THE CONVENTION ON THE RIGHTS OF THE CHILD

Session 63rd
May/June 2013

REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN RWANDA

May 2013

Data sourced from:
Childinfo website
ILO website
1) General points concerning reporting to the CRC

Rwanda is being reviewed by the CRC Committee for the 3rd time. At the last review in 2004 (session 36), IBFAN did not present an alternative report.

In its last Concluding Observations, at para 49, CRC Committee recommended that Rwanda should “a)...develop and implement comprehensive policies and programmes to improve the health situation of children... b) facilitate greater access to primary health services; reduce the incidence of maternal, child and infant mortality; prevent and combat malnutrition, especially amongst vulnerable and disadvantaged groups; and promote proper breastfeeding practices; c) develop the highest attainable standard of health care; d) establish midwifery training programmes to assure safe home delivery...”.

As Party to the International Covenant on Economic Social and Cultural Rights, Rwanda has been reviewed in May 2013 by the ESCR Committee. In para 18, the Committee expresses its concern that “according to the Labour Law, women who have used six weeks of maternal leave with full salary and opt for additional six weeks are entitled to receive only 20% of the salary (art. 9, 10). The Committee recommends that [Rwanda] review its Labour Code in order to increase the level of salary for women who extend the duration of their maternity leave. The Committee draws the attention of the State party to its General Comment No. 19 on the right to social security.”

2) General situation concerning breastfeeding in Rwanda

**General data**

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<td>Neonatal mortality rate (per 1000 live births)</td>
<td>29 (2010)</td>
<td>21 (2011)</td>
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<td>Skilled attendant at birth</td>
<td>31% (1996-2004)</td>
<td>69% (2006-2010)</td>
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<td>Institutional delivery</td>
<td>69% (2006-2010)</td>
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<td>Infants with low birth weight</td>
<td>9% (1998-2004)</td>
<td>6%</td>
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**Breastfeeding data**

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<tr>
<td></td>
<td>68%</td>
<td>71%</td>
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¹ DHS 2010, Final report
The data and the graphic on breastfeeding practices indicate that the large majority of mothers do breastfeed their children, but not always in an optimal way. 15% of babies are not exclusively breastfed during the first 6 months of life mainly because of introduction of non-milk liquids in the baby’s diet (e.g. teas, juice, and water). Early introduction of solid and semi-solid foods also hampers exclusive breastfeeding for 6 months. Given the propensity of mothers to breastfeed, activities directed at informing mothers on the best feeding practices for their babies could improve the situation of infant and young child feeding.

3) Government efforts to encourage breastfeeding

National measures:
Rwanda has a national nutrition policy (2005)\(^3\) where the importance of promoting breastfeeding is included.

\(^2\) RWA_DHS_2010
Rwanda has also a national policy on children’s health (République du Rwanda, Ministère de la Santé. 2008 Juillet. Politique Nationale de Santé de l’Enfant au Rwanda. Kigali, Rwanda) that mentions several times the importance of early initiation of breastfeeding and of optimal breastfeeding practices.

However, we are concerned that breastfeeding is conceptualized as a duty of women, which could put them in a vulnerable position (“L’allaitement est un devoir pour la femme et être allaité au sein est un droit pour le bébé”). We believe that breastfeeding is not a mother’s duty but a mother’s right. Therefore the burden should not be on the mother to breastfeed, but on the State and on the society to create an enabling environment that allows mothers to take an informed decision on the best feeding practices for their infants.

We have no information regarding the implementation and monitoring of this policy.

Specific information concerning the International Code of Marketing of Breastmilk Substitutes: There is no legislative measure that implements the Code in Rwanda, only a draft measure. Rwanda should finalize the draft, including all recommendations of the Code and relevant WHA resolutions, and approve it as a law.

4) Baby Friendly Hospital Initiative (BFHI)

In Rwanda there are no baby-friendly hospitals or community centres that implement the initiative at the community level, as reported in the National Nutrition Policy of 2005 in para 5.2 and confirmed by WHO/UNICEF report of 2006 (Multi-Country Workshop on BFHI in the Context of HIV: Eastern and Southern Africa Region. 28-29 August, 2006. Centurion Lake Hotel, Midrand, South Africa).

5) Maternity protection for working women

Maternity leave

- **Scope**: every employed woman.
- **Duration**: 12 consecutive weeks. Working women may decide to start benefiting from this leave 2 weeks before the tentative date of delivery.
  A woman who delivers a still-born or whose infant of less than one month of age is dead shall benefit from a leave of 4 weeks as of the day the event occurred.
- **Extension**: a woman on maternity leave can extend the leave by an additional 6 months following medical certification of her inability to resume work.
- **Leave in case of illness or complications**: when complications due to delivery are ascertained by a recognized doctor, the employer shall grant to the woman a paid prolonged maternity leave in addition up to a maximum of one month.
- **Cash benefits**: The mother with no maternity insurance coverage shall, during the first 6 weeks of her maternity leave, have the right to her entire salary. During the last 6 weeks of her maternity
leave, this mother may either resume service and receive her full salary or else, have the right to 20% of her salary.

- **Financing:** the employer pays maternity leave benefits on a pay-as-you-go basis. The law states that the employer is required to fund maternity leave “until the setting up of a maternity branch”. The payment of benefits by the employer is never desirable because this situation puts women in a vulnerable situation as employers may want to avoid paying such benefits. The National Social Security Policy (2009) confirms that this system do not support mothers and leads to de facto discriminatory practices on the part of the employer: “Maternity leave and leave for sickness are currently covered by the employers who continue to pay the salary of the concerned employees with no counterpart in production. The consequence is that in most cases employees are obliged to shorten their leave in order to not lose their jobs, and most of the employers in private sector will practice de facto discrimination against young women”.

**Paternity leave**

Unless there are more favourable provisions agreed, the worker is entitled to a paternity leave, without loss of salary of the duration of 4 working days.

**Breastfeeding**

- For a twelve month period starting from the day on which an infant is born, every employed woman is entitled to a rest period of one hour per day, to allow her to breastfeed the child. However, a mother who resumes service for the last six weeks of her maternity leave shall have the right to a rest period of two hours per day until the end of full maternity leave duration.
- **Remuneration of nursing breaks:** the legal rest granted to mothers who breastfeed shall be deducted from the work time and shall be paid.

No part-time work provisions or parental leave.

### 7) Obstacles and Recommendations

The following obstacles/problems have been identified:

- There is no legislative measure that implements the Code in Rwanda, only a draft measure.
- Policy on children’s health defines breastfeeding as a duty of mothers, putting the burden on women, and putting them in a vulnerable position.
- The duration of maternity leave is short, only 12 weeks, while the ILO Recommendation 191 recommends 18 weeks.
- We reiterate the concern by the CESCR. We are concerned that women who have used six weeks of maternal leave with full salary and opt for additional six weeks are entitled to receive only 20% of the salary. This is a disincentive for mothers to benefit entirely of their maternity leave.
- In addition, maternity benefits are paid for by the employer, which may result in employers discriminatory employment practices against women, and may further discourage women from fully exercising their rights to maternity leave.
- There are no baby-friendly hospitals.

Our recommendations include:

- Review the Labour Law to increase cash benefits for women that use the entire duration of their maternity leave. Ideally women should receive 100% of their salary for the entire duration of their leave.
- Increase the duration of maternity protection to the recommended 18 weeks.
- Cover maternity benefits through the National Social Security scheme, in order to avoid discrimination deriving when such benefits are financed by the employer.
- Finalize and approve the draft law that implements the International Code of Marketing of Breastmilk Substitutes and relevant WHA Resolutions.
- Revise the definition of ‘breastfeeding as a women’s duty’ in the Policy on child’s health, to ‘breastfeeding as a woman’s right’.
- Implement the BFHI.