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**List of issues in relation to the fourth periodic report of
Rwanda (E/C.12/RWA/2-4) adopted by the pre-sessional
working group at its fiftieth session (3-7 December 2012)**

Addendum

Replies of Rwanda to the list of issues^{*}

[4 April 2013]

^{*} In accordance with the information transmitted to States parties regarding the processing of their reports, the present document was not edited.

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I. General information

Reply to the issues raised in paragraph 1 of the list of issues (E/C.12/RWA/Q/2-4)

1. The Government of Rwanda has adopted the monist approach in its legal system. Therefore, when a convention or treaty is ratified, it is applied directly without any integration process in domestic legislation. Once ratified, all treaties and conventions are automatically domesticated according to the Constitution of the Republic of Rwanda in its article 190 which stipulates that: “Upon their publication in the official gazette, international treaties and agreements which have been conclusively adopted in accordance with the provisions of law shall be more binding than organic laws and ordinary laws except in the case of noncompliance by one of parties”.
2. This provision gives a litigant the right to direct apply at national level the international instruments duly ratified and applied by the other party.
3. The statistics of cases in which the ratified conventions have been invoked or applied by the courts and tribunals are not available, because so far no survey was conducted.
4. Other measures were taken to raise awareness of the judiciary, the prosecution and other lawyers. To facilitate this training, all the core international human rights instruments were translated into the local language and distributed to all tribunals and courts, prosecutors’ offices and to lawyers.

Reply to the issues raised in paragraph 3 of the list of issues

5. The fight against corruption has been one of the main priorities of the Government since 1994. In this endeavor, a number of important laws have been adopted and different institutions established.
 - The Constitution of the Republic of Rwanda as amended to date;
 - Law N°23/2003 of 07/08/2003 aiming to prevention, suppression and punishment of corruption and related offences;
 - Organic Law N°01/2012/OL of 2 May 2012 instituting the Penal Code;
 - Organic Law No61/2008 of 10 September 2008 on the Leadership Code of Conduct;
 - Organic Law N°37/2006 of 12 September 2006 on State finances and property;
 - Law N°35/2012 of 19 September 2012 relating to the protection of whistleblowers;
 - Law N°47/2008 of 9 September /2008 on prevention and penalizing the crime of money laundering and financing terrorism;
 - Law N°12/2007 of 27 March 2007 on public procurement;
 - Law N°17/2005 of 18 August 2005 modifying and complementing the Law N°25/2003 of 15 August 2003 establishing the organization and functioning of the Office of the Ombudsman;
 - Ministerial Order N°001/08/10/Min of 16 January 2008 establishing regulations of public procurement and standard bidding document.

6. Rwanda is signatory to the International Convention against Corruption and the African Convention against corruption.
7. Another important step in combating corruption was the initiation of central administration reforms which led to the establishment of important core anti-corruption institutions including the office of the Ombudsman, Office of the Auditor General, Rwanda Public Procurement Authority, etc.
8. In order to create a framework of exchange of information on corruption, to avoid collusion and to set collective efforts among institutions on fighting against corruption, the National Anti-corruption Advisory Council was established.
9. The establishment of an internal auditor in every government institution as well as tender committee is an additional measure to prevent and fight corruption.
10. The declaration of assets system for public officials has also been considered a good strategy of preventing and detecting corruption or related offences.
11. The development of Rwanda's anti-corruption policy in 2012 is an indication of Rwanda's commitment under vision 2020 to achieve good governance through preventing and fighting corruption.
12. Moreover, Rwanda has initiated an anti-corruption week aimed at raising public awareness on the negative effects of corruption and encouraging them to play a key role in fighting it.

Reply to the issues raised in paragraph 4 of the list of issues

13. The National Commission for Human Rights/Rwanda (NCHR) is a member of the International Coordinating Committee of National Institutions for the promotion and protection of human rights (ICC). It has been accredited by the ICC and granted "A" Status from 2001 to date, meaning that it is considered to be in full compliance with the Paris Principles.
14. NCHR is a constitutional commission established in 1999 by Law N° 04/99 of 12 March 1999. The NCHR is an independent and permanent institution in conformity with article 177 of the Constitution of the Republic of Rwanda of 4th June 2003. Law N° 30/2007 of 6 July 2007 determining its organization and functions stresses its independence and determines its mandate, which includes the protection and promotion activities.
15. The independence of the NCHR vis-à-vis the Executive is emphasized by the fact that it performs its mission of promotion and protection of human rights with no influence, injunction or instructions of the Government. In fact, the NCHR submits its report to the Parliament and not to the Government. On the basis of human rights violation cases found in the NCHR reports, the Parliament conducts an oversight of government actions.
16. To fulfil their mission independently, commissioners have immunity: "commissioners shall not be prosecuted before courts due to their views expressed or published on the basis of their responsibilities. Commissioners shall not be provisionally detained [...] "according to article 14 of the above mentioned Law.
17. It is also crucial to note that the NCHR has autonomy in managing its property and using funds allocated to it. NCHR prepares its own annual action plan and budget taking into account the mandate, attributions and the priorities. The action plan and the budget, once approved by the Council of Commissioners is submitted to the Ministry of Finance and Economic Planning that gathers all budgets of institutions operating within the State budget. Once the budget is approved, the funds are deposited on NCHR's account to cover

the expenses related to all activities in its action plan. Likewise, funds granted by bilateral partners are directly deposited on its account.

18. Furthermore NCHR enjoys full autonomy in recruiting its staff.

II. Issues relating to the general provisions of the Covenant

Reply to the issues raised in paragraph 5 of the list of issues

Measures taken to combat discrimination against persons with disabilities

19. The Government of Rwanda is committed to ensuring that the needs of children living with disabilities are included in the national development plan that focuses on achieving growth through equity. Children with disabilities are represented at all levels of children forums.

20. People with disabilities are recognized as a priority group, especially children. In 2010 the constitution of Rwanda was amended to create a National Disability Council to address the challenges faced by persons living with disabilities. In addition, the Ministry of Local Administration and Social Affairs (MINALOC) have developed a Social Protection Policy and Strategy which aims to address these challenges. A grant (cash transfer) for people with disabilities is being considered. There is a member of parliament representing persons with disabilities and the Rwandan members of the East African Community Parliament have a representative of persons living with disabilities.

21. The Rwanda National Decade Steering Committee (RNDSC) is responsible for advocating for mainstreaming of disability issues across government and for building the capacity of DPOs. The RNDSC was heavily involved in the initiation of the Ministerial Orders to implement Law No. 01/2007 of 20 January 2007 relating to Protection of the Rights of people living with disabilities in all domains (education facilities, access to infrastructures, etc).

22. To discourage any form of discrimination and violence against disabled persons, article 27 provides that; “Any person found guilty of any form of discrimination or any form of violence against a disabled person, shall be punished with the heaviest penalty among the penalties provided for by the Criminal Code and special laws relating to such a crime”. In line with caring for disabled children, Ndera neuropsychiatric centre provides treatment of mental disabilities. The Centre de rééducation pour les jeunes handicapés du Rwanda: Home de la Vierge des Pauvres (HVP) is open to all disable children where they receives education and training, remedial care and mental hygiene.

23. Collectif Tubakunde is an umbrella organization of 38 associations and centres in 23 of 30 districts of Rwanda which aims at mobilizing national and international actors on the challenges faced by children and youth with intellectual disabilities in Rwanda and provides them with health care and treatment. Mental health services have been scaled up in all district hospitals countrywide.

24. The Ministry of Education (MINEDUC) developed a Special Needs Education Policy, which was adopted by the Cabinet. The Ministry of Education has been working with UNICEF to create ‘Child Friendly Schools’ where children learn in healthy, welcoming, inclusive and empowering environments.

Number of children with disabilities

25. Data on children with disabilities is set out below:

(a) The number of children under 18 years of age with disabilities by sex is: 35,006 (male) and 26,148 (female) according to the Census of people with disabilities in Rwanda (MINALOC, 2010).

(b) Living with their families: 58,107.

(c) In institutions: 3,047 children placed in 37 institutions.

(d) Attending regular primary schools in 2011(see tables below)

Hearing	Visual	Dumb	Physical	Mental	Others	Boys	Girls	Total
2,484	4,594	1,374	11,855	4,964	2,082	14,944	12,409	27,353

(e) Attending regular secondary school:

Hearing	Visual	Dumb	Physical	Mental	Others	Boys	Girls	Total
597	1,944	206	2,868	439	1,108	3,714	3,448	7,162

(f) Attending special schools: Vocational Training

Hearing	Visual	Dumb	Physical	Mental	Others	Boys	Girls	Total
51	69	6	257	54	85	303	219	522

Source: Rwanda Education Statistics 2011, MINEDUC 2012.

Reply to the issues raised in paragraph 6 of the list of issues

26. In accordance with article 11 of the Constitution of the Republic of Rwanda of 4th June 2003 as amended to date, all Rwandans are born and remain free and equal in rights and duties. Discrimination of whatever kind based on, inter alia, ethnic origin, tribe, clan, colour, sex, region, social origin, religion or faith, opinion, economic status, culture, language, social status, physical or mental disability or any other form of discrimination is prohibited and punishable by Law.

27. Rwanda undertook an initiative to consolidate national unity and prevent the re-occurrence of the ethnic conflicts that characterized the past. The Government adopted a policy according to which there is only one Rwandan community composed of all Rwandans (Banyarwanda). The former distinction of groups into Bahutu, Batutsi and Batwa was largely seen to be divisive and unproductive to Rwandans.

28. As a result of that policy, the Government of Rwanda does not consider any group of Rwandans as a distinct of others. However, the Government recognizes the particular situation of some vulnerable populations under the category of “historically marginalized populations” and, to that end, it has adopted a series of measures to improve their living conditions, as well as integrating them into mainstream Rwandan society.

29. The provision of free education, health insurance and shelter schemes like *imidugudu- villagisation (common settlements aimed at extending public service and infrastructures like schools, health centers, electricity, water to rural societies)* and other poverty eradication schemes under EDPRS and vision 2020 have been undertaken to raise their standards of living and integrate them to impressive welfare standards with the rest of the population. Actually, it is expected that by 2020, such historically marginalized category of people will be at parity with all other Rwandans.

Reply to the issues raised in paragraph 7 of the list of issues

30. The following measures have been taken to promote the access of women to gainful employment, especially in local public administration and managerial posts in the private sector:

- The Constitution of the Republic of Rwanda adopted in June 2003 includes a commitment to the equality of women and men.
- There is a political commitment to women in decision-making, reflected by the guarantee of at least 30 per cent of all posts for women.
- The Gender Monitoring Observatory monitors progress towards gender equality for sustainable development.
- *Conseil National des Femmes* was established in 1996 to promote women's empowerment and full participation in national development.
- Awareness raising and capacity building programmes have contributed to the active participation of women in decision-making.
- The Forum for Rwandan Women Parliamentarian (FFRP) was created in 1996 to empower women in decision-making positions.
- Gender sensitive laws promoting equal land rights for women and men were adopted and include:
 - The law on Matrimonial Regimes, Liberalities and Successions/inheritance Law
 - The Constitution of the Republic of Rwanda, in particular articles 26, 27 and 28 which provide for equal property rights;
 - The Organic Land Law
 - The law governing civil servants and the labour code preventing the dismissal of pregnant women and include provisions for breastfeeding women
- Micro-Finance Institutions (MFIs) ensure access for middle class businesswomen to loans and help in granting small loans to rural women.
- The "Banques Populaires du Rwanda" has a specific branch that caters to women's advancement.
- A Women Guarantee Fund was established for women to enable access to loans and trade opportunities
- The Ministry of Agriculture has entered into an agreement with the National Bank of Rwanda to assist women farmers.
- Training for business plan development, and seminars to share experiences and network are available.
- The Center for Innovation and Technology Transfer (CITT) has developed and disseminated friendly technologies, especially for rural women
- An estimated 6,000 women are engaged in handicraft work through cooperatives
- The National Gender Cluster coordinates, monitors and guides the implementation of the National Gender Policy.

- MINECOFIN is responsible for planning and managing the Rwandan economy and ensuring Gender Focal Points (GFPs) ensure that policies, programmes, and budgets are gender responsive and address gender mainstreaming capacity needs in their institutions.
- Public officials participate in periodic trainings on women's rights and gender equality.

Reply to the issues raised in paragraph 8 of the list of issues

31. The Constitution establishes various institutions to cater for the promotion and empowerment of women ranging from the Gender Monitoring Observatory (GMO) to the National Council of Women, which is represented in decentralized administration structures. Those institutions are in charge of promotion of women and girls in order to eliminate all traditional stereotypes regarding inequality of women and men in Rwandan society.
32. A Girls' Education Policy was developed in 2008 with a strategic implementation plan.
33. Gender equality has been integrated in all curricula and textbooks to raise awareness of girls on harmful traditional practices and their consequences.
34. Gender equality and equity is a topic in Social Studies in primary schools and Political Education in secondary schools.
35. Awareness campaigns are conducted continuously to promote the rights of girls and eliminate negative cultural attitudes and practices.
36. Laws on the protection of women's rights or containing provisions protecting women's rights include the law on the prevention of Gender Based Violence (GBV).
37. The Law on Matrimonial Regime, Succession and Gifts which allows both male and female children to inherit their parents' properties.
38. The Land Law, which requires that new land titles have to include the names of both husband and wife; etc. Some old gender discriminatory laws were identified and are now under review. Through a partnership with the Natural Resource Authority, GMO is monitoring how the land registration process is addressing gender land concerns in all districts.

III. Issues relating to the specific provisions of the Covenant (arts.6-15)

Reply to the issues raised in paragraph 9 of the list of issues

39. The rate of unemployment between 2000- 2011 (trends on information of all persons aged 16 years and above) is presented as follows:

<i>Year</i>	<i>Total of persons (in 000s)</i>	<i>Employed</i>	<i>Unemployed</i>	<i>Students</i>	<i>Others</i>
2000	4,118	86.7%	1.4%	6.3%	5.5%
2006	5,116	84%	1.6%	10%	4.3%
2011	5,888	84.2%	0.9%	11.3%	3.6%

Source: NISR, EICV3 REPORT

40. The following steps have been taken to reduce unemployment particularly among the youth:

- Incubation and entrepreneurship business training programme are being implemented countrywide to facilitate youth to realize their full potential through gaining practical knowledge on business projects.
- In line of regulating the informal sector, the Government of Rwanda put in place Law No13/2009 of 25/05/2009 regulating labour in Rwanda. Article 3, para.3 of this Law provides the protection of people working in the informal sector in respect of social security, joining the trade union organization and those relating to health and safety at workplace.

Reply to the issues raised in paragraphs 10 and 11 of the list of issues

41. The Government of Rwanda is in the process of setting up a minimum wage.

42. Each district has a labour inspector whose responsibilities are to carry out inspection of private institutions in order to ensure that laws regulating labour in Rwanda are respected. Labour inspectors ensure the enforcement of the legal provisions relating to conditions of work and the protection of workers while engaged in their work, to give information and advice to employers and workers concerning the most effective means of complying with the legal provisions, to bring the competent authority defects of abuses contrary to existing legal provisions, etc.

43. In regards to health and safety, the Government of Rwanda put in place Ministerial Order N°02 of 17/05/2012 determining conditions of occupational health and safety and Ministerial Order N°01 of 17 May 2012 determining modalities of establishing and functioning of occupational health and safety committees. This Ministerial Order provides the establishment of health and safety committees at workplace.

44. Also the Government of Rwanda is in the process of putting in place a National Policy on occupation health and safety at workplace and is developing sector specific regulation on it (OHS).

Reply to the issues raised in paragraph 12 of the list of issues

45. The Constitution of the Republic of Rwanda in its article 38 provides that the right to form unions for the defense and the promotion of legitimate professional interests is recognized. Every worker may defend his/her rights through trade union action under conditions determined by the Law.

46. The article further provides that every employer has the right to join an employers' organization. Trade unions and employers' association have the right to enter into general or specific agreements regulating their working relations.

47. Law N°13/2009 of 25 May 2009 regulating labour in Rwanda in its article 101 provides that workers or employers may set up freely and without prior authorization their respective professional organization.

48. Ministerial Order N°11 of 11 September 2010 determining the modalities and requirements for the registration of trade unions or employer's professional organizations. This Ministerial Order provides for procedures and requirements for registration of trade union or employer's professional organization. In this regard, any interference from local government is prohibited and punished.

49. Concerning collective bargaining mechanisms, the Ministry of Public Service and Labour shall facilitate trade unions and Employer's Professional Organizations to put in place collective bargaining mechanisms.

Reply to the issues raised in paragraph 13 of the list of issues

50. Article 39 of the Constitution provides that the right to worker's to strike permitted and shall be exercised within the limits provided for by the Law.

51. The Labor Law N°13/2009 of 25 May 2009 in its article 155 provides that the exercise of the right to strike for indispensable services must follow the particular procedures permitting the maintenance off the necessary minimum service for the security of people and their goods. The Ministerial Order N°04 of 13 July 2010 determines essential services that should not stop and the terms and conditions of exercising the right to strike or to lockout. The essential services are those meant safeguard peoples' basic right and freedoms such as the right to life, health, freedom and security, freedom of movement and freedom of communication and information (art 3. MO).

Reply to the issues raised in paragraph 14 of the list of issues

52. Universal social security coverage is contained in the national social security policy and is a key component of the Rwanda Social Security Board vision statement. In designing the 2011/2012-2013/2014 strategic plan, improving coverage is one of the key priorities in the above stated period. The steps taken to extend coverage to the uncovered groups in pension sector include:

- Redesigning the social security system to make it attractive to the informal sector by introducing pre-retirement benefits like housing. The law is before Parliament;
- Amending the law to remove restrictions on the participation of self-employed persons;
- Intensive sensitization to raise social security awareness.

53. For health care, the following steps have been taken:

- Reinforcing community-based health insurance;
- Revisiting the health insurance legislation to enhance coverage.

54. With these measures, the health insurance coverage is now above 90 per cent and we expect further increase during the course of the year 2013. For old age pension significant improvement will be registered after enacting the new Law.

55. The Presidential Order N°36/01of 8 April 2002 provides for the minimum social security benefits that can be reviewed in recommended by actuarial valuation. The current minimum pension is 5200 FRW.

56. The national social security policy requires the Government to devise measures to extend social protection to a wider segment of the population including vulnerable groups. The Government in 2011 adopted a national social protection strategy and one of the issues covered is social assistance in form of cash transfers to poor and vulnerable groups not covered by the contributory schemes. The strategy is under implementation.

Reply to the issues raised in paragraph 15 of the list of issues

57. Within the National Police, there is a Gender based violence Monitoring Unit that oversees women and child protection. It has specialized Officers and offices (interview room) to receive cases of children witnesses or victims of violence. The Police also set up a helpline and online services to report child abuse and violence.

58. A special unit for the follow up and prosecution of GBV related crimes and a unit for the protection of victims and witnesses in general were set up in the National Public prosecution Authority (NPPA), with a Free toll Hotline.

59. The Government made a decision to try GBV cases in Districts where offences were committed. Courts have received instructions from the Supreme Court to give priority to gender based cases implying that the perpetrators of violence will be caught and punished.

60. In July 2011 the cabinet passed a policy and strategic plan against Gender Based Violence. Standard training modules on gender and Gender Based Violence to build the capacity of practitioners and the general public were developed in 2011.

61. Prime Minister's order N°001/03 of 11/01/2012 determining modalities in which government institutions prevent and respond to gender- based violence and provide that Investigation on gender based violence cases must be speed up and the cases are submitted legally to the investigation authority.

62. GBV committees were established from the central level down to the village/Umudugudu level, with the purpose of ensuring the implementation of laws, policies and strategies for prevention and eradication of GBV.

63. Various community initiatives on the fight against sexual/domestic violence are now operational, including among others, community policing programme, "inzego z'impuruza" (whistle blowers) which are composed of all people who monitor issues related to gender, provide information on a daily basis. "Akagoroba k'ababyeyi (parents' evening)", a forum in which all parents of a given village meet every evening to discuss all social and health issues, including possible violence to which they may be subjected.

64. Other initiatives were taken, especially the creation of "gender clubs" in all schools (primary, secondary, higher learning institutions), public institutions and private sector institutions.

65. ISANGE One Stop Centre" which means "Feel welcome," set up since July 2009 by the Government of Rwanda, was created to receive, host, care and treat GBV survivors. This centre is now operational in all Provinces and the objective is to make it operational in all Districts.

66. This Centre offers free-of-charge holistic services to survivors of GBV and until March 2011, 2,171 survivors have so far benefited. Of these 1,388 survivors were sexual violence cases of which 453 cases were satisfactorily prevented from Sexual Transmission Infections and unwanted pregnancy and 1,177 cases were prosecuted.

67. The centre operates a free Hotline for help, protection from further violence, investigation of crimes, medical and psycho-social care as well as support and collection of forensic evidence. This centre is based on an innovative multidisciplinary approach to cases of GBV: in a single place, survivors are given medical and psychosocial care (including prevention of post-trauma disorders, emergency contraceptives, and prevention of sexually transmitted infections and unwanted pregnancies), as well as police and legal assistance.

Reply to the issues raised in paragraph 16 of the list of issues

68. Article 51 of Law N0 54/2011 of 14 December 2011 on protection of the rights of children provides that: All forms of economical exploitation of a child by requiring him/her to accomplish a work that is likely to put him/her at risk or to compromise his or her education or to harm his or her health or his/ her physical, mental, spiritual, moral or social development such as drug trafficking and usage of alcohol and cigarette business and consumption, prostitution, begging, child trafficking, slavery and kidnapping, pornography business, or any other form of exploitation and incitation are prohibited and punishable by Law.

69. The minimum age for admission to employment and working conditions for the child are determined by the labour law. No child under seventeen (17) years shall work in underground mines (art. 52 of the same law).

70. The Ministerial Order N^o06 of 13/07/2010 determine the list of worst forms of child labour, their nature, categories of institutions that are not allowed to employ them and their prevention mechanisms.

71. The labour inspectorates have been decentralized and are now operational in all Districts. These inspectors are trained twice a year in fighting against child labour.

72. A consultative committee on child labor composed of the representatives of social ministries and unions meets quarterly to assess the status of the situation.

73. There is an established National Advisory Committee on Child Labor comprised of various government ministries, the National Human Rights Commission, the Rwandan National Police, trade unions, and NGOs which meets regularly to provide guidance and technical assistance to the Government on child labor issues.

74. In addition, the National Policy to fight against Child Labor and its Strategic Plan were adopted.

Reply to the issues raised in paragraph 18 of the list of issues

75. Law N^o 54/2011 relating to the rights and protection of children against violence was ratified by Parliament and published in the Official Gazette of 25 June 2012. The law is meant to act as a "Bill of Rights" for Children in Rwanda, creating a unified law covering all aspects of the rights of children and complying with all ratified international treaties related to the child's rights.

76. This law prevents all forms of violence against children including corporal punishment as a form of violence. In its article 25, it is provided that "during the education of the child, the reprimand must not consist in traumatizing him/her; it is done with humanity and dignity.

77. Corporal punishment of children is prohibited everywhere in homes, communities, schools, detention/ remedial centres, police stations and other institutions as provided by the Integrated Child Rights Policy approved by cabinet. Article 25 of the Law No 54/2011 of 14 December 2011 relating to the Rights and Protection of the Child provides that: Parents, guardians or other persons legally responsible for the child have responsibility to ensure appropriate direction and guidance, education as to respecting others and loving and serving the country for the full development of capacities of the child, according to the national culture. During the education of the child, the reprimand must not consist in traumatizing him/her; it is done with humanity and dignity. MIGEPROF worked hard to sensitize through media, rapid SMS, leaflets to fight against child corporal punishment.

78. Article 218 of N° 01/2012/OL of 2 May 2012 Organic Law instituting the penal code provides sanctions for who inflicting severe suffering on a child, harassing or imposing severe punishments on him/her:

“Any person, who inflicts severe suffering on a child, harasses or imposes severe or degrading punishments on him/her shall be liable to a term of imprisonment of six (6) months to two (2) years and a fine of one hundred thousand (100,000) to three hundred thousand (300,000) Rwandan francs. If one of the offences under Paragraph One of this Article results in the child’s disability, the penalty shall be a term of imprisonment of more than 5 years to 7 years and a fine of five hundred thousand”.

79. There is a Ministerial Order on general regulation of preschool, primary and secondary education that provides that punishment shall be commensurate with the age of the child, the severity of the misconduct and designed for better education of the student. The Discipline Board of the School decides these punishments. The misconduct of a student shall not be punished by insults, expulsion, beating or other ill treatment of any kind. In the awareness campaigns on the rights of the child, special emphasis is placed on the prevention of violence against children, including punishment. In schools, corporal punishment has been replaced by other punishments.

Reply to the issues raised in paragraph 17 of the list of issues

Implementation and the results of the 2005 strategic plan for street children

80. In relation to the implementation of the strategic plan for street children, the following measures have been undertaken:

81. A Presidential Order establishing centres for children living in vagrancy and begging was promulgated with a view to reintegrate them in their families, to place them in re-education centres or in social welfare centres where necessary.

82. Twenty-two rehabilitation centres were assessed and accommodate about 1827 children, 1445 boys and 382 girls, 91 children have been reintegrated in their families in 2012 (Situation of street children in Rwanda, MIGEPROF 2012).

83. On children’s rehabilitation, various approaches and strategies such as counselling, play therapy, ergo therapy and best practices from other rehabilitation processes were used by the assessed children centres.

84. On children’s reintegration, various approaches and strategies that were used include: provision of reintegration incentives including children’s school reintegration kits, family households strengthening through financial support, provision of livestock, basic materials such as mattresses and provision of professional kits for vocational trainees.

85. Concerning the follow up approach and strategies, the majority (95.2 per cent) of centres made family visits to follow up family reintegration.

86. The major services provided to children in rehabilitation centres included: educational sponsorships, psychosocial counselling, vocational training, food and clothing provision, medical care, sports, games and entertainment programmes.

87. The efforts to reintegrate children back in their families, 186 out of 728 (25.5 per cent) children have been taken back to their families as detailed in the following table.

Number and frequency of efforts to reintegrate children back in their families

<i>No</i>		<i>Frequency</i>	<i>%</i>	<i>N</i>
1	Children who have been	186	25	728

<i>No</i>		<i>Frequency</i>	<i>%</i>	<i>N</i>
	taken from the street back to their families			
2	Frequency (times) that they have been taken back to their families			213
3	Once	148	69.5	
4	Twice	34	15.96	
5	Thrice	16	7.5	
6	More than three times	15	7	

Source: Situation of Children in/on Street in Rwanda, Survey, MIGEPROF 2012. As demonstrated on the table above, children who were taken back home once were 69.5 per cent compared to those taken twice at 15.96 per cent. Thrice and more than three times were admitted by 7.51 per cent and 7.04 per cent respectively. This shows that family reintegration should be given more focus as it is demonstrated that few children resisted to it when efforts were repeated many times.

Reply to the issues raised in paragraph 19 of the list of issues

88. Protection of the rights of children deprived of a family environment has improved in recent years. Article 24 of the Law N° 54/2011 of 14/12/2011 on protection of the rights of children provides that: Each child has the right to have a family from his/her birth, where he/she lives, grows, develops and which ensures all the protection and affection necessary to his/her full development. A child who is temporarily or definitively deprived of his or her birth family shall be entitled, through the relevant authority, to replacement protection which could consist of his or her placement in a foster family, an adoptive family or a placement in a relevant social welfare institution. When the child has not yet obtained a family, the relevant authority shall provide him/her with means for survival.

89. Progress made on the implementation of the National Policy of Orphans and other Vulnerable Children is characterized by the development of its strategic plan (2007-2011). Rwanda National Strategy for Child Care Reform (MIGEPROF, 2010), recognizing that transformation of orphanages is an entry point to building sustainable child care and protection systems. This strategy represents focuses on Alternative Family Based Care for Children Living in Institutions (orphanages).

90. As a result, the first phase concerns 3,153 children and young adults living in the 34 known orphanages, 730 children have been placed in foster families from July 2011 up to now. The preferred solution is adoption or foster family, the watchword being: one child, one family.

91. The second phase of the reform will be undertaken towards the end of the first phase, and will focus on: (a) further strengthening child focused social protection programmes; (b) expansion of community based centres that support vulnerable children to stay within their families; (c) strengthen social work at sector levels; (d) strengthen foster care; (e) and the further development of an effective referral system for children at risk of (or who have experienced) abuse, exploitation and neglect. Other measures have been taken such as: Child status index, memorandum of understanding signed between NCC and Orphanages which provide all requirements for child right protection provided by Integrated Child Rights Policy (ICRP). Ministerial Instruction governing the system of placing children in foster families has been established.

Reply to the issues raised in paragraph 20 of the list of issues

92. The Ministry of Gender and Family Promotion is mandated to coordinate the formulation and implementation of national policies, strategies and programmes regarding the promotion of gender, family and children's rights.

93. Under its policy and strategic plan of action for Orphans and Vulnerable Children, it provides and coordinates all support to orphans and other vulnerable children with emphasis on the Most Vulnerable through a minimum package of services, which comprises health, nutrition, education, shelter, protection and psychosocial support. The Ministry of Agriculture offers a number of programmes that provide or subsidize assets to rural households. These include: Girinka, the One Cow per Poor Family Scheme, a programme providing small animals (goats and rabbits) to poor households with little land; and fertilizer subsidies and seeds. The Ministry of Agriculture also has a major public works programme to tackle erosion the people are recruited and paid.

94. The Ministry of Trade and Commerce oversees Microfinance institutions, which are established in the sectors (Savings and Credit Cooperatives (SACCOS)), in collaboration with the Ministry of Finance and Economic Planning (MINECOFIN) and MINALOC. These help people at the grassroots level learn the culture of saving and also to access loans that will support them to venture into entrepreneurship opportunities.

95. Within Rwanda's decentralized governance structure, District and Sector authorities have key responsibilities for the delivery of social protection programmes. For instance, the Vision 2020 Umurenge Programme is implemented at Sector level with oversight provided by the District authority, to Accelerate Poverty Eradication, Rural Growth, and Social Protection. Districts are also responsible for ensuring that budgets are accessed from central government and from to provide Sectors with the resources they require. Furthermore, a range of development partners and civil non-governmental actors are active in social protection. Some provide direct assistance and financial support to the core social protection sector, while others work across other sectors.

96. For schools, the Government usually identifies families and households that cannot bear the other costs of education, such as uniforms and learning materials, and provide it for them.

97. Various options for social protection, such as school stipends or other cash transfer schemes are provided for those children who for economic, social or cultural reasons, tend to stay out of school (including but not limited to girl children, children affected by HIV and AIDS, other vulnerable children).

Reply to the issues raised in paragraph 21 of the list of issues

98. The fight against malnutrition was declared a government priority in May 2009. Since then, a lot has been done to scale up community-based nutrition programme (CBNP), such as the emergency plan to eliminate malnutrition which consisted of screening all children under 5 years on an annual basis, development and implementation of National Nutrition Strategic Plan (NNSP) and District Plan to Eliminate Malnutrition (DPEM).

99. Others actions undertaken in relation to fight malnutrition are:

(1) Active nutrition status screening of children by community health workers (since 2009). Children who are determined to be at risk of malnourishment are referred to a health facility for appropriate treatment using therapeutic milks (F100 and F75), ready-to-use therapeutic food for severe cases, and corn-soy blend for moderate cases.

- (2) Regular Child growth monitoring at community level to detect nutrition deficiencies.
- (3) Regular monitoring of nutrition status for pregnant women.
- (4) Community based nutrition programme composed of exclusive breastfeeding at 6 months, training of community health workers on the management of malnutrition at community level, mother, infant and young child nutrition (MYCN) feeding programme, administration of Vit A and other micronutrients to prevent their deficiencies, general deworming for all U5 children, creation of kitchen gardens in each families, etc.
- (5) Behaviour change communication (mainly using media): training of pregnant women on healthy dieting, messages to prevent malnutrition broadcasted on radios and TV, Monthly mobilizations campaigns on food production and cooking demonstration, of balanced diet organized in every Village, Radio talks passed on Radio Rwanda and TVR on a weekly basis
- (6) Tools on MIYCN (counselling cards, leaflets and posters) have been distributed at national level, etc.
- (7) Nutritional support for persons living with HIV/AIDS.
- (8) Personal, family and public hygiene measures (hand washing) and use of improved latrines to prevent diarrhea.
- (9) Supply and use of clean water.

100. The following measures have been taken for the improvement of food production:

- One cow per family: distribution of cows to poor and vulnerable families identified through UBUDEHE categorization (an average of 1,000 cows/ per year, are distributed to vulnerable families by each district.
- Distribution of small livestock to poor families according to the same mechanisms.
- Land consolidation.
- Distribution of selected seeds and of fertilizers etc.

101. For the community formerly identified as Batwa, as per the Constitution, the Government of Rwanda does not consider any group of Rwandans as a distinct from the general population. However, the Government recognizes the particular situation of some vulnerable populations under the category of “historically marginalized populations” and, to that end, it has adopted a series of measures to improve their living conditions, as well as integrating them into mainstream Rwandan society. The historically marginalized group benefit from the all the measures said above.

Reply to the issues raised in paragraph 22 of the list of issues

Access to safe drinking water

102. According to DHS 2010 and EICV III (2010/2011), 74,5 per cent of households have access to an improved source of drinking water (see disaggregated statistics in the table below. The most common source of drinking water used by households is the protected spring water, which accounts for 38 per cent of usage, followed by public tap/standpipe (26 per cent). Only 5 per cent of the households have running water in their dwelling or courtyard. With respect to residence, it appears that the urban households are more likely than rural households to use improved drinking water (>90 per cent versus 71

per cent). In contrast, 28 per cent of the households in rural areas use unsafe drinking water compared with 7 per cent of those in urban areas.

103. Slightly more than half of the households (53 per cent) spend 30 minutes or longer to get to the water source, and only two in five (42 per cent) spend fewer than 30 minutes. Only 5 per cent of the households have water on their premises. In rural areas, 57 per cent of the households take 30 minutes or longer to get to the source of water compared with 29 per cent in urban areas.

104. The proportions of households who spend fewer than 30 minutes to get to a source of water vary slightly between rural areas (41 per cent) and urban areas (45 per cent). With respect to the treatment of water prior to drinking, 49 per cent of the households use an appropriate treatment method prior to drinking, while the other 51 per cent of the households do not treat their water prior to drinking.

105. The most common method to treat water prior to drinking is boiling (41 per cent), followed by adding bleach/chlorine (13 per cent). Households in rural areas are more likely to drink untreated water (53 per cent) than those in urban areas (35 per cent).

106. Regarding the disadvantaged and marginalized groups especially the former Batwa community currently identified as “historically marginalized groups”, they have, with the assistance of the Government and the participation of the population, benefited from new houses in the new resettlement scheme (imidugudu/villages) and are no more living in separate groups or areas. Their new houses are provided with sanitation infrastructure and the new villages are prioritized in terms of water supply. In conclusion, there is no more specific problem regarding water supply and sanitation.

Improved water source (DHS 2010 and EICV)

	EICV 2 (2006)	DHS 2010 & EICV 3 (2010)
National	70.3%	74.3%
Urban area	83.9%	86.4% (90% DHS)
Rural area	67.6%	72.1%
Lowest wealth quintile (poorest)	66.6%	68.4%
Highest wealth quintile (richest)	79.6%	84%
Imidugudu (villages)	62.6%	73.5%
Isolated rural housing	-	71%
Modern urban planned area	-	95%

Sanitation

107. In 2010/11, 75 per cent of households in Rwanda had access to an improved sanitation facility, as defined by the World Health Organization/UNICEF Joint Monitoring Programme. Sanitation types considered as ‘improved’ are flush toilets and pit latrines with a floor slab. This is an increase of 16 percentage points compared to five years earlier.

108. Total improved sanitation has increased by a larger extent for rural households (55 per cent to 72 per cent) relative to urban (75 to 83 per cent), and the poorest households in quintiles 1 and 2 have seen the strongest improvement relative to the richer (4; 5) quintiles. This finding seems in line with the pro-poor growth observed in general between DHS and EICV.

109. The finding on sanitation is perfectly consistent with the findings from the RDHS 2010, which reports that 74.4 per cent of households have access to improved sanitation facilities (shared or non-shared).

Improved sanitation (DHS 2010 and EICV)

	EICV 2 (2006)	DHS 2010 & EICV 3 (2010)
National	58.5%	74.5%
Urban area	74.9%	82.6%
Rural area	55.3%	73.1%
Lowest wealth quintile	42.4%	64.7%
Highest wealth quintile	76.6%	85.6%
Imidugudu (villages)	53.1%	75.2%
Isolated rural housing	55.8%	71.6%
Modern planned area	-	98.3%

Measures taken to prevent water related diseases

110. Those measures are in line with the promotion of Hygiene and safe drinking water. Preventive measures are: the supply of safe drinking water through distribution from improved sources of water.

111. Other measures are the promotion of usage of treated water: by boiling (most utilized), treatment with chemicals (utilization of Sur-eau and Pure products). Sur-eau is also distributed free of charge, to vulnerable families: some 1,200,000 packs of Pure have been distributed in 2011-2012 fiscal year.

112. Washing hands with water and soap before eating, while preparing food, and after leaving the toilet is a simple and inexpensive good practice that protects against many diseases.

113. The countrywide campaign for hand washing started in 2008 along with the promotion of personal, household and public hygiene in the country. Hand washing instruments (Kandagirukarabe) have been distributed in all public institutions, mainly in schools, health facilities and other administrative institutions. Advocating and Sensitization are made countrywide for the households to have hand-washing instruments.

114. As indicated by DHS 2010, only 10 per cent of the households (10 per cent in rural and 13 per cent in urban area) have a place for hand washing. Among those households, one in five (21 per cent) has water and soap for hand washing.

115. In urban areas the situation is 47 per cent of households have soap and water available at a hand washing place, but only 15 per cent of rural households, but the campaign continues through the hygiene clubs currently created in all villages and are in process of operationalization.

116. Another intervention that is being scaled up is the control of the quality of water: 39 water quality testing kits to district hospitals.

117. Utilization of improved latrines (see above) and utilization of OSS (organic solutions secondly) solution in latrines. OSS contributes to disease prevention by reducing a chance of spreading oral-transmitted disease (ex. typhoid fever, diarrhea cholera, among others) through contact with flies, worms and other insects that carry pathogens.

118. Other strategies to control water related disease include integrated disease surveillance and response, systematic deworming for children under 5 years and in primary schools.

Reply to the issues raised in paragraph 23 of the list of issues

119. Rwanda has not yet adopted legislation on rent control.

120. In 2010, under the law n°40/2010 of 25/11/2010, Rwanda has established the Rwanda Housing Authority (RHA), which has responsibilities to promote the programme for the provision of housing to individuals or assist them in building their own homes and collaborating with banking and financial institutions to help Rwandans to build their own homes;

121. The Government of Rwanda is committed to supporting the controlled development and the sustainability of human settlements both in urban and rural areas, which is economically accessible and socially integrated, where the rights of all people are recognized, particularly the rights women, children, handicapped people, and people living in poverty, the vulnerable and disadvantaged groups;

122. In addition government programmes such as the villagization policy and Bye Bye Nyakatsi provide modern housing to vulnerable groups. Other programmes aim to support them financially in their basic economic activities and help them improve their living conditions (Ubudehe, VUP etc.)

123. Land Reform carried out by the Government of Rwanda is fair and inclusive. Laws, policies and programmes are designed on the principles of equity and participation. In case of expropriation the broad-based consultations were made. The evicted person from land or house receives fair and prior compensation according the Law on expropriation.

Reply to the issues raised in paragraph 24 of the list of issues

1. Steps to improve the access to health care, especially in rural areas and for disadvantaged and marginalized groups, including the Batwa community

General organization of the Rwandan Health system

Administrative entity	Health System Structure	Number	Paquet d'activité
National	Referral Hospitals Specialized Programs	4 (KFH, CHUK, CHUB, RMH, Ndera Psych. Hosp.)	Specialized health care
Provincial (planned)	Provincial Hospitals, upgraded from 5 district hospitals (to be created shortly)	5 (Catchment : 2,000,000 population)	Specialized health care + complementary package
District	District Hospitals	43 (catchment : 200,000 population)	Complementary package
Sector	Health Centres	450 (catchment : 20,000 population)	Minimum package of services
Cell	Health post	108 (catchment: 2-3000 persons)	Outreach, Family planning
Village	Community health	Community Health Workers (45,000)	Community Health package

124. In order to facilitate access to health care, the national health system is divided into five levels:

- National: five national referral hospitals for specialized services. Patients are referred from district hospitals according to the referral guidelines.
- District level: composed of 43 district hospitals to provide curative care and individual focused health care (Complementary package). Patients are referred from Health centres. Catchment area: 200,000 – 300,000 persons
- Sector level: composed of 450 health centres to provide the minimum package, including preventive services and curative services + admissions for non-complicated cases. Catchment area: 20,000 persons
- Health posts are also created to improve and facilitate access to preventive health services (Catchment area: 5,000 persons).
- Village (Community): Community health through the 45,000 Community Health Workers: Package which includes community based health care (integrated management of childhood illnesses: IMCI), family planning, follow up with pregnant women (community maternal health), child growth monitoring, community based nutrition programme and, health promotion.

Infrastructure

125. From 2008, several district hospitals have been constructed: Kirehe (Eastern province); Butaro (Northern province); Masaka (Kigali City); Ruhango (Southern province); Kinihira (Northern province); Bushenge (Western province), Rwinkwavu Hospital (Eastern province) has been renovated and extended.

126. Other hospitals have been or are being extended: University Teaching Hospital (Southern province); Muhima (Kigali City); Rwanda Military Hospital (Kigali City); Kacyiru Police Hospital (Kigali City).

127. Other facilities: Karongi (Western) and Nyabikenke (Southern) will start soon. It is planned that all old structures will be renovated and modernized.

128. Several health centres (at least 39) have been constructed and are progressively equipped, staffed and operationalized. By the fiscal year 2012/2013, some 21 health centres will be equipped and staffed. At least five health centres are constructed every year.

129. According to the policy, each district should have at least 1 district hospital (catchment: 200,000 population), while each sector should have at least one health centre (catchment: 20,000 population). The overall objective is to have all the population to walk less than 1 hour to access a health facility (current: 77 per cent) due to the landscape configuration of Rwanda.

130. Finally, health posts are being constructed at cell level (catchment: 3-5,000 population), mainly to provide family planning and preventive and outreach services.

131. From 2008 several maternity wards have been constructed (at least 77) or are under construction in the health facilities that did not have services that met the norms and standards. Also, laboratories and HIV/AIDS services have been constructed to scale up those services.

Medical equipment

132. In the framework of the Health Sector Strategic Plan 2005-2009, 2009-2012 and 2012-2017, norms and standards of equipment for all levels of the health system have been developed.

133. All the new health facilities are fully equipped before operationalization. All maternities in the district hospitals and health centres have been provided with basic equipment to improve service delivery, mainly maternal and child health. Several hospitals have been provided with Digital X-Ray to improve the diagnostic capacity.

134. In the National referral hospitals, the King Faycal Hospital (KFH) has been provided with MRI machine, while the University Teaching Hospitals (CHU Kigali and CHU Butare) have been equipped with CT-Scan machines. Also, equipment for hemodialysis has been put in the KFH and CHU Butare hospitals.

Emergency transport

135. At least 150 ambulances for emergency transport of women in labor and of other patients have been purchased and distributed from 2008. Currently, at least five ambulances are operational in each district. For the fiscal year 2012/2013 only, some 26 new and equipped ambulances have been distributed or will be distributed shortly. Moreover, a service in charge of emergency transport (SAMU, with currently 15 ambulances) has been created and located in Kigali City, but it is extending its activities in other parts of the country.

2. Steps taken to improve the quality of health care

136. In addition to the construction, renovation/extension and equipment of health facilities, improvement of the quality of health services is a top priority of the Government of Rwanda. For this purpose, standards and norms for construction of health facilities (at all levels), equipment and staffing has been developed, as well as standards and protocols for health care and treatment of diseases.

137. The standards, norms, and protocols have been approved, signed and disseminated. Instructions have been made for their routine use.

138. The patient's charter of rights and responsibilities has been published and disseminated, as well as the Customer care indicators and guidelines for health care settings. Also the Client Charter has been developed.

139. Finally, the accreditation process of health institutions has started and is ongoing. The King Faisal Hospital has got its international accreditation. The Kigali University Teaching Hospital accreditation process is ongoing, while for the other national referral hospital (CHUB, Rwanda Military Hospitals), the process has started. Also, the accreditation process for district hospitals has started but it is still in its early stages.

140. These quality instruments are utilized in addition to the ongoing construction, extension/renovation and equipment of health facilities and the human resources for health development.

141. In addition to improving the quality of routine services, several other initiatives have been put in place to increase the health status of the population:

- (1) A very ambitious programme to produce specialized doctors and the CPD (Continuous professional development) programme to increase knowledge of doctors.
- (2) Programme to upgrade all A2 Nurses to A1 Nurses;
- (3) Paediatric Heart surgery in collaboration with foreign specialized teams (from Canada, India, Belgium);
- (4) Neurosurgery programme;
- (5) Cleft palates surgery programme;

- (6) Reparation of genital fistula;
- (7) Cataract surgery and eye clinic, made during the army week;
- (8) A cancer centre has been created in Butaro hospital, in addition to the existing national referral hospitals;
- (9) Hemodialysis in the University Teaching Hospital of Butare and King Faisal Hospital.

142. The general population benefits from these programmes and for those patients that are not able to pay, the programmes are free.

3. Measures to increase the number of qualified medical personnel

Human resources development and deployment of health staff:

Medical doctors

143. By September 2012, 169 specialists and 461 general doctors were working in the public health sectors, meaning a Doctor/Population ratio = 1/16,000, down from 1/33,000 in 2008 and 1/50,000 in 2005.

Nurses

144. By September 2012, there were 1856 Registered Nurses (A1 level) and 376 Registered Midwives working in the public health sector, and 6,367 Assistant Nurses (A2 level) and 97 Nurses with bachelor's degree. This means a ratio Nurse/Population = 1/1294, reduced from 1/3,700 in 2005 and 1/1,700 in 2008.

Training

145. The following activities have been carried out:

(a) 612 General Medicine students are enrolled, including the 104 first year students for this academic year;

(b) By end of September 2012: 82 GPs have been enrolled for Postgraduate studies, in addition to other 157 doctors already undergoing studies. From them, 55 doctors are pursuing specialization abroad;

(c) 731 nurses and Midwives students are enrolled in the five Nursing schools of the country and in the KHI and 313 A2 nurses working in the public health sector have been enrolled in e-learning programmes and while 230 A2 Nurses have been selected to pursue midwifery studies. All the remaining 6,367 A2 Nurses currently working are supposed to upgrade to the A1 level.

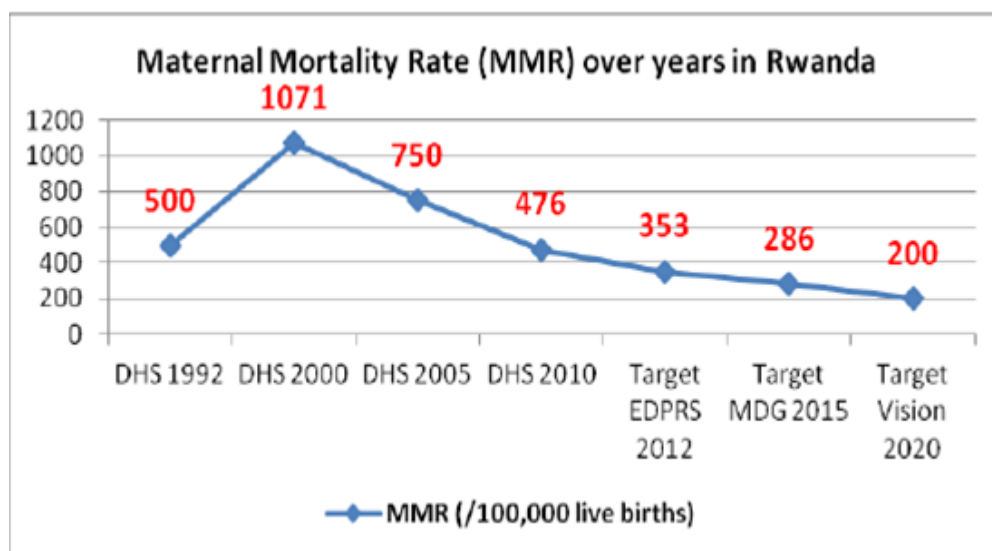
146. The overall objective is to have 1,170 specialized doctors, 7,000 Registered Nurses and Midwives and 2,200 General practitioners by 2019.

4. Measures taken to improve the quality of and access to maternal care,

147. Maternal Health programmes are undertaken to reduce the maternal mortality ratio (MMR) as stated by the MDG5.

148. According to DHS, the MMR has reduced from 1,071/100,000 live births in 2000 to 750/100,000 live births in 2005 and to 476/100,000 in 2010, as shown in the figure below:

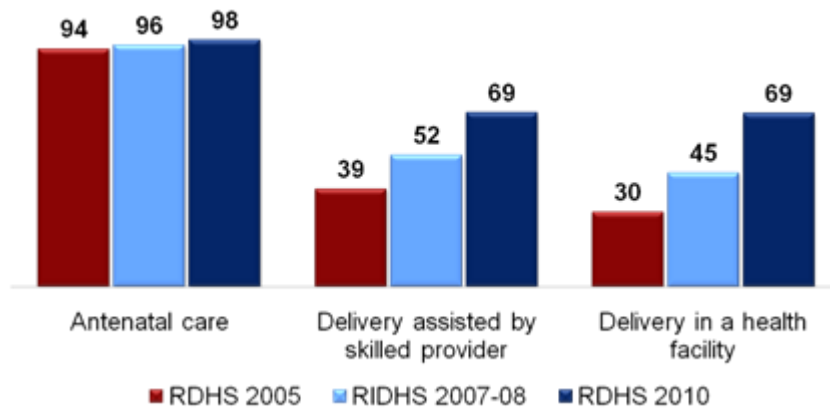
Reduction of maternal mortality ratio over years



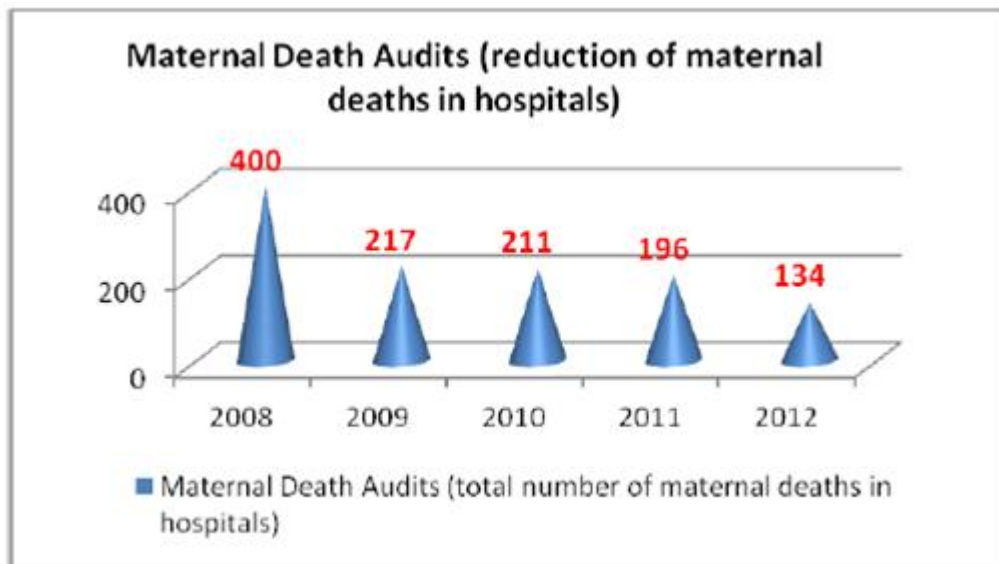
149. According to the trend, it is thought that the MDG5 target will be attained in 2015. This important result has been achieved through implementing of the following interventions:

- (1) Construction and equipment of health centres and hospitals to increase the number of health facilities and then improve geographical accessibility;
- (2) Increase of the quantity and the quality of skilled health professionals (for skilled birth attendance);
- (3) Construction and equipment of maternities in Health centres and hospitals;
- (4) Emergency obstetrical and neonatal care in Health centres (basic-EmONC) and in district hospitals (Comprehensive-EmONC);
- (5) Sensitization of pregnant women and families to deliver in health facilities, that increased from 30 per cent in 2005, to 45 per cent in 2008 and to 69 per cent in 2010 (DHS);
- (6) Community based health insurance to address financial barriers;
- (7) Emergency transport (deployment of ambulances in district hospitals);
- (8) Antenatal care (ANC), preferably 4 ANC visits;
- (9) Community health workers for the follow up of pregnant women at community level;
- (10) Maternal Death Audits.

Trends in assisted delivery in health facilities



Reduction of maternal deaths in hospitals (MoH annual reports)



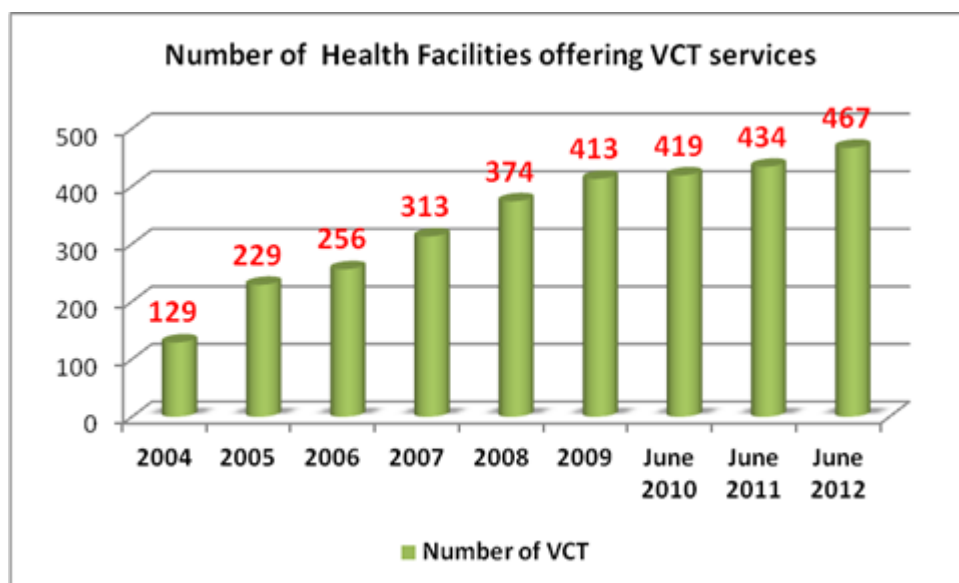
150. The reduction of the number of maternal deaths observed in hospitals is indicative of improvement of maternal health, and can be measured every year.

Reply to the issues raised in paragraph 26 of the list of issues

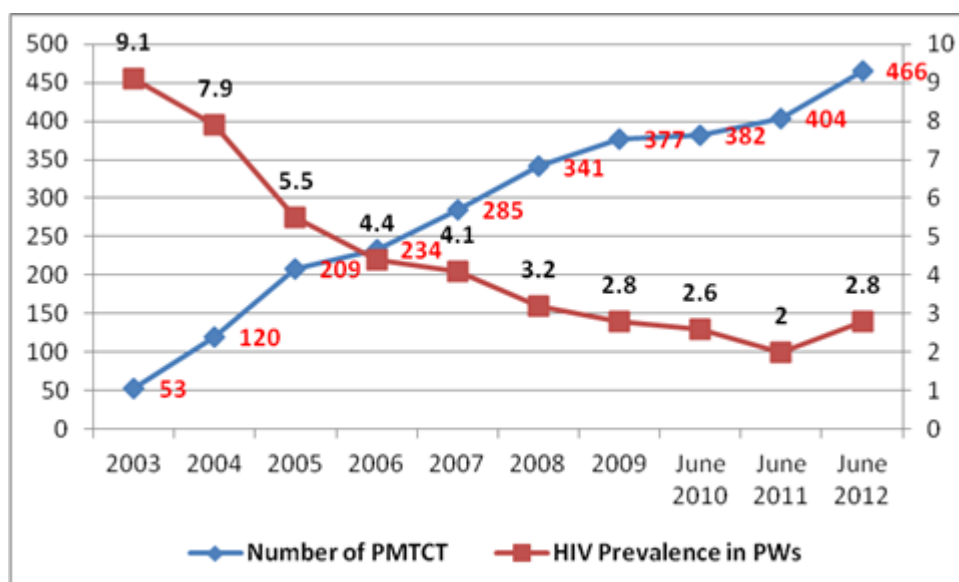
HIV/AIDS Programmes

151. For HIV/AIDS prevention and control, three programmes are implemented as routine activities:

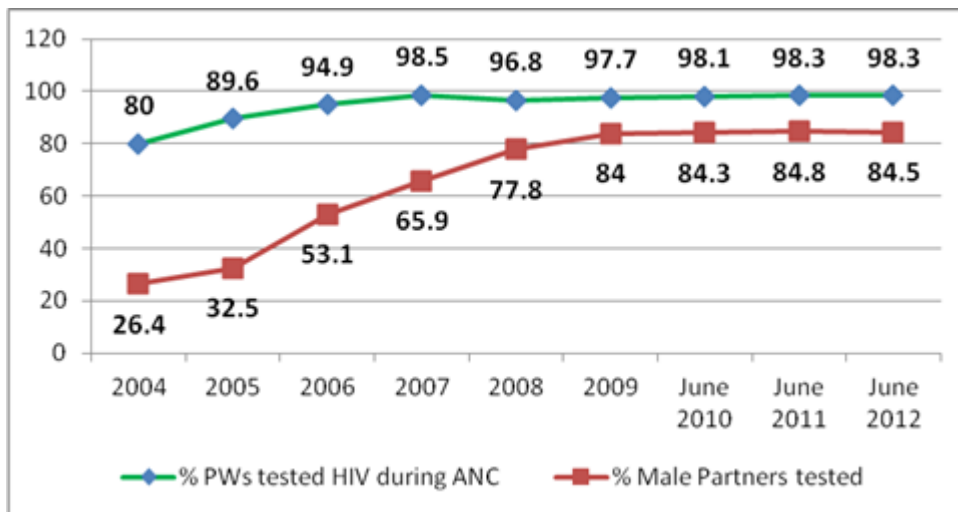
- (1) **Voluntary and Counselling Testing (VCT):** this programme aims at sensitizing and promoting voluntary testing for all the population. By June 2012, some 485 (94 per cent) health facilities were providing VCT services, including mobile VCT, mostly together with PMTCT services. HIV testing and counselling is free of charge in Rwanda.

HIV-VCT: evolution of the number of health facilities offering VCT services (Tracnet)

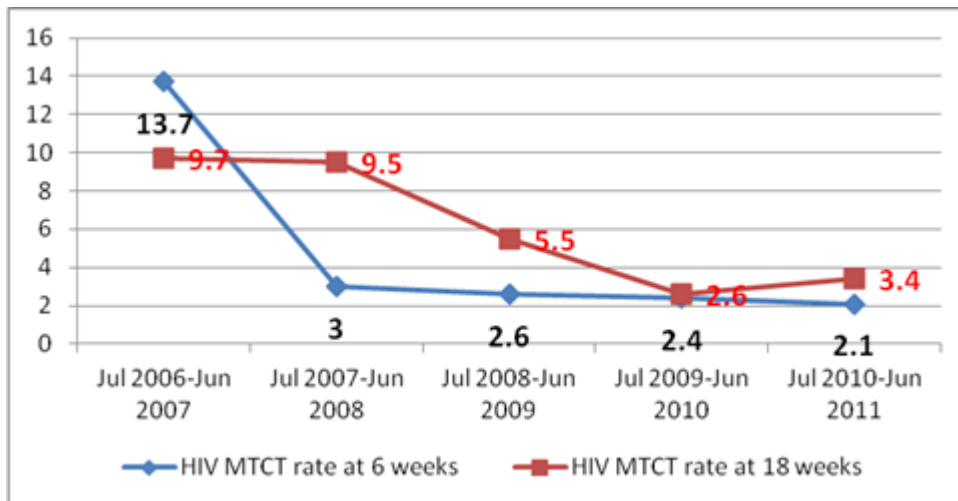
(2) **Prevention of Mother to Child Transmission (PMTCT):** By June 2012, some 467 health facilities were providing PMTCT services. 98 per cent of all expected pregnant women receiving antenatal care were counseled and tested for HIV, and received their results. Also, 84 per cent of their male partners were tested through VCT. ART prophylaxis is provided to pregnant women and pregnant women in discordant couples during labor and during breastfeeding periods, while 91 per cent of born infants receive also prophylaxis antiretroviral. As result of these strategies, the mother to child transmission was reduced from 9.7 per cent in 2007 to 3.4 per cent in 2011 at 18 months after birth.

HIV-PMTCT: evolution of the number of health facilities offering PMTCT services (Tracnet)

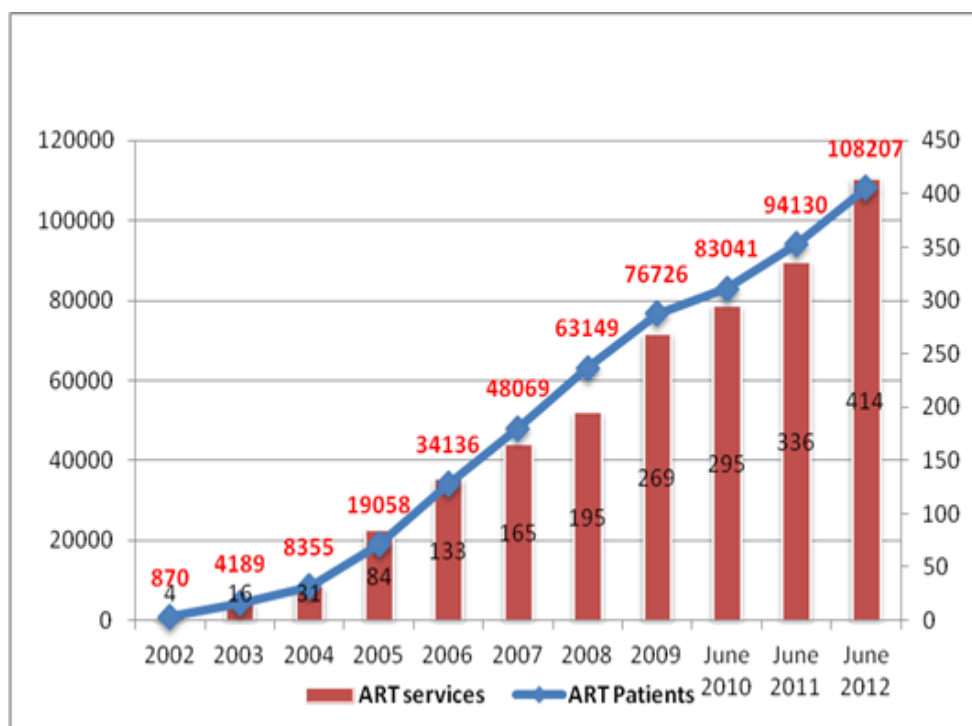
Utilization of PMTCT services and VCT of Male partners



Reduction of Mother to child transmission over years



(3) **ART services:** By June 2012, a total of 414 health facilities were providing antiretroviral therapy, and 108,207 patients were on ARVs, meaning some 93 per cent of all expected patients.

HIV-ARVs: evolution of the number of patients receiving ARVs (Tracnet)

152. Meanwhile, persons living with HIV/AIDS and persons and families affected by HIV/AIDS receive support in terms of food, social and psychological support, education, and also they are encouraged to create cooperative for economic support. Finally, orphans and other vulnerable children have specific programmes to support them.

Reply to the issues raised in paragraph 25 of the list of issues

153. Family planning is key intervention to improve maternal health by spacing births, in order to reduce the risks of maternal mortality. In 2000, with the objective to achieve MDG5, very high political will and commitment were observed and political leaders were fully involved in the sensitization campaigns that were organized around the issue of population growth in relation with economic development.

154. In the objective to raise awareness on the issue of population growth and the necessity to reduce that growth, systematic campaigns were organized using different channels:

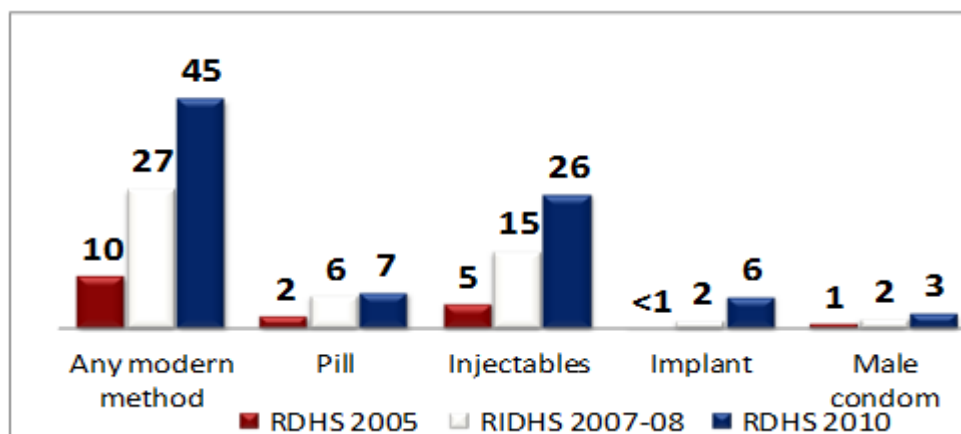
- (1) Audio-visual media;
- (2) Meetings organized by Local Government and systematic talks given after each monthly community works;
- (3) Production of education and sensitization tools;
- (4) Information Education and Communication strategies talks;
- (5) The second strategy was the organization of availability of Family Planning commodities in all public health facilities and capacity building to provide FP services, including long-term methods (classic long term methods and tubal ligation);

(6) Recently, focus has been made on the participation of male partners and also the sensitization of men to undergo Vasectomy. Capacity is being provided to Health facilities and sensitization is ongoing;

(7) For some faith based health facilities that cannot provide FP services, health posts have been created nearby, in order to facilitate access to services by neighbouring persons:

(8) Finally, after a pilot period, decision has been taken to provide Community Health Workers, with capacity to provide FP services at community level. Some 17 districts have already been trained for Community based provision (CBP) of FP services and the process is ongoing.

Utilization of Modern contraception



Reply to the issues raised in paragraph 27 of the list of issues

155. Achievements registered in the area of the promotion and protection of the right to education includes the introduction of universal primary education. Rwanda is gradually breaking barriers that usually prevent children from attending primary education by the abolition of school fees and by constructing more classrooms at the administrative sector level where children can easily walk home. This programme has been adopted to enable the country to achieve the goal of Education for All (Universal Primary Education and Universal Secondary Education) by 2015.

156. The Government of Rwanda through the Ministry of Education has put in place policies that are aimed at ensuring that all school-aged children in Rwanda benefit from education as their fundamental right.

157. According to the Law N°23/2012 of 15 June 2012 governing the Organization and functioning of nursery school, primary and secondary education as stipulated in its article 34 primary school education is compulsory and free both in public and government subsidized schools. The capitation grant is provided for the public and government-aided schools and its calculation is based on the number of students.

158. Each student in public and government-aid schools is allocated for a capitation grant of 3.500frw per year in primary schools.

159. The allocated amount is paid for teacher training, improving the quality of education (Teaching materials, sport and other operational cost) and for rehabilitation.

Reply to the issues raised in paragraph 28 of the list of issues

160. The bonus scheme affects the enjoyment of the right to education in the sense of the motivation of teachers. The salary scale in public service including for teachers is still low and this may negatively impact the motivation of teachers and the effectiveness of their work. The bonus scheme is therefore a transitional solution to resolve this problem while the Government seeks a durable solution.

Reply to the issues raised in paragraph 29 of the list of issues

Impact of steps to improve the literacy rates, including among the Batwa community

161. The Rwandan education sector policy emphasizes the elimination of disparities in education be it by sex, region, social group or other reason. The provision of basic educational services is for the benefit of all as their fundamental right.

162. This impacted on the improvement of literacy rates. Rwanda had an adult literacy rate of 70 per cent in 2011. This is an increase from a 65 per cent adult literacy rate in 2005/2006. The literacy rate among the population of 15 to 24 year olds increased from 76.9 per cent reported in EICV2 to 83.7 reported in EICV3 (2011): Enquête Intégrale des conditions de vie (Household Living conditions survey).

Measures to increase the number of teaching personnel

163. Provision of Teacher Education in Teacher training centers (TTCs)- Currently there are 13 Teacher Trainings Centers focusing on primary teachers.

164. There is expansion of capacity at Kigali Institute of Education; the new two Colleges of Education (Rukara and Kavumu) for secondary school teachers.

165. In order to address the shortage of school materials, the following were the measures taken:

- Formation of the minimum profile recommended booklist out of the greater range of cheaper learning materials;
- Distribution and coverage through the decentralized selection and procurement of textbooks and readers based on delivery to schools by publishers and teachers and booksellers;
- Head-teachers are expected to increase their familiarity with the available materials and make better use of them in the classroom and this is backed up with nationwide training.

166. The following measures have been taken to reduce the class size:

- Introduction of double shifts system in primary schools;
- Involving the community in classroom construction using the unconventional approach. The number of classrooms built in 2009/2010 was 3072 and in 2010-2011 there were 2936 classrooms built while in 2011-2012 the classroom built were 2679 and current in the 2012-2013 the classrooms are 1731.

167. On the issues of high dropout rates the following measures were also taken:

- Ministry of Education guidelines to schools about the re-entry of the dropout children in schools and report back to the Ministry and local Government;
- Reducing the dropout rates in schools in the performance contract at the District level;

- Roles and responsibilities of Schools Parent Teacher's Association (PTAs) were reinforced and included in Law N°23/2012 of 15/06/2012 governing the organization and functioning of nursery schools, primary and secondary education;
- Wider community sensitization, particularly of leaders;
- Better provision of sanitation facilities for girls in schools (girls' coner);
- Civic authorities, civil society and faith-based groups intervention to attract the out-school children.

Reply to the issues raised in paragraph 30 of the list of issues

168. The following measures have been taken to ensure inclusive education for children with disabilities in the Primary and Secondary education levels:

- Training, deploying and supporting teachers and technical staff in special needs education;
- Provision of minimum package of material support to learners with special education needs;
- Providing flexible and accessible alternative opportunities for learners with special educational needs;
- Integrating provision for learners with special needs within District plans;
- Introduction of ICT to learners with different educational needs;
- Putting into consideration appropriate school infrastructures (barrier free environment) for example steps replaced by ramps following the norms and standards of the new infrastructures in Rwanda;
- The Ministry of Education (MINEDUC) has developed a Special Needs Education Policy, which was adopted by the Cabinet. The Ministry of Education has been working with UNICEF to create 'Child Friendly Schools' where children learn in healthy, welcoming, inclusive and empowering environments.

Steps taken to ensure that children of migrant workers in an irregular situation, as well as children of the Batwa community, have access to free primary and secondary education

169. In respect of legislation, there is no form of discrimination against children and the Government of Rwanda is working hard to prevent discrimination against children. To emphasize provisions of the constitution of Rwanda, article 4 of Law N°54/2011 of 14 December 2012 relating to the rights and protection of the child provided that "Children are born equal and entitled to the enjoyment of rights and freedoms recognized and guaranteed by the law and are provided with the protections which are required by their childhood condition without any discrimination. Means that no any form of discrimination is made to migrants and Batwa children, they enjoy the same rights as others.

Reply to the issues raised in paragraph 31 of the list of issues

170. In accordance with the Rwandan Constitution, the Government does not consider any group of Rwandans as distinct from the general population. However, the Government recognizes the particular situation of some vulnerable populations under the category of

“historically marginalized populations”. The Government has adopted a series of measures to promote an inclusive culture that includes values, institutions and expressions of Rwandan culture, national heritage and arts. A culture that promotes a sense of togetherness, imagination, inspiration, inventiveness and which contributes to economic development.
