SUPPLEMENTARY INFORMATION ON THE REPUBLIC OF RWANDA SCHEDULED TO BE REVIEWED BY THE AFRICAN COMMITTEE ON THE RIGHTS AND WELFARE OF THE CHILD DURING ITS 43RD SESSION TO BE HELD FROM 15TH APRIL – 25TH APRIL 2024

Dear Honorable members of the Committee,

Introduction

The Center for Reproductive Rights ("**the Center**"), Health Development Initiative (HDI), and the Great Lakes Initiative for Human Rights (GLIHD) submit this letter to provide the African Committee of Experts on the Rights and Welfare of the Child ("**the Committee**") with relevant information about the status of compliance by the Republic of Rwanda ("**Rwanda**") with its obligations under the African Charter on the Rights and Welfare of the Child ("**the Charter**"). The Center is an international non–governmental legal advocacy organization that uses the law to advance reproductive freedom as a fundamental human right that all governments are legally obligated to respect, protect and fulfil. GLIHD is a Rwandan non-governmental organization that uses public interest litigation to advance human rights and provides legal aid services, and HDI is a Rwanda non-profit organization that strives to improve both the quality and accessibility of healthcare for all Rwandans.

BACKGROUND

This letter shall focus on the right to health, particularly the right to the highest attainable standard of sexual and reproductive health (SRHR).

Rwanda is a party to regional and international human rights instruments which impose on it the obligation to recognize, protect, respect, and realize girls' right to the highest attainable standard of health. For instance, the African Charter on the Rights and Welfare of the Child ("**the Charter**") which, in Article 14, guarantees every child's right to enjoy the best attainable state of physical, mental, and spiritual health and imposes on state parties the obligation to, *inter alia*, provide necessary medical assistance and healthcare to all children. The Charter also protect rights that are inextricably linked to the right to health including the right to equality and freedom from discrimination (Article 3); the

right to privacy (Article 10); the right to dignity (Article 21); and freedom from cruel and inhuman and treatment (Article 16). Rwanda is also party to the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) which in Article 14 requires States to ensure that the sexual and reproductive rights of girls are respected, promoted, and fulfilled.

The Government of Rwanda was last reviewed by the Committee in September 2019. Based on Rwanda's Second Periodic Report on the implementation of the African Children's Charter covering the period 2015-2018, as well as different submissions from stakeholder reports, the Committee, in its Concluding Observations, issued Rwanda several recommendations to implement.

Among the key recommendations, include recommendations related to improving access to sexual and reproductive health services under basic health and welfare.[1] The Committee highlighted that child pregnancy is one of the causes for maternal mortality and that it adversely affects the teenagers bearing children in terms of their education, economy, and social stigma. The Committee stressed that teenage pregnancy can be prevented if:

a. Sexual reproductive health services are made available to adolescent girls.
b. The State Party sensitizes adolescent girls on contraception options including emergency contraception pills and prevention of sexually transmitted diseases including HIV.
c. Sensitization programs also target out-of-school and economically disadvantaged girls as they are the most vulnerable when it comes to teenage pregnancy.
d. The State Party makes contraception available for adolescent girls.

The Republic of Rwanda is set to be reviewed by the Committee on April 15th, 2024, based on its Third Periodic Report on the implementation of the Charter, covering the Period March 2019-September 2022.[2]

[1] Ibid, par.35 at p.11.

[2] The Republic of Rwanda, The third Periodic Report of the Republic of Rwanda on the implementation of the African Charter on the Rights and Welfare of the Child, accessed at: https://www.acerwc.africa/sites/default/files/2023-06/Rwanda 3rd Periodic Report EN.pdf

Despite these recommendations to the Republic of Rwanda by the Committee, girls in Rwanda still struggle to realize their right to health, specifically, their right to sexual and reproductive health. This letter shall canvas:

1. Progress made by the Republic of Rwanda in ensuring access to reproductive health information and services.
2. Inadequate legal, policy and institutional framework to ensure that sexual reproductive health services are made available to adolescent girls.
3. Inadequate framework and coordination of the implementation of the Comprehensive Sexuality Education (CSE).
4. Insufficient delivery of SRHR services by Youth Centers and youth corners at health center facilities.
5. Limited access to abortion services.
6. Inadequate policy and institutional framework on reintegration of teen mothers into schools.
7. Inadequate policy and institutional framework to eliminate elongation of labia minora among adolescent girls as a type 4 form of female genital mutilation.

1. Progress made by the Republic of Rwanda in ensuring access to reproductive health information and services.

Since September 2019, unquestionable advancements have been achieved in enhancing the availability of SRHR services, particularly for children and adolescents, with a targeted effort towards mitigating teenage pregnancies. A notable illustration of this can be found in the Third Periodic Report of the Republic of Rwanda regarding the implementation of the African Children's Charter, encompassing the period from March 2019 to September 2022[3], which was submitted to ACERWC and includes:

a. Scaling up of the Isange one Stop Centers (IOSCs) services from 46 Hospitals to the decentralized health facilities countrywide; currently among almost 510 Health Centers, 482 (94%) are actively provide basic care and services for sexual

[3]The Republic of Rwanda, The third Periodic Report of the Republic of Rwanda on the implementation of the African Charter on the Rights and Welfare of the Child, accessed at: https://www.acerwc.africa/sites/default/files/2023-06/Rwanda 3rd Periodic Report EN.pdf

and gender-based violence (SGBV), and ensure effective and efficient referral pathways to the victims;

b. Sensitization of community members (individuals, couples, families, communities, and groups) through community-based forums like Umudugudu (village) or Families' Forum "Umugorobaw'Umuryango" – (UWU) on GBV legislation and the legal justice system, existing health services, GBV prevention and reintegration of victims in the community.
c. Conducting trainings for clinical psychologists, mental health and social workers on mental health and psychosocial support for gender-based violence victims, to equip them with a fundamental understanding of trauma, its effects on individuals who suffer gender-based violence, and how to deal with these effects through psychosocial care.
d. Increased reporting of GBV victims to health facilities. As a result, a total of 38,066 GBV victims reported to the health facilities. Of these 51% were victims of sexual violence, 40% were victims of physical violence and of all victims 44% were under 18 years of age. A total number of 1,184 abortions were legally induced. The main reason for seeking safe abortion was rape at 65%, 22% for therapeutic abortion and 10% for child defilement. 44% of safe abortions were performed with medicine, 16% were done by medical and surgical methods (combined).
e. The Ministry of Health in collaboration with partners is conducting research on factors and risks associated to teenage pregnancy in order to establish further prevention and response strategies based on current evidence.[4]
f. The operationalization of youth centers where adolescents and youth obtain sexual reproductive health services.[5]

Despite the modest progress made in expanding access to SRHR services by children in line with the recommendations of the Committee, several bottlenecks and issues remain at large. These include:

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[4]Ibid, p.28-29.

[5] CUI,Alternative Report to the ACERWC- August 2023 Accessed at: https://cuirwanda.org/cui-alternative-report-to-the-acrwc-2023/, P.11.

2. Inadequate legal, policy and institutional framework to ensure that sexual reproductive health services are made available to adolescent girls.

Access to broader SRHR services is undermined by inadequate legal, policy and institutional bottlenecks. The key legal and policy bottlenecks include article 7 of the Law N° 21/05/2016 of 20/05/2016 relating to human reproductive health as well as article 11 of the Law No 49/2012 of 22/01/2013 on medical professional liability insurance which limit children under 18 years of age from seeking and receiving health services without parental consent. The National Youth Policy lacks a specific strategy to improve access to reproductive health services and information to prevent teenage pregnancies. In addition, the National School Health Policy is inadequate in terms of ensuring that commodities, including condoms and contraceptives to prevent teenage pregnancies in schools, are availed to students.

Connected to the above, there are inadequate, coordinated sensitization campaigns for adolescent girls on contraception options including emergency contraception pills and prevention of sexually transmitted diseases including HIV.

Another challenge identified by the Coalition UmwanakuIsonga (CUI) in its Alternative report prepared and submitted to ACERWC is that of inadequate number of personnel in some Sectors leading to youth centers being closed during weekend where adolescents and young people need more assistance hence undermining the dividends of the operationalization of youth centers where adolescents and youth get sexual reproductive health services.[6]

Consequently, teenage pregnancy remains on the rise. For example, existing data indicate that teenage pregnancies increased by 23% from 19,701 in 2020 to 23,000 cases in 2021.[7] Cases of teen pregnancies then skyrocketed to 33,423 cases in 2022.[8]

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[6]CUI, Alternative Report to the ACERWC- August 2023, ibid P.11.

[7]https://www.newtimes.co.rw/article/193759/News/why-rise-in-teenage-pregnancies-has-persisted;

[8]UNFPA Report on Teenage Pregnancy (2020).

Owing to the above, we propose the following recommendation to the Republic of Rwanda:

a. Revise Law N° 21/05/2016 of 20/05/2016 relating to human reproductive health as well as Law No 49/2012 of 22/01/2013 on medical professional liability insurance in their provisions related to the age of seeking and receiving SRHR services without parental consent from 18 to 15 years; and also revise the laws to bear in mind guidance on evolving capacity and support being key in supporting adolescents to access SRHR services and information, in line with ACERWC guidance in it General Comment on protection of children from sexual exploitation.
b. Equip youth centers with sufficient and qualified staff including psychologists to avail a full package of services to adolescent youth seeking their services at any time.
c. Intensify coordinated sensitization campaigns for adolescent girls on contraception options including emergency contraception pills and prevention of sexually transmitted diseases including HIV.

3. **Inadequate framework and coordination of the implementation of the Comprehensive Sexuality Education (CSE).**

According to a Policy Brief developed by HDI entitled**: *Leaving No one behind and no subject un-discussed: linking CSE to reproductive health needs of adolescents and youth in Rwanda (2022)*,** it is imperative to reform the existing comprehensive sexuality education in order to enhance the sexual and reproductive health education of adolescents and youth. Crucially, this reform should aim to establish linkages between CSE and access to sexual and reproductive health services. According to the Policy Brief, there are several gaps in relation to adolescents' access to sexual and reproductive health information and education. These include: overlap in the delivery of CSE and other related sexual and reproductive health education, inadequate legal framework arising out of the delayed enactment of a Prime Ministerial Order determining the role of other institutions in activities related to human reproductive health as envisaged in article 4(2) of the Law N°21/05/2016 of 20/05/2016 relating to human reproductive health, inadequate or insufficient information on sexual and reproductive health in the context of prevention of risky sexual behaviors, inadequate sexuality education for out of school adolescents,

imbalanced gender information/education on sexual and reproductive health, lack of and or inadequate definition of adolescence in law and policy, limited attention to sexual and reproductive health education of adolescents and youth with disabilities, lack of harmonization of CSE contents in the formal education systems, and discrepancies between parents on their understanding of sexuality and their legal obligation towards their children, on reproductive health.

Owing to the above, we propose the following recommendation to the Republic of Rwanda:

a. Conduct a thorough review of the contents of the existing CSE to harmonize it with international and regional human rights in the context of sexual and reproductive health.
b. Identify synergies and linkages between the provision of CSE in the formal education sector and out of school provision.
c. Review the legal and policy framework to clearly define adolescence according to guidance from the African Committee.
d. Expedite the adoption and implementation of the Prime Minister's Order determining the role of other institutions in activities related to human reproductive health.
e. Expedite the adoption of the Ministerial Order on curriculum on reproductive health.
f. Harmonize CSE contents in the formal education system (general and TVET)
g. Draft and implement CSE advocacy and communication strategy.
h. Design and implement comprehensive sexuality education for out of school adolescents and youth and pay particular attention to those with disabilities.
i. Design and implement a tailored CSE targeting parents and the community in general.

4. Insufficient delivery of SRHR services by Youth Centers and youth corners at health center facilities.

While commending Government's efforts in operationalization of Youth Centers and youth corners at health center facilities, a monitoring visit conducted by HDI in September 2022 indicated that the youth centers are marred with a multitude of challenges inhibiting their anticipated role in terms provision of SRHR services to

adolescent youth at community level. These challenges, mainly connected to underfunding, include but are not limited to: understaffing, limited equipment, limited skills of staff serving at youth centers, including on provision of safe abortion, limited number of services provided, proximity challenges due the need to travel long distances by adolescents to access the youth centers, stigma and discrimination associated with SRH issues and services still persist among the providers and communities which makes it difficult for youth to seek SRH services; lack of enough space which affects the principle of providing SRH services in privacy; limited outreach campaigns on SRHR services including reducing risks associated with teenage pregnancy; lack of knowledge of sign language among staff working in youth centers of youth corners at health center facilities.

Owing to the above, we propose the following recommendation to the Republic of Rwanda:

a. Intensify training sessions for staff members working in Youth centers on SRH issues, policies and rights-based approaches to offering youth and child responsive SRHR services and information.
b. Increase funding allocated to youth centers and youth corners at health center facilities in order to enable them to provide full and quality package of SRHR services including by actions such as: equipping youth centers with sufficient and skilled personnel in SRHR services, decentralizing youth centers further in communities to increase physical accessibility, conducting more outreach services, supplying of condoms and lubricants, having modern laboratories to screen HIV/STIs, and training of staff in the use of sign-language interpretation.
c. Strengthen referral mechanisms from and between youth center to other health-related facilities.

5. Limited access to safe abortion services.

While commending the legal reforms conducted to expand access to abortion services for children, there are still implementation bottlenecks inhibiting full access to timely and quality abortion services by children.[9] These include, and are not limited to the following: subjecting pregnant minors to waiting periods for DNA sample collection and results before being eligible to get an abortion, leading to delays in accessing safe abortion for minors which may result in psychosocial and medical complications including unsafe

[9] RBC, HDI & Vital Strategies, THE BURDEN OF JUSTICE ON MINORS: The case for improving timely access to safe abortions for minors (2022).

abortion; requirement of a medical transfer from a health center to a hospital as a precondition for the Community-Based Health Insurance users to cover the costs of abortion services at the hospital; long distance and high transport costs for minors seeking abortion services at a district hospital or a private polyclinic because abortion services cannot be offered at health center facilities; denial of abortion services by hospitals operated by the faith based organizations of catholic and protestant background, on "faith grounds."[10]

Owing to the above, we propose the following recommendation to the Republic of Rwanda:

a. Provide alternative health facilities in areas where the faith-based organizations operate hospitals that do not provide safe abortion services; but work towards clarifying the basis upon which conscientious objections to abortion services may be exercised and where the same may not be exercised especially when services are required to secure life and health.
b. To remove the requirement of a medical transfer from a health center to a hospital as a precondition for the Community-Based Health Insurance users to cover the costs of abortion services at the hospital.
c. To make DNA sampling voluntary for minors seeking abortion services and DNA sampling should remain an optional service offered to minors by Isange One Stop Center (IOSC)
d. Amend the Standard Operating Procedures of the IOSC by clearly stating that DNA sample collection is optional for pregnant minors seeking abortion services.
e. Allow task-shifting and add mid-level health service providers including nurses and midwives to be amongst qualified professionals to provide abortion services at the health centers, so that it affords young women easier access to safe abortion services.

[10] https://www.guttmacher.org/sites/default/files/pdfs/pubs/gpr/16/4/gpr160418.pdf; https://www.guttmacher.org/sites/default/files/pdfs/pubs/gpr/16/4/gpr160418.pdf, and https://apnews.com/article/abortion-rwanda-kigali-religion-health-d05bc526dcbe50e89748d469763f4885

6. Inadequate policy and institutional framework on reintegration of teen mothers.

Despite efforts to reintegrate teen mothers into schools, they still face several challenges. These include: limited social protection support systems to provide the teen mothers and their children to ensure full psycho-social recovery as well as limited financial support to enroll back in schools. Consequently, most teen mothers have become double victims, falling prey to more sexual abuse leading to more pregnancies.[11] Without appropriate rehabilitation and reintegration of children who are survivors of sexual abuse, their future remains uncertain. According to General Comment No 7 on ARTICLE 27 of the ACRWC on "Protection of children from sexual exploitation, State Parties have an obligation to support victims of sexual exploitation. The Committee observed *that "protection and support for the victims of sexual violence should be provided, regardless of whether they wish to engage in legal proceedings or testify against the perpetrator. This support must include services such as legal assistance, medical assistance (including access to a forensic medical examination), sexual and reproductive health care, and care for the prevention and treatment of HIV. It must also include psychological and financial support."*[12]

Owing to the above, we propose the following recommendation to the Republic of Rwanda:

a. Introduce and or strengthen community level programs that respond to the social, economic, psycho-social, medical, educational rehabilitation and reintegration of teen mothers and other victims of sexual exploitation into schools and within their communities without stigma and discrimination.

7. Inadequate policy and institutional framework to eliminate elongation of labia minora among adolescent girls as a type 4 form of female genital mutilation.

Rwandan culture condones the harmful practice of elongation of labia minora. Girls as young as 10 years old and above are manipulated to undergo the practice as a way to prepare them to become "good spouses."[13] There are no legal or policy safeguards to stop this malpractice because it is accepted as part of the culture. The public discourse on the

[11] https://www.aljazeera.com/features/2023/8/25/in-rwanda-teenage-pregnancies-are-rising-the-cost-is-heavy-analysts-say

[12] ACERWC, General Comment No 7 on Article 27 of the ACRWC "sexual exploitation" (2021), P.41.

[13] https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00056-1/fulltext

subject matter is divided along the conservatives and liberal activists with a mute official position from the government. Yet, established by the World Health Organization (WHO), the elongation of labia minora is classified among the type IV female genital mutilation.

In connection to the above, in accordance with the Joint General Comment on Female Genital Mutilation by the ACERWC and ACHPR,[14] it was observed that under article 1 of the African Children's Charter, the duty to eliminate FGM, is that of the state. That duty requires *"the adoption of legislative or other measures as may be necessary to give effect to the provisions of this Charter*." Further, the Experts observed that the African Children's Charter also requires states to discourage "any custom, tradition, cultural or religious practice that is inconsistent with the rights, duties and obligations contained in the Charter." FGM is one of such practices that is rooted in customary, traditional, cultural, religious beliefs and practices. In accordance with the Joint General Comment on Female Genital Mutilation by the ACERWC and ACHPR,[15] State Parties have an obligation to undertake legislation, administrative and other general measure to eliminate Female Genital Mutilation.

Owing to the above, we propose the following recommendation to the Republic of Rwanda:

a. Ensure appropriate policy and administrative measures to outlaw elongation of labia minora as a form of FGM, specifically among the girl child; and report on progress on the same in the next state report to the Committee.
b. Conduct an extensive sensitization campaign against elongation of labia minora as a form of FGM against the girl child.
c. Empower community-based health care workers to monitor and encourage adolescent girls to report perpetrators of elongation of labia minora as a form of FGM.

[14] ACERWC and ACHPR, Joint General Comment on Female Genital Mutilation (2023), P.15.
[15]ACERWC and ACHPR, Joint General Comment on Female Genital Mutilation (2023), ibid