

# Combatting dependency and promoting child protection in Rwanda

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**Continuing dependence on aid that waxes and wanes with time and that comes largely from external sources can lead to feelings of powerlessness. It can furthermore undermine family- and community-based initiatives to protect children.**

Gihembe camp in Rwanda was established in 1997 to host large numbers of refugees coming from the Democratic Republic of Congo (DRC); today it houses 14,295 people,<sup>1</sup> nearly half of whom are under the age of 18. For Gihembe camp residents, their lives depend on assistance from others.

Refugees in the camp live under curfew and – in a country where the availability of land is strained even for citizens – with limited farming options. Research undertaken in 2013<sup>2</sup> asked residents about the impact that this lack of livelihoods options has had on relationships and roles within the family in child protection, and how these relationships and roles are perceived. Parents feel unable to provide for their family's basic needs – food, clothing, shelter, education – and children witness this disempowerment. The inability of parents to afford school fees combined with a lack of positive coping methods leads children to turn to harmful practices to meet their needs, such as stealing, prostitution and risky forms of employment. Caregivers in the camp reported teen pregnancies, juvenile delinquency and lack of access to education as the most common threats to their children's well-being. For their part, children noted domestic violence, run-ins with authorities and substance abuse as key

harms to which they are exposed. Children and caregivers alike noted insufficient food rations – and lack of livelihoods activities – as core drivers for these risks.

When families see their children engaging in risky activities, some family members try to explain to them the negative consequences of their actions. This works in certain cases; however, many refugees noted that as their situation of displacement continues, families feel powerless.

*“We don't know what we can do for [the children]. The big problem is their mindset that has been ruined, so it's very difficult to help them.”*

The stress of protracted displacement also changes family structures and caregiving practices. In the most extreme cases, a husband may leave a family, or a mother may abandon a child, rationalising that the child will be better off alone. More commonly, caregivers sell or rent out their child's UNHCR ration card, an act perceived by agency child protection workers as a violation of the child's rights; however, some parents do this in good faith to meet needs for their children that they perceive to be higher priority, like paying for school fees, clothes or other items.

*"When a girl gets to be 14 years old she needs clothes, underwear and sanitary pads. ... I sell the ration so that I can buy those things. So because I have many children, you understand that I can't fulfill all their needs. So they go outside to search for money in one way or another, and sometimes they come back pregnant or infected with HIV."*

### Community-based child protection mechanisms

Our research identified a number of community-initiated resources that residents could and did turn to. These mechanisms represented a combination of initiatives from when they lived in DRC and new initiatives that had been established during camp life in Rwanda. There was a general perception, however, that community-led initiatives were far weaker in the camps than they had been in the residents' home communities in DRC.

Families would involve relatives and tribal leaders to resolve conflicts to do with children, including conflicts related to parentage and child abuse. Schools and churches were also perceived to be at the heart of efforts to protect and to care for children. UNHCR (the UN Refugee Agency) and the Rwandan government provide educational scholarships until 'senior three' level (third year of secondary school, after six years of primary school), after which students must fund themselves to complete their studies; to promote school attendance, parents formed Parent-Teacher Associations, volunteered at nursery schools and local churches, and organised the Hope School, a refugee school for students unable to afford to continue in the public school system. Youth sports groups were organised to keep children occupied (although these were often considered as appropriate only for boys), and community members served as social workers to support families and enforce children's school attendance. These organisations and initiatives were consistently viewed positively by adults and adolescents; however, leaders said they often lacked the material or technical support they needed to be effective.

*"Here in the camp, they started [nursery] schools ... having classes in churches and elsewhere. [but]*

*they lacked aid and support from the benefactors... The nursery school project within the camp fell apart; thus children go to school at six years old while the period before they are always messing around."*

Hope School, a secondary school founded and run by refugees who had benefited from secondary and university-level support when it was available in the past, stood out as an exemplar of an effective and sustainable community-based initiative in Gihembe. The school was supported by families' contributions – between \$1 and \$2 a month (earned by selling off portions of their rations) – to meet the needs of students who were unable to afford school fees after senior three level. In the year when we were interviewing the residents, it was reported that 100% of children who took the national exams at Hope School had passed, and this was a great source of pride for the students, teachers and community. The camp organisation running the school had plans to expand with some material support from UNHCR such as desks and chairs. However, the school still faced the challenges of meeting Rwandan building codes for schools, ensuring that their curriculum was in line with national standards and being able to pay teachers.

### Negative impact of external agencies

In a protracted situation such as in Gihembe camp, where the refugee population is almost entirely dependent on external resources for their survival, this level of dependency can be a threat to the community's own ability to respond to child protection threats. There are three main ways we see this negative impact occurring. The first is through the withdrawal or reduction of goods or services. When donor funding dries up, camp services dwindle, a reality that will have stark effects when family and community resilience have not been systematically strengthened. Seeing these resources diminish and having few alternatives push children and caregivers to pursue risky coping behaviours.

*"You see here within the camp our education is supported by NGOs. These NGOs sometimes can stop their programmes while we're in the middle of*

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*the term; thus we're forced to drop out from school for the whole year. You have to wait for any other [form of] support to [be able to] start where you dropped out."*

Secondly, the parent-child relationship is often altered and weakened. Children may learn to look first to NGOs for assistance rather than thinking of their families and communities as their first recourse, a tendency that directly undermines the effectiveness of traditional structures to protect children. Not only does the child learn that the family cannot help them but caregivers may also internalise the notion that they are not best placed to protect and to care for their children. One mother exclaimed:

*"God can only act through the NGOs so that our children can finish their studies."*

And, lastly, a population dependent on relief has little leverage in determining what services will be made available to it; residents are thereby disempowered from solving their own problems. Refugee-assisting organisations, themselves often stretched, were perceived to lack transparency, a fact which – coupled with refugees' lack of alternatives – led to feelings of powerlessness for families. Such feelings create a trust barrier between refugees and the organisations mandated to serve them, discouraging refugees from contacting the NGOs and ultimately putting children at risk. The example below demonstrates one refugee's experience concerning her granddaughter's alleged rape and ensuing pregnancy.

*"I contacted the president of the camp ... He transferred my case to [the camp management's] GBV [unit] but apparently they were not very interested in my case. GBV transferred the case to AVSI [an international NGO], and AVSI transferred the case to the police ... The police told us that they couldn't do anything because there was no proof but that when the girl gave birth, they would do the DNA test to confirm the identity of the father so that he pays for what he has done. AVSI came here when my grandson was born but we are still waiting ... We haven't heard anything yet. We think that they are corrupt or that they don't care about our problem."*

## Conclusion

In a situation where formal programmes are in constant flux, prioritising endogenous protection mechanisms can provide a more effective and more acceptable way to minimise harm while simultaneously putting the power to protect back in the hands of the caregivers. One way practitioners can do this is by meeting the needs of refugee-led initiatives working to build community pride and combat feelings of powerlessness.

Where possible, efforts led by refugee-assisting organisations should target the families of children rather than sidestepping families to provide support directly to children. While certain services (such as for abused children) may have to target children directly, the provision of assistance relating to education, food and shelter must start from a family point of view. A family-based approach to supporting refugees has the potential to reinforce children's expectations that their families and neighbours can support their needs, to encourage children to look for help within their community before turning to external sources, and to empower caregivers to confront child protection challenges both themselves and together.

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1. As of end March 2016, Rwanda is home to a total of 74,530 refugees from DRC.
2. By the CPC Learning Network in collaboration with HealthNet TPO, TPO Uganda and AVSI. See Prickett I, Moya I, Muhorakeye L, Canavera M and Stark L (2013) *Community-Based Child Protection Mechanisms in Refugee Camps in Rwanda: An Ethnographic Study* <http://bit.ly/CPCNetwork-2013-Rwanda>; see also AVSI and InfoAid (2013) *Child Protection KAP Survey in Rwandan Refugee Camps* <http://bit.ly/AVSI-2013-Rwanda-survey>