

GAGE Digest
**Policy and
legal analysis
notes: Rwanda**

A review of the National Policy
against Gender-Based Violence

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Introduction

Rwanda has seen impressive advances in integrating gender equality and fighting gender-based violence (GBV) in recent years. This has included a body of laws, policies and strategic plans which constitute a strong institutional framework through which to address the issue. To understand the national policy context for adolescent health, psycho-social wellbeing and bodily integrity, we used a policy and legal analysis (PLA) framework to examine the country's National Policy against Gender-Based Violence (GBV). While GAGE focuses on how the policy provides support to adolescents at risk of GBV, it should be underlined that the policy framework does not recognise 'adolescence' as a specific age range of interest; instead, it recognises children (0–18 years old) and youth (16–30 years old).

Tracing the historical process that led to the adoption of the National Policy helps us to unpack the multi-level complexities involved. GBV policy in Rwanda enjoys high-level commitment and features multi-sectoral and multidimensional approaches. There is also recognition among other relevant actors of the complexity and multidimensional nature of the problem. The National Policy on GBV (2011) represents an important effort to address this complexity and the specific features of GBV in the country, and to integrate existing laws and policies.

This note provides a brief summary of our research findings. We draw some conclusions on the usefulness of PLA for understanding the politics and complexities of policy and legal change, and reflect on how this approach can support research programme and programming more broadly.

The story of the National Policy against GBV

Contextual factors

The history of government responses to GBV and violence against women and girls (VAWG) has been marked by the Rwandan Genocide of 1994. In its aftermath, the peace agreements (Arusha Accords) established a constitutional commission to draft a permanent Constitution that would adhere to a number of normative principles, including equality among men and women.

How did the National Policy evolve?

The Constitution of the Republic of Rwanda of 2003 (revised in 2015) expresses a commitment to ensuring that principles of gender equality are upheld. One of its key features was securing women's representation in decision-making positions. It also established a Gender Monitoring Office (GMO) – an independent public entity (operational since 2008) tasked with monitoring compliance and effective implementation of the government's national, regional and international commitments on gender equality and GBV.

Subsequent legal reforms and policies have contributed to the country's efforts to address GBV, principally through the Law on Prevention and Punishment of GBV (2008) and the National Policy against GBV (2011), which focused on prevention and awareness-raising, protection and treatment. The strategic plan for its implementation recognises the multiple and complex drivers of GBV, including the weight of social norms, cultural beliefs and gender power imbalances, women's economic dependency and poverty, insufficient knowledge of rights and laws, as well as alcohol abuse.

The National Policy also aimed to create the space for institutional ownership among line ministries and implementing bodies, establishing strategies for action, and assigning responsibilities to relevant government institutions. The Ministry of Gender and Family Promotion (MIGEPROF) works with the GMO and other institutions – including the National Women's Council (1996), the National Commission for Children (2011), the Gender Desk of the National Police (2005) and the Gender Desk of the Rwanda Defence Force (2008) – to fulfil its mandate to promote gender equality, women's empowerment, and to address GBV.

Key developments underpinning the evolution of the National Policy against GBV include the following.

The legal and institutional framework underpinning the National Policy

The Rwanda GBV policy framework reflects a convergence of national-level developments with Rwanda's ratification of various international norms and regional protocols and treaties, including (in 2017) elaborating a National Action Plan for the implementation of United Nations Security Council Resolution 1325 on women and peace and security. Regionally, Rwanda has been a leader in championing measures to tackle GBV. For instance, it is one of just six

sub-Saharan African countries to have outlawed marital rape (Rugege, 2015). It has actively participated in shaping regional initiatives, which have, in turn, contributed to reinforcing the country's policy direction on GBV.

Commitments undertaken as part of the International Conference on the Great Lakes Region (ICGLR) (2006) were noted as a contributing factor to the government setting up Isange One-Stop Centres as a holistic response to GBV. The centres provide free services offering help, protection, investigation of crimes, medical care and counselling for those who have experienced domestic or gender-based violence. The centres use a multi-sectoral approach to address needs across health care, social services, the legal and judicial systems, including the police. (The first centre was set up in the Rwanda National Police Hospital in Kigali City.)

Another important piece of legislation is the Law for the Prevention and Punishment of GBV (2008), which was enacted after lobbying by the Rwanda Women Parliamentary Forum (set up in 1996). Additional laws and policies followed, including the National Gender Policy (2010), Law governing land in Rwanda (2013), Law governing matrimonial regimes, donations and successions, and the Law governing the person and family (2016).

Community-level responses

Community-level interventions include home-grown solutions such as the Parents' Evening, an initiative launched in 2010 at village level where a speaker is invited to address all parents on a certain topic (Ministry of Gender and Family Promotion, 2016). In some cases (non-criminal offences), there is the option of recourse to community-level conflict resolution processes. Monthly community meetings are also used to sensitise community members to efforts to address GBV. Finally, community policing is another strategy for raising awareness and increasing reporting of GBV.

There have also been interventions by CSOs and public institutions to tackle GBV, including poverty reduction interventions that provide the poorest women with access to finance, and efforts to support voice and agency and bodily autonomy (including on unwanted pregnancies, which often result in school dropout and community rejection).

Key findings

Our analysis revealed the following findings.

- Political will and commitment to addressing GBV in an integrated manner is a powerful enabling condition. It provides a strong normative premise on which to challenge GBV, minimise backlash and address resistance through efforts to change discriminatory social norms.
- The existence of home-grown solutions, locally grounded efforts to tackle different issues including GBV and to shape incentives, in keeping with the existing system of governance, is another enabling factor. Traditional institutions such as the performance contracts (imihigo) combined with effective community-based mechanisms such as the Parents Evenings and Friends of the Family interventions, reward changes in behaviour.
- Institution-building and capacity development are important, for public institutions and CSOs alike. Each can benefit from the other's expertise. For instance, Haguruka (a non-governmental organisation (NGO) providing legal aid to survivors of GBV) has trained community-based paralegals (Abunzi), to encourage a move away from patriarchal approaches to resolving GBV cases that are not necessarily criminal.
- Educating community members through awareness-raising initiatives contributes to educating the community at large. For this purpose, the Ministry of Justice has developed a simplified version of the GBV law, which was disseminated in 2017 to raise public awareness of its provisions.

Challenges

Our analysis identified a number of implementation challenges at central and local government levels as well as among community members, collectively and as individuals.

High-level challenges

- Despite the existence of various coordination mechanisms, there is limited effective coordination among relevant actors working on GBV. For instance, the National GBV Technical Working Group does not hold regular meetings and one of the factors behind that is that these are funded externally and thus subject to availability of funds.

- Decentralisation means that policies are implemented through local government (especially district bodies), but there is limited capacity at sub-national level and in local administration entities, which constrains the ability to meet imihigo performance targets.
- All government bodies (including ministries, ministry agencies and districts) are required to submit a Gender Budget Statement (GBS), which forms part of the criteria on which budget submissions are evaluated. It is an additional tool for monitoring the implementation of government activities and their impact in addressing gender issues. However, according to interviewees, and confirmed by the GMO 2015/16 annual report, there is limited visibility of GBV in imihigo performance contracts, plans and budgets, undermining implementation of the policy.
- Resource constraints further undermine implementation. For instance, despite the National Policy stipulating that no fees should be charged to victims of GBV seeking legal and medical services, government funds for those services are limited. Also, the legislation does not include compensation for victims or survivors. This means that many survivors are, in practice, encouraged to resort to amicable settlement with the perpetrator instead of pursuing a lengthy justice process, and risking backlash and stigmatisation.
- Community-based volunteers have a vital role to play (whether community health workers, Friends of the Family, or Abunzi paralegals), yet they often lack dedicated training to address GBV. They may uphold discriminatory social norms and biases in their work.
- Despite Rwanda's strong institutional framework for responding to gender and GBV, there remain gaps – for instance, it has been suggested that a dedicated

Adolescents' Unit should be created within the Ministry of Gender and Family Promotion.

Community and individual-level challenges

- Sticky social norms mean that gender relations remain governed by patriarchy, which acts as a barrier to gender equality and fuels GBV. Informants reported that historically, it has been perceived as right and acceptable for men to punish women and children. Prevailing social norms mean that GBV laws are often not enforced due to limited community acceptance of women who report violence or abuse by their husband. Similarly, a high number of adolescent pregnancies are reported but very few perpetrators are prosecuted.
- Given that men have traditionally controlled household assets and resources, the recent (2013) law, which provides equal ownership of land between wives and husbands, has put many women at risk of domestic violence; their husbands can force them to sign documents when they want to sell land, and women who resist or refuse were reported to experience violence as a result.
- While many activities to promote gender equality and address GBV involve women and girls, it was reported that the exclusion of men and boys from interventions and messaging contributes to persistent negative attitudes on their part.
- While Rwanda provides psychosocial, medical and legal services for teenage mothers, there remains a gap when it comes to social reintegration (teen mothers often receive little support from their families or communities). For instance, despite efforts to help teenage mothers return to school, there are no creches or other childcare services to facilitate this.

Conclusion

In Rwanda, high-level commitment to countering GBV, and investment in understanding the complex nature of the issue, has resulted in the development of an integrated approach. The National Policy is an effort to provide strategic guidance, and assign responsibilities to different sectors and implementing bodies, on prevention, protection and treatment for vulnerable groups and victims/survivors. It represents an important step towards establishing an integrated and multi-sectoral vision and commitment to addressing GBV.

The conducive policy context creates an enabling environment for support efforts (whether nationally or internationally funded) to work together. The policy context further creates a platform for supporting, integrating and adapting to multi-level responses as these evolve at sub-national level.

However, there are also important challenges relating to inter-sectoral coordination, resourcing and human resource capabilities. Guidance on policy implementation remains underdeveloped, and accountability is less effective in practice than is suggested by the performance contract system. Challenges also reflect barriers to progress that result from deep-rooted discriminatory social norms, and pervasive attitudes about the acceptability of GBV.

In this context there are multiple entry points for policy support to capitalise on the enabling incentive structures outlined above.

- Documenting the experiences of home-grown solutions would help identify the factors that have contributed to both implementation of the National Policy and to changing social norms. This would make locally grounded stories of change much more visible,

and help build the evidence base on what works at local and community levels.

- Using the enabling institutional framework, there is scope for strategic investment in coordinating integrated efforts relating to GBV and VAWG prevention, protection and response, not only across relevant sectors, but also to connect levels of policy and implementation:
 - Investing in awareness-raising on current GBV policy commitments within existing accountability mechanisms (such as imihigo) will contribute to improving incentives across relevant stakeholders to improve coordination, and avoid duplication and inconsistent messaging;
 - This in turn could benefit from targeted advocacy, mobilisation and capacity-building among the range of stakeholders across the range of services (prevention, protection and response). This includes working at the line-ministry level, with the technical working groups, and at the delivery end, to underline the benefits of integrated approaches in improving results on GBV;
 - At the level of the technical working groups, change will require more resourcing, which remains highly dependent on external funding.
- It will be important to invest in updating key policies to ensure that they are in keeping with newly revised laws and recent thinking on integrated multi-sectoral, multi-level approaches. International partners are well placed to facilitate this. This could capitalise on both the existing high-level political commitment to addressing the complexities of GBV, and on the visibility of Rwanda as a leader in the region in this respect.

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Gender and Adolescence: Global Evidence (GAGE) is a nine-year longitudinal research programme generating evidence on what works to transform the lives of adolescent girls in the Global South. Visit www.gage.odi.org.uk for more information.

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