers have died and **paternal orphans,** children under 15 years whose fathers have died. **Double orphans** are children whose mothers and fathers have both died[15].

Cultural factors can play an important role in determining definitions of orphan. Perceptions of who is an 'orphan' can be influenced by local cultural and social norms of 'family' and can vary between patrilineal and matrilineal societies. Some definitions of orphan prioritise maternal death as an indicator of orphanhood, as maternal care has been fundamentally linked to children's well-being, and even

[15] Hunter & Williamson (1997) Children on the Brink: Strategies to support children isolated by HIV/AIDS. US: United States Agency for International Development

survival. For example, a UNICEF/UNAIDS (1999) report on children orphaned by AIDS states 'UNAIDS, WHO and UNICEF define AIDS orphans as children who lose their mother to AIDS before reaching the age of 15 years. Some of these children have also lost or will later lose their father to AIDS'.[16] The report goes on to point out that in some assessments, paternal orphans, those who have lost only their father to AIDS, are included in estimates of children orphaned by AIDS but 'because reliable data on the number of paternal orphans are not available in many countries, the orphan statistics used by UNAIDS and UNICEF do not include children who have lost only their father' (p5).

With respect to Rwanda, it is necessary to develop a culturally and contextually-grounded understanding of 'orphan'. The term is politically and emotionally laden as the genocide of 1994 left many thousands of children orphaned and others effectively without parental care. Many children experienced the decimation of practically their entire extended family. Orphans feature across all categories of children in especially difficult circumstances in Rwanda, including children in unaccompanied centres, fostered children, reunified children, child headed households and street children. These groups also include many children that are not technically 'orphans'. Therefore many children are vulnerable and may live in similar conditions to orphans albeit for different reasons. There is also a question as to whether children that have experienced parental death but are well cared for and protected in their extended family should be considered as orphans?

Some of these complex definitional issues were highlighted in a situation analysis of orphan and vulnerable children in Zambia in 1999. The study raised concerns about the long term impact of terminology which makes strong distinctions between categories of children in communities. It noted 'the use of orphan terminology appears to be at variance with cultural use, harmful to community development initiatives and negative to the family structure and the development of children and self reliance. A particularly worrying realisation is that, although all languages in Zambia have a word for 'orphan', it would not traditionally be used-or even thought of for a child living with an adult relative[17].'

A further complicating issue is that many children that may have surviving parents live without parental care and protection. Loudon (1996) introduced the term *community dependent children* to refer to children orphaned and abandoned as a consequence of the Aids epidemic in South Africa. This term has some inherent appeal as it avoids making distinctions between children that have lost their parents through death and children without parents for other reasons (such as parents in exile). It also allows a continuity of response between orphan children and other extremely destitute children in a community that may be dependent on community support for their survival and well-being. For community development work, the term 'community dependent children' may have advantages over the more focused and emotive term 'orphan'. However it may hide the specific psychological and support needs of orphan children and children without parents by being a catch-all term.

[16] UNICEF/UNAIDS (1999) Children orphaned by AIDS: Front line responses from Eastern and Southern Africa. P. 5 New York: UNICEF

[17] Government of the Republic of Zambia (1999) Situation Analysis of Orphans and Vulnerable children in Zambia. Vol. 1 Summary Report**.** Pg 6. Joint USAID/UNICEF/SIDA/Study Fund Project, November, 1999.

For the purposes of this study, no technical definition is assumed. Instead, a grounded analysis approach was used with respect to defining 'orphan'. In workshops in communities, participants were asked to put forward their understanding of the word 'orphan' and this cultural understanding of who is an orphan in Rwanda is explored in the analysis.

ORPHANS IN AFRICA

The creation of large numbers of children without adult care and protection has always been a correlate of war and political violence in Africa but only a small proportion of these children are orphans. The bulk of children are generally unaccompanied minors, and the state of being unaccompanied is temporary. In the past ten years however, there has been a huge surge in the numbers of children that have experienced the death of parents as HIV/Aids has grasped hold in many African communities. In most African countries, orphaning is presently being highlighted in the context of the HIV/Aids pandemic. It has been reported that before AIDS, approximately 2% of children in developing countries were orphaned[18]. This figure has doubled and even trebled in some countries. Zimbabwe has one of the worst AIDS epidemics in the world and in excess of 26% of all adults are infected with HIV. By the end of 1997, 7% of all children under 5 years were orphaned by AIDS. In Malawi in 1997, this figure was 6%, in Zambia 9% and 4% in Botswana. The rate at which children have been orphaned in Botswana quadrupled in just three years between 1994 and 1997.

A USAID commissioned report on orphans in Africa notes:

Historically, orphaning on a large scale has been a sporadic, short-term problem, caused by war, famine and disease. HIV/AIDS has transformed orphaning into a long term, chronic problem....the serious social and economic dislocation that will result from the large and growing proportion of children who are orphaned will require comprehensive, creative and long-term solutions.'[19]

There has been a rapid increase in the rate of HIV infection among young people in many African countries. In Malawi, over 25% of women attending ante-natal clinics in urban centres tested positive for HIV. Globally, 50% of all new infections are among young people aged 10-24 years.[20] The report notes rates of increase of HIV infection is higher among girls than boys. Malawian girls aged 15-24 years are 6 times more likely to be sero-positive than boys the same age. Girls are also becoming infected at a younger age than boys; "Recent studies in African show that girls aged 15-19 years are around 8 times more likely to be HIV positive than are

[18] Figures in this paragraph are from UNICEF/UNAIDS (1999) Children orphaned by AIDS: Front line responses from Eastern and Southern Africa. This report takes as its definition 'UNAIDS, WHO and UNICEF define AIDS orphans as children who lose their mother to AIDS before reaching the age of 15 years. Some of these children have also lost or will later lose their father to AIDS'. (P 5) In reporting these figures, it is not clarified if this is the definition that is used in these country assessment figures.

[19] Hunter & Williamson (1997) Children on the Brink: Strategies to support children isolated by HIV/AIDS. p 4. US: United States Agency for International Development.

[20] Kent (1998) Care and protection of children and young people affected by HIV/AIDS. New York Headquarters: UNICEF Programme Division.

boys their own age. Between the ages of 20 and 24 women are still three times more likely to be infected than men their age." A similar trend of higher infection rates among young women than men has also been noted in Rwanda[21].

The implications of these facts for child welfare are unfolding. Child mortality rates are projected to zoom. The UN Population Division projected that, in the years 2000-2005, half of all child deaths in some African countries will be due to AIDS. It is generally accepted that children born to HIV-infected mothers have about a 33 percent chance of being infected through maternal transmission. In addition, given that the incubation period is approximately 6-8 years, those children not infected will be orphaned[22].

Therefore, African communities have been grappling with absorbing large numbers of orphaned children for a while. Some common issues have emerged. Extended family support, fostering, group care and child headed households are adaptive responses to orphan care in all contexts although cultural differences are significant. Child-headed households exist but their distribution is uneven across countries. One study found that in Uganda 4% of households were headed by children between 12 and 16 years old. In general estimates of the numbers of child headed households are rare.

Increasingly, in communities with major AIDS epidemics, carers of orphans are either the very young or the very old (UNAIDS, 1997). One Kenyan study of 646 children whose parents had died as a result of AIDS found 79% of children were double orphans, and were living with grandparents (ICROSS, 1999). In Zambia, studies have found that grandparents looked after 38% of double orphans, uncles 29% and the remainder were looked after by other extended family members. However orphan care stretches the capacity of the extended family and it is difficult to assess the quality of care children receive in host families. In Zambia, it was found that the extended family network was under considerable stress, and 60% of caretakers were providing orphan care reluctantly, largely because there was no one else prepared to do so (McKerrow, 1996).

There has been little exploration of children orphaned by different circumstances, but existing evidence highlights that this is an issue that needs to be explored more. A comparative analysis of orphans of AIDS and orphans of other causes in Kenya for example found AIDS orphans had a much higher school drop out rate and much higher rates of engagement in full-time unpaid work (ICROSS, 1999). This may indicate that children whose parents died of AIDS experienced greater isolation and less community support than children whose parents died of other causes. Against this are findings from a study in Tanzania which indicated that

[21] Ministry of Health, Rwanda (1998) The Rwanda National HIV/STD/AIDS Strategic Plan Framework for the MTP111 Period 1998-2001. Ministry of Health: Programme National de Lutte Contre le SIDA/UNAIDS.

[22] The Status and Trends of the HIV/AIDS Epidemics in the World: Monitoring the Aids Pandemic, Geneva: UNAIDS.

families that had experienced an AIDS death were more likely to have taken in AIDS orphans from other households.

Finally, Hunter & Williamson (1997) note that in many communities in Africa, the situation at present is that the number of orphans who have lost a parent to AIDS are greatly outnumbered by children whose parents are ill but have not yet died. Therefore, although children are not orphans, their parents may develop HIV related illnesses and as a result, do not have the physical, material or psychological capacity to look after their children. Children can experience extreme adversity long before the experience of orphanhood.

ORPHANS IN RWANDA

The profile of orphanhood in Rwanda presents a more complex story to that presented above. Orphans are one of the legacies of the genocide and communities have struggled to absorb unknown numbers of children into extended and non-kin families. With respect to orphan and unaccompanied children, huge efforts have taken place within Rwanda to provide for children and in particular to place unaccompanied children in family care. The government, the UN and local and international NGOs rose to the challenge of trying to move children from refugee camps, transit centres and orphanages back into community based forms of care. The government estimates that in excess of 70,000 children have been reunited with families since 1994. In addition, many thousands of children have been spontaneously fostered within communities. Issues around the care of orphans is an ongoing challenge. Unaccompanied Children's Centres have continued to receive orphans and unaccompanied minors as part of the process of the repatriation of refugees. Recently, civil conflict in 1997/1998 in Gisenyi and Ruhengeri, as well as parts of Kibuye, Gitarama, Kigali Rurale and Byumba has contributed to the creation of orphans. It is estimated that between September 1997 to April 1998, 50,000 people were killed and communities emptied of their populations, and more than 100,000 people displaced (Reyntjens, 1999).

Communities in Rwanda are weak and fragmented. Families are struggling to rebuild their economic and social capacity. Most families support more dependent members than before the genocide, including many orphans, and coping capacity is very stretched. At the community level, an element of Government policy may significantly impact on the organisation of community structures. In the future is the development of *Imidugudu* or regroupment of the rural population into villages. *Imidugudu* was developed as a response to the immediate need for housing for returnees and for political and security reasons. Construction of regroupment settlements has been undertaken in more than 250 communities, and in excess of 85,000 houses have been completed (Hilhorst & Leeuwen, 1999). Government policy is to extend Imidugudu settlements in rural areas. This will have implications for the social dynamics in these newly formed communities and the integration of strategies for orphan care.

A number of studies have already been conducted to assess the situation of specific categories of children in need of special protection in Rwanda, such as on child-

headed households, reintegrated children and street children. Orphans and non-orphans figure in each of these categories. Some of the main issues to emerge from these studies are briefly reviewed here.

Children in child headed households in Rwanda

In 1997, UNICEF in conjunction with World Vision implemented a qualitative needs assessment of child-headed households in Rwanda[23]. Utilising a focus group methodology, discussions were held with 1649 children in child headed households. In addition, they conducted focus groups with 79 local authorities and social committee members, 44 teachers, and 48 members of church groups and local associations. The study was carried out in 9 Prefectures, that is all Prefectures except Ruhengeri, Gishenyi and Kibuye which were excluded due to ongoing insecurity in those areas. Focus group discussions sought to assess the current life situation of child-headed households, the most pressing material and psychosocial needs, current support systems and individual case studies.

The situation analysis demonstrated that children's daily lives were characterised by care of siblings and engagement in casual jobs for their survival. Children were vulnerable to land grabbing by relatives and abuse and exploitation. In general, the report notes children expressed a lack of trust of adults, including family members. The report noted that girls in child-headed households were being forced to have sex, either by rape or for money. Children who had lived in refugee camps and had been repatriated to Rwanda were also found to have had particular difficulties in adjustment. Cultural family structures impacted on children's well-being. In Byumba, widespread polygamy left children vulnerable to losing their right to land ownership due to extended family conflicts and such conflict was reported to exclude child-headed households further from support networks.

The conclusions of the report were that priority needs for child headed households were food, shelter, and medical care. It was estimated that 95% of children did not have adequate access to education and health facilities. Urban/rural differences were reported and those in rural areas expressed their need for income-related activities such as agriculture, skills training, or micro-enterprise whereas those from urban areas prioritised educational opportunities as their main concern.

Psychosocial needs highlighted in the report included children's need for love, security, a sense of belonging, care and acceptance. In terms of social support, the report noted that "The existence of CHH has barely been acknowledged by Rwandese society. The children express the feeling like their community does not recognise they exist" (p6). Children reported their perception that society feels them as a burden. Most noteworthy was that family members were designated as marginal sources of support by children. In different Prefecture, children said neighbours were more important than relatives. "Since the genocide, your neighbour is more helpful than a relative. When you work for a relative, he assumes that you are part of the family and does not pay you, but when you work for a neighbour, he understands your problems and pays you", (p 13).

[23] World Vision/UNICEF (1998) Qualitative needs assessment of child headed households in Rwanda. Kigali: World Vision.

In social mapping exercises presented in the report, non-government organisations emerged as the children's biggest source of support, followed by neighbours and, in small but equal measure, local authorities, local associations and churches. Relatives were represented as the least important source of support. The recommendations highlighted the need to develop the capacity of the community to respond to the needs of this group.

Reintegrated unaccompanied children

Rwandan Government policy specifies that all children be raised in the community. [24] Although there has been significant concern expressed about child protection needs of reintegrated children in communities, little formal analysis has been carried out of their situation. Some NGOs have carried out follow up assessments of reunified children, and found reasons for concern about the situation of a minority of children. Concern Worldwide in Gitarama sought to assess the situation of reintegrated children in communities after the phase out of their reunification and follow up programme. The research examined the situation of children fostered or reunified through the Unaccompanied Children's programme in Gitarama in 1995- 1997. Through follow up work with individual children and families, social workers identified children that were regarded as being at high risk. Examples of such circumstances included destitute poverty, families at risk of disintegration such as children reunified to an ill grandparent, or children reported by neighbours as experiencing neglect or abuse. Children in 20 foster families and 20 reunified families were followed up and qualitatively assessed.

Of the reunified children's sample group, 47 children were reunified to 20 families. Nine children in 3 families were reunified to a biological parent. In the other 17 families, children were reunified to a sister, paternal or maternal relatives, paternal or maternal grandmother, or step-parent or step-sister. In all, on follow up, 24 children in 6 households had become child-headed due to the death of their guardian or the disintegration of the guardian arrangement due to re-marriage, abandonment or illness. In addition, 11 children in 3 families no longer resided with the guardian they had been reunified with and children had moved between caregivers in the intervening time. In the remaining 9 families, severe poverty and malnutrition were common problems which children and families faced together.

Of the 20 foster families, 18 children were still with their foster parents and children reported that there were initial adjustment difficulties for children after life in the centre, but in the main children had reintegrated satisfactorily. In one case, reported physical abuse was severe enough for social workers to intervene to remove the child from the family. In one case, the child had left the family to become a street child. Reflecting similar conclusions as the study on child-headed households, the conclusions of this study was that some form of community- based follow up of vulnerable children was an important element of a concerted child protection programme[25].

[24] See Regulations for Orphans and Separated Children's Centres, Government of Rwanda, Kigali, 1994.
[25] Concern Worldwide, Rwanda. Rapport d'une enquête menée par Concern sur les enfants placés en familles d'accueil et les enfants reunifiés. Concern: Kigali.

Street children in Rwanda

In 1997, the Ministry of Youth, Culture, and Professional Training initiated a situation analysis of street children in Rwanda[26]. Methodology consisted of structured observations and mapping, structured interviews with 290 children in the Prefectures of Kigali, Butare, Kibungo and Byumba, focus group discussions with children and adults and key informant interviews and questionnaires with 100 key informants from government, local authority, NGO's, police, traders and community leaders.

Using ad hoc sampling methods, the results indicated that orphans formed a significant part of the street children population in Rwanda at that time. Based on self-reports of children, overall a third, or 33% of street children reported both parents were dead and therefore were double orphans, 27% were paternal orphans, and 7% were maternal orphans. 11% did not know the whereabouts of their parents. There were significant regional differences and the lowest proportion of double orphans was found in Kigali. Possibly the availability of economic opportunities in the markets and on the streets was a significant attraction for children in poor families in Kigali to work on the streets.

An analysis of factors responsible for children's initiation to the street demonstrated that parental or guardian death was responsible for the precipitation of 9% of children to the street, poverty following parental death was cited by another 9% of children and 'no guardian' by 18% of children.

The findings give some insight into care arrangements after the death of a parent. In cases where the child had one surviving parent (n=99), children were more likely to cite their mother as guardian if the mother was the surviving parent (68%) than to cite the father in cases where he was the surviving parent (48%). Among maternal orphans, 29% of children cited a sibling or relative as their guardian, and the remainder (24%) cited 'no guardian'.

One of the most significant points of the profile of Rwandan street children was that nearly half of homeless children (44%) cited having no parents or guardian and were effectively 'family-less'. This is atypical of the profile of street children in developing countries and is more similar to profiles of street children in other post-conflict contexts.

In addition, a slightly higher percentage of children who were living with a guardian or father were homeless compared to those who cited a mother or both parents as guardians, possibly indicating that (male) maternal orphans were a at slightly higher risk of street living than paternal orphans. Adolescent males were also very significantly represented among the street child population. Lack of attention to the issues facing adolescents, particularly adolescent males has been raised in a number of reports on child rights in Rwanda (Cantwell, 1997) and is therefore an issue that needs further exploration.

[26] Veale, A., Dona, G., Muramutsa, F. et al., (1998) The Children's Voices: Situation analysis of Street Children in Rwanda. UNICEF, Ministry of Youth, Culture, and Professional Training, Italian Co-operation, Trocaire /University College Cork, Ireland.

Children in centres

Approximately 5000 children remain in childrens' centres, a figure comparable to pre-war times. For the most part, tracing and reunification efforts have been phased out. Children that remain in centres are difficult to trace children or 'children without addresses', socio-economic cases, that is families unable to support children due to destitute poverty, and severely traumatised children. The issue facing centres now is to examine what strategies can be undertaken to move these remaining children back to communities. Fostering from centres has been part of Government policy, under the slogan 'One child-one family'. However some categories of children have been difficult to place in foster care. For example, one agency found, that of 36 families that passed strict criteria to register as foster parents, 19 families declined to accept boys. In a patrilinear society, issues around inheritance rights, concerns about behavioural difficulties and the difficulty for boys in assuming a dependent position in a new structure may result in families being reluctant to absorb adolescent boys in their family.

A comparative review with studies on orphans from other African countries highlights that in Rwanda, research to date has mainly focused on orphaning as a consequence of genocide and civil breakdown. Orphaning due to HIV/Aids has been less visible. The following section assesses the projected impact of HIV/Aids on Rwanda in the future on the basis of available research.

ASSESSING THE IMPACT OF HIV/AIDS ON ORPHANING IN RWANDA IN THE FUTURE

The first AIDS cases were identified in Rwanda in 1983. In 1998, it was estimated that approximately 11% of the Rwandan population were HIV positive, of whom 5.9% are children[27]. The Rwandan National HIV/STD/Aids Strategic plan framework 1998-2001 gives a detailed breakdown of HIV infection rates by age and gender. Infection rates among women are higher than amongst men. It reports 13.9% of women aged 20-24 are HIV infected compared to 8.6% of men, 21.5% of women aged 25-29 (13.9% of men), and 20% of women aged 30-34 (11% of men). This trend reverses in the older population with 12.5% of women aged 40-50 testing positive, compared to 18% of men in the same age bracket. Children aged 12-14 years have a prevalence rate of 4.5% rising to between 6-7% of youth aged 15-19 years.

Given that orphanhood is projected to peek seven to ten years after sero-prevalence, the demographic implications for ten years time in Rwanda are sobering. By the Year 2010, of an estimated total population of 10.1 million, 2.7 million will pass away due to AIDS. Life expectancy will be reduced to 36.5 years. Infant mortality rates are projected to reach 166.1 per 1000 of children under 5 years of age[28].

The Rwanda Strategic Plan Framework identifies a series of factors that are believed to be correlated with a spiralling rate of HIV infection, including increasing poverty, the exchange of sex for money in an organised and informal market,

[27] /[16] Katende, M & Lukwago, B. (1999) Breaking the conspiracy of silence. Kigali: UNICEF.

sibling responsibility for the wife and children of deceased brothers, and the increased collective housing through Imudugu's. Sexual practices in refugee camps on the borders of Rwanda also fuelled transmission of sexually transmitted diseases and HIV.

The high rate of infection amongst women leads to projections of a sharp rise in the numbers of maternal orphans in the future. Overall, infection rates are higher in urban than rural areas. Higher infection rates in urban areas where children may live without extended kinship systems means community based supports may not be strong. Community development in Rwanda tends to focus on rural areas and less on urban areas. If orphaned, children in urban areas may face a choice of fending for themselves in the urban economy or of moving to rural areas for care in extended family systems. There are many implications to these trends that need further analysis and understanding for policy and programming.

Worryingly, the highest prevalence rates amongst women are reported to be amongst widowed and separated or divorced women and those in common law (co-habitating) arrangements. These are family structures that are highly vulnerable in Rwanda as cultural practices of responsibility for the family of a deceased man rests with paternal siblings. The death or absence of a father may result in weakened links to paternal kinship systems, the traditional support system. The Rwanda poverty survey shows that female headed families lack economic resiliency and are represented amongst the poorest and most vulnerable family structures. The implications of higher HIV rates amongst such families has implications for care and protection arrangements for children in such households in the future.

A detailed analysis of statistical projections of HIV/AIDS was undertaken in 19 countries by UN agencies in conjunction with USAID. The study entitled 'Children on the Brink' was designed to assess the likely impact of HIV/AIDS in countries with the highest prevalence of HIV infection. The selection of countries surveyed was based on figures from 1996 U.S. Census Bureau figures of countries in which the sero-prevalence rates of HIV in urban areas has reached a threshold of 5% or above. 17 of the 19 countries were in Sub-Saharan Africa. The list included all the countries in the Great Lakes region, including Rwanda. Commenting on the future impact of HIV/AIDS, the report notes "Increased numbers of orphaned children certainly will be the most visible demographic shift caused by the pandemic" (p 13)

Table 1 examines the hypothesised demographic changes that are projected to be experienced in Rwanda in the period 1990-2010 as a result of the impact of HIV/Aids[29]. The population of children under 15 years of age in 1990 is placed at 3,490,782 and this is projected to have dropped by over 700,000 by 1995 (presumably as a result of demographic changes due to the genocide). By the year 2010, the population of children under 15 years is projected to have jumped to in excess of 4 million children.

From Year 1990, it is projected that the percentage of maternal and double orphans in Rwanda will increase from 5.4% (Year 1990), to 11.1% (Year 1995), 12.1% (Year

[29] These figures are extrapolated from the statistical tables in the Appendix of Hunter & Williamson (1997) 'Children on the Brink'. USAID.

2000), 16,3% (Year 2005) and 19.3% (Year 2010). Paternal orphan deaths are included in the analysis and calculated separated and are projected to increase from 10.03% of children under 15 years in 1990 to 16.52% (Year 1990) , 14.79% (Year 1995) , 16.30% Year (2005) and 15.79% (Year 2010)[30].

The total percentage of maternal, paternal and double orphans in the twenty year time span is projected to increase from 15.43% (Year 1990), to 27.54% (Year 1995), 26.89% (Year 2000), 32.61% (Year 2005) and 35.09% (Year 2010). To place these projections in a regional context, Table 2 cites the projected number of orphans as a percentage of total children under 15 years for Burundi, Uganda, Tanzania and the Democratic Republic of Congo. The Rwandan figures demonstrate the highest percentage of orphans and the fastest growth ratio of orphans.

Overall, there is a need to examine what can be learnt about the care and protection of orphans in communities from past experience, and use this for developing and refining policy and programmes for children already returned to communities, children in centres awaiting reintegration and for future prevention and intervention programming.

[30] Before these projections are uncritically accepted, it should be noted that there is some disparity between UN projected figures of orphans in Rwanda and those based on the U.S. Census Bureau as utilised in the 'Children on the Brink' report. Projected estimates of the number of children aged 10 years orphaned by AIDS in 2005 in Rwanda is, according to the U.S. Census Bureau (thousands) 307.9, compared to 165.9 (UN). This is a percentage difference of 80%, one of the highest percentage differences across the comparison of 19 countries. It is not possible to gauge the reasons for this discrepancy on the basis of the information available but it may be due to differences in the technical definition of 'orphan' as Hunter includes paternal deaths but many other estimates do not make this calculation.

Orphan estimates

	1990	**1995**	**2000**	**2005**	**2010**
Pop U 15 years	3,490,782	2,786,646	3,931,130	4,002,070	4,320,554
Maternal and double orphans from all causes	188,576	308,947	475,598	652,531	833,779
Maternal/double orphans as % of children< 15	5.4	11.01	12.1	16.30	19.30
% of maternal/double orphans from AIDS	28.3	39.6	56.8	73.20	83.40
Paternal orphans from all causes	350,213	460,421	581,286	652,431	682,183
Paternal orphans as % of children <15 years	10.3	16.52	14.79	16.30	15.79
Total orphans from all causes	538,778	767,368	1,056,884	1,305,062	1,515,962
Total orphans as % of children < 15 years	**15.43**	**27.54**	**26.89**	**32.61**	**35.09**

Table 1: Projected increase in orphans in Rwanda from 1990-2010, 'Children on the Brink'
Comparative Analysis

Total orphans as % of children < 15 years	1990	1995	2000	2005	2010
Burundi	*14.82*	*15.32*	*15.97*	*16.78*	*17.51*
Uganda	20.22	23.09	25.52	27.63	28.75
Tanzania	15.28	18.12			