

Ishema Mu Muryango: Pride for the Family Stories of Successful Reintegration in Rwanda





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NOTE: *The names of the children and parents used in these case studies are not their real names.*

Overview of Ishema Mu Muryango

Ishema Mu Muryango ('Pride for the Family' in Kinyarwanda) was a two-year program funded by USAID's Displaced Children and Orphans Funds (DCOF). The program goal was to safely and sustainably reintegrate children living in institutions in two districts of Rwanda back into their families or communities, and prevent further institutionalization through family-based alternative care options that are suitable and sustainable.

The program was implemented by Global Communities working in close partnership with Hope and Homes for Children. Global Communities is well-known for its community-based development expertise, as well as its strong experience working in Rwanda. Home and Hope for Children is a recognized leader of deinstitutionalization programming world-wide and is the Rwandan government's main partner in developing a national family-based care system. The different areas of expertise and the distinct approaches provided by each organization are the driving force behind the Ishema Mu Muryango (IMM) program's successful outcomes.

The following report highlights stories of some children, youth and families who have been assisted under the IMM program. While each of their stories is unique, all highlight some common themes about institutionalization and child abandonment in Rwanda. All of the people featured in these stories are former residents of the Noel Orphanage, Rwanda's oldest and largest orphanage. Located in Rubavu in northwestern Rwanda, the Noel Orphanage is now closed and all of its former residents have been successfully transitioned to family-based settings.

The IMM program works at multiple levels:

- With orphaned children to prepare them for life with their new families
- With immediate, extended and foster families to prepare for their new family member
- With professional social workers and psychologists to better support families taking in children and families at risk of separation
- With authorities at all levels of local government to help support the reintegration process and identify vulnerable families in need of services

The major activities include:

1. Preparation of children and families for reintegration
2. Reintegration of children in healthy homes and schools
3. Building resilience of families
4. Alternative care and prevention
5. Capacity building of professionals – social workers and psychologists

Rwandan Context

In 2012, the Rwandan government's National Commission for Children adopted a "deinstitutionalization" policy under the Strategy for National Child Care Reform which aimed to close all 33 registered orphanages in Rwanda over two years by reintegrating 3,323 children and youth with their families or placing them with foster or adoptive families.

Key elements of the strategy include:

- The creation of community-based family services and social protection supports to facilitate the family reintegration of children and child protection
- The recruitment and training of professional social workers in child care and protection
- The prevention of unnecessary separation of other children from their families

The steps in implementing Rwanda's deinstitutionalization policy include:

1. Initial assessment for each individual child, including information on education, health and family background
2. Family tracing to explore all options for reintegration including, if necessary, foster care
3. Family assessment to assess capacities, needs and risks prior to placement
4. Placement decision to determine the family that best matches the interests of the child
5. Intensive child and family preparation to address needs and risks identified during the assessment phase
6. Placement of the child into family setting, which could include birth family, extended family, foster family and/or adoption
7. Post-placement support/follow-up to ensure child protection is guaranteed and sustained

The worldwide trend of deinstitutionalization started in places like post-war US and Western Europe in the 1940s and 50s and Eastern Europe after the fall of communism. In the last decade, with support from their national governments and donors like UNICEF and USAID, developing countries are beginning to implement deinstitutionalization policies as well.

The detrimental impact that institutionalized care has on children's growth and development is well-established. Studies that compare the development of children raised in institutions with children raised in family settings show that children in institutions experience delays in physical growth, as well as cognitive, emotional and behavioral development. This is especially true for children institutionalized at an early age. These children are deprived of the individual sustained attention and stimulation a child would get from growing up within a family. Due the nature of orphanages, any attachments to caregivers that the children may form can be broken by staff changing jobs and children moving to other rooms as they get older. As a result, very young children may be unable to form healthy emotional attachments, which can lead to a whole host of emotional and social development issues as they grow up.

In the IMM program, case workers testify to the development progress they see in children once they are reintegrated into families. Most dramatic are the rapid differences they see in social skills and language development.

Noel Orphanage at Nyundo (Orphélinat Noël de Nyundo)

As the largest and oldest orphanage in Rwanda, the Noel Orphanage was a symbolic target for closure. It had 529 residents at the time the deinstitutionalization policy was adopted, ranging in age from newborn infants to one disabled adult in his 40s. The orphanage was established in 1954 by the Catholic Diocese in Rubavu in northwestern Rwanda and was originally intended as an orphanage for infants whose mothers had died at birth. The intention was that the children would be returned to their fathers or other family members when they reached three years of age. At the time the deinstitutionalization policy went into effect, almost half of the residents at Noel were adults aged 18 years and older. These included disabled adults as well as able-bodied adults who has come to the orphanage as children, but had never left.

Orphanages also have a symbolic significance in Rwanda – very few existed before the 1994 genocide. The proliferation of new institutions that sprang up to care for children who either lost their parents or been separated from their families due to the conflict was dramatic. In the case of the Noel Orphanage, the headmistress fled to neighboring Democratic Republic of the Congo in April 1994 with 59 children, and when she returned in September, the institution was caring for 230 children.

To many Rwandans orphanages are a reminder of their painful past. More than 20 years later, Rwanda's "genocide orphans" have grown up and the existence of orphanages is not compatible with government's vision for a prosperous and modern Rwanda. As a development goal to promote the better care and health of children and because of its larger symbolic significance, the Government of Rwanda is committed to the process of deinstitutionalization.

Key Lessons Learned

1. Orphanages become an easy solution to a complex problem.

As Innocent Habimfura, Program Manager of IMM, says orphanages create a "pull" factor resulting in child abandonment. In places where no orphanage exists, families and communities find other alternatives for the care of abandoned children. This usually involves extended families taking a child in, or even informal fostering by non-related adults in the community.

Habimfura maintains that if an orphanage is available, the community will come to rely on it and the gradual expansion and mission creep of the Noel Orphanage is a perfect example. The Noel Orphanage was initially created to care for infants whose mothers had died at birth with the intention that the children would be returned to their families at age three. However, over time, the size and the scope of the institution grew. When the deinstitutionalization policy was adopted in 2012, it was caring for 529 residents, including 238 young adults aged 18 and over.

Orphanages do not address the underlying causes of child abandonment in Rwanda, namely cultural perceptions about gender roles, social stigma of unwed mothers, poverty, and mental and physical health issues. The existence of an institution also discourages responsibility of the family and the community in caring for children. According to Rwanda's National Commission for Children, 70 percent of children in orphanages had living parents or close relatives who could take them in. These figures are not unusual. An assessment of 49 orphanages in Liberia, commissioned by UNICEF (2006), reveal that 98 percent of the children had at least one surviving parent. Another study conducted by UNICEF in Zimbabwe (2005) revealed that nearly 40 percent of children in orphanages have a surviving parent and almost 60 percent have a contactable relative.

In Africa, institutional care is a relatively new concept introduced by colonial governments or religious missionaries. The presence of institutions undermines the traditional values regarding childcare and discourages responsibility of the family and the community in caring for children. As Rwandan Prime Minister Pierre Habumuremyi observed in a speech in 2012, "Orphans were not part of Rwandan culture. Children are the responsibility of the community – especially children who have lost a parent."

While this notion of communal responsibility might sound a bit idealized, studies conducted by UNICEF show that most orphans in Africa are not living in institutions, but in family-based settings. In Zimbabwe, which suffers from one of the highest HIV prevalence rates in the world, UNICEF found that 98 percent of orphans were living with families. A study conducted in Blantyre, Malawi (2005), which also has been severely impacted by the HIV/AIDS crisis, showed that 99 percent of orphans lived in a family environment. These figures suggest that families are able to find options for the care of an orphaned child if there is no institution available.

In a paper published by the Better Care Network, "Families, Not Orphanages," the message is clear:

For governments, an orphanage may seem like a quick-fix solution. But an orphanage is a simple and inadequate response to a set of complex problems...Creating a new building with good facilities may seem like a direct and generous solution, one that is more straightforward than helping poor families secure a more adequate livelihood.

Orphanages do not address the underlying root causes of child abandonment. At the same time, they divert energy and resources from other initiatives that could be used to help strengthen the capacity of vulnerable families.

In each of the following stories, we see cases where former residents of the Noel Orphanage have been successfully transitioned either into families, independent living or community-based living arrangements. We also see a successful case where child abandonment was prevented. Each of these cases suggest that with the correct support, training and preparation, families are able find alternatives to life in an institution.

2. Cultural perceptions of parenting roles are a major factor contributing to the abandonment of children.

A common thread seen in most of these stories is the institutionalization of a child after the mother's death. This is often the trigger which starts the process of the abandonment. Ironically enough, though men are seen as the household breadwinners, the father's death is less relevant. If the father dies, the child usually remains with the mother, despite the economic challenges she will face as female-head of the household. But if the mother dies, especially if the child is an infant, there is a belief that the father cannot take of him/her.

This was unexpected. One would assume that poverty would be a major factor cited when asking about the reasons for abandonment. But in many of these stories we see mothers – either widowed, divorced or never married – taking care of children on their own despite their reduced economic circumstances. They are poor, unquestionably; but they do not cite poverty as a factor for not being able to take care of their children.

This cultural perception that a father is incapable of taking care of an infant often results in the child being given to a female relative to care for or taken to an institution. They believe only women can take of young children. In more than one story we see cases where infants were transferred straight from the maternity ward to the Noel Orphanage.

As a result, the IMM team realized there was a need for men to be educated on their responsibilities as fathers. Traditionally, the father's role in raising the child is very limited and he does not play an active part in parenting. Culturally, Rwandans see his role as that of economic provider. This is especially true in rural areas. If a father is seen directly caring for his child or even playing with him, people will be taken aback. Some may even suggest that he has been "bewitched." Fortunately, this attitude is slowly changing.

The IMM program is helping to change this mindset through playgroups, training and with the support of case workers. Playgroups educate both mothers and fathers about their roles as parents; the goal is to change existing perceptions among men and women about gender roles and engage fathers to be active participants in the development of their children. This is a new component of the early childhood development activities that was not planned for under the IMM program, but has been integrated because the staff saw a need to address it.

Case workers also play a key role in educating and encouraging fathers to be active parents. In one story, we see how a father was prepared and encouraged by a social worker to be reunited with his children who had been placed in the orphanage at birth. In another case, involving child abandonment, the active and persistent involvement of the case worker, helped facilitate reconciliation between a father and his daughter who gave birth out of wedlock.

3. There is no one-size-fits-all solution. Options must be varied to address the specific needs of each case in the most appropriate way.

Reintegration with the immediate or extended family is not always possible or optimal. As a result, a variety of options need to be available to best meet the individual needs of the children being deinstitutionalized.

Under the IMM program, a range of alternatives for former residents of the Noel Orphanage was created, including:

- Reintegration with members of their immediate or extended family
- Reintegration with a foster family
- Independent living for young, capable adults
- Community-based living for adults with disabilities

The following stories highlight each of these alternatives and described how they are working for the families involved.

In terms of reintegration with the immediate and extended family, training and support from case workers, has helped the children and families make successful transitions. Household resilience-building activities have also been critical in helping families be better prepared to support a new family member. At the same time, early childhood development activities, such as playgroups, are helping vulnerable children develop their social, cognitive and motor skills, while teaching mothers and fathers about improved parenting practices.

Foster families can provide a viable alternative if a child cannot be reunited with their birth or extended family. A key factor in this process is finding foster parents who have the right motivation for taking a child into their home. In this case, we also see the major role that training and preparation plays. Deinstitutionalized children often display aggressive and difficult behaviors. Understanding the reasons behind their behavior and knowing how to respond appropriately, is important to ensuring a successful transition.

For young adults, reintegration with a family is not always a viable option. As a result, many young adults from Noel, have been transition to independent living situations. These young adults also benefit from the training and support that case workers provide. Life skills training as well as general moral support have proven very effective in helping them begin new lives within the community.

The case of deinstitutionalizing the Noel Orphanage was made doubly complex by the number of disabled adults living there, many with multiple and severe disabilities. Community-based living was not an alternative when the IMM program began, but since then evolved to address the needs of adults with disabilities in cases where foster families and independent living were not viable options. In the case of the community-based living, six disabled adults are matched up with three caregivers to live in a household setting together. As in a regular family, each member discovers their roles within the household with the caregivers acting as “mothers” and “fathers.”

4. Case workers have played a key role in the reintegration process and should continue to support prevention activities working with community-based structures.

The importance of case workers is demonstrated time and time again in the following stories. They link vulnerable families to services established under the IMM program, but also with government services and various types of community support. They help educate and train families on good parenting practices, conflict resolution and other topics which can help improve household dynamics. On a more informal level they act as coaches encouraging families to stay strong and remain hopeful. Though this psychosocial component of support may sound minor, it is actually a significant factor in helping families cope with the present and plan for the future. Changing one’s mindset is often the first step to changing behavior. As one former resident of the Noel Orphanage put it, “The most important thing in my life now is seeing life in a positive way.”

The IMM program supported case workers by providing pre-service and in-service training. During the course of the two-year program, the IMM team saw the case workers mature as professionals. They developed new tools to streamline their case management and work more effectively with families.

While all 529 residents from the Noel Orphanage have been successfully transitioned to new homes in family-based settings, the case workers’ jobs are far from over. They continue to play a pivotal role in following up on children who have been reintegrated, as well as supporting prevention activities. As more and more children are being reintegrated into new homes across Rwanda, there needs to be a continued emphasis on and expansion of prevention activities.

That said, case workers cannot accomplish all that needs to be addressed alone. Community-based structures focusing on child protection, such as the local Child Care Networks established under IMM program, are an important first channel when responding to families in crisis. Child Care Networks have been established in all of the communities where IMM was implemented, and we see how in one story described below it worked to successfully reunite a mother who had abandoned her newborn child.

The government of Rwanda is currently working on putting community-based systems in place for ensuring child protection. Through Inshuti z'umuryango (friends of families), two community volunteers will be trained in each village and tasked with following up on the welfare of children who have been reintegrated, as well as identifying families at risk of breakdown and referring them to Child Care Networks.

Using community-based volunteers has a number of advantages. Since they are locally-based, they can report issues of concern in the community immediately. They understand the local context of the community and are familiar with the circumstances of the particular households involved. For example, they would be aware if the family is experiencing economic stress, physical or mental health issues, domestic violence, substance abuse or other factors which make them more vulnerable. Using community-based volunteers also helps alleviate the workload of case workers so they can focus their efforts on more challenging cases that need continued and consistent professional support.

5. Integrated, community-based services can help build household resiliency and create social cohesion that make families stronger.

In the case of the IMM program, we saw how the availability of integrated, community-based services can help build household resiliency. Household resiliency can be defined as the capacity of families to learn, cope, adapt and transform in the face of shocks and stresses. Building household resiliency means not only helping families increase their income and material assets, but their knowledge, skills and coping strategies as well.

Integrated services for building household resiliency can include a wide range of activities such as livelihoods assistance; savings and lending groups; microenterprise development; kitchen gardens and agricultural training; early childhood development and positive parenting; psychosocial support; and nutrition, health and hygiene education. A study on the recently completed USAID Higa Ubebo program in Rwanda shows the positive impact that integrated services can have on the socio-economic growth of poor households. Implemented in 75,000 households in 23 districts of Rwanda, Higa Ubebo offered a variety of community-based services targeted at vulnerable households. Using a Household Resilience Index to measure economic resiliency, the study showed that 83 percent of the beneficiary households included in the three-year longitudinal cohort study have maintained higher levels of resiliency.

Benefits of integrated, community-based services:

- Builds household resiliency in terms of income/assets, knowledge and skills
- Creates social cohesion and prevents vulnerable families from being isolated
- Facilitates peer-to-peer learning
- Creates a sense of collective responsibility
- Boosts self-esteem of members

While poverty was not cited as the main factor of child abandonment in the cases we saw, it is certainly a contributing factor. Increased household assets and income has a positive correlation with increased resiliency and enables families to weather economic shocks. Also important in helping families increase their incomes and assets, is the acquisition of new skills and knowledge to better care for themselves. Nutrition training, health and hygiene education, playgroups and positive parenting lessons are all designed to engage families and provide them with new skills to live healthier, more productive lives.

Dieudonne Ingabire, IMM Program Officer, describes how he has seen these new skills help families firsthand. “There was one woman who told me, ‘Before this nutrition training, I thought balanced diets were only possible for wealthy families. Now I know how to feed my children well with just the local foods.’”

During the course of the IMM program, these services were offered to families with reintegrated children as well as to the wider community at large. They were delivered by community-based volunteers in group settings. Using a community-based approach to deliver training and information has many advantages. Over time it is less expensive

and more sustainable to use community volunteers as trainers than relying on professional case workers. At the same time, people better identify with people from their own communities with similar backgrounds. Most importantly for vulnerable families, however, is that using a group model helps create social cohesion and a sense of collective responsibility.



All reintegration programs should be linked to community-based support.”

—Innocent Habimfura, IMM Program Manager

A prevailing trait of families in crisis is isolation. Innocent Habimfura, the Program Manager for IMM, explains how vulnerable families tend to isolate themselves especially during peak times of stress. Being part of a group, however, helps ensure the family is no longer isolated. The group setting also provides opportunities for members to talk about their families, issues and challenges in an informal, nonjudgmental setting. It create opportunities for peer-to-peer learning. This ability and time for sharing is especially valuable when it comes to promoting improved childcare practices.

As Habimfura explains, “The group facilitates social cohesion and joint responsibility for the well-being of the child.” In his words, the ultimate goal is not, “...just transferring the child to the family, but transferring the child to the community.” We see this demonstrated in the story of a child successfully transitioned to a foster home. Despite some initial turmoil, the residents eventually came together to support the child, helping him feel welcomed and secure in his new community.

Being part of a group also creates a natural support network for the family. This is especially important in cases where relatives and other extended family are not supportive. If a member is absent too many times, other group members will inquire after them, which helps that member develop a sense of accountability to themselves and others. Ultimately, this also helps improve self-esteem. As Habimfura explains it, “Being part of a group gives them some pride. Even if they have no shoes on when they go the first meeting, then they say to themselves by the next meeting I will buy some shoes. I will find one shirt with no holes. They begin to care how they appear to the community.”

Habimfura sees community-based networks as one of the main reasons for the successful outcomes of the IMM program. He insists that, “All reintegration programs should be linked to community-based support.”

It is important to remember deinstitutionalization is not a one-time process that happens abruptly. It takes time, thought and careful planning to find the solution best for the individual children, families and communities involved. It requires commitment from governments, institutions and communities to grapple with challenges and obstacles as they arise. Most importantly, it requires the continuous support of families and communities so that they can be strengthened and develop their overall capacity so that future children will not be separated from their families.

Story 1:

Mugabo, example of a child successfully reintegrated with his extended family



Mugabo (center) with some of his friends from the Byahi playgroup.

Manirakiza Emerthe stands inside a circle of around 40 young children and a handful of mothers. A tall, energetic woman dressed in a red tracksuit, she stretches her hands high in the air, wiggles her fingers and shouts “One!” All of the children and mothers follow suit, yelling “One” with enthusiasm. Next she leads them in a series of songs – some that involve practicing letters or naming plants, and some just for sheer fun.

Emerthe is a community volunteer who has been trained under the IMM program to lead the Byahi playgroup. Playgroups were established under the IMM program to help promote early childhood development. In accordance with the Rwandan government’s Early Childhood Development Policy and Strategic Plan, playgroups aim to help children achieve their potential and give them the best possible start in life. The model of playgroups has been well-established under the recently concluded USAID Higa Ubeho program. Under USAID Higa Ubeho, 93 playgroups were established and under the IMM program, 113 additional playgroups were created.

The Byahi playgroup is located in the Rubavu District of northwestern Rwanda where the Noel Orphanage was located. As the oldest and largest orphanage in Rwanda, it was a specific target for closure under the IMM program.

While open to all children aged five and under, the playgroups are particularly concerned with reaching the most vulnerable children. In the case of the Byahi playgroup this includes several children who have been reintegrated with families after the closure of the Noel Orphanage.

Manirakiza Emerthe was trained in early childhood development under the IMM program and now works as a volunteer leading the Byahi playgroup.



Rebecca Mbituyimana and her five year old son Mugabo are regular attendees at the Byahi playgroup. She is such a regular presence there, that all of the other mothers know her as “Mama Mugabo.” However, Rebecca is actually Mugabo’s maternal aunt. For the last year and seven months Mugabo has been living with her after the Noel Orphanage closed more than a year ago.

The story of Mugabo’s birth and the death of Rebecca’s older sister is heart-breaking. Due a complicated pregnancy, Rebecca’s sister was relocated from the maternity ward at their local health center to a hospital in Kigali. Rebecca traveled to Kigali to be with her and help take care of her. At the same time, she was taking care of her sister’s two-year-old daughter and she herself was also pregnant. Mugabo was born two months premature and her sister died during the cesarean section. Now with a two-year-old to take care of, her own impending delivery to deal with and a massive hospital bill from her sister’s care, she didn’t know what to do. Some of the hospital staff took pity on her, knowing she could not pay the bills nor afford the burial costs for her sister, and quietly advised her to flee. So, with much remorse, she left her newborn nephew in a hospital incubator in Kigali and returned home to the Western part of the country.

Two months later when the hospital deemed Mugabo strong enough, he was transferred back to the local health center where Rebecca was living. Based on their records, the health center located her and brought her Mugabo. As a young, single mother already taking care of a toddler and her own newborn she didn’t know how she could handle another baby, especially since Mugabo had special needs and needed formula which she couldn’t afford. She did not have a regular job at the time and felt overwhelmed and without options. When she went to the local authorities and pleaded for help, they advised that Mugabo be placed in the Noel Orphanage.

While the details of Rebecca’s story may be unique, the story she tells has common threads. Her mother was also a single mother. Rebecca had no knowledge of who her father was. She was raised in her grandmother’s household where she lived with her mother and three sisters. However, misfortune struck twice while Rebecca was still a child, first with her grandmother’s death, and then shortly after when her mother passed away unexpectedly. She and her oldest sister were sent to live with her uncle and her two youngest sisters were sent to live with another relative.

The common thread is the continuing cycle of vulnerability that women-headed households find themselves in. Often these women are taking care of not just their own children, but the children of other relatives as well. A mother’s death leaves the children with no primary caretaker and the easiest solution is to send them to the orphanage. Extended family members



Rebecca Mbituyimana “Mama Mugabo” with Mugabo. He now lives with his aunt, older sister and cousin.

often have good intentions; they believe an orphanage will be a better place for them since they will get food and clothes and medical care. But they are often not aware of what these children lose from not being in a family environment.

In Rebecca’s case, she had no ideal until social workers under the IMM program helped her understand benefits of raising a child in family environment versus an institution. They gave her time to think and invited her to visit Mugabo in the orphanage. When Rebecca came and saw him, she made the decision to bring him home with her. The case workers assigned to the family worked on preparing her and Mugabo for his transition to his new home. They helped connect her to the playgroup, the savings and lending group and other local resources. The day she brought Mugabo home, it was a big event. The first lady of Rwanda was present as 72 former orphans were either reintegrated with families or transitioned to independent living. Rebecca felt good about her decision and despite the challenges she knew she would face raising another child, she knew it was the right one.

One year and seven months later, Mugabo is flourishing. Rebecca says, “Mugabo is really happy and no longer shy.” She explains, despite his delayed development, he has become much stronger since he has been living with her. “When he first came he would fall down while just standing, but in six months he could stand strong and started calling me ‘Mama.’”

She credits the playgroup with helping Mugabo’s development a lot. “What I can see is that he has really changed since he start coming here. He learns new things and then he is excited to come home and teach them to the other children...He used to be fearful of other children, but now he can play and communicate with them.” She, too, has gained a lot from participating in the group. What she appreciates most is the sense of togetherness with other mothers.

“What I can see is that he has really changed since he start coming here. He learns new things and then he is excited to come home and teach them to the other children...He used to be fearful of other children, but now he can play and communicate with them.”

— Rebecca Mbituyimana discussing the benefits of the playgroup



After the playgroup, children are fed a special porridge made by mothers and nutrition volunteers who have been trained under the IMM program.

With the reintegration assistance funding Rebecca received from the IMM program and some savings she had from selling scrap metal, she made some strategic purchases. She bought a small piece of land and built a foundation on it. This she sees as her future. The place where one day she will build a home and raise her three children.

In addition to promoting early childhood development, the playgroups are used as venues to discuss good parenting practices. In the case, of the Rubavu playgroup, nutrition education has been integrated as well. At each playgroup session, all of the families contribute ingredients to make a special porridge which they serve to the kids after the play activities end. As the kids wait to be served their cup of porridge, the nutrition volunteer, also trained under the IMM program, asks them questions. “What is the importance of healthy food?” One child shyly answers, “To give us energy.” Another brave boy stands up and proclaims, “It helps the mothers to produce breast milk!” It is easy to see that even at this young age, these messages are sinking in. The porridge itself is special blend of sorghum, millet and wheat flours and soybeans. Also known as “sosoma,” it is high in essential vitamins that are important for children at this young age. The nutrition volunteers are trained to make it for the playgroups and in turn train the mothers who then make it at home.



Children take turns practicing their counting skills.



Mothers and children sing and dance as part of the playgroup activities.

Rebecca explains how she learned how to make the porridge at home for Mugabo and her other children, and how even though he enjoys it at home, he really prefers eating it with the other children in the playgroup. She says she has also learned a lot with the support of the nutrition group. Despite her limited income she tries hard to feed the children a balanced and diverse diet. She explains her main goal is to ensure their health and success for the future.

Story 2:

Garuka and Gasore, example of siblings reintegrated with their birth family



Elise (13), Garuka (7), Mutesi (3), Gasore (7) and Emmy (23). Emmy is now taking care of her four youngest siblings, plus her own daughter.

Garuka and Gasore are typical seven year olds in many ways. Garuka enjoys playing dodge ball with her friends and going to school. Gasore loves playing soccer and marbles. They are twins and though only minutes older, Garuka certainly acts the part of the older sibling, smiling shyly and encouraging her younger brother to talk. Garuka and Gasore are also different because they spent most of their lives as wards of the Noel Orphanage.

The Noel Orphanage (Orphélinat Noel de Nyundo) is the oldest orphanage in Rwanda, established in 1954 by the Catholic diocese in Rubavu in northwestern Rwanda. It was originally intended an orphanage for infants whose mothers had died in childbirth. The intention was for the children to be returned to the father or other family members when the child reached three years of age. But over time the orphanage continued to grow becoming a home older to children as well as disabled adults. When Rwanda's deinstitutionalization policy went into effect, the Noel Orphanage had 291 children and 238 adults.

With the closure of the Noel Orphanage, social workers used family tracing to locate Garuka and Gasore's closest relatives, and ended up locating their sister, Emmy Nkusi. Emmy was living in the same district, but she had never met her youngest siblings. When the social worker approached her to see if she would consider taking care of Garuka and Gasore, she was already taking care of two other siblings. At the age of 18, she was already taking care of her younger brother Habimana, who is now 15, her younger sister Elise, who is now 13, and her own three-year-old daughter. Now they are a household of six, with Emmy at the head at just 23 years old.

Emmy proudly displays the crops she is growing in her kitchen garden, which she was able to create with support from the IMM program.



The story that Emmy tells is a familiar one for many institutionalized children in Rwanda. It all starts with the death of their mother. Emmy's mother died while giving birth to Garuka and Gasore. Their father had died years before from an illness. The twins were taken straight from the health center maternity ward to the Noel Orphanage. Emmy was only 16 years old at the time of her mother's death and was sent to live with relatives.

Because she was mistreated by her relatives, she decided to escape by getting married. As soon as she was married she brought her brother Habimana and sister Elise to come live with her. However, her new husband was not happy with this arrangement so it was no surprise to her when they were divorced one year later. Emmy was only 18 and still taking care of Habimana and Elise. While she knew Garuka and Gasore were in the Noel Orphanage, she had never met them and put them out of her mind, she had enough to deal with.

When the social worker approached Emmy about taking care of the twins, she felt torn. She already felt the burden of taking care of her two siblings as well as her own daughter. But the social worker continued to reach out to her and after six visits, she finally relented and agreed to at least come visit Gakura and Gasore in the orphanage. When she first met them, she saw their "mother's face in them." Knowing Emmy's reluctance, the social worker suggested that Gakura and Gasore could be placed with a foster family, but at this point it was no longer an option for Emmy. She was determined to bring them home with her.

At the time, she was earning money by crossing the border every day into the Democratic Republic of the Congo to buy and sell household items. One day she was stopped by the Congolese army. They accused her of being a spy and arrested her, beat her up and took her money. After that she decided cross-border trading was too risky, and even though she had strained relationships with her relatives, she asked them to sell some of her family's land so she could build a small house.

Now living rent-free in her own home, as basic as it may be, she has some small sense of security. With the additional support she received under the IMM program, she was able to purchase furniture for the house and make it a comfortable place to live.

When Gakura and Gasore came to live with Emmy, they were just five years old and it was a challenging transition. "In the beginning it was very tough. The twins were very isolated and would not communicate... They did not really understand the situation and even though they knew their mother had died, they kept asking, "Where is my mother," she said, as if they were grieving for the mother they lost at birth.



But after a few months though Emmy saw noticeable changes. Now, she says, “They go out and play with other children. They socialize and go to school.” The family still receives regular visits from the psychologist who is helping the twins and the rest of family with the transition. Emmy also has support from a community volunteer, trained under the IMM program, who acts a mentor for her. Emmy explains, “She comes on her own. I don’t invite her, but she comes anyway to talk to and give me encouragement.”

Emmy is also benefiting from the kitchen garden which she created with the support of the IMM program. She shows off the variety of vegetables she is growing and explains the nutritional benefits of each. When asked about her decision to accept Garuka and Gasore into household, she says. “I am very happy with my decision...I took time to think about it and I know it was the right decision.” She concludes by asserting, “Nothing but death will separate us now. I am determined we will stay together.”

“ Nothing but death will separate us now. I am determined we will stay together.”

— Emmy Nkusi speaking of her decision to take in her two youngest siblings

Story 3:

Joseph, example of young adult successfully transitioned to independent living



Joseph (22) now lives independently sharing a house with his younger sister who attends boarding school.

Joseph, is a young man who is comfortable behind a camera. He explains his dream is to “Become the best camera man!” It is clear that Joseph has a passion for life as well as some big dreams. But this was not always the case. Nine months ago Joseph was living in the Noel Orphanage and even though he was already 22 years old, he felt unsure of his future.

Joseph is one of more than 140 young adults who chose to live independently after leaving the Noel Orphanage. With the closure of the orphanage a variety of options were developed for the children and adults living there:

- Reintegration with members of their immediate or extended family
- Reintegration with a foster family
- Independent living for young, capable adults
- Small groups or community-based living for adults with disabilities

For many young adults, the idea of being reintegrated with a family can be very stressful. Even if the family members are related, being institutionalized for so many years can make returning to a family extremely challenging.



Joseph completed a vocational training course in photography and design. He dreams of opening his own photo studio one day.

Psychologist Jean Sekamana has been working closely with some of the young adults who have left the Noel Orphanage. Many of these young people are ready and willing to start independent lives, but lack the life skills they need to function independently in the wider community. While the orphanage provides them with academic education, it does not teach them about living in the real world. As a result, young people leave the institution knowing very little about practical life issues, like how to pay bills, open a bank account or go shopping in the market.

Social worker, Moise Munyamariza, who has also worked with many of the young adults from Noel, explains the challenges that young adults who have been institutionalized for most of their lives face. “They were like someone who was from a prison. We help them overcome that fear and learn how to live with the community,” he says.

He further explains that the Noel Orphanage never developed a formal transition plan for the young adults who would eventually leave the institution. This is why many orphans remained at Noel into their early and mid-twenties. The Government of Rwanda recognizes that this is a problem. According to a countrywide survey conducted on institutional care (2011-2012) by the National Commission for Children, nearly 26% of the total population within Rwanda’s orphanages were aged 18 years old and above. At the Noel Orphanage that percentage was even higher – 238 of the 529 or 45 percent of residents were 18 years and over. This included a number of adults with disabilities.

This was the case for Joseph. He arrived at the orphanage when he was 13 years old with his younger sister Josiane. They had been living with extended family, but due to a change in circumstances, they felt that they could no longer support them. Their mother had died when Joseph was just five years old, and they had been living with their uncle and aunt who had six children of their own to support.

He relates the troubled story of his mother’s death. After his father was killed in a fight, their father’s brother who had been living with them kicked them out. His mother was forced to find a place to rent and he says the stress of the situation and raising two young kids alone was too much for her. She became sick and died.

“ I didn’t know the outside life...I didn’t know how to live independent, how to be a man.”
— Joseph Ngabonziza explains his motivation for wanting to live independently

“ They were like someone who was from a prison. We help them overcome that fear and learn how to live with the community.”

— Moise Munyamariza, social worker, describing the challenges that young adults often face when leaving the orphanage

As Joseph grew older he realized that one day he would have to leave the orphanage. He explains, “It was hard at first to understand that I would need to be independent.” In the orphanage everything you need is provided. “If you need food they give you food. If you need shoes, they give you shoes.” Despite this security, Joseph knew that something was missing. “I didn’t know the outside life...I didn’t know how to live independent, how to be a man.”

With the closure of the orphanage, Joseph and his sister made the decision not to return to their extended family as they wanted to try living on their own. He describes how the social workers supported them. “We had many meetings with case workers and training to help prepare us.” They helped Joseph and Josiane find two small rooms to rent with a larger housing compound. Despite their meager accommodations, where they share a toilet with the other renters and use a hand pump for water, Joseph is proud of his new home.

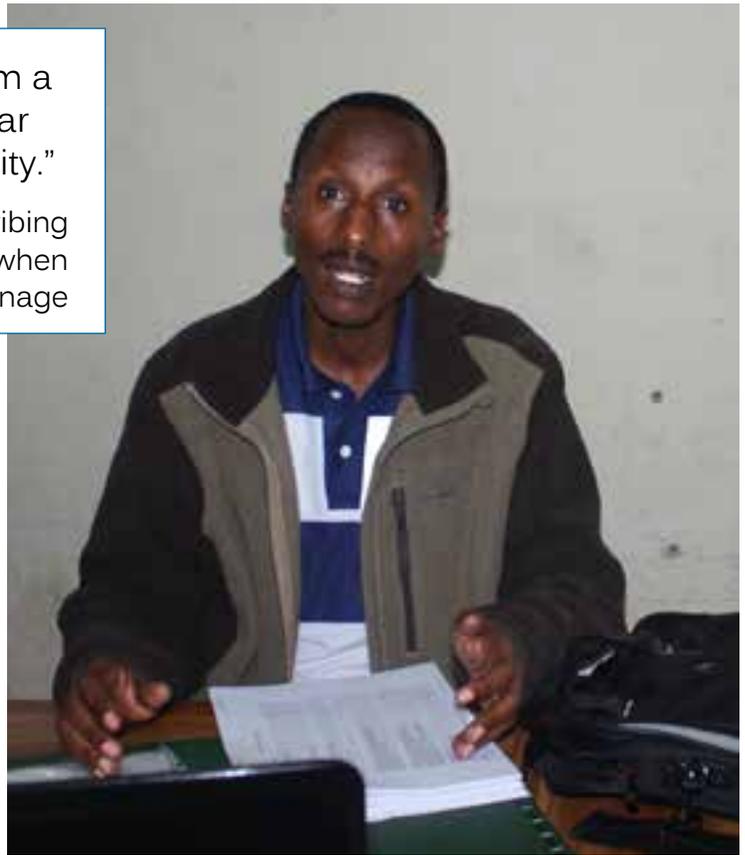
Before leaving Noel, Joseph was able to take advantage of a vocational training program provided by the government. He studied photography and design. Josiane, who is now 19, is currently study at a boarding school with the support of the Catholic Church. But when she does return home to stay with her brother, Joseph makes sure the place is spotless for her.

An unexpected benefit of living independently with his sister is the closeness they have developed by having to rely on one another and work together. He describes how she taught him to cook and when she comes home from boarding school how they equally share all of the household chores. “My relationship with my sister has deepened... before all girls at the orphanage I treated like sisters, but now I have a special relationship with my own sister.”

In addition to the new relationship he has with his sister, he is also enjoying the friendships and camaraderie he has found with his new community. “I have many friends nearby and we rely on each other. If I need something I can ask them.” He explains how being in the orphanage actually made them more selfish and less trustful. “In the orphanage everything is shared and you are protective of what is yours.” He was pleasantly surprised by the openness he discovered when he moved into a community. “If I need salt, I just go to my neighbor and ask. If they need something they come to me.”

Right now, Joseph is earning money by performing small jobs, like hand painting signs for local businesses, but he has bigger plans. His goal is to someday open his own small photography studio. “For me, I have an American dream. I want to be the boss and I want to work very hard.”

Although the transition to independent living has not been completely easy for Joseph, he says he has no regrets. “I miss my friends at the orphanage. I miss school, but when I was there I was already thinking about life on the outside...In the orphanage you are always with the same people and you do not have the opportunity to learn new things. Now when I need something I have to work very hard, but I have no regrets.”



Story 4:

Rosalie and Sonia, an example of successful child abandonment prevention



Rosalie (23) with her one-year old daughter Sonia. Rosalie, fearing the reaction of her parents, abandoned Sonia at a neighbor's house when she was born.

One-year-old Sonia sits squirming on her mother's lap. Her mother, 23-year-old Rosalie, tries to distract her, but Sonia insists on being difficult. Next to them, Sonia's three year-old brother is all smiles. He clearly is loving all of the attention. Rosalie, soft-spoken and shy, is clearly embarrassed to be telling her story. She sits quietly, looking away while her mother Vestine begins recounting the unexpected story of Sonia's birth.

Rosalie was already a single mother with a one-year-old son when she became pregnant with Sonia. She had dropped out of school and was living with her parents. Fearing their reaction if she told them she was pregnant again, she hid the pregnancy from them. Vestine's explains that this was not hard since Rosalie was still breastfeeding her first child and they had no idea Rosalie was pregnant again.

When Rosalie realized she in labor, she went to a friend's home and gave birth to Sonia there. In distress and not thinking clearly, she carefully wrapped Sonia in a blanket and left her on a neighbor's doorstep. According to social worker Caritas Mukayamwusa, this is not an uncommon practice in Rwanda. Single mothers, fearing the judgment of their family and community or just because of desperate poverty, will leave their newborn babies at the door of an orphanage, church or other person's house. There is a tradition of stigmatizing unwed mothers, she explains. In this area, near Lake Kivu, long ago

“Pregnant women with no husbands left their babies on an island in the middle of the lake.”

— Caritas Mukayamwusa, social worker, describing the stigma that unwed mothers used face in Rwandan culture

the story goes that pregnant women with no husbands left their babies on an island in the middle of the lake. Although, this practice has not occurred in hundreds of years, the mindset still exists.

The neighbor alerted members of the Child Care Network and the baby was brought to the local hospital. Networks have been set up under the IMM program at all levels of regional government (district, sector and cell). They are comprised of various representatives who are involved in the social welfare sector. This includes local leaders such as the Executive Secretary and Vice Mayor, as well as public officials working in the department of education, health, justice and law enforcement.



The guilt of what she had done weighed on Rosalie and when she heard that the baby was going to be placed in emergency foster care, she went to the police and reported herself. She says she did not care what the consequences would be.

Under Rwandan law, child abandonment is a criminal offense which could result in a jail sentence of anywhere from three months to seven years. Knowing this, Rosalie came forward anyway and was immediately arrested.

Rosalie explains her actions, “When they brought the baby to the hospital, I felt such sorrow and I went to the police and said I was the mother. I didn’t care what happened to me.”

She was held by the police for three days. In the meantime, members of the Child Care Network and social workers intervened and helped get Rosalie released from arrest. Brigitte, the social worker assigned to Rosalie, brought her to the hospital to visit Sonia, and when they were released from the hospital, she continued to support them.

Rosalie’s story highlights the key role that social workers play, not only in terms of reintegration, but prevention activities as well. Brigitte helped connect Rosalie to financial assistance so she could purchase formula since she was no longer producing enough breast milk. With this assistance, Rosalie was also able to purchase furniture, clothes and other items she needed for the new baby. Brigitte worked with Rosalie intensely. Rosalie’s mother Vestine explains that there was still some fear that Rosalie might run away. “We were really worried that she might leave the child here and disappear.”

Despite Rosalie’s initial actions, it is clear that she is very attached to Sonia now. Rosalie soothes her when she fusses, talking to her softly.

Vestine also explains how traumatized Rosalie was after the birth of Sonia. “She was already suffering from the delivery and then the police traumatized her further when she was arrested.” In this the social worker’s role was also very instrumental. “Brigitte really helped Rosalie overcome the trauma,” says Vestine. Brigitte also helped improve the relationship between Rosalie and her own parents. She advised them, “Don’t traumatize her any further. She has already suffered and now your role as parents is to support her.”

Rosalie's mother Vestine speaks with social worker, Antoinette Umubyeyi. The support of case workers was critical in helping Rosalie be reunited with her baby and helping her reconcile with her family.



The role of the case worker is critical in helping link families to much-needed services as well as helping them overcome emotional barriers during times of crisis. The IMM program supported case workers like Brigitte by delivering pre-service and in-service training on topics like reintegration and child protection with funding from UNICEF.

Today, Vestine says the family has no serious issues. "Life is normal." Rosalie's father is more reticent. He expresses his disapproval in Rosalie's decisions, but in the end he concludes, "A parent will always remain a parent and you must take your responsibilities." Despite his disappointment in her, he says he will continue to help support her and his grandchildren. "I feel disappointed. I expected a lot from her. Now I just have to make sure she can move forward."

For now, Rosalie will remain living with her parents, but she has hopes for the future. She wants to study cosmetology and she has even found a woman who is helping mentor her for free. Eventually, she hopes to complete the one-year vocational course that is required so she can get a steady job. She explains her motivation, "I only have one goal now, to see how me and my kids can survive."

Story 5:

Patrick and his children Iragena and Nirere, example of siblings successfully reunited with their birth father



Patrick with five of his six children. Iragena and Nirere (4) were placed in the Noel Orphanage after his first wife's death.

The Rwakarema household is in all sorts of chaos. All six children are in various states of agitation at the arrival of strangers. The oldest Linda, 13, is clapping excitedly and grinning from ear to ear. Eric, 10 and Eugene, 7 are unsure and nervous, running in and out anxiously not knowing whether to be excited or scared. The twins Iragena and Nirere, who are four, scream in terror and try to hide. The youngest Olive, is only two, and just stares at us mouth agape.

“Perhaps it is because they think you are doctors,” their father Patrick remarks. Although Iragena and Nirere try to hide, there are not many places to go in this small house and their mother soon fishes them out. I, being a mother, do the first thing that comes to mind when confronted with an inconsolable child. I pull out my iPhone. Like all children, they are mesmerized by the device. Things calm down a bit as Patrick explains his story to us.

He and his wife already had three children when she gave birth to the twins Iragena and Nirere. They came back home with the babies, but after about two weeks she became ill. Her health deteriorated quickly and they transferred her from the local health center to the hospital in Gisenyi, where she died. The local authorities discouraged him from keeping the babies as he already had three other children and no wife. They advised him to place them in the orphanage.



Patrick and Nirere, the youngest of the twins.

These well-meaning, but misguided intentions, are common in Rwanda. It is one of main reasons children wind up institutionalized. Once the mother dies, there a commonly held belief the father is not capable of taking care of their child, especially if it is an infant. This pattern is seem repeatedly. If the mother dies and there is no female relative willing or able to take the child in, the easiest solution becomes to place the child in the orphanage. This cultural perception is one of the main causes of child abandonment in Rwanda.

Once in the orphanage, Patrick visited Iragena and Nirere as regularly as he could. But he had never considered bringing them home, even after he remarried, until a social worker approached him. She carefully explained to him the benefits of raising them at home in a family setting. She connected him to training for parents and made regular visits to help prepare him and the rest of the family for their arrival. She also helped him apply for financial assistance available as part of the reintegration package under the IMM program.

At the time, Patrick was renting a small house where he, his new wife, the three oldest children and their newest child were living. He knew they would need more space so he started building a larger house on some land that he already owned. He is a mason by training, so he did most of the construction on the new house himself. It is unfinished, but you can see he is very proud of it. The walls are made of mud brick, but he has decorated them with handwritten messages from the Bible. Most of these passages are messages about love, orphans and parenting. He explains that they help give him hope when he is feeling overwhelmed.

The transition to the new home was indeed overwhelming, he explains. In all he said it took about eight months before they became truly settled. He describes some of the problems they had in the beginning – wetting the bed every night and soiling themselves. They would not play with the other children and cried a lot. It got to a point where things were so strained in the household that his wife left him and returned to her parents. So for the next six months he took care of the children by himself. He had no female relatives living nearby so, “I had to face it by myself.”

Patrick was not totally lacking in childcare experience, like many Rwandan fathers. He took care of his three oldest children after his first wife’s death for a year, before he remarried. Despite his experience, he admits is was not easy. “It was a real challenge, but whenever you face a challenge you manage somehow.”



Handwritten Bible passages decorate the walls of the Rwakarema house. Patrick explains that they help give him hope.

When his wife returned, he did not reproach her. Now he says, “We are all very happy...The children are friendly and play together and my wife cares for them as her own.” Even the older children feel more settled. Before when he would return from visiting Iragena and Nirere in the orphanage, the older kids would be full of questions. “The older children would ask about the babies. Can we go visit them? When will they come home?”

He credits the social worker with helping them a lot during the transition and convincing him that would be able to raise to the children. He understands that his role as father is more than just earning an income and providing material things for the household. “I understand the meaning of parenting and, even without a wife, I would never let them be taken back.” If he had to advise another father in a similar situation, he says, “I will give him any support. And encourage him to work with his wife so they know how to do it.”

As we end our visit – my iPhone reluctantly given back, but without any tears – Nirere, the youngest of the twins, still seems uncertain of our presence. He clings to his father as he sits in his lap and Patrick soothes him and cupping his small face in his hand. “I have come realize a child is a blessing and you must raise that child knowing that you are caring for a blessing.”

“ I understand the meaning of parenting and, even without a wife, I would never let them be taken back.”

— Patrick Rwakarema, father of Iragena and Nirere

Story 6:

Ruth, Habimana, Mutoni, Nshimiye and Yves, example of disabled adults successfully integrated into community-based living



Ruth, Francine and Mutoni at the Ubumwe Community Center. Francine helps take care of Ruth, Mutoni and three other disabled adults in a family-based setting.

Francine Rugema, like so many mothers, has her hands full. What makes her different is that her five “kids,” who range in age from 20 to 30 years old, all have disabilities. Francine is one of three community-based caregivers living in a group home with five disabled adults who have been transitioned from the Noel Orphanage.

It has only been one and half months since they formed their group home, but already Francine can see positive changes in their behavior. “Ruth is from the Congo and she always talked about returning there. But now she has stopped, she knows this is her home now.”

The adults that Francine cares for call her “Mama,” and even that she explains is a sign of development. When they were in the orphanage, they just referred to everyone as “caretaker” or “umurezi” in Kinyarwanda. They did not even distinguish between men and women. Now they know her as “Mama,” and they call the other caregivers “Papa,” which demonstrates that are beginning to understand family roles.

Francine is well placed to understand the changes of her new family members, because prior to living in the group house she was a caretaker for disabled adults at the Noel Orphanage.



Ruth in her classroom at the Ubumwe Community Center. During the day Ruth and 21 other residents in community-based living go to the center which offers inclusive education and functions as a day facility for disabled adults and children.

She explains how previously they were always stuck in the orphanage, but now they can go to the market and walk around the neighborhood. They enjoy going to different church services and they have friends in the community.

Most important of all, they can receive individualized attention and care, which they never received in the orphanage. “Each person has their own story,” she says. “Like living with anyone, you need to know what they like and dislike...I ensure everyone in their area of comfort.”

Even cooking for six people is easier than cooking for hundreds. “Sometimes one of them says I don’t feel like eating that – I can take that into consideration.” Their diet in the group home is more diverse and she is able to introduce to new things. As part of her training to deal with people with all types of disabilities, Francine also received nutrition training.

During the day Ruth, Habimana, Mutoni, Nshimiye, Yves and the 21 other residents in community-based living go to the Ubumwe Community Center (UCC) located just down the road. The UCC was established in 2005 as a private school to promote inclusive education. It also functions as a day facility for disabled adults and severely disabled children. All 26 disabled adults who were transitioned from the Noel Orphanage spend the day at the UCC. In total 183 adults participate in the UCC day program, including the 26 who previously lived in Noel. With two classrooms, one for adults and one for children, and arts and skills room, a music room, and a special needs room, everyone has a place to go.

The notable thing about the UCC is that it is a self-sustaining model. The private school run by UCC is located adjacent to the day center. Children from the community who attend the school pay tuition fees, while disabled students attend for free. The tuition fees also pay for all of the day center activities.

Zacharie Dusingizimana has a vast amount of experience working with disabled populations. He runs the UCC and helped found it. He knows all the former residents of Noel intimately and can describe in detail the changes he sees in them since they have been deinstitutionalized. Ranging in age from 17 to 45, it was a challenge for some of them to transition to community-based living. Matching up members in each household was a struggle at first, he explains. Because of the different personalities, they had to move some people to different homes. “But now everyone is stable and enjoying their family.”

He explains the dynamics within each family are like all families. “Each family runs independently with its own head. Each family has its own problems, just like the regular community, and they know how to resolve them.”

“ They are functioning better in community-based living. The family members chip in. They feel like a real family.”

— Zacharie Dusingizimana, Executive Director and Founder of the Ubumwe Community Center describing the benefits of community-based living

The benefits of community-based living, he feels, are immeasurable. “You can see a kind of happiness in their faces.”

He talks about one young man, Mathias, who used to spend hours sitting in one place. “He now laughs at me and when he sees kids running, he runs with them.” Gasimba, another former resident of Noel, used to be very aggressive, now he is much calmer. As calmness is a sign of improvement, so can be aggression. Another young man, Ntwari, who used to be passive has started fighting with others at the center. “He is finding his own personality,” Zacharie explains. Hakizimana, who was self-harming while in the orphanage, has now stopped. He goes on to detail several more examples of improved behavior he has witnessed since the transition.



Zacharie also describes how those with more capacity are helping the caregivers in the homes. The caregivers have been teaching some of them basic household chores like cooking, cleaning and washing. Amahoro, a young woman who is more capable than some of the other adults, has taken on the responsibility of walking her fellow family members to the center every morning. Ruth, who lives with Francine, has started helping take care of one of the younger disabled children at the center. Francine notes, “She enjoys the new responsibility.”

Zacharie sums up the new situation, “They are functioning better in community-based living. The family members chip in. They feel like a real family.”

The transition to community-based living has had an unexpected benefit. It is reducing stigma of disabled people in the wider community whereas previously, the disabled were hidden at the orphanage, now they are part of the larger community. Zacharie describes how they make special efforts to connect the new families with their neighbors. Every weekend, they take the household members to a different church and introduce them to the congregation. It is all part of an effort to build relationships with the wider community. These initiatives help reduce stigma, but they also enable Ruth and her housemates to make new friends. Put in very simple terms, Francine says, “When neighbors come to visit the house, they are less lonely.”

If Francine is overwhelmed by her new role as “Mama,” she doesn’t show it. She describes three qualities that every person in her position needs, “You need to be patient. You need to have empathy. You need to have compassion.” It is clear that she has all three in abundance.

Story 7:

Munezero, example of a child successfully reintegrated with a foster family



Alphonsine and Munezero, who was abandoned by his birth mother when he was just one year old.

Four years ago, Alphonsine Kanimba was attending a community meeting when a member of her local Child Care Network gave her and the other attendees present an assignment: find families in your community who would be willing to be foster parents. Alphonsine took this assignment to heart. She not only helped identify two other families, but she also signed up herself to become a foster mother.

She informed her local Child Care Network, and a social worker came and assessed her and the other two families. However, only Alphonsine was asked for a second meeting since the social worker decided the other two did not have the correct motivation for becoming foster families. By the time she completed the third meeting, she felt prepared to bring a child home. She discussed it with her three older children, who were 16, 18 and 20 years old at the time and so the whole family felt prepared.

Then she waited for more than three years until she was contacted again. But now she is the proud “grandma” of Munezero, age seven. “He is the child I was missing.” She knows few details about Munezero’s background. He was abandoned by his mother at a church when he was around one year old. She was told that his mother came to the church and while she was praying, she asked another woman who was also there praying to watch Munezero for a moment while she went outside. Munezero’s mother never came back. The woman reported the abandonment to the local authorities and he was taken to the Noel Orphanage.

“Over time he has changed. Now he is good boy...It was a challenge at first. It took time to convince him that he was going to be fine here.”

— Alphonsine Kanimba, Munezero’s foster mother describing some of the challenges he had when he first arrived

There were definitely some challenges when Munezero first came to live with Alphonsine. Some of his behavior was merely frustrating and exasperating, and some of it was more troubling. Sometimes he would put on all his clothes at once – underwear, pants, shirts and jacket – all layered one on top of each other. Then he would go outside and get his himself as dirty as possible, so Alphonsine would have to wash all of his clothes. He would go down to the nearby river and sit for hours by himself. He fought with the other kids in the village. Most disturbing of all was when he killed some small livestock, once a chicken, another time a rabbit.

Through it all, Alphonsine kept her patience. She credits the training she received on preparation the transition for

helping her through it. She understands that when he killed the animals that he was punishing her because she had gone to visit a neighbor and left him alone. “Why did you leave me,” he cried when she returned.

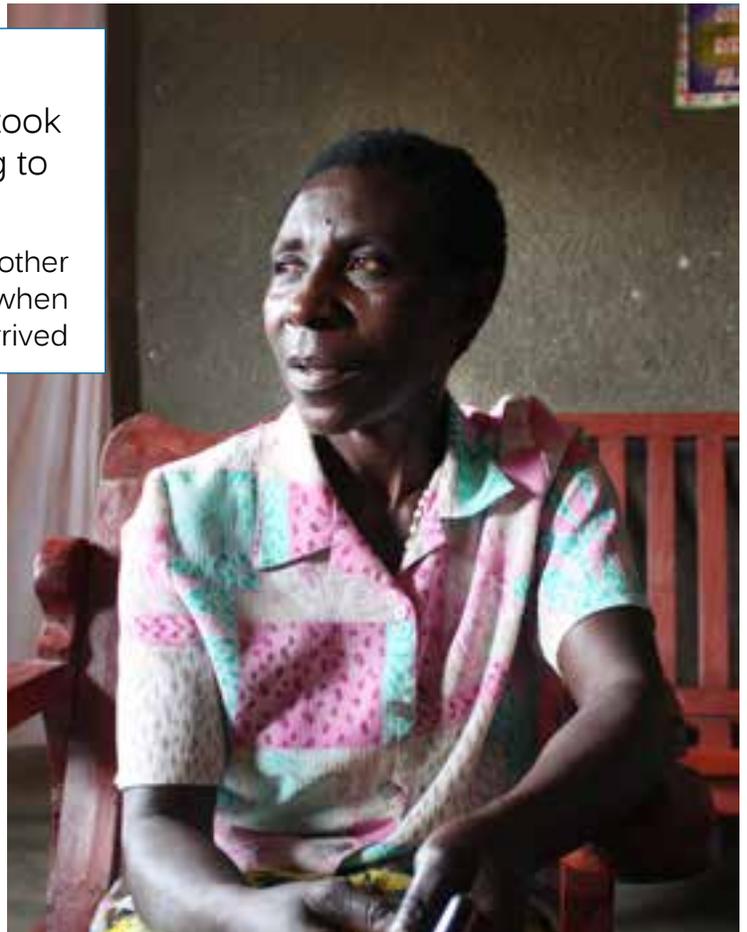
But with time, her patience and kindness paid off. “Over time he has changed. Now he is good boy...It was a challenge at first. It took time to convince him that he was going to be fine here,” she says.

In addition to training she received, Alphonsine explains that she was also fortunate to have the support of community leaders, the local school and her older children during this period of transition. When he first arrived, Munezero was bullied by other kids who always blamed him for starting the fights. So, the village leader called a meeting explaining to all the families there that they “need to support this child. He is a victim of the orphanage.” After that, things improved for Munezero. He began to make friends and play with other kids in the village.

In terms of Munezero’s more troubling behavior, she enlisted the help of her older children. After Munezero killed the chicken, she asked her oldest son, who lives in town, to come over and talk to him. Munezero looks up to him and after he spoke to him, she says, the behavior stopped.

Convincing him to go to school was also a challenge at first, but one of the teachers from the village school came to Alphonsine’s house one day. He walked Munezero over to the school and introduced him to the three other teachers there and gave him a choice letting him decide which one of them he wanted to be his teacher. Since then Alphonsine says he goes to school every day. He is punctual and has never missed a day. “He loves to go to school,” says Alphonsine. One day he came to her and said, “Grandma, I want to be first in my class.”

When asked about her motivation for becoming a foster parent, Alphonsine recounts the tragedies she experienced during the genocide. Her husband was killed during the conflict and she and her children fled over the border to the DRC. Eventually, they found refuge in a village and even though they had no relatives there and did not know anyone, the community members came together and helped her and her children. “People of good will helped take care of my own biological chil-





Alphonsine and Munezero in front of her modest home. She has the comfort of knowing that if anything were to happen to her, her oldest son and his family would take care of Munezero

dren.” Since then she explains she has felt a strong need to help others the way she and her family were helped. “So when I heard about the children in the orphanage, I said to myself, ‘I need to care for one of those children.’”

After three years in the DRC, she and the rest of the family returned to Rwanda. She is now 50 years old, and her children are all grown and have left home. Even though they have had some hardships, she feels fortunate. Her oldest son owns a successful tailoring business and his support allows her to live in relative comfort. She has a modest house made of mud bricks and a cement floor. Her chickens roam in and out of the house freely and outside she has a garden where she grows onions and sweet potatoes. She has the added comfort of knowing that if anything were to happen to her, her oldest son and his family would take care of Munezero. When talking about her good fortune, she says, “I am very happy and my older children are very happy. We love each other and we have to give love to another child.”

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I am very happy and my older children are very happy. We love each other and we have to give love to another child.”

— Alphonsine Kanimba

Story 8:

The Case Workers, the key role that social workers and psychologists play



Social worker Antoinette Umubyeyi in the office she shares with three fellow case workers. Behind her is the list of 529 children and young adults who left the Noel Orphanage and are now either living with families, living independently or living in community-based homes.

Moise Munyamariza, Caritas Mukayamwusa, Antoinette Umubyeyi and Jean Sekamana have been busy. They are conducting follow-up assessments for the 529 children and young adults who left the Noel Orphanage and are now either living with families, living independently or living in community-based homes. The four case workers share an office that was designed a dozen people or more, but all of the empty desks serve to their advantage because it gives them space to spread their hundreds of files. Each empty desk is stacked with folders around a foot high. The walls are covered with lists of names and notes next to each. At the start of the reintegration process, there was a team of 22 case workers working here. This included a mix of social workers and psychologists from both the government and Hope and Homes for Children. Two years later, there are four remaining.

Moises explains the number one reason for the family separation is the existence of an institution. “They think it is a better place to educate and raise a child when there is no mother.” This perception persists, even though decades of research show the adverse effects on raising children in institutions. Based on these beliefs, the case workers find that a large part of their job involves teaching families about the benefits of raising children in family environment.

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Many were frightened at first, but are much happier now.”

— Jean Sekamana, Psychologist who has been working with young adults who have left the Noel Orphanage

Another main cause for family separation is insecurity and conflict. This is especially true in Rwanda. After the genocide, many children had lost one or both parents or had been separated from their families that they had no place to go. Some children eventually returned to their families, with support from the International Committee of the Red Cross and NGOs like Save the Children and the International Rescue Committee that led efforts to register and reunify unaccompanied children.

Another reason families are separated is the influence of religious leaders and local authorities. Although they have good intentions, they often persuade families to place their children in institutions, especially in cases of infants where the mother has died. Even if the father is still alive, there is a cultural misperception that men cannot take of children on their own. The Noel Orphanage

was create with this intention, as an institution for infants, whose mothers had died in childbirth. The original idea was that the children would be returned to their families when they were three years old. However, the mission and the scope of the orphanage just expanded over time – it started accepting older children, disabled children and disabled adults. When it was slated for closure in 2012, nearly 50 percent of the residents were 18 or older.

Just as they work with families to explain why institutional care is detrimental to children, the case workers also now enlist the support of religious leaders and local authorities to help keep families together. With mandates from the national government as well as lots of outreach and education, these leaders are supporting the deinstitutionalization process.

Other factors that influence family separation are poverty and household insecurity, mothers with mental or physical disabilities and the stigma attached to mothers giving birth out of wedlock. This last factor is the reason for many cases of child abandonment by single mothers.

While there is a wealth of research describing the adverse effects of institutionalization on children, these case workers have witnessed the benefits of deinstitutionalization first-hand. One development there is the changing cultural perceptions about gender roles. Fathers are learning that they can take care of their own children. Moises explains, “The fear was removed, and now people understand that the father can raise his children, like a mother.”

He has seen a change in the attitude of extended families who have taken in children. They realize with support from a professional that they can care for these children. He describes how many of these families now feel regret, asking themselves, “Why did we delay?” They feel ashamed that they did not take in these children earlier.

The case workers also describe seeing significant changes in the children in terms of motor development. Now they run, and jump. They help with household chores. Moises explains that when they first arrive, “They are physically weaker than the other children in the household, but even after a few weeks one can see changes. In around five months they can keep up with the other children.” They are exposed to more activities and they have more space to play with the other children.



Some of the most dramatic changes the case workers see are in the area of social skills development. They smile more, they can say goodbye, they make eye contact, they answer questions and they start making friends and learning things from kids their own age.

Another dramatic change is language development. After just a few months, some of the two to five years olds, who did not talk when they left the orphanage started speaking. Social workers credit the increased affection and individual attention the children receive in a family setting for such remarkable improvements. “The social environment very quickly helps verbal communication,” Moises says.

They also see a lot of benefits for the young adults who have either been transitioned to families or independent living. Jean, a specialist who works with young adults, says, “Many were frightened at first, but are much happier now, after living in such isolation from the wider community.” At the same time, life in the orphanage encourages dependency because everything was provided there. But with training in life skills and household management, Jean says, these young people are now living successfully and independently in the community.

Caritas says that previously not only they did not know how to function in terms of practical daily tasks, like shopping, cooking and cleaning; they did not know how to participate in political life. They did not know about government, laws or politics. They did not know how to go to the local authorities and advocate for themselves. As part of the transition process, the case workers helped them with this as well, linking them to government services and explaining to them how to get involved in the community. “They are citizens of the community now,” says Caritas. She goes on to explain how before the IMM program, when young adults left the Noel Orphanage they were not prepared for community life. But with this new system, now there are professionals like herself and her fellow case workers who help prepare them.

In terms of the reintegration process, the case workers make regular weekly visits for all families who have received children. For young adults, the visits occur once a month. This continues for up to the first six months after placement. After that point, they continue to make quarterly visits, which includes a twice-yearly assessment for all 529 families. However, this schedule just outlines the minimum number of visits that the care workers must make. If they feel a family needs more support, they will make more frequent visits depending on that family’s particular needs.

In addition to the home visits they follow up with the families by phone, and they have regular communication with the local leaders in each village. These local leaders are essential in assisting the monitoring process. Most of them know the living conditions of every single household in their area. They play a key role in alerting the case workers about families in need of prevention services, or those are at risk of family breakdown or abandonment.

Still, the deinstitutionalization process is taking longer than the Government of Rwanda anticipated. The original two-year target has already passed and been extended. Of the 33 registered institutions that existed when the deinstitutionalization went into effect, eight have been fully closed, including the Noel Orphanage. The good news is that none of the institutions that remain open have received any new children.

As the reintegration process continues and more and more children are successfully transitioned into families, the focus of the case workers will shift increasingly to prevention activities. As families at risk of breakdown are referred, the case workers will play a pivotal role in linking families to services. Case workers also play a key role in offering encouragement and moral support to families. This less tangible aspect of their jobs should not be overlooked. Maintaining a positive mindset is critically important in helping parents realize their own power and responsibility to provide good outcomes for their children.

“They are physically weaker than the other children in the household, but even after a few weeks one can see changes. In around five months they can keep up with the other children.”

— Moise Munyamariza, Social worker discussing the changes he sees in children after reintegration