

Policy Brief: Update of Rwanda's Gender-Based Violence Policy

SUMMARY

The following policy brief makes a case for an approach to careful examination of the gender-based violence (GBV) policy in Rwanda. The intent for this brief is to provide the Government of Rwanda -- and key ministries including MIGEPROF -- with an analysis of existing evidence for the purpose of supporting the upcoming revision of the GBV policy. GBV is a worldwide phenomenon disproportionately affecting women and causes harm not only to the individuals experiencing violence, but to their families, communities, and the socio-economic wellbeing of the national as a whole. While Rwanda has made progressive and impressive strides toward eliminating GBV, many opportunities exist for improvement as the for the GBV policy is being revised by the Government of Rwanda and its partners to better support those experiencing -- and perpetrating -- gender-based violence. Opportunities lie primarily in the implementation of the policy, and this policy brief examines these in terms of three main categories: coordination and responsibility, resourcing and budgeting, and outreach efforts.

I. GBV IN CONTEXT

Gender-based violence (GBV) “refers to any harm perpetrated against a person’s will on the basis of gender.”¹ It occurs worldwide and disproportionately affects women and girls. GBV is rooted in gender discrimination and inequality and often is a bi-product of harmful social and cultural norms. Violence or harm can manifest physically, emotionally, psychologically, sexually, financially, and socially. The types of violence include intimate partner abuse, rape, coercion, female genital cutting, and forced marriage, amongst others. GBV is exacerbated by poverty and conflict.^{2 3} Underreporting of GBV is a problem worldwide, though estimates range from 33 to 70 percent of women experiencing GBV in their lifetimes and around 6 percent of men (percentages differ by country and context).⁴ GBV is often kept hidden, even when prohibited by law, due to cultural attitudes and social norms and/or weak or unsafe support services (health, legal) for survivors.

¹ CARE. (2014). Bringing an End to Gender-Based Violence. Issue Brief. Atlanta, GA: CARE USA.

² CARE. (2013). Gender-Based Violence. Issue Brief. Geneva: CARE International Secretariat.

³ Gillingham, S. (2018). A Life Free From Violence: An evidence-based value proposition for CARE's GBV programming in the Great Lakes region. CARE.

⁴ CARE. (2013). Gender-Based Violence. Issue Brief. Geneva: CARE International Secretariat.

II. GBV IN RWANDA

Despite noteworthy progress toward addressing and eliminating GBV in Rwanda, it persists primarily for women and girls, but also for men and boys, throughout the country. The National Demographic Health Survey (DHS) 2014-2015 reports over 35% of women and 39% of men experiencing physical violence (22% of women and 5% of men experiencing sexual violence) in their lifetime, with 14% of women and 11% of men experiencing it within the year preceding the survey. Yet, less than half of both men and women report seeking assistance to stop the violence. The survey finds that current intimate partners are the most common perpetrators of physical and sexual violence for both men and women.⁵ These figures have remained fairly consistent since the DHS in 2005⁶ despite the existence of more rigorous GBV laws and policies.

Other forms of GBV beyond physical and sexual violence also remain an elusive issue in Rwanda. For example, 18.5% of women and girls over age 15 reported emotional violence by a current or former partner within the year. However, some important advances are being made, such as women taking ownership of property alone or with their spouses, on decisions about their reproductive health (83%) and using modern methods of contraception (48%).⁷

III. POLICY HISTORY

Rwanda has taken significant steps in addressing gender-based violence including the passage of laws and policies against GBV. GBV has been criminalised in Rwanda since 2008 and is currently under Law No 68/2018 of 30/08/2018, which defines four types of GBV: bodily, economic, sexual and psychological. Further, punishments for child neglect due to gender, marital rape, sexual violence and harassment of a spouse are outlined. Since 2008's GBV law, additional steps have been taken including the 2009 and 2018 national action plans for the implementation of the United Nations Security Council Resolution (1325), the 2010 national gender policy that includes measures to prevent and address GBV, and the Anti-GBV Policy in 2011.

Current GBV Policy in Rwanda

The objective of the policy against GBV is *“to progressively eliminate GBV through the development of a preventive, protective, supportive and transformative environment.”* The policy was introduced in 2011 to declare *“zero tolerance to any form of GBV”* as well as to recognise GBV as a violation of human rights, to fulfill international commitments (e.g., CEDAW, UNSCR 1325, Kampala Declaration, Maputo Protocol), to leverage gender equality as a prerequisite to social and economic development of

⁵ National Institute of Statistics of Rwanda, Ministry of Finance and Economic Planning/Rwanda, Ministry of Health/Rwanda, and ICF International. (2016). Rwanda Demographic and Health Survey 2014-15. Kigali, Rwanda: National Institute of Statistics of Rwanda, Ministry of Finance and Economic Planning/Rwanda, Ministry of Health/Rwanda, and ICF International.

⁶ Institut National de la Statistique du Rwanda - INSR and ORC Macro. (2006). Rwanda Demographic and Health Survey 2005. Calverton, Maryland, USA: INSR and ORC Macro.

⁷ United Nations Sustainable Development Goals. (2019). 2019 Rwanda Voluntary National Review (VNR) Report.

Rwanda, to address negative cultural norms affecting gender equality, and to allocate resources. The policy acknowledges that both men and women (and boys and girls) experience GBV, though women and girls are disproportionately affected. The types of GBV echo the law and include physical, psychological, economic, and sexual.

GBV Policy Implementation

A 5-year strategic plan was introduced (2011-2016) by the Government of Rwanda to provide more details for implementation of the policy. It indicates that the Ministry of Gender and Family Promotion (MIGEPROF) holds primary responsibility for policy implementation, dissemination, and coordination. In addition, in March 2018, the Ministry established the National Gender and Family Cluster (NGFC) with selected government ministries, institutions (Gender machinery), and development partners including CSOs, private sector and academia as members. The organ's objective is to help the Rwandan government and its allied stakeholders for proper coordination and to deliver GBV prevention and response interventions as one. The NGFC has 4 sub-clusters, one of which being family promotion and gender-based violence prevention. Other associated governance organs include the Ministry of Finance (MINECOFIN), which ensures appropriate budgeting and guidelines for mainstreaming GBV interventions across all government levels. The Gender Monitoring Office (GMO) is responsible for reporting on the progress of GBV plan implementation and managing GBV-related data.

At the local level, the Ministry of Local Government (MINALOC) and Districts are mandated to develop short- and long-term plans for integrating the GBV policy into development plans, assigning budgets to these programmes, and ensuring policy actions are implemented. The policy acknowledges GBV as a cross-cutting issue, thus a multi-sectoral approach is required. As such, the budget for GBV activities will be generated by all partners and the budget for GBV interventions will come from MIGEPROF and its partners. This is re-enforced in Rwanda's Vision 2020 and the Economic Development and Poverty Reduction Strategy (EDPRS II) and the new National Strategy for Transformation (NST1); Ministries and Districts strategies are required to integrate gender as a cross-cutting pillar and GBV into their planning. Finally, Cabinet resolution No. 13 (c) of 27/04/2016 requires all Districts to mainstream UN Women HeForShe commitments in Imihigo planning.

“Every sector has its role to play and efforts need to be intensified to eradicate violence against women and girls. I am happy to see that Africa’s security organs are at the front line of the battle against gender-based violence because it is unacceptable that one in every three women around the world has been beaten, sexually assaulted or abused.” - H.E. President Paul Kagame, 11 July 2013

IV. PROGRESS OF THE EXISTING GBV POLICY

Successes of the Existing GBV Policy

The current GBV policy in Rwanda is well-aligned to international frameworks and standards. It is successful in acknowledging the need for prevention and monitoring in addition to response. The

policy takes a strong stance for zero tolerance of GBV and makes brave strides toward addressing root causes such as socio-cultural norms, gender imbalances, and even alcohol abuse. Further, the policy is successful in acknowledging the ripple effects of GBV including economic and social. The policy meets expectations of the international frameworks that Rwanda has ratified (e.g., Kampala Declaration).

Implementation to Date of the Existing GBV Policy

The Government of Rwanda (GoR) and civil society organisations (CSOs) have made tremendous strides in combating GBV through the supportive framework of the GBV policy. On the prevention side, programmes are being implemented to address socio-cultural and gender norms such as the roles, responsibilities, limitations, and privileges assigned to men and women in the community based on their sex.⁸ Community anti-GBV committees, school-based anti-GBV clubs, community policing, Umugoroba w'Ababyeyi, Inshuti z'Umuryango, and campaigns have been helpful in raising awareness on GBV and transformational attitude and behavior change.⁹ In addition, the requirement of a Gender Budget Statement (GBS) for all Imihigo planning and budgeting processes has been a beneficial step toward integrating gender, including GBV response, into district planning.

Regarding GBV response, the expansion of Isange One Stop Centres (IOSCs), across the country from 1 in 2009 to 44 in 2019 is amongst the greatest implementation successes of the policy.¹⁰ The IOSCs provide holistic and multidisciplinary services (e.g., medical care, psychosocial services, forensic, security/protection, legal aid) to people impacted by GBV in one location, free of charge. There has been more than a 40% increase from 2013 to 2017 in total physical and sexual GBV cases received at IOSCs (50% increase for women but 1% decrease for men).^{11 12}

The recently established NGFC provides an opportunity for MIGEPROF and its partners to increase collaboration, coordination and joint planning, to set priorities for each year, and ensure reporting and information sharing. The Ministry convenes the sub-clusters under the NGFC on a quarterly basis. In addition, the sub-clusters are very instrumental in providing important platform for strategic joint planning between MIGEPROF and actors as well.

Areas for Improvement in the Existing GBV Policy Implementation

Utilising a multi-sectoral approach to combating GBV is beneficial for establishing a comprehensive strategy, but challenges arise in creating harmonised collaboration and coordination amongst actors

⁸ GMO (2015). Role of Women in Peacebuilding and Conflict Resolution in Rwanda: Evaluation of the Implementation of the 2009-2012 National Action Plan for UNSCR 1325.

⁹ United Nations Sustainable Development Goals. (2019). 2019 Rwanda Voluntary National Review (VNR) Report.

¹⁰ The number of IOSCs in Rwanda is estimated to increase to nearly 500 through decentralisation within health centres once completed.

¹¹ Gender Monitoring Office. (2019). The State of Gender Equality in Rwanda: From Transition to Transformation. Kigali: Republic of Rwanda.

¹² NISR. (2018). Rwanda Statistical Yearbook 2018. Republic of Rwanda. Kigali: National Institute of Statistics of Rwanda (NISR).

across sectors and government levels. Although the demonstrated political will and enabling factors is a major success factor, coordination and joint planning still face challenges.

Many entities have reported a need for greater effectiveness of local mechanisms that address GBV, including Umugoroba w'Ababyeyi and Inshuti z'Umuryango, largely due to a need for **capacity building and adequate resources** to implement their actions, making it difficult for them to address the magnitude of the issue.

Although introducing the GBS is a progressive step, evidence from CARE Rwanda's Every Voice Counts project (EVC)¹³ shows that **GBS guidelines need the support of clear GBV related indicators**, which would improve both national and local planning and resourcing. Having and monitoring such indicators would enable the evaluation of implementable progress on anti-GBV efforts. In FY 2017-2018 for instance, only four of the sampled districts' GBSs included GBV related activities, and such indicators could be a catalyst for an increased number of GBV activities in districts' GBSs if districts are evaluated upon this indicator.

A study published by Pro-Femmes Twese Hamwe highlights a number of other areas for improvement that could enhance the implementation of the policy commitments, including building **capacities and resources of responsible service providers** to provide quality and timely services to GBV victims, including more qualified staff at the health centres, better equipped laboratories, more qualified judges, greater efforts to rehabilitate persons who have experienced or perpetrated GBV back in the community, and more available disaggregated data of reported cases, amongst others.¹⁴

The Ministry is also responsible for **monitoring and evaluating** the progress of the policy implementation. There has not yet been a report produced by GoR on the status of the implementation of the policy, but evaluation reports for the implementation of 1325 and Beijing frameworks have been filling this gap externally.

V. POLICY REVISION OPPORTUNITIES

There are numerous opportunities to ensure the above-mentioned challenges are overcome and successes are strengthened. The opportunities for policy revision lie in two main categories: conceptualisation of GBV and policy implementation. Within the latter, there are an additional 3 categories: coordination and responsibility, resourcing and budgeting, and outreach efforts.

Policy Conceptualisation

Although the policy in and of itself is well-formed, there are small considerations that could be made in a revision. First, the term "victim" is used throughout the policy, which is commonly discouraged

¹³ EVC aims to increase downward accountability of decision makers, including local leaders in planning and budgeting processes on GBV. It is implemented in the Southern Province of Rwanda.

¹⁴ Pro-Femmes Twese Hamwe (2017). Implementation of the National GBV Policy in Karongi, Nyamasheke, Rusizi and Rutsiro Districts.

against in international frameworks as it limits individual agency and self-identity. Rather, the GoR should consider framing as the **person who has experienced or perpetrated violence**.¹⁵ In addition, GBV is often **cyclical and ongoing**. Acknowledging the difficulty in breaking the cycle and need to address both those experiencing and perpetrating violence over the long-term would more fully address the depth and breadth of the GBV problem.¹⁶

Additionally, **the GoR may wish to expand its definition GBV to be more comprehensive**. For example, psychological abuse also entails forced isolation, threats or intimidation, and other damages to self-worth or self-esteem. Further, including institutional violence could be considered. This encompasses any type of violence occurring and sustaining through patriarchal structures that promote male dominance and female subordination. Institutional violence disadvantages women primarily through political, legal, economic, social, or cultural norms and traditions. It may trigger other types of GBV, oppression, discrimination, or rights violations.¹⁷ This mode of violence is less visible but still exists in Rwanda and can be normalised by formal institutions (e.g., governance, police, health, etc.).

Policy Implementation

The greatest opportunities for Rwanda in the GBV policy revision are primarily in its implementation, which can be understood through three main categories: coordination and responsibility, resourcing and budgeting, and outreach efforts.

Coordination and Responsibility

A key challenge to the implementation of the GBV policy is coordination of many and different stakeholders that are needed in the implementation of the policy. Despite this challenge, there are opportunities for more strategic integration and coordination mechanisms to be written into the policy.

- The NGFC provides an opportunity for MIGEPROF to **strengthen coordination and planning efforts among partners**. The sub-clusters are an important platform for strategic joint planning between MIGEPROF and actors, which could then provide guidelines and priorities for Districts in annual planning and budgeting processes. Discussions within these sub-clusters could benefit from going beyond mapping interventions of partners to including decision making on required policy actions. Allocating increased funding from central government for coordination and staffing of the NGFC and sub clusters could better ensure its sustainability.
- A comprehensive monitoring plan that is sufficiently resourced and empowers the GMO to influence changes to processes and service delivery could enhance implementation of the policy. The Gender-Based Violence Information Management System (GBV MIS) is currently under elaboration, which provides an opportunity for the GMO to collect data from all actors

¹⁵ Partners for Prevention. (n.d.). Replicating the UN Multi-Country Study on Men and Violence: Understanding Why Some Men Use Violence Against Women and How We Can Prevent It Preferred Terminology. UNDP, UNFPA, UN Women, and UNV Regional Joint Programme for Gender-Based Violence in Asia and the Pacific.

¹⁶ SADC. (2018). Regional Strategy and Framework of Action for Addressing Gender Based Violence 2018 - 2030. Southern Africa Development Community.

¹⁷ Partners for Prevention. (n.d.). Replicating the UN Multi-Country Study on Men and Violence: Understanding Why Some Men Use Violence Against Women and How We Can Prevent It Preferred Terminology. UNDP, UNFPA, UN Women, and UNV Regional Joint Programme for Gender-Based Violence in Asia and the Pacific.

and analyse trends. This data can also be used to **monitor and evaluate the progress of the GBV policy** and its strategic plan on an annual basis, which could then indicate timely measures to address challenges that arise, align with international frameworks and new and emerging trends, and inform the development or review of the strategic plan.

- Implementation of the policy would benefit from being **updated regularly** (e.g., every 5 years) to ensure continued alignment with, national mandates and priorities such as NST1, and multi-sectoral approach, and international frameworks. The plan for policy revision would also be enhanced by the incorporation of input from civil society and citizen consultations and feedback.

Resourcing and Budgeting

The allocation of adequate resources to line Ministries and Districts has been identified as a need. Additional resources for documentation and guidance, but more significantly budget and staffing, could be addressed in the policy revision.

- **Inclusion of anti-GBV efforts in local planning and budgeting** is a policy provision to which responsible institutions are required to adhere. With the support and guidance from MIGEPROF through the NGFC, all responsible line Ministries and government institutions are assisted to systematically **plan and include anti-GBV efforts in all District Imihigo Plans each year**. Implementation would be enhanced if adequate and **realistic earmarked budgets were allocated to these anti-GBV interventions**. This suggests a need for increased MIGEPROF budgets to oversee implementation and to enable Districts to include these priorities within their annual, short-term, and long-term plans and budgets. These in turn would benefit from alignment with national GBV priority indicators within the GBV policy and the GBV indicators framework through the oversight and monitoring role by GMO.
- Resources dedicated in the policy to **capacity-strengthening activities** on the law, policy, gender tools, and against negative social norms for public institutions, local civil society organisations, and volunteers would greatly aid in implementation, and could leverage existing expertise to train others (e.g., CARE trainers for local authorities on gender sensitive governance, Haguruka trainers for community-based paralegals on legal aid).
- **Budget Call Circular** guidelines for Gender Budget Statements by the Ministry of Finance could be amended to include Gender and **GBV performance indicators** and procedures for inclusive Imihigo processes.
- Evidence from EVC shows that the **Community Score Card (CSC)** is effective in increasing the voice and participation of citizens in planning and budgeting processes. The policy could allocate appropriate resources to enable local authorities and citizens to actively participate in CSC processes, which will then increase ownership and implementation of the policy actions.
- Dedicating more **funding to critical services such as health and legal services** could also enhance implementation: for example, increases in funding to better equip laboratories and health centers to provide increased services to address GBV and to treat those affected by GBV; funding efforts to retroactively address unresolved GBV cases; and dedicating legal services to aid those with unresolved cases.

Outreach Efforts

The policy revision could emphasise outreach efforts to additional key stakeholder groups that have influence over GBV in Rwanda and directly target the root causes of GBV.

- **Detrimental social norms** remain a pervasive issue and explicitly defining goals and plans in the policy would help address these. Social norms limit the enforcement of the current GBV law, limit acceptance by communities or families of victims reporting or addressing the violence, and impact the types of biases service providers express in their work with those who experienced violence. Strategic and localised interventions could be prioritised in local language at the community level and involve community members, local authorities, traditional leaders, religious leaders, and other key community members to learn about the amended law and policies and engage in dialogue about its implications.¹⁸ For example, providing simplified information about the GBV law, resources available at IOSCs, and other support systems can help combat negative stigmas about seeking help for GBV.
- **Men and boys as key outreach targets.** Evidence from CARE's Indashyikirwa project¹⁹ has shown that engaging men in preventing intimate partner violence has dramatic effects in addressing negative masculinities thereby reducing rates of violence and in promoting healthy relationships.²⁰
- **Funded support programmes for perpetrators of GBV** are needed. These programmes enable greater community outreach and help to minimise the stigma of seeking assistance. They may also enable families to remain intact if perpetrators of violence are able to receive rehabilitation support.
- **IOSCs need evidence-based conflict-resolution tools** to support families experiencing GBV in the household. Raising awareness within local communities about the availability of these services may increase willingness of GBV victims and perpetrators to seek help.
- Civil society actors could be empowered to engage directly with the **media** to combat sexism and patriarchal images that perpetuate GBV.
- **Private sector** entities could be targeted in awareness raising efforts. Sexual harassment exists in many workplaces, and GBV may occur in exchange for better job placements.²¹ Thus, the private sector is a key target for outreach to ensure they are informed fully about the law and workers have access to resources and knowledge.

¹⁸ CARE. (2013). Gender-Based Violence. Issue Brief. Geneva: CARE International Secretariat.

¹⁹ Indashyikirwa was implemented in Rwanda from 2014-2018 as a blended approach to training couples, engaging opinion leaders and community activism to prevent violence against women. For more information read the Impact of Indashyikirwa here <https://www.whatworks.co.za/resources/policy-briefs/item/651-impact-of-indashyikirwa>

²⁰ CARE International UK. (2015). 2016: The year of Engaging Men and Boys in stopping gender-based violence. London: CARE International UK.

²¹ IDH, The Sustainable Trade Initiative. (2018). How to address sexual harassment and other forms of gender based violence. UN Women.

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