HOPE
AND
HOMES
FOR
CHILDREN

ENDING THE INSTITUTIONALIZATION OF CHILDREN WITH DISABILITIES

A SYSTEMIC MODEL FOR CHILDCARE REFORM

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THE
SENECA
TRUST

Acknowledgements

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To all of you; government leaders, The Seneca Trust, community members, civil society, frontline staff, families, and children; this model is a collective achievement. It demonstrates what is possible when we work together to ensure that every child with a disability grows up in the love and security of a family.

Vidivi Karangwa Immaculée

HHC - RWANDA COUNTRY DIRECTOR

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List of Acronym

Acronym	**Full Form**
HHC	Hope and Homes for Children
CSV	Centre St. Vincent
UCC	Ubumwe Community Center
MIGEPROF	Ministry of Gender and Family Promotion
NCDA	National Child Development Agency
NCPD	National Council of Persons with Disabilities
CDN	Community Development Network
AFS	ACTIVE Family Support
ICT	Information and Communication Technology
NGO	Non-Governmental Organization
UNDP	United Nations Development Programme
ISO	International Organization for Standardization
SOP	Standard Operating Procedure
QMS	Quality Management System
MEAL	Monitoring, Evaluation, Accountability, and Learning
DPP	Data Protection and Privacy
RDB	Rwanda Development Board
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
ACRWC	African Charter on the Rights and Welfare of the Child
OPD	Organizations of Persons with Disabilities
JADF	Joint Action Development Forum
RIB	Rwanda Investigation Bureau
NSS	National Security Service
DASSO	District Administration Security Support Organ
PSF	Private Sector Federation
ECD	Early Childhood Development
IGA	Income-Generating Activities
OPDs	Organizations of Persons with Disabilities (plural)

Key Terms and Definitions

Term	Definition
Family-Based Care	A model where children are supported within a family environment, either biological, foster, or extended families, instead of institutional care.
Peer Support Groups	Groups where children or caregivers with similar experiences meet to provide mutual support and share knowledge.
Community Volunteers	Individuals within communities who contribute their time and skills to support vulnerable children without monetary compensation.
Social Protection	Policies and programs aimed at reducing poverty and vulnerability by promoting efficient access to services and support.
Replication	The process of implementing a successful intervention model in a new geographic area or context.
Scale-Up	Expanding the reach of a program to impact more beneficiaries or broader geographic areas.
Evidence-Based Intervention	A program or practice that is informed by research, field data, and demonstrated effectiveness.
Inclusive Community Hubs	Community centers that provide integrated services to children, families, and caregivers, ensuring access for all, including children with disabilities.

HOPE AND HOMES FOR CHILDREN

HHC Overview

Hope and Homes for Children (HHC) is a global organisation with a powerful vision: a world where no child suffers the harm of institutional care and every child grows up in a safe and loving family. Since its beginnings in 1994, HHC has worked across Central and Eastern Europe and Africa to close orphanages, strengthen families, and build resilient child protection systems.

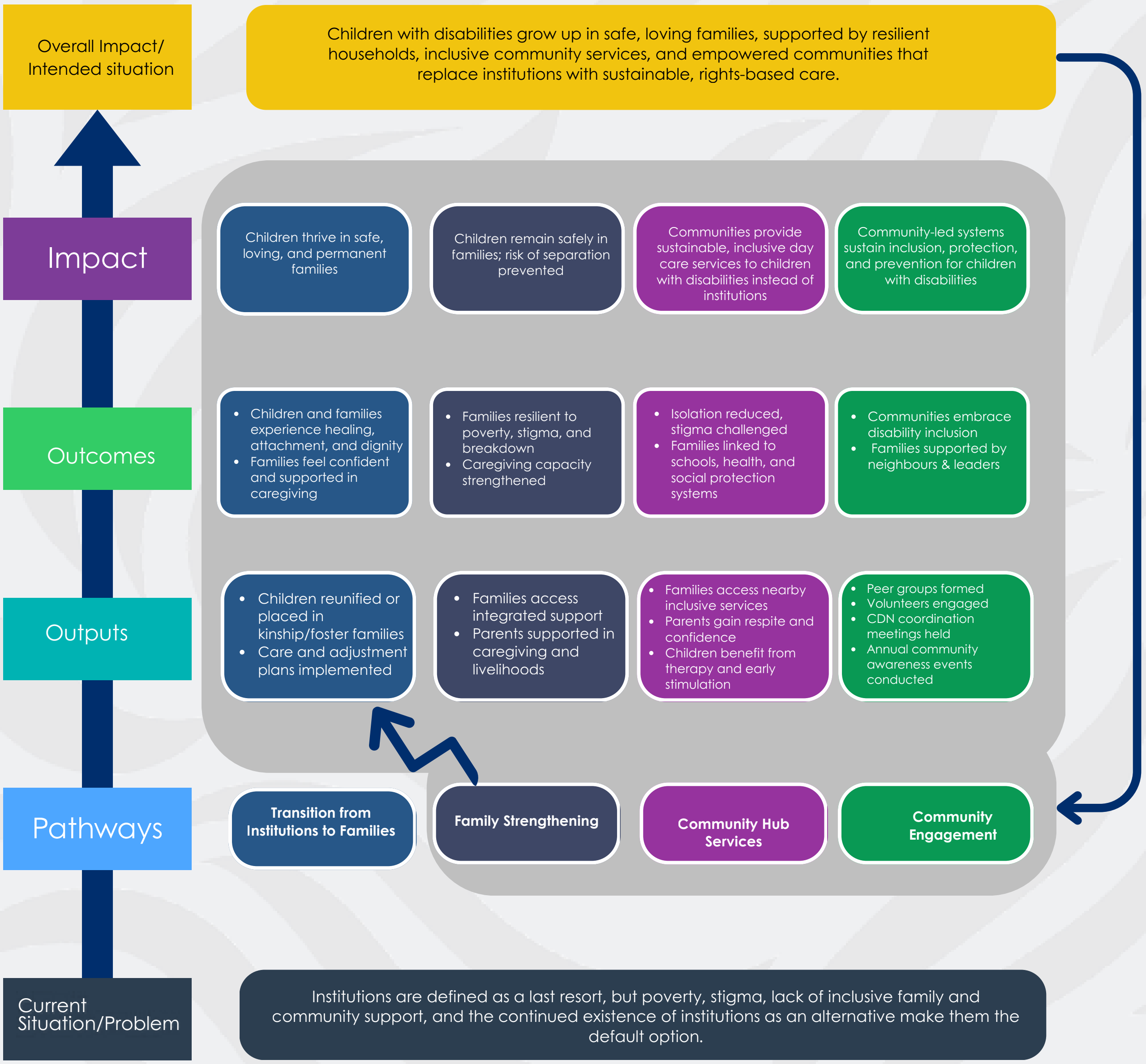
In Rwanda, HHC has played a critical role in driving the government's child care reform agenda. Its contributions include:

- Leading the professional closure of institutions and developing sustainable family strengthening programmes.
- Supporting family-based alternative care, including kinship care, foster care, independent living, and domestic adoption.
- Promoting data-based decision making and contributing to the design of community-based gatekeeping mechanisms that prevent unnecessary separation of children from their families.
- Strengthening the capacity of Rwanda's social service workforce, equipping them to lead child care reform.
- Establishing community daycare centres, which provide essential services for child development and family well-being.

Through these efforts, HHC has consistently advocated for and demonstrated evidence-based models that uphold the child's right to family life, proving that institutional care is neither necessary nor suitable for children.

This Project in Musanze District is one such initiative. It stands as a living example of how institutional care can be replaced by sustainable, community-based solutions that restore dignity, protect rights, and allow children and families to thrive together.

Theory of Change



Overall Impact/ Intended situation

Children with disabilities grow up in safe, loving families, supported by resilient households, inclusive community services, and empowered communities that replace institutions with sustainable, rights-based care.

Impact	Children thrive in safe, loving, and permanent families	Children remain safely in families; risk of separation prevented	Communities provide sustainable, inclusive day care services to children with disabilities instead of institutions	Community-led systems sustain inclusion, protection, and prevention for children with disabilities
Outcomes	• Children and families experience healing, attachment, and dignity • Families feel confident and supported in caregiving	• Families resilient to poverty, stigma, and breakdown • Caregiving capacity strengthened	• Isolation reduced, stigma challenged • Families linked to schools, health, and social protection systems	• Communities embrace disability inclusion • Families supported by neighbours & leaders
Outputs	• Children reunified or placed in kinship/foster families • Care and adjustment plans implemented	• Families access integrated support • Parents supported in caregiving and livelihoods	• Families access nearby inclusive services • Parents gain respite and confidence • Children benefit from therapy and early stimulation	• Peer groups formed • Volunteers engaged • CDN coordination meetings held • Annual community awareness events conducted
Pathways	**Transition from Institutions to Families**	**Family Strengthening**	**Community Hub Services**	**Community Engagement**

Current Situation/Problem

Institutions are defined as a last resort, but poverty, stigma, lack of inclusive family and community support, and the continued existence of institutions as an alternative make them the default option.

This effective model of Interventions is grounded in the conviction that institutionalisation of children with disabilities is not inevitable but preventable when families and communities are supported. Its logic rests on four interconnected pathways that, when implemented together, bring about systemic change.

If children and their families are carefully assessed, prepared, and supported before, during, and after reintegration, then children will leave institutions safely and grow up with dignity and belonging in nurturing families. Reintegration is not treated as a one-off event but as a process that restores children's rights while strengthening family bonds.

If families, whether those receiving reintegrated children or those already caring for children with profound or severe disabilities are provided with consistent and holistic support across their social, economic, and emotional needs, then they will remain resilient and able to provide stable care without resorting to institutional placement. This investment in family stability prevents the cycle of separation from recurring.

If inclusive services such as early detection, therapy, education, skills training, and respite care are made available close to families through sustainable community hubs, then children with disabilities will access daily opportunities for growth and participation, while caregivers remain supported and energized in their role.

If communities are mobilised through peer groups, trained volunteers, foster care networks like Malaika Murinzi, and public awareness events, then stigma will be reduced and communities will embrace their role as active custodians of children with disabilities. By shifting mindsets and responsibilities, communities move from being passive observers to becoming protectors and advocates for inclusion.

Finally, if all four pathways transition to families, family strengthening, community hub services, and community engagement are pursued in a coordinated and sustained manner, then institutionalisation will be replaced with family- and community-based care as the norm.

This systemic transformation ensures that the rights of children with disabilities are upheld not as a project-based outcome but as a permanent feature of Rwanda's child protection system.

At its core, the Theory of Change shows that when families, communities, and systems are mobilised together, the result is an enduring impact: every child with a disability grows up in a safe, loving family and inclusive community, with deinstitutionalisation sustained nationally and serving as inspiration globally.

Executive Summary

This effective model of Interventions is more than a program to close an institution; it is a story of transformation, dignity, and resilience in Musanze District. For years, Centre St. Vincent (CSV) was portrayed as a sanctuary for children with disabilities, offering therapeutic care. Parents, however, often placed their children there reluctantly torn between love and the belief, reinforced by external perceptions, that institutions could provide a 'better life.' Yet behind this choice lay profound costs: separation from families, loss of belonging, and reinforcement of stigma.

Hope and Homes for Children (HHC), working alongside government and community partners, chose to respond differently. Rather than asking families to give up their children, this Project asked: What children with disabilities need most? What were the root cause of the separation? what if families were given the support they needed, and communities became the true custodians of care?

The model that emerged was both bold and practical. It was centred around four interconnected pillars:

1. Transitioning children from institutions to families not as an event, but as a careful process of assessment, preparation, placement, and follow-up.
2. Preventing family separation by strengthening households through the ACTIVE Family Support (AFS) model, ensuring socioeconomic resilient.
3. Establishing community hubs where respite care, therapy, education, and vocational training are accessed close to families, managed by and for the community.
4. Mobilising communities through peer support groups, trained volunteers, and foster caregivers (Malayika Murinzi), who stepped forward to care for children in need.

The results were profound: Twenty-nine (29) children were successfully reunified or placed into nurturing families, while seventeen (17) households benefited from holistic support through the Active Family Support (AFS) approach. Three peer groups, comprising 115 parents and caregivers, were established to promote psychosocial well-being, and forty-five (45) community volunteers were trained to provide timely, localized support. Additionally, fifty (50) Community Development Network (CDN) members were empowered to sustain disability-inclusive services at the community level.

Beyond numbers, these outcomes represent lives transformed children attending inclusive schools, parents regaining hope, and communities beginning to view disability not as a limitation but as a shared social responsibility and an integral part of community life.

A strong focus on mental health and emotional healing proved pivotal. Through counseling, facilitated healing sessions and peer-led sessions, families of reintegrated children and those under prevention programs both within AFS and peer support groups reported increased acceptance of children with disabilities, reduced caregiver stress, and improved confidence in parenting. These interventions were essential in restoring emotional balance and preventing re-separation. The newly established Community Hub already supports eighty-three (83) children seventy-seven (77) with disabilities and six (6) without disabilities providing physiotherapy, occupational therapy, early childhood development (ECD), and specialized care. This inclusive hub exemplifies a sustainable, community-based alternative to institutional care.

Support to families under AFS has been both intensive and transformative. Assistance included rehabilitation programs, construction and adaptation of houses, installation of ramps for physical accessibility, and access to critical medical treatments and surgeries. Although such interventions required significant resources, they were indispensable for improving the autonomy of children with disabilities, enabling access to schools, healthcare, and community participation sometimes necessitating families to relocate to areas with available services.

1. Introduction : From Institutional Care to Family Strengthening

For many years in Rwanda, children with disabilities were placed in institutions not because their parents lacked love, but because families were offered institutions as the most appropriate option. Poverty, stigma, and the absence of accessible services left them with few choices. Centre St. Vincent (CSV) in Musanze District became one of those places. Parents took their children there in search of therapy or education, but what they found often came at a painful cost: the separation of children from their families, and the weakening of community bonds.

This reliance on institutional care was at odds with children's rights. Rwanda had already committed to the UN Convention on the Rights of the Child (UNCRC), the UN Convention on the Rights of Persons with Disabilities (UNCRPD), and the country's own Integrated Child Rights Policy (2011). These commitments are further reinforced by the African Charter on the Rights and Welfare of the Child (ACRWC), which guarantees the right of every child to grow up in a family environment and to be protected from discrimination, abuse, and neglect. At the national level, the Rwanda Constitution of 2023, the supreme law of the land, explicitly prohibits all forms of discrimination, including on the basis of disability, and upholds the right of every child to grow up in a safe and loving family. Yet children with disabilities continued to face exclusion, often institutionalised instead of supported within their families and communities.

It was into this gap that Hope and Homes for Children (HHC) stepped in. With decades of experience across Africa and Europe in closing institutions and building family-based alternatives, HHC was well positioned to support Rwanda's child care reform journey. In Musanze District, this meant tackling the specific challenge of Centre St. Vincent (CSV) a long-standing institution for children with disabilities. The task was not only to close CSV but to reimagine care itself: moving away from confinement and institutional dependency towards restoring what every child deserves the love, protection, and permanence of a family.

This transformative Project was created as both a practical response and a bold experiment. On one hand, it focused on safely reintegrating children with disabilities from CSV into families; on the other, it adapted and implemented prevention mechanisms to ensure that unnecessary separation of children from their families would not happen in the future. This raised important questions that guided the project's design: Could children with disabilities truly thrive in families if given the right support? Could communities be mobilised to become active custodians of care rather than passive observers? Could the entrenched cycle of poverty, stigma, and exclusion be broken by shifting the centre of care from institutions to families and communities?

The journey of this Project shows that the answer to these questions is yes. The story that follows is both a case study of transformation in Musanze District and a scalable intervention model for Rwanda and beyond. It illustrates how families, communities, and systems can work hand in hand to uphold children's rights, protect their dignity, and nurture their potential. Above all, it demonstrates that no child regardless of ability should grow up without the love, belonging, and security of a family.

2. Why This Model Was Needed

Children and youth with disabilities in Rwanda have historically faced profound barriers to inclusion and well-being. In the post-colonial period, institutions were introduced largely in the form of charity, framed as sanctuaries for care rather than as pathways to rights and inclusion. Yet institutionalisation produced consequences that rippled across every level of society separating children from families, reinforcing stigma, and denying their rightful place in community life.

At the individual level, children bore the heaviest burden. Removed from their families, many lost the comfort of parental love, grew up in environments marked by loneliness, and endured stigma that shaped how they saw themselves. Their development was often delayed or distorted by institutional life, which could not replicate the nurturing bonds of family. For some, the absence of consistent caregivers left scars of mistrust, anxiety, and low self-worth that carried into adulthood.

At the family level, parents and siblings lived with their own grief. Parents, often desperate for support, felt they had little choice but to hand their child over to an institution. This decision imposed by the absence of community-based services was accompanied by guilt, sorrow, and helplessness. Mothers and fathers spoke of the pain of missing milestones in their child's life. Siblings, too, grew up without the chance to bond daily with their brother or sister, weakening family cohesion.

At the community level, institutionalisation displaced responsibility from families and neighbours to external centres. Although Rwanda has made progress with inclusive schools and mainstreaming services, the very presence of institutions in the community creates a pull effect, drawing children away and being applied as the first option, particularly for those with complex and intellectual disabilities.

At the national level, Rwanda has demonstrated strong commitment and pronounced political will by ratifying key international and regional treaties including the UNCRC, UNCRPD, and the ACRWC and by adopting the Integrated Child Rights Policy (2011) alongside the Rwanda Constitution of 2023. Rwanda has also established the National Council of Persons with Disabilities, with committees extending from the national to the cell level, ensuring representation and visibility. In addition, the national Social Protection Policy identifies persons with disabilities among its target groups. However, while these commitments are significant, the approaches to effectively reach children with disabilities still require further strengthening and consistent resourcing. As a result, practice has not yet evolved sufficiently to fully remove reliance on institutions, especially for children with complex disabilities. Institutionalisation in this sense reflects not a lack of intent, but the need for continued investments, technical know-how, and services to strengthen families and build inclusive community-based alternatives.

It was into this landscape that this Project was born. Its approach was deliberately ecological, recognising that change was needed at every level: the child, the family, the community, and the national system. For children, it sought to restore dignity and nurture their potential within families. For parents and siblings, it provided tailored support to heal the wounds of separation and to strengthen their ability to care. For communities, it invested in peer groups, volunteers, and community hubs that turned neighbours into custodians of care. And at the national level, it demonstrated a replicable model that aligned Rwanda's practice with its legal and policy commitments.

In this way, this Project was not just about closing one institution; it was about re-weaving the social fabric proving that families, communities, and systems, when empowered, can uphold the right of every child to grow up in a safe, loving, and inclusive family environment.

3. How the Model Was Developed

Responding to these realities, This effective model of Interventions was carefully developed as a practical and locally grounded response. Its design recognised that lasting change could only come from an approach that combined evidence with lived experience, and global best practice with Rwanda's unique social, cultural, and policy context. To achieve this, the model was built through an evidence-informed, participatory, and iterative process, following three key steps:

1. Desk Review of Frameworks – The team began by reviewing national policies, international conventions, and global best practices on child protection, disability inclusion, and family-based care. This review confirmed that the institutionalisation of children with disabilities was not only a social concern but a violation of fundamental rights under the Rwanda Constitution, the UNCRC, and the UNCRPD. By contrast, reintegration into families was understood as restitution restoring the child's right to family life, dignity, and inclusion. The review also underlined that preventing separation was as critical as reintegration, recommending tailored family support, inclusive community services for respite and empowerment, and active involvement of local officials to ensure sustainability and scale-up.

2. Field Assessments and Consultations – To ground the model in lived realities, the team engaged widely with children and youth with disabilities, parents, foster families, community volunteers, and local government representatives. Parents repeatedly described institutionalisation as the only option they felt they had driven by poverty, stigma, and the absence of timely advice or alternatives. Many expressed that, had they received guidance and support earlier, they would never have chosen to place their child in an institution. After reintegration, they spoke of renewed joy in family life and the happiness of being together again.

These insights, gathered through assessments, workshops, trainings, and community meetings, revealed that institutional care stemmed from systemic gaps in family and community support. As stakeholders engaged with inclusive services, peer groups, and practical family-strengthening approaches, a profound mindset shift occurred. Families and officials alike began to openly acknowledge what had long gone unquestioned: that institutional placement was wrong when families could be supported to care. This process not only exposed barriers but also revealed pathways to sustainable change rooted in prevention, dignity, and collective responsibility.

3. Iterative Adaptation – The model was refined continuously through implementation and structured feedback, ensuring it remained responsive to the diverse realities of families and communities. Interventions demonstrated what worked and where adjustment was needed, while adaptive strategies strengthened reintegration, prevention, and family support. Over time, what parents once viewed as the only option placing children in institutions was replaced by practical support systems that allowed families to thrive together.

Adaptation was anchored in robust systems of reflection and accountability. Case management teams of social workers and psychologists tracked children's and families' progress; supervision meetings with Musanze District, the NCDA, and the NCPD ensured oversight; and monitoring tools helped identify risks and outcomes. Technical meetings provided space for joint problem-solving, while co-creation with the HHC Global team and The Seneca Trust strengthened ownership in the face of emerging challenges. Rwanda team retreats created opportunities to refine practice, integrate new learning, and address risks collectively.

Continuous engagement with Centre St. Vincent and its congregation secured their cooperation, clarified their future plans, and reduced the risk of re-establishing institutional care. At the same time, partnership with Ubumwe Community Center, a respected leader in disability-inclusive services, shaped the mapping of community hub services ensuring appropriate location, services, and sustainability.

Through this iterative process, This effective model of Interventions became a living framework: evidence-informed, locally validated, and owned by practitioners, communities, and policymakers. It provides not only a practical blueprint for reintegrating children with disabilities into family care but also a foundation for strengthening family, community, and national systems to sustain inclusion over the long term.

4. The Model: Pillars of Change

This effective model of Interventions is more than a framework; it is a lived story of children finding their way back to families, of families once separated or at high risk of separation being restored and strengthened, and of communities embracing disability-inclusive practices.

At its heart, the model advanced along two parallel tracks: supporting children to safely leave Centre St. Vincent (CSV) and sustainably reintegrate into families; and strengthen family and community systems in the targeted areas so that no child would face institutionalisation again because of disability or poverty.

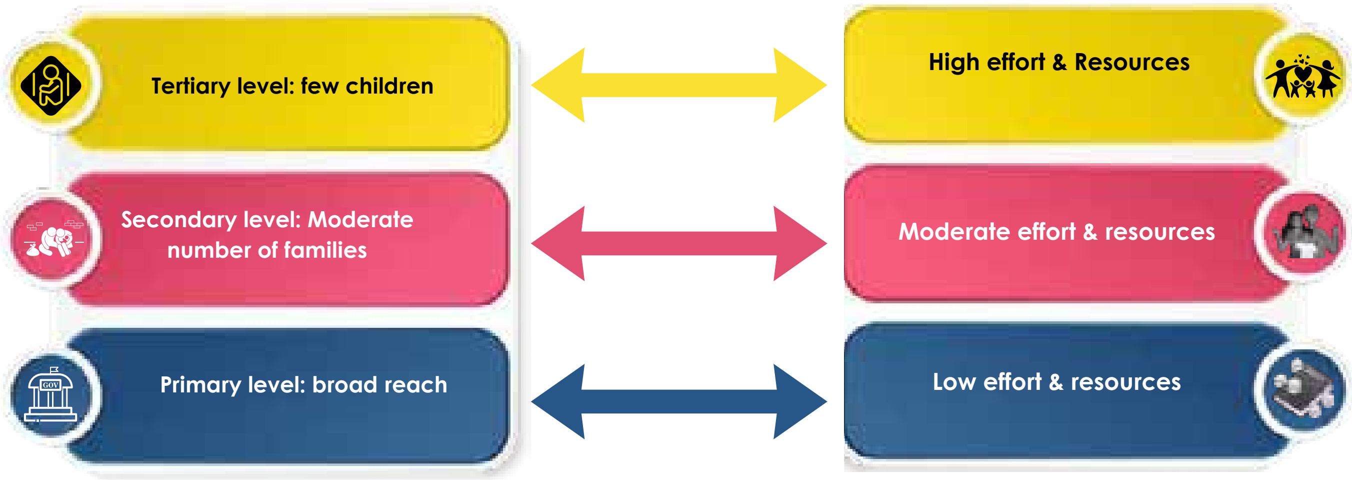
To achieve this, the project stood on four interconnected pillars that together formed the foundation for lasting change:

1. **Transition from Institution to Families**: Supporting children to leave Centre St. Vincent (CSV) and reunite with families or join foster and kinship families where they could grow up with love, belonging, and dignity. This pillar addressed institutionalisation as a rights violation and reframed reintegration as a process of healing and restitution.
2. **Prevention of Family Separation**: Strengthening families so that poverty, stigma, or lack of support would no longer push them toward institutional care as the 'only option.' Families received tailored support to reinforce their resilience and capacity to care for children with disabilities.
3. **Community Hub Services**: Establishing local hubs that brought therapy, inclusive education, skills training, and psychosocial support closer to families. These hubs acted as safe spaces where children with disabilities and those without disabilities could access day programs, rehabilitation, and learning opportunities, while parents connected to parenting groups, livelihood activities, and counselling. They serve as vital bridges between families and formal systems linking households to schools, health services, and social protection reducing isolation and stigma. By placing services within the community rather than behind institutional walls, the hubs make inclusion tangible, practical, and sustainable.
4. **Community Engagement**: Mobilising and equipping community leaders, volunteers, and networks to embrace disability inclusion and to see themselves as protectors of children's rights. This pillar shifted perceptions from charity and pity to collective responsibility, ensuring that communities became active guardians of their own children.

Together, these four pillars formed the backbone of This effective model of Interventions and more importantly, they shaped the everyday experiences of children, parents, and neighbors in Musanze District.

The Model reflects the professional depth of social work practice by addressing interventions at three levels:

Level of Intervention vs. Effort & Resources



Primary level: building inclusive mindsets and universal community services to prevent exclusion before it occurs.
Secondary level: providing targeted support to families under stress so that poverty, stigma, or lack of resources no longer push them toward institutional care.
Tertiary level: delivering intensive responses that restore children from institutional care to safe and loving families.

Across the ecological spectrum:

- **Micro (intensive and personalized):** direct casework with children and their families carried out by professional social workers and psychologists, complemented by referrals to specialized professionals (e.g., medical, therapeutic, or educational experts) according to individualized care plans.

- **Mezzo (moderate and collective):** community hubs, parent groups, volunteers, and local leaders building inclusive networks, offering respite, and reducing isolation.

- **Macro (broad and systemic):** policy influence and institutional engagement, with national actors such as the National Council of Persons with Disabilities (NCPD) and the National Child Development Agency (NCDA) contributing to sharpen the model and ensure state ownership.

By working simultaneously across these layers ranging from the most intensive family-level interventions to systemic policy reform This effective model of Interventions is both a lived story of restored and strengthened families and an evidence-informed practice with enduring relevance for future policy review and influence, ensuring a bigger reach for children with disabilities and their families in Rwanda.

Pillar 1: Transition from Institution to Families

The first and most visible step of This effective model of Interventions was to move children from Centre St. Vincent (CSV) into family care. This was not a one-off event, but a structured and carefully managed journey of transition and healing.

The engagement with the Congregation leadership and the training of the institution staff were critical steps. Staff were supported to understand why children would be reintegrated, their questions were answered, and they were encouraged to actively support the process. This helped to secure their cooperation in sharing information and to improve the wellbeing of children through the implementation of care plans while children were still in the institution.

Each child underwent a comprehensive assessment of developmental, health, educational, and psychosocial needs. Based on these assessments, an individual care plan was developed for every child within the institution. This plan guided caregivers inside CSV in preparing children for the transition and was later complemented by an adjustment plan to help parents or foster caregivers gradually assume responsibility for reintegration.

In parallel, families were traced, assessed, and prepared to receive children. Preparation included acquaintance visits to rebuild bonds, caregiver training to equip parents and foster families with practical skills, and psychosocial support to address fears, grief, and expectations. Crucially, a reintegration support plan was developed for each case, mapping the specific roles of all stakeholders; social workers, psychologists, local authorities, community volunteers, and institutions such as NCPD local structures, *Inshuti z'umuryango* (Friends of the Family), Organizations of Persons with Disabilities, and CSV itself. These plans identified which activities needed to be completed before placement (e.g., family preparation, house rehabilitation, service linkages) and which would continue after placement (e.g., home visits, counselling, and ongoing community support).

When family tracing failed, or when families were located but placement was not feasible or not in the child's best interests, suitable foster families identified and developed in advance were approached and prepared to step in. This ensured that every child had a safe, caring alternative within a family, rather than being left in institutional care.

Every placed child, whether reunited with biological parents, placed in kinship care, or in foster care was also linked to existing community resources, including health services, inclusive schools, and social protection schemes, to ensure continuity of care beyond the institution. Reintegration proceeded only when both children and families (or foster families) expressed readiness. Importantly, placements were voluntary and grounded in dignity never imposed, and never driven by financial incentives.

This child- and family-centered process was closely monitored by case management teams of social workers and psychologists, who provided continuous follow-up and referrals to specialized professionals when needed. In this way, reintegration became more than simply "leaving an institution": it was a restorative act of restitution, affirming every child's right to family life, belonging, and community inclusion.

Pillar 2: Prevention of Family Separation

Prevention of family separation is a cornerstone of This effective model of Interventions. It ensures that children with disabilities are not placed in institutions due to poverty, stigma, or lack of support, but instead remain in safe and nurturing family environments.

This pillar focused on two key categories of families:

- **Families reintegrating children after institutionalisation** – requiring sustained follow-up and tailored support to avoid re-separation.
- **Families caring for children with profound or severe disabilities** – facing heavy caregiving demands, stigma, and social exclusion that placed them at high risk of breakdown.

By building family resilience and restoring dignity, this pillar helped families transform from vulnerable to stable and empowered.

Domains of Support

Living conditions: Families were supported to secure safe housing, food, and clothing, creating a stable foundation for daily life. This reduced the constant stress associated with survival and allowed parents to focus more on caregiving rather than on meeting immediate needs. Children benefitted from healthier environments that fostered dignity and belonging, while parents expressed relief that poverty no longer forced them to hide their children out of shame.

Health: Children with disabilities were linked to medical care, rehabilitation services, assistive devices, and health insurance. Parents received guidance on daily caregiving and referrals to specialists when needed.

These measures improved children's well-being and mobility, reduced the strain of care, and gave parents confidence in managing complex health needs. Families reported improved quality of life and greater hope as children participated more actively in family and community life.

Family and social relationships: Many families initially struggled with internal conflict, often rooted in stigma and harmful beliefs. Mothers were disproportionately affected, sometimes blamed for giving birth to a child with a disability, viewed as bearing "divine punishment," and in many cases abandoned by spouses. This left women to carry the heavy burden of caregiving, medical costs, and social stigma alone, often leading to deep emotional pain. Through counselling, mediation, and peer support groups, parents were given space to heal, rebuild trust, and strengthen resilience. Communities were also engaged to challenge stigma and to stand alongside families, reducing isolation and restoring dignity.

Education: Whenever possible, children with disabilities were supported to enroll in inclusive schools. For those with profound or severe disabilities unable to attend, the program extended support to siblings by providing school materials, reducing financial strain and ensuring their continued education. This approach lessened the risk of exclusion across the whole family and reinforced education as a right for every child.

Household economy:Families received support through seed capital, income-generating activities, and savings groups, enabling them to diversify income and strengthen financial resilience. Parents, especially mothers left to shoulder responsibility alone reported greater confidence and dignity as they contributed to household stability. These gains reduced poverty-related risks and strengthened the conditions for children to remain at home. However, medical costs for regular and specialized treatment could not be fully addressed through this economic support, pointing to an ongoing need for government and partners to step in to ensure sustainability in the long term.

Taken together, these domains created a holistic safety net that prevented children with disabilities from being separated from their families. Families once fractured by conflict and stigma were restored and strengthened, while children previously at risk of institutionalisation were safeguarded in safe and loving homes. Parents who once carried wounds of exclusion and shame began to heal, and children who had been hidden due to stigma started to participate in community life. By addressing material, emotional, social, and economic needs together, This effective model of Interventions demonstrated that family separation is preventable when the right supports are in place.

Resource Intensiveness and the Cost of Inclusion

Supporting children with disabilities to live safely and flourish within their families required deep, sustained, and compassionate investment. Every family's story was unique, and every step forward demanded attention, flexibility, and significant resources to rebuild both environments and lives.

Much effort went into improving the family living environment through repairing houses to bring in light and warmth, ensuring safety and hygiene, and constructing ramps and accessible toilets that made movement easier and daily life more dignified. For many adolescents and young women, being able to move freely without depending on others restored confidence and a sense of belonging. Families showed remarkable determination, some even relocating to neighborhoods where schools, hospitals, and rehabilitation services were within reach, so their children could continue growing and learning.

Health support was equally intensive. With thoughtful and tailored investment from The Project supporting families of children with disabilities , children received the medical attention they had been waiting for surgeries, therapy, and rehabilitation that brought visible change. Some learned to sit, others to stand or take their first steps. Parents described these moments as miracles, saying they finally felt their children were being seen, healed, and given a future.

This journey was not about providing relief, but about restoring stability, dignity, and hope. It meant walking alongside families, listening to their fears, and helping them rebuild confidence in their ability to care and dream again. The cost was high, but what was achieved cannot be measured in numbers children smiling at home, parents standing proud, and communities slowly learning that disability is not a burden but a shared humanity.

These experiences remind us that inclusion begins at home and grows through care, trust, and investment. When families are supported and communities stand with them, every child regardless of disability can experience the joy, safety, and belonging that only love can create.

Pillar 3: Community Hub Services

The vision for Community Hub Services began with the idea of transforming Centre St. Vincent (CSV) into a family- and community-based resource center. However, sustained dialogue with the congregation revealed that their true mission and strengths lay in formal education and health services, not in childcare and social protection. Pursuing the hub within CSV would have risked stretching their mandate and undermining both quality and sustainability.

This realization opened the way for a more strategic and impactful alternative: partnering with the Ubumwe Community Center (UCC). With its long-standing experience in providing day care, inclusive education, and services for persons with disabilities in Rubavu, UCC already had the trust of communities and a proven, disability-inclusive model. Its forward-looking plan to expand into Musanze District aligned seamlessly with the project's vision, creating a unique opportunity to embed sustainable community-based services.

The newly established Community Hub in Musanze now supports eighty-three (83) children seventy-seven (77) with disabilities and six (6) without disabilities providing physiotherapy, occupational therapy, early childhood development (ECD), respite care and specialized care. This inclusive hub exemplifies a sustainable, community-based approach that keeps children close to their families while strengthening local service capacity.

The Community Hub is made to:

- **Bring services closer to families:** offering day programs, disability-inclusive early childhood development (ECD), inclusive learning, psychosocial support, and therapy (any identified). Locating these services within the community reduces costs and distances for families while ensuring that children access daily stimulation, rehabilitation, and opportunities for growth. It also enables early detection of disabilities and guidance toward mainstream services particularly schools after clearly identifying each child's needs and the support required for equal participation.
- **Offer respite care and empowerment for parents:** providing a safe space where parents can leave their children during the day, while also accessing counselling, training, and peer support. This reduces the strain of constant caregiving, prevents burnout, and equips parents with the knowledge and confidence they need. Families become more resilient, improving their ability to care for children sustainably at home.
- **Act as a bridge to formal systems:** linking households with schools, health services, social protection, and local authorities. This helps families navigate systems that may otherwise exclude them. Children are supported to transition into inclusive schools, parents access health insurance, and families connect to entitlements that build long-term stability.
- **Foster inclusion and reduce stigma**: making disability visible through open participation of children and their families in community programs. Instead of being hidden or isolated, children are seen as active members of society. This visibility gradually shifts community perceptions, reduces stigma, and strengthens social cohesion.
- **Guarantee sustainability:** anchoring the hub in an organization with a disability-focused mandate and a strong track record of service delivery. This ensures that families can rely on consistent, high-quality support that extends beyond the project cycle, transforming the hub into a lasting community resource for disability inclusion.

By embedding the Community Hub within UCC, the project secured both quality and sustainability. Families now benefit from nearby, practical, and inclusive services; children gain access to early detection, rehabilitation, and pathways into inclusive schooling; and parents find support that strengthens their confidence and resilience. Communities, in turn, are exposed to disability inclusion in practice, shifting mindsets from exclusion to acceptance. In this way, the Hub becomes more than a service point; it is a catalyst for reducing reliance on institutionalisation and building a society where every child with a disability can participate and thrive.

This approach reflects the spirit of the UN Convention on the Rights of Persons with Disabilities (UNCRPD), particularly Article 19 on living independently and being included in the community, and Article 23 on respect for home and the family, which together affirm the right of children with disabilities to grow up within family and community life supported by accessible, community-based services.

Pillar 4: Community Engagement

Community engagement was the most open pillar of This effective model of Interventions, offering a platform for mass education, awareness, and dialogue. It shifted the responsibility for children with disabilities from institutions to the very heart of society, showing that care and protection are not only the role of professionals but also a collective duty shared by families, neighbours, leaders, and organized community structures. By combining informal solidarity with structured coordination, this pillar built a culture of responsibility and inclusion around children with disabilities.

- **Peer support groups:**

Emotional healing emerged as one of the most transformative parts of this journey. Behind every reintegrated child was a parent who had carried years of silent pain the loneliness of stigma, the guilt of exclusion, and the fear of being judged for having a child with a disability. Many had hidden their children out of shame, not from lack of love, but from a deep wound inflicted by rejection.

Recognizing this invisible burden, the program placed a strong emphasis on mental health and emotional healing, creating spaces where parents could be heard, supported, and understood. Through individual counselling and group healing sessions led by psychologists, caregivers were gently guided to look at their pain, name it, and begin the process of release. For many, it was the first time someone told them that their feelings mattered and that their love was enough.

Peer support groups then became the heart of this transformation. Parents came together, often for the first time, to share their stories and find strength in one another. Within these groups, guided healing sessions turned pain into solidarity and isolation into community. Little by little, parents began to see their children not as a source of suffering, but as a source of pride and purpose. Shame gave way to joy; fear gave way to hope. In the warmth of mutual acceptance, love began to speak louder than stigma..

The change was visible and deeply human. Parents described a newfound peace, a lighter heart, and a stronger bond with their children. They spoke of moments that once felt impossible a mother walking hand in hand with her child through the marketplace without fear of gossip, a father proudly introducing his son at a community event, families inviting neighbors to visit their homes again. The rediscovery of love restored dignity to both children and parents, turning once-hidden families into examples of courage and inclusion.

Many of these groups went on to start small income-generating activities (IGAs) tailoring, poultry farming, or cooperative gardening not just to earn money, but to demonstrate that they could thrive together. These small successes symbolized healing turned into action: parents who once felt powerless were now planning, leading, and contributing

- **Community volunteers:**

Local volunteers, including Inshuti z'Umuryango and other grassroots actors, were trained to run savings groups (Ibimina), promote family resilience, and identify families at risk. Their presence ensured that families were not left alone to cope with poverty or stigma, but instead received guidance and practical solidarity from within their own neighbourhoods.

- **Malaika Murinzi / foster care system:**

For children without parental care, the Malaika Murinzi / foster care initiative mobilised families within the community to provide safe and loving homes. This locally rooted foster care system reflected cultural values of solidarity and kinship, offering children the belonging and dignity that institutional care could never provide.

- **Community Development Network (CDN):**

Coordinated at the District level, the CDN was chaired by the Vice Mayor for Social Affairs and brought together a wide range of actors: Directors of Health, Social Protection, Education, and Good Governance; JADF; the Disability Mainstreaming Officer; Gender and Family Promotion Officer; Child Protection and Welfare Officers; security organs (Police, RIB, NSS, DASSO); PSF; Migration; faith-based organizations; CSV; sector representatives (Inshuti z'Umuryango, Good Governance, Malaika Murinzi); other NGOs in child protection; the Judge President of the Primary Court of Muhoza; Maison d'Accès à la Justice; Rwanda Correctional Service Ruhengeri; Isange One Stop Center; the Labor Inspector; the Children Transit Center; and former institution managers. Meetings were organized quarterly, to discuss child-related issues, to oversee and support the closure of CSV, to coordinate responses, and strengthen prevention mechanisms to reduce reliance on institutionalisation.

- **Annual community meetings:**

They were conducted alongside the International Day of Persons with Disabilities, led by NCPD at the national level and at the District level. These gatherings carried clear messages on prioritizing family life for children with disabilities and redirecting support to families, especially those whose children were hardest to reach through mainstream services, including children with profound and severe disabilities.

- **Christmas celebration :**

For the first time in the district, a Christmas event was organized for children with disabilities and their parents, bringing together district officials, parents, children, and Organizations of Persons with Disabilities (OPDs). The celebration was highly appreciated as a symbolic milestone for the making visible of children with disabilities. Through artistic performances including dance, drama, acting, and poetry children raised awareness of their rights and the importance of child protection, while also showcasing their talents to the wider community. The event created joy, belonging, and visibility for children with disabilities in a way that challenged stigma and strengthened community solidarity.

Through these efforts, communities regained their right and responsibility to care for children with disabilities and contributed actively to transforming their knowledge, attitudes, and practices around disability. Families found strength in solidarity, neighbours and volunteers became key actors in prevention, and local foster systems provided dignified alternatives to institutional care. District-level coordination through the CDN, annual community meetings, and symbolic events like the Christmas celebration tied grassroots action to national priorities, reinforcing that inclusion is both a community duty and a policy commitment.

5. Living Testimonies of Change

5.1. Jolie's journey: coming home with dignity

19-year-old Jolie* (in navy blue) used to live in a Musanze institution because her family couldn't meet her medical needs. Today, she's thriving at home and dreaming of a brighter future.

Born in 2006, Jolie grew up a bright, determined girl with a physical disability affecting the right side of her body. At just nine months old, she developed severe health complications, and by age two, she was diagnosed with paralysis. Her loving family wanted to care for her, but living in a remote, high-risk area meant no specialist care was available.

When Jolie turned seven, her parents made the heartbreaking decision to place her at Musanze Institution, hoping she'd receive the healthcare and education they couldn't provide. Life there was harsh. Jolie endured hunger, isolation, and fear, constantly wondering, ***"Who will save me from this place away from home?"***

Though her family supported her through four surgeries, her days inside the institution were lonely. She dreamed of going home but worried about the unsafe, inaccessible house she had left behind, where she'd been painfully carried from room to room.

Everything changed in 2022 when this project started. We met Jolie and her family, who wanted to bring her home but didn't know how they could safely care for her. Among the pressing priorities, the family mentioned that the house was unsafe, and then we built a new accessible house (see right); one Jolie could navigate using her crutches and an orthotic device. We also supported her family by starting an income-generating business, helping them earn enough to provide for basic family needs. NUDOR committed to continue paying Jolie's school fees, so she was enrolled in an inclusive school.

Finally, Jolie returned home. She told us, ***"I feel free now. I belong. And I want other children with disabilities to know they deserve love and family too."***

Today, she is thriving, safe, supportive, and hopeful. Jolie now shares her experience as a self-advocate to raise awareness that every child deserves to grow up loved and valued.

5.2. Solomon's story: lost, found, and loved again.

On an ordinary day in April 2022, a boy wandered alone into a wedding in Musanze District. He couldn't speak his name or say where he came from. Local authorities called him "Bagabo*" and placed him in the Musanze institution, hoping someone might come forward. Nobody did.

"We thought our son was dead." Peter*Solomon's father.

For two years, his heartbroken family held the belief that he had vanished forever. The only clue was the name "Lorenzo," but it led nowhere. Plans to place him in long-term foster care were on the verge of a breakthrough. A caregiver at the institution mentioned that a patient at the hospital recognized the boy and believed he might be from Nyabihu District. Our case management team tenaciously traced his family, travelling to remote villages until someone recognized him. **They found his parents, who wept with shock and joy to learn their son was alive. His real name was Solomon*.** Lorenzo had been his nickname.

With love came new worries: the family was extremely poor, and their house was unsafe for Solomon to stay in. As a priority we rebuilt the house (see below), added a sturdy boundary wall, provided a water tank, and supported the family to start a new business, potato farming.

On the day of reunification, neighbours and relatives gathered to celebrate. There was food, singing, and tears of gratitude.

After 6 months, during a family visit Solomon's father told us ***"We used to eat once a day; now we eat three times. Our child, once considered a burden, is now our blessing"*** . His mother added, ***"Truly, a person with a disability is just like anyone else when they are cared for and treated with dignity."***

Since coming home, Solomon has flourished. He eats well, no longer wets the bed, manages basic self-care, and his epileptic seizures are under control with regular medication. Most importantly, he is loved and safe, a son restored to his family and community.

5.3. Don de Dieu and Claire: Saving a family, building a future.

Don De Dieu* and Claire* were young, hopeful parents when their daughter Sem* was born, fragile and fighting for life. Sem had multiple disabilities, including a serious heart condition. Her care was overwhelming and costly.

Under intense stress and poverty, Don De Dieu began to believe Sem's disability was a curse. He was ready to abandon his family and leave Rwanda, leaving Claire alone with a sick child. But everything changed when local authorities referred their case to our local team.

***"If it weren't for Hope and Homes for Children, I would have left my family. I was drowning in challenges with no clear solution. But now, I feel calm and ready to continue caring for my family."* Don De Dieu**

Our team provided psychological support and training about disability, helping Don De Dieu understand his daughter's condition and rebuild trust with Claire. The couple reconciled, legally married, and began to heal. Through our Active Family Support model, we supported them to build a safe and accessible home and they started a mobile money business, giving them financial stability. Sem received urgent medical treatment and is now healthy enough to attend the community hub, where she attends ECD classes and receives physiotherapy.

Claire beams when she speaks about the change: ***"I was alone with nowhere to go. Now I'm joyful in my own house, just like other people."***

Today, this once-broken family is thriving. They are members of their local income generation and peer support groups, and plan wisely for their future. They're waiting to have other children until they can fully provide for Sem. Their story proves that with understanding, resources and love, families can stay strong, even in the hardest times.

5.4. Gad, Placed in Extended Family

Gad is a 18-year-old boy, born on 27 July 2007 in Kinoni Sector, Burera District, Northern Province. When he was institutionalized around 2012, Gad faced severe physical challenges: he could not stand or walk, had difficulty eating, struggled to use the toilet independently, and could not perform basic self-care. During his time at the institution, he showed little progress and had no visible hope of mobility or independence.

Following family tracing, his uncle was identified as the most suitable caregiver based on the child's best interests. After thorough preparation, Gad was placed with his uncle's family in August 2023. Initially, the household faced challenging living conditions: a small house with minimal resources, making daily care difficult.

Intensive physiotherapy, combined with consistent love, guidance, and exercises from his uncle, gradually strengthened Gad's legs. **In a short period, he began making steps day by day to the level whereby he can walk independently**. He also learned to feed himself, use the toilet, dress, and perform simple household activities. Today, Gad speaks, participates in family chores, and even helps with tasks at home, impressing everyone who had previously cared for him in the institution. Following a successful advocacy for Gad's education, he was enrolled in an inclusive education program at Appax Muramba, with the support from NUDOR.

HHC provided multiple support, including home renovation to make the house accessible, essential household items, and an income-generating activity to improve the family's livelihood. Gad's uncle shared:

"Hope and Homes for Children supported us throughout this journey, providing a safe and suitable home. Gad has become a blessing to our family. Today, he walks, eats, speaks, goes to school, and participates in household activities independently. This transformation is truly miraculous."

Gad's story demonstrates the powerful impact of family care, targeted support, and inclusive education, showing that with love, guidance, and resources, children with disabilities can thrive physically, socially, and emotionally.

**All names changed to protect identities.*

5.5. More Testimonies

For years, many parents felt they had no choice but to place their children with disabilities in institutions. Poverty, stigma, and lack of support weighed so heavily that they described institutionalisation as *"the only option."* Jean, a father of three, recalls with regret: "*If we had received advice earlier, we would never have placed our child."*

This effective model of Interventions turned that sense of despair into a story of restoration. Parents who once felt powerless began to rediscover their strength. Claudine, a mother, remembers the day her son came home: *"I had not held him for months. When he ran into my arms, I cried and laughed at the same time."* For her, reintegration was not only about bringing a child back it was about reclaiming motherhood, dignity, and hope.

Children themselves speak with emotion about the change. Aline, 12, explained: *"At CSV I had friends, but I missed my mother. At home, I can talk freely, play outside, and sleep in my own bed. I feel safe and loved again."* Her words show what statistics cannot: that belonging, safety, and affection are the foundation of every child's life.

Mothers, who often bore the brunt of stigma and caregiving, also found their voices. Where disability was once seen as a curse, many now speak with courage. Chantal, a mother of a child with cerebral palsy, said: *"Disability is not a punishment. My child has potential like any other."* Healing circles led by psychologists gave parents a safe space to share their pain and begin to heal. As Beatrice reflected: *"The healing circle was the first time I laughed in years. I realized I am not alone, and I can face the challenges ahead."*

Families also rebuilt resilience in their daily lives. Emmanuel, a father, shared: *"Before, I could barely afford basic things. Now I am able to care for my child with dignity. I feel capable again."* Though modest, this change marked a profound shift: poverty was no longer a sentence that forced separation.

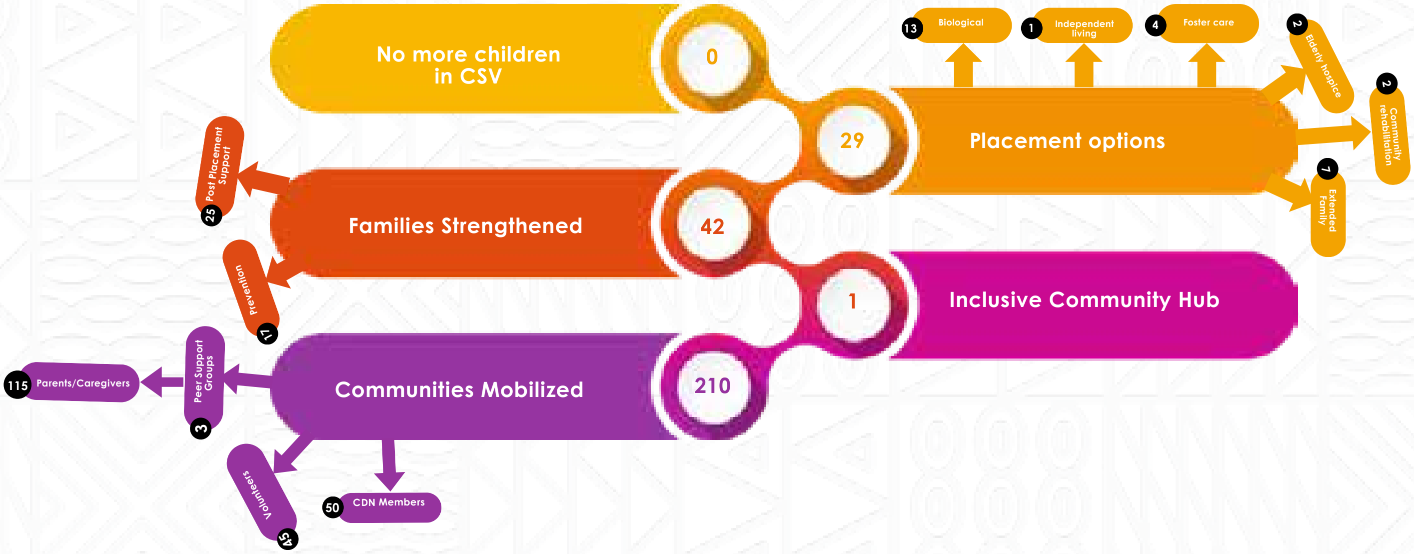
Communities, too, have been transformed. Volunteers, peer groups, and district networks helped parents move from isolation to solidarity. Josephine, a community volunteer, explained: *"Parents who once hid their children now advocate for them in schools and community meetings. The community's mindset is shifting."* A symbolic moment of this shift came during the first Christmas celebration. Parents, children, and officials joined in dance, drama, and poetry, proudly showcasing children who had once been hidden.

These living testimonies show that change is not only possible but already unfolding. Families once torn apart are being restored, children once silenced are finding their voice, and communities once hesitant are stepping forward as allies. Yet, it is important to be realistic: this mindset shift will require consistent and long-term efforts to sustain momentum, because the journey has only begun and the whole society has not yet fully embraced inclusion. Still, these voices show a path forward one where dignity is reclaimed, hope renewed, and every child with a disability belongs at home and in the heart of their community.

6. Key Achievements and Evidence of Change

This effective model of Interventions demonstrates that change is not only possible, but measurable. What once seemed entrenched the institutionalisation of children with disabilities has been reversed through deliberate, community-based action. Children once hidden behind walls now grow up in families; parents once overwhelmed by stigma and poverty are caring with renewed strength; and communities once passive are now active custodians of inclusion.

The following evidence highlights the model's tangible results: the number of children reintegrated, the resilience of families strengthened, the services delivered through community hubs, and the mobilisation of communities and local systems. Together, these achievements provide proof that shifting from institutions to families is not just aspirational it is practical, sustainable, and aligned with Rwanda's commitments under the UNCRC, UNCRPD, and the 2023 Constitution.



Before This effective model of Interventions, children with disabilities in CSV had little hope of ever returning to a family. Families overwhelmed by poverty, stigma, and lack of support saw institutional care as the only option. The promise of CSV as a "short-term solution" rarely materialized. In fact, four individuals who entered institutions as children spent nearly their entire lives moving between more than two institutions, never finding a path back to family care. By the time of CSV's closure, they were adults and, with no family placement possible, were referred to community-based rehabilitation centers and an elderly hospice. This reality testifies to a deeper truth: orphanages rarely invest in exit strategies, and the size of their resident population often aligns with fundraising capacity rather than children's best interests.

After the interventions, the story changed for the rest of the children. All who once lived in CSV are now growing up in family environments through reunification, kinship, or foster care rather than behind institutional walls. Parents and caregivers have been strengthened through counseling, peer groups, and livelihood support, enabling them to care with dignity. Communities, once passive, now lead savings groups, foster initiatives, and awareness events that celebrate and include children with disabilities. Through the Community Hub, families access therapy (as identified), early childhood development, and links to schools and health systems; services that were once beyond their reach.

7. Lessons Learned

This effective model of Interventions has shown that moving from institutional to family- and community-based care is possible, but it requires deliberate, systemic, and sustained action. The following lessons capture what has worked, what has been challenging, and what is essential for scaling up in Rwanda and beyond:

1. Institutionalisation is a systemic failure, not family unwillingness.

Parents often placed children in institutions not out of lack of love but because of poverty, stigma, and absence of services. This underscores that institutionalisation reflects gaps in support systems rather than parental neglect. Addressing those gaps prevents separation in the first place.

2. Reintegration is a process, not an event.

Reintegration required careful preparation, trust-building, and continuous follow-up. Families and children were supported step by step, ensuring placements were voluntary and dignified. Where biological family placement was not possible, kinship and foster care (Malaika Murinzi) provided safe and loving alternatives. Prevention remained equally critical, as not all family tracing led to reunification with families of origin.

The intensity of this work demanded a dedicated cadre of professional social workers and psychologists to manage complex cases, provide tailored support, and sustain progress. This highlights that deinstitutionalisation succeeds only when reintegration is gradual, supported, and sustained, reinforced by strong family-based alternative care options and robust case management.

3. Holistic family support sustains dignity and resilience.

Families need more than one-off aid. The ACTIVE Family Support model, addressing living conditions, health, relationships, education, and household economy, proved effective in building resilience. Interventions such as day care, counseling, peer groups, and livelihood support reduced pressures that drive separation and enabled families to care with dignity.

4. Mental Health as a Foundation for Family Stability

Supporting the mental health of parents of children with severe and profound disabilities proved essential to sustaining family care. Access to counselling, peer support, and healing spaces reduced isolation and emotional strain, helping caregivers regain confidence and resilience. When parents are emotionally supported, they are better able to provide consistent, loving care preventing burnout and strengthening families as the cornerstone of deinstitutionalisation.

5. Community systems are central to change.

When communities are mobilized, they become custodians of children's rights. Peer groups, Inshuti z'Umuryango, savings groups, the Malaika Murinzi system, and the District-level Community Development Network (CDN) all demonstrated that local structures can drive prevention, accountability, and inclusion. Events such as community meetings on the International Day of Persons with Disabilities reinforced collective responsibility.

6.National ownership secures sustainability.

Reforms are only lasting when government structures lead them. The involvement of the National Child Development Agency (NCDA) and the National Council of Persons with Disabilities (NCPD), alongside integration into social protection and child rights policies, gave relevance to the model and anchored it in national systems.

This ensured that family- and community-based care is not a project, but part of Rwanda's long-term child rights agenda.

7. Mindset change is fragile and requires nurturing.

Shifting beliefs that children with disabilities "belong in institutions" to acceptance of their right to family life took time. Healing groups, awareness events, and testimonies helped, but this transformation is ongoing and requires sustained investment. Without continuous reinforcement, the risk of reverting to institutional solutions remains.

8. Sustainable financing requires shared responsibility.

Deinstitutionalisation is resource-intensive at the start, but prevention and family-based alternatives prove more cost-effective over time than institutional care. Dedicated government budget lines are essential for sustainability, while donor funding plays a catalytic role supporting scale-up, piloting innovations, and bridging gaps. By combining government ownership with donor partnership, reforms move beyond short-term projects to become embedded in permanent systems of care.

9. Adaptation and co-creation are key to lasting solutions.

The decision to shift the planned Community Hub from Centre St. Vincent to Ubumwe Community Center (UCC) after consultations exemplified adaptive practice. By listening to parents, officials, OPDs, and the congregation, the model aligned with existing strengths and capacities. Co-creation ensured local ownership and sustainability, demonstrating that durable change is not imposed but built together with those most affected.

10. Institutional standards are transitional, not a justification.

Government standards for childcare institutions are important, but they must be understood only as temporary safeguards during the transition towards family- and community-based care. Meeting such standards does not make an institution a replacement for family life. Institutions may be safer compared to other institutions, but they can never be compared to families. At their core, institutions represent a failure of society to guarantee a child's right to family, identity, and community participation.

For this reason, institutions should be permitted to operate only with a clear, time-bound plan for closure and transformation into family-supportive services such as community daycare centers or inclusive hubs. Framing standards as a justification for continued institutional care risks entrenching segregation and undermines the momentum of deinstitutionalisation. True progress is measured not by whether institutions meet standards, but by whether children are leaving them for nurturing families and inclusive communities.

These learnings show that deinstitutionalisation is not a single intervention but a transformation across families, communities, and systems. It requires sustained reintegration efforts, holistic support, strong national leadership, adequate financing, and a commitment to adapt through co-creation. Together, these elements make family- and community-based care not only possible, but the most dignified, effective, and sustainable path for children with disabilities in Rwanda.

8. Recommendations

This effective model of Interventions demonstrates principles that are relevant not only for Rwanda but also for any country seeking to end institutionalisation of children with disabilities. The following high-level recommendations are drawn from the evidence:

1.End Institutionalisation Without Exceptions
Ensure no child remains in an institution by removing provisions such as "last resort" or "short stay." In practice, these become default options that result in long-term placements. All children must grow up in safe and nurturing families.

2. Apply institutional standards only as transitional safeguards.
Government standards for children's institutions should be used solely as temporary safeguards during the transition to family- and community-based care. No new placements should be allowed, and all existing institutions must operate under clear, time-bound closure and transformation plans. Every child should be reintegrated into their family of origin or placed in safe, family-based alternative care.

3. Strengthen Prevention Through Disability-Inclusive Services
Invest in early intervention and family-support services that are inclusive and accessible such as day care, respite, therapy, and inclusive ECD. At the same time, earmark specific budget allocations for families caring for children with severe and profound disabilities who may not fully access mainstream services.

4. Integrate Mental Health Support alongside Social Protection Packages
Prioritise mental health and psychosocial support for parents and caregivers of children with severe and profound disabilities alongside social protection packages as a core component of family and community-based care. Structured counselling, peer support, and healing programs combined with financial and social protection measures are essential to reduce caregiver stress, prevent family breakdown, and sustain long-term, loving care within families.

5. Reallocate and Scale Resources Toward Family- and Community-Based Care
Gradually reallocate funds currently spent on institutions to expand community hubs, day care, and inclusive local services. As more children leave institutions, increase financing for services that support families and motivate partners to innovate and improve quality.

6. Ensure Reintegration is Gradual, Supported, and Rights-Based
Reintegration must be carefully prepared, voluntary, and sustained. When reunification with parents is not possible, kinship and foster care must be developed as safe family-based alternatives. Dedicated professional cadres social workers, psychologists, and community volunteers are essential to carry the intensity of case management.

7. Guarantee Government Responsibility and Sustainable Financing
Childcare is a public responsibility, not one to be outsourced to faith-based groups or private foundations. Governments must take the lead, with clear budget lines at national and local levels for prevention, reintegration, and long-term family support, while donor funding plays a catalytic role in scaling and innovation.

8. Adopt Adaptive and Co-Created Approaches
Successful reform requires flexibility and collaboration with all stakeholders. The decision in Rwanda to shift the planned community hub from Centre St. Vincent to Ubumwe Community Center after consultations exemplifies the value of co-creation. Engaging families, OPDs, officials, and community leaders ensures that reforms are locally owned, inclusive, and sustainable.

9. Conclusion

This systemic model of interventions has shown that deinstitutionalisation is not only a moral imperative but also a practical, evidence-based pathway to uphold the rights and dignity of children with disabilities. What began as the closure of one institution in Musanze evolved into a wider transformation: families were restored, communities mobilised, and systems aligned to make family- and community-based care the norm rather than the exception. This journey demonstrates that change is possible when interventions are deliberate, holistic, and rooted in the lived realities of children and their caregivers.

The model's four interconnected pillars, transitioning children from institutions to families, preventing separation through family strengthening, establishing inclusive community hubs, and mobilising communities as custodians of care, worked together to replace dependency and exclusion with belonging and empowerment. At the heart of this achievement were the voices and resilience of parents and children, whose testimonies remind us that family is not a privilege but a fundamental right.

The evidence presented in this document confirms that institutional care fails to meet the developmental, emotional, and social needs of children. It also highlights that with the right support, even families under immense strain can provide nurturing and sustainable care. The shift of responsibility from orphanages to households, neighbourhoods, and public systems embodies the commitments Rwanda has made under the UN Convention on the Rights of the Child (UNCRC), the UN Convention on the Rights of Persons with Disabilities (UNCRPD), and its own constitutional guarantees.

At the same time, the lessons from this journey remind us that progress remains fragile. Mindsets are changing but require sustained nurturing; families are stronger but need continuous support, especially those caring for children with profound and severe disabilities; and government ownership is essential to embed reforms into permanent systems of child protection and social policy. The recommendations that emerge from effective model of interventions; ending institutionalisation without exceptions, scaling disability-inclusive services, reallocating resources, professionalising case management, ensuring sustainable financing, and adopting adaptive co-creation, provide a blueprint for sustaining momentum and scaling impact.

Looking ahead, the task is to consolidate and expand these gains. For Rwanda, this means embedding budget allocations, strengthening the professional workforce, and ensuring that every district has the structures and services to prevent unnecessary separation. For the global community, successful project offers proof that deinstitutionalisation is not an abstract goal but a concrete, achievable reform. It shows that family-based care is not only more dignifying but more sustainable, and aligned with human rights obligations.

Importantly, the pro experience revealed that deinstitutionalisation is also an act of collective healing. When children come home, they do not simply regain their freedom they help reweave the bonds of family and community that may have been weakened by separation, stigma, and misunderstanding. Parents rediscover confidence and pride; siblings grow in empathy and care; and communities learn to see disability not as a limitation, but as a part of human diversity.

The program's mental health and psychosocial support, extended not only to reintegrated families but also to those in prevention programs and parents of children with disabilities across the community, created opportunities for shared reflection and growth. These spaces allowed caregivers and families to find balance, build resilience, and nurture a deeper sense of connection to themselves, to their children, and to each other

The closure of Centre St. Vincent was not the end of a story, but the beginning of a new chapter. It marked a decisive step away from the legacy of institutionalisation and toward a future where no child is left behind walls. The vision that emerges is clear: every child, regardless of disability, has the right to grow up in a safe, loving family, supported by communities that value their potential and systems that guarantee their rights. This Effective Model of Interventions stands as both evidence and inspiration, a call to action for Rwanda and for the world to make family- and community-based care the standard for all children, everywhere.

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