

## **Rwanda: Coping With Children Born of Rape**

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In Rwanda between April and July 1994, one of the century's worst genocides resulted in an estimated 800,000 deaths. A decade after the violence, many of the youngest victims are still struggling to survive. One of the most impacted groups is composed of those children born out of rape during the genocide. The National Population Office of Rwanda has estimated that between 2,000 and 5,000 children were born out of forced impregnation during the genocide and as a result of sexual violence during the unstable period that followed. According to victims groups, this number is far higher, estimated to be over 10,000 children born of conflict-related rape (Wax, 2004).

As in many post-conflict situations, these children face stigma in the aftermath. They are referred to "les enfants mauvais souvenir" (children of bad memories) (Goodwin, 1997) or enfants indésirés (children of hate) by their mother and the community. Some have been even maligned as "devil's children" (Nowrojee, 1996) and others named "little killers" by their own mother (Wax, 2004). As the children grow toward adolescence, they have started to question their mothers about their identity as they wonder about their fathers, and a generation of mothers is struggling to find acceptance of these children within their heart and community.

This chapter will provide an overview of the problems and challenges facing those children born out of rape in Rwanda. First, I briefly discuss the scope and nature of the sexual violence against women following the genocide and the insecurity period in the refugee camps (1995-1998). This is followed by an examination of the consequences of rape on women and the children born as a result. Last, I discuss policy responses to protect these children in the context of child protection more generally in Rwanda today.

### <A>Children Born of Forced Pregnancy and their Mothers in Rwanda

International law requires that, in a situation of war, all parties to armed conflict take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, and all other forms of violence that occur in situations of armed conflict. Rwanda is a member and has ratified the Geneva Conventions of 1949, the Convention on the Elimination of All Forms of Discrimination against Women of 1979 and the Optional Protocol thereto of 1999, and the United Nations Convention on the Rights of the Child of 1989. In the light of such obligations, Rwanda has the responsibility to ensure the full respect and applications of international laws applicable to the rights and protection of women and girls, especially when they are civilians.

However, such laws were not implemented during the 100 days of genocide in 1994 and the period of insecurity in the refugee camps that followed (1995-1998). Common patterns of violations and abuse symbolized the volatile situation, where rape was used as a premeditated act of warfare:

Sexual rape crimes have been perpetrated through repeated violations, gang rape by soldiers and militia, or neighbors, and some rape cases of girls and women in front of the members of their family for humiliation purposes (Nowrojee, 1996:14).

The disclosure of the 1996 report by the Special Rapporteur of the United Nations Commission on Human Rights, Degni-Ségui, revealed the magnitude of the sexual violence endured by women during the genocide. The report stated that rape was “used as a weapon of war against women aged 13 to 65 and that neither pregnant women nor women who had just given birth were spared, that it was systematic and constituted the rule and its absence, the exception” (United Nations, 1996:16-20).

Many of these instances of sexual violence resulted in children brought to term. In Rwanda, in many cases men raped until women were pregnant, and sometimes they were even held as sexual slaves of the Hutu militiamen until they gave birth to the child (African Rights, 2004).<sup>1</sup> While the exact number of children resulting from genocidal rapes is not known, estimates range between 2,000 and 10,000.

Stigmatization of mothers and their children born of rape is a hard reality for many survivors. In the cultural norms and beliefs of Rwanda, rape and other gender-based violations carry severe social stigma and women who have been victim of rape are often marginalized by their own families and communities. Because of this, women do not dare to reveal their experience publicly. Rape survivors in general are not seen as victims, and the attitude adopted towards them is one of hostility and abandonment. In most cases, they are considered outcasts by their own community, and they are sometimes accused of collaborating with the “enemy” and of being “wives of the interhamwe [sic]” (McKinley, 1996) or of the Hutu militia.

The consequences of rape are aggravated by the fact that Rwanda is a patriarchal society, insofar as children are typically identified with the lineage of their fathers. This means that a large part of the society will perceive children of wartime rape as belonging to the group of the enemy. This is reflected in local discourse casting the babies as “little interhamwe” (McKinley, 1996). The stigma directed at the children has led some rape survivors to hate their children even before birth as they associate the child with the perpetrator, and because the child is a constant reminder of the violence they have endured. For example, in an interview, a social worker with a charity group supporting 156 rape victims in Kigali declared, “we have one woman who told me her mother did not even want to see this child because she knows that the child is from Interhamwe” (McKinley, 1996). A rape-survivor’s testimony was described in a news article:

Some days, when she looks at her round-faced baby boy, Leonille M. feels that she no longer wants to live. It is not the child's fault. He peers back at his mother with innocent eyes. But the baby reminds her of all of her family members who died in the massacres that took the lives of at least 500,000 Rwandans, most of them members of the Tutsi ethnic minority in 1994. He also reminds her of the three soldiers of the majority Hutu group who gang-raped her ("Tutsi Women...", 1996).

In general, social workers have verified a heavy psychological toll on the survivors. In fact some women suffer from extreme depression, feelings of guilt for being alive, nightmares, and in some cases violent fantasies against the babies. A UNIFEM/African Women in Crisis (AFWIC) report stated that by January 1995, eight months after the genocide killings started in Rwanda, at least four pregnant women who had been raped during the war were showing up daily at Kigali maternity hospital requesting abortions (Laketch Dirasse, 1999).

One of these women had been raped and impregnated by the very man who had murdered her husband and four children. Two later gave birth, prematurely, and did not want to see the babies (Hagengimana, 1994). In most cases, these desperate acts reflect the psychological impact of the sexual violence on the women survivors of rape.

Even though abortion is illegal in Rwanda, many rape victims desired it nonetheless. A study by the Ministry of the Family and Women's Promotion conducted after the war in just two cities found 716 cases of rape, 472 of which resulted in pregnancies. Of these, 282 were ended in abortion (Angelucci, 1997). Considering the high rate of sexual violence, the debate over legalizing abortion in Rwanda has been raised but has not reached a concrete solution. Opposition to any reform from the Church community continues to be very strong.

Numerous victims have rejected their babies after giving birth, ashamed of carrying the child of a Rwandan Hutu militiaman (Wise, 2001). Some pregnant women even committed suicide rather than give birth to a “child of hate” (Goodwin, 1997), and in other cases women committed infanticide (Nowrojee, 1996) or abandoned their babies after giving birth. The Family and Promotion of Women Ministry of Rwanda estimated that eighty percent of the mothers raped decided to abandon their babies (Matloff, 1995). According to reporters, some women abandoned infants on the doorsteps of ministries saying, “they are children of the state” (Wax, 2004).

Those who decided to keep the babies faced other problems that threatened the survival of the babies. The lack of appropriate health centres caused many women to deliver their babies in their homestead or other unsafe locations with no medical attention. Results from a socio-demographic study have shown that, looking at the country as a whole, most of the women who gave birth did not deliver in a health centre. For all the known births in 1996, almost seventy-two percent took place in the homestead or in a relative’s home. The use of existing health facilities appears to be very low, with only eighteen percent of women giving birth at a health center, while the place of delivery is unknown for about eight percent (Wise, 2001).

The emotional and psychological impact of rape causes long-term consequences in the lives of the women and directly affects the development of their children. We can see this in the following description of the feelings of a raped woman after giving birth:

Hands covering her eyes, her thin legs crossed to try to stop what she could not, Eugenia Muhayimana screamed out to God as the baby pushed through her birth canal. She said she yelled and kicked during two hours of labor, hoping her heart would stop, her soul would drift away and she and her infant would pass to a world where they could live in

peace [...] Her pregnancy was not conceived in love, or in a casual encounter. It was what women in Africa call a pregnancy of war (Wax, 2004).

The pressures from the community lead the survivors to lose their marital status, and they are often chased away from their house and feel shame for what happened. These women are profoundly isolated, experiencing social rejection and ostracization (Nowrojee, 1996). In many cases, they lose their extended families to conflict and are left alone. A common situation of women living in such situation is poverty. Living in poverty with little support is a major constraint upon their ability to start over after the rape, and they remain utterly dependent upon the state, charitable interventions, or the goodwill of neighbors in every aspect of their lives. This situation takes away their confidence and self-esteem on a daily basis, but it also drives them to be profoundly insecure regarding the future of their family. The anguish about the future of survivors' children is reflected in an interview gathered by African Rights Working for Justice (African Rights, 2004):

I'm living in a house where I must pay the rent myself. At the moment, I'm not capable of paying the rent and the owner has given me a notice of only five days. I don't know what to do anymore, or where to go with my children after five days. It's hard for me to raise my children. But for now I'm mainly preoccupied with their future. Where am I going to leave them after my death? Who is going to look after their education? I have no idea. I don't like to be asked to testify about this history. It makes me feel as if I'm reliving it.

Another consequence of rape is the physical impact on the victims who suffer persistent health problems. According to the doctors who have consulted them, the most common problem they have encountered among raped women has been sexually transmitted diseases

and infections, including HIV/AIDS. Another common problem is injury. Since abortion is illegal in Rwanda, doctors have also treated women with serious complications resulting from self-induced or clandestine abortions following rape-related pregnancies (Nowrojee, 1996). Women have a very troubled and difficult life, and many feel their “unwanted children” and their survival is a form of torture, exacerbated by the fact that many of them have HIV/AIDS. Such a context has a clear impact on children, many of whom become orphans or are abandoned, and others experience attachment difficulties with their caregivers.

Poverty and insecurity are complicated by women’s lack of access to land and resources. In spite of new legislation entitling women to inheritance, the practice has continued to favour exclusive inheritance between men. This absolute dependence has put many women in great difficulties after the war. Children born of rape are even more vulnerable, as they and their mothers (in many cases unmarried because of stigma) are chased away from their homes and have no possibilities of claiming their rights. If married, a woman may be given a piece of land by her husband; generally this is for the household’s needs, but sometimes it may also be for her personal use. Single mothers, however, must rely on charity or pay rent to cultivate a piece of land.

These social currents are further exacerbated by the HIV/AIDS pandemic (Ministry of Local Government and Social Affairs, 2001). Although not all cases of HIV/AIDS among rape survivors can be traced to the sexual violence committed against them, the mass rapes during 1994 contributed significantly to the spread of the virus in Rwanda, particularly as rates of HIV transmission during sexual violence are believed to be high (Amnesty International, 2004). According to UNICEF, of women who survived rape during the genocide, seventy percent are estimated to have been infected with HIV (Angelucci, 1997:44). Indeed, testimonies reveal that during the conflict, men who were HIV/AIDS

positive deliberately infected women, using the social stigma attached to rape as an effective weapon in undermining the social fabric of the women.

I was raped by two gendarmes ...one of the gendarmes was seriously ill, you could see that he had AIDS, his face was covered with spots, his lips were red, almost burned, he had abscesses on his neck. Then he told me 'take a good look at me and remember what I look like. I could kill you right now but I don't feel like wasting my bullet. I want you to die slowly like me' (Nduwimana, 2004).

The Rwandan Law No. 2/98 has created a system of health care: the so-called FARG (Fond d'Assistance aux Rescapes du Genocide), the "genocide survivors' assistance fund," which aims at providing assistance to the most needy genocide survivors. Victim support provided by the Rwandan government is estimated at five percent of its national annual budget (ICTR, 2003). Beneficiaries include orphans, widows, and those handicapped during the Genocide. Inspired by the right to reparation, specifically by the need for States to create national victims compensation funds as recommended by the United Nations Commission on Human Rights (United Nations, 1996: note 68), the FARG covers several basic needs, including providing schooling for orphans and lodging for widows.

However the access to "life-prolonging anti-retroviral" (ARV) therapy is very limited to the victims. Many rape survivors cannot afford health care due to poverty, and the system of settlement is not conducive to the accessibility of health services. This inaccessibility is related to an inadequacy of resources and to the excessively high cost of triple therapy.

According to a report of Amnesty International, policy advisors in Rwanda estimate that the number of patients clinically in need of life-prolonging ARV therapy ranges between 50,000 and 100,000 (Amnesty International, 2004). As of January 2004, only approximately

2,000 Rwandese were being treated with ARVs. Getting to major hospitals which are authorized to prescribe antiretroviral treatment is an obstacle for the majority of women with HIV/AIDS; they live in remote areas and find the costs of medical consultation too high.

It is currently unknown how many children conceived during the genocide have themselves contracted the virus through transmission from their mothers. However, it is clear that the epidemic is depriving the survivors themselves of their health and thereby affecting their children's right to survive, to develop, and to be protected. Widespread poverty and severe resource constraints aggravate this situation, which makes women unable to provide their children with basic securities. Children living with a chronically ill parent face many hardships that can be detrimental to their well-being: increasing poverty, greater responsibility for household functions, less parental care, etc. Children suffer profoundly when their parents become sick and die, and they are psychologically traumatised by the illness of their mother, often having to deal with shame and social stigma. With the mother unable to work and savings spent on care, children are forced to take on the adult role of supporting the family. The pressures of caring for parents and siblings and trying to earn an income can lead children to drop out of school, even while their parents are living.

Prosecutors convicted Jean-Paul Akayesu, the former mayor of Taba, of genocide, crimes against humanity, rape, and encouraging sexual violence. The International Criminal Tribunal for Rwanda determined that rapes committed during the genocide are not only war crimes, but also crimes against humanity (Donavan, 2002). However the process of trying and punishing perpetrators is still very slow in Rwanda and most of the rape survivors are still waiting for the day their voice will be heard and justice will be done. Many cases of rape and other brutal sexual violence remained untold and unpunished. In fact, many victims of rape and other forms of sexual violence opted to keep in silence what they have endured out of the fear of being stigmatized.<sup>2</sup> The survivors are reluctant to trust the Rwandan judicial

system, feeling trapped by the lack of accountability due to the limitations of the system to prosecute the perpetrators. Moreover, the question of the genocidaires' culpability for human rights violations against the children born of genocidal forced pregnancy has not yet been raised by post-conflict justice mechanisms.

#### <A>Status and Protection of Children Born of Forced Pregnancy in Rwanda

On January 26, 1990, the Government of Rwanda signed the United Nation's Convention on the Rights of the Child and the African Charter on the Rights and the Welfare of the Child (1990), which constitute the formal obligations of the Government in the field of the rights and responsibilities of the child. By ratifying the Convention a year later on 24 January 1991, Rwanda promised to provide all rights for every child under the State's jurisdiction. The obligations to the child are stipulated in the African Charter on the Rights and the Welfare of the Child (Article 31) and in the Rwandan law No. 27/2001 (Articles 25, 26, 27).<sup>3</sup>

Unfortunately, progress in implementing the Convention was impeded immediately by the genocide, and most basic services and infrastructure needed to support children have been destroyed. While emergency relief operations were put into place to rebuild a severely weakened society, the Government of Rwanda, with assistance from UNICEF and other stakeholders, undertook numerous reformulations of its ministries in order to coordinate protection strategies for large numbers of vulnerable children (Greenwell, 2000). Children born of genocidal rape, however, have not been specifically constructed as a particularly vulnerable category.

A National Policy for Orphans and Other Vulnerable Children was developed by the Ministry of Local Government, Good Governance Community Development and Social Affairs of Rwanda (MINALOC) to meet the needs of the most vulnerable children through

the provision of appropriate services and protection from harm.<sup>4</sup> The unit in charge of social affairs in the ministry of local government is called UPS (Unité de Protection Sociale). The main responsibilities of this department include the coordination of policies and programs for the social and economic reinsertion of vulnerable groups and the promotion of the solidarity, mutuality, and social security of Rwanda's population.

According to the Rwandan government, UNICEF, and international relief agencies such as the International Rescue Committee, approximately one million children in Rwanda are considered "vulnerable." This means they are at risk of being displaced from their homes, of being unable to attend school, of being exploited in some way, of living in poverty, or of becoming sick with disease. Unfortunately, not even the state authorities know where all of these youth are living. Despite the Government's commitment of meeting the needs of the most vulnerable children through the provision of appropriate services and protection from harm, a high number of children are at still at risk of being deprived of their fundamental rights.

While they are not specified as "vulnerable," within this broader context, children born as a result of sexual violence and forced pregnancy face particularly difficult conditions. Poverty is one of the main causes of this vulnerability. Many of their mothers are facing drastic difficulties in taking care of their households single-handedly under extremely difficult conditions, and, as mentioned before, many are affected by HIV/AIDS. Under the circumstances, it is very clear that women's and children's right to survival, to development, and to protection are facing difficulties. Children are more likely to be malnourished or to fall ill, and they are less likely to get the medical and health care they need. Children born of rape are often deprived of an appropriate family environment, due in part to the stigma accompanying their social conditions and their mothers. Children "outside the family safety net" are routinely denied their basic rights, such as the right to a proper family, to food, to

health, and to housing. They may also lack decent accommodation (such as a house made of permanent/long lasting materials), may live in dwellings with no sufficient space, and may lack a regular and basic education and security.

Stigmatized as both illegitimate and as “enemy” children, their difficult situation seems to be further aggravated and complicated. The discrimination against them is reflected in the names used to refer them, such as “little killers,” “enfants mauvais souvenir,” and “devil’s children.” Often, the decision to keep the child causes deep divisions in the family, pitting those who reject the child against those who want to raise the child:

The babies have created deep divisions in some families. Chantal I says her uncle has threatened repeatedly to turn her out into the street unless she gets rid of her child, whose father was a member of a hutu militia (McKinley, 1996).

Children born out of rape also suffer more from the own mother’s instabilities and traumas caused by the rape and violence. Not all cases are negative; on some occasions the child has been raised without problems within the community (Wax, 2004). Survivors may succeed in overcoming the trauma and provide their children with love equal to their other children. A survivor’s testimony describes how she eventually ended up loving her child, born after having served as a sexual slave in the Hutu militia’s forest encampments:

‘I was suffering so much right until the moment I gave birth,’ nearly 16 months later on July 1, 1995, she said. Her fear, her guilt, her suffering all ended after the baby was born. A miracle had happened, she said (Wax, 2004)

Yet other testimonies in the same source include a mother who recognizes that

sometimes “I really beat him for such petty things, and I feel can’t love anyone [...] I try to love him. Sometimes, I don’t feel like talking to anybody and I can’t” (Wax, 2004).

Not surprisingly, implementating the principles in the Convention on the Rights of the Child for this category of vulnerable children is a great challenge, given the great number of other vulnerable children in Rwanda and the fact that existing political mechanisms have not been designed explicitly to address the types of harms to which these particular children might be subject. To illustrate this, I briefly discuss Rwandan laws regarding birth registration and family rights.

#### *<B>Birth Registration and the Right to a Name: A Policy Gap?*

Children born of rape have by law the same right as any other child in Rwanda to the registration of their birth and to the recognition of their identity. In fact, the Rwandan legislation makes it mandatory to register and declare the birth fifteen days after delivery, upon presentation of a birth medical certificate (art. 117 CCLI). This right complies with Article 7 of the Convention of the Right of the Child, according to which “the child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality [...] Failure to declare a birth in the prescribed time frame, any false declaration or any offence which may deprive the child of the possession of his / her real status including child hijacking, suppression, substitution or supposition are punishable by the Criminal Law” (art. 253 -255 CPR).

These laws are significant because of the importance of birth registration as a means for monitoring implementations of other child rights programming. A child that is not registered at birth is in danger of being shut out of society, of being denied the right to an official identity, a recognized name, and a nationality (Innocenti Digest, March 2002). This

invisibility makes it more likely that the discrimination, neglect, and abuse they may experience will remain unnoticed and somehow overlooked in social development planning.

However, for some children born of rape, the right to registration may not to have been accomplished under article 117 CCLI of the Rwandan legislation, according to which the birth registration is made only “upon presentation of a medical certificate.” Considering that in Rwanda only eighteen percent of women give birth at a health center (Wise, 2004) while almost eighty percent deliver in the homestead or in a relative’s home, the opportunity for the issuance of a medical certificate seems compromised; this latter percentage may be higher for women seeking to hide a rape-related pregnancy. Therefore, the possibility of a gap of birth registrations for children born during or just after the genocide requires investigation. Some evidence suggests that children of rape were simply abandoned at birth. Some women gave false names at the hospital because they were unable to bear the idea of raising a child of the enemy who, in many cases, had killed their family members; in so doing, they deny the children’s rights to identity and complicate implementation of Article 253 - 255 CPR of the National Criminal Law (Women Anti Discrimination Committee, 1996).

The Rwandan Civil Code recognizes the right to have a name and eventually one or many given names (Article 58 CCLI). The name may be an original or a family name. However, Article 61 of Book 1 of the Civil Code forbids giving names that may be prejudicial to moral standards. Discrimination and stigma emanated from the mothers and communities themselves as reflected in the names used to refer to the children by their own mother, such as “little killers” after the soldiers in the Hutu militia, or “les enfants mauvais souvenir” (children of bad memories), or “children of hate”. Those names are prejudicial to any moral standards and violate Article 61 of the Civil Code of Rwanda by compromising and denying children born of rape their right to a non-prejudicial name and identity. There

has been little effort at the political level to deal with this particular threat to children's right to name and family.

### <A>Conclusion

In Rwanda, the ability to protect the women's and children's well-being remains a big challenge. The allocation of resources to protect women and their children appears to still be very limited in relation to the needs and problems that exist. According to the testimonies of some victims, of members of civil society, and of international organizations working in this area, measures introduced so far are not "enough."

Children born out of rape are suffering from the critical problems affecting most vulnerable children in Rwanda. Poverty and its consequences severely curtail adequate access to food, education, and health. Rape and its impact on mothers has been a factor that has threatened, worsened, and/or prevented the life of many children. Abortion and infanticides have been reported in Rwanda as a direct cause of the impacts suffered by mothers' rape during the conflict period. For the children who were born, many of them were abandoned while others were kept by their mothers. While some mothers managed to cope with the traumas and provided their children a life equal to other children, this has been more the exception than the rule. The psychological traumas that many mothers still bear have directly affected their children, both physically and psychologically.

In addition, children born out of rape face some specific problems derived from stigmatization, sometimes in their own families and/or the communities where they live. The physical and psychological injuries suffered by Rwandan rape survivors are aggravated by a sense of isolation and ostracism that leads to inadequate care for children born of rape. Stigmatization further alienates those living in the communities.

One of the main risk factors is the high prevalence of HIV/AIDS infections affecting most of the rape survivors, which they contracted during the repeated sexual violence endured during the genocide. Today, their health problems have worsened, exacerbating the living condition of their children, as they can't care for themselves or their children, and reducing their prospect of a normal and stable life and sense of security.

The inequalities of the health conditions linked to poverty, marginalization, and unemployment and low income levels are jeopardizing the possibilities of appropriate and comprehensive care to address the needs of these particularly vulnerable children, affecting the cohesion of rape survivors and that of their children at the community level. While HIV/AIDS is affecting all categories of the population, it is important to underline that this has been a chronic symptom of most of the victims of mass rape, since they were also infected with HIV/AIDS. This has been transmitted in many cases also to the children. Many of the victims of mass rape are now dying of HIV/AIDS, which is further aggravating the difficult situation of the children since social and health infrastructure are still weak.

At present the well being of children born of forced pregnancy is inadequately guaranteed. How can effective policy be designed to deal with such problems? Due to the lack of accurate statistical data and limited capacity and resources on the topic, it is difficult to envisage short-term solutions. The problems of children born out of rape are largely similar to most vulnerable children in Rwanda, which means that until more resources, capacity, and effective policy are activated to tackle and get vulnerable children out of their complicated situations, it will be difficult to find a solution to the problems of children out of rape. However, special attention and psychological help, particularly from community social workers and the government, seem urgently needed to tackle the specific social stigma and problems directly associated with the condition of "rape" and the children born as a consequence.

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#### <A> Notes

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<sup>1</sup> Raped women have also been kept in captivity in other conflicts until they gave birth to children. As Apio documents in this volume, the LRA has a de facto forced impregnation policy, where some abducted girls who become pregnant are taken to special camps in the Sudan and looked after by older LRA female commanders until they give birth. The children then become the next generation of LRA fighters. See also Mazurana and McKay, 2001.

<sup>2</sup> See Bianfer Nowrojee, 1996: "Two years after the genocide, the judicial system is still not functioning. Although the lack of justice is not reserved to victims of gender-based abuse in Rwanda, it is clear that rape victims face specific obstacles, including that police inspectors documenting genocide crimes for prosecution are predominantly male and are not collecting

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information on rape. Many women interviewed by our team, composed solely of women, indicated that they would report rape to a female investigator, but not to a man.”

<sup>3</sup> A more detailed list of laws and conventions can be found in: Service Social International (pour MINALOC et UNICEF Rwanda), Orientations Pour le Développement d'une Politique Familiale de Protection des Enfants Prives ou Risquant d'Être Prives de leur Milieu Familial d'Origine, Kigali, Mai 2002.

<sup>4</sup> A Technical Committee consisting of representatives of MINALOC, MINEDUC, Hagaruka, Save the Children (UK) and UNICEF carried out the tasks of guiding and supervising the development of the policy document. [http://www.youth-policy.com/Policies/Rwanda\\_National\\_Policy\\_for\\_OVC.cfm](http://www.youth-policy.com/Policies/Rwanda_National_Policy_for_OVC.cfm)