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**United Nations Division for the Advancement of Women, now part of UN Women  
United Nations Economic Commission for Latin America/ Subregional  
Headquarters for the Caribbean**

**Expert Group Meeting on good practices in national action plans  
on violence against women**

**United Nations Economic Commission for Latin America/ Subregional  
Headquarters for the Caribbean**

Port-of-Spain, Trinidad and Tobago

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The application of a multi-sector approach of prevention and response through integrating health services, legal services, public awareness and creating safe environment for victims in all groups and levels of society has been the ideal guiding the process.

### **GBV definition**

Gender based violence is defined as any act that results in a bodily, psychological, sexual and economic harm to somebody just because they are female or male. Such act results in the deprivation of freedom and negative consequences. This violence may be exercised within or outside households them.

#### **(i) Guiding principles**

#### **The overall goal of the National Action Plan**

The NAP will contribute in awareness raising about the gravity of gender-based violence, to enhance the prevention and protection efforts as well as services to be provided. By involving men and women at all levels of planning and implementation and by coordinating efforts of all interveners.

#### **2.1 Expected outcome(s)**

In order to reach the set goal, the following outcomes and outputs have been established:

#### **Outcome1: Reduction in GBV due to increased awareness**

Output 1.1: Local leaders and community organizations awareness on GBV prevention and response improved

Output 1.2: Number of women active in income generating activities increased

Output 1.3: Men are actively involved in addressing GBV

Output 1.4: GBV related issues integrated in the education system

Output 1.5: Research on GBV conducted

#### **Outcome2: Improved access to quality services for GBV victims (medical, psychological, legal, protection)**

Output 2.1: Legal services response to GBV improved

Output 2.2: GBV victims access to quality psychosocial care improved

Output 2.3: GBV victims access to quality medical response services improved

Output 2.4: Security and protection services for GBV victims improved

#### **Outcome3: Coordination , monitoring and evaluation on GBV improved**

Output3.1: GBV database on status of GBV in Rwanda and progress made



## **Forms of violence against women**

The forms of Violence Against Women that are covered in the NAP of Rwanda are the following:

### **1. Physical violence**

is defined as the intentional use of physical force with the potential to cause death, disability, injury or harm. Physical violence includes, but is not limited to: scratching, pushing, throwing, grabbing, biting, choking, shaking, hair-pulling, hitting, burning, use of a weapon (gun, knife or other object). Physical violence also includes coercing other people to commit any of the above acts.

### **2. Sexual violence,**

is defined as the act of forcing another individual, through violence, threats, deception, cultural expectations, weapons, or economic circumstances, to engage in sexual behaviour against her or his will. In circumstances of sexual violence a person has no choice to refuse or pursue other options without severe social, physical, or psychological consequences.

Many forms of sexual violence do not fall under the classic concept of rape (vaginal penetration by a penis), such as insertion of objects into genital openings, oral and anal coitus, attempted rape, stripping someone naked, using sexually abusive language, and other sexually abusive acts such as use or threat of force in order to have sexual acts performed by a third person.

Hence, the term sexual violence can be used to cover all forms of sexual threat, assault, interference and exploitation including statutory rape and molestation without physical harm or penetration.

### **3. Economic violence**

occurs when the abuser has complete control over the victim's money and other economic resources. Usually, this involves putting the victim on a strict "allowance," withholding money at will and forcing the victim to beg for the money until the abuser gives them some money. It is common for the victim to receive less money as the abuse continues. This also includes (but is not limited to) preventing the victim from finishing education or obtaining employment, or intentionally squandering or misusing communal resources.

### **4. Psychological violence**

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Trauma to the victim caused by acts, threats of acts, coercive tactics when there has also been prior physical or sexual violence, or prior threat of physical or sexual violence.

Psychological/emotional abuse can include but is not limited to: humiliating a person; controlling what the person can and cannot do; withholding information from the person; getting annoyed if the person disagrees; deliberately doing something to make the person feel diminished (e.g. less smart, less attractive); deliberately doing something to make the person feel embarrassed; isolating the person from friends and family; prohibiting access to transportation or telephone; denying access to money and other resources; threatening loss of custody of children; and, smashing objects or destroying property.

## **(ii) Development and adoption of National Action Plans (NAPs) on violence against women (VAW)**

Before the elaboration of the NAP, a country assessment on Violence against women and GBV mapping survey was conducted so as to assess the magnitude of GBV and interventions available in different districts.

In order to reach women at the grassroots, some funding were provided to support the creation of gender clubs in schools and their projects and to support the creation of GBV committees from the Umudugudu to the District level

The planning was based on the national survey on GBV mapping which provided information on the situation on GBV and the kind of interventions in every district. The elaboration of the action plan took 3 months with the financial support from UNFPA. The ministry of Gender and Family promotion was the leader. The civil society, the local NGOs and Religious institutions were represented.

## **Good practices in the development and adoption of naps**

There was a synergy in planning through the Joint Programming on GBV involving the public, private and civil society, and by so doing reducing costs and avoiding duplication of efforts.

## **(iii) Legislation**

In addition to the Fundamental Law (indissolubly consisting of the Constitution of 4 June 2003 (O.G. special of 04/06/2003), the Rwandese legislation is composed of laws including provisions related to women's rights Among these laws, the following should be mentioned:



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In the Rwandan Law, Gender Based Violence, especially sexual violence is sentenced by the maximum penalty (life imprisonment) but the issue of evidence is still a challenge .

### **(v)Prevention**

Special trainings on Gender and VAW are provided for journalists, men's associations police ,military, medical personnel ,religious leaders and GBV comities from Umudugudu to Districts level.

#### *Empowerment of women*

Some measures are planned to empower women: Putting women together in cooperatives, teach them how to manage income generating activities and fund their projects.

VUP programme, HIMO, Basket weaving, Women guarantee fund , gender budgeting program

#### *Involvement of youth, men and boys*

Campaigns are conducted to sensitize men to address GB, to create men's associations and GBV Clubs in schools and fund their activities to address GBV  
Establishment of RWAMREC (Rwanda Men Resource Center)

### ***OTHER/GOOD PRACTICES***

#### **Gender desk in National Police and Army**

Gender-Based Violence (GBV) desks have been established in both the national Police and Army to address GBV issues facing the populations. Free hotlines have been put in place in both institutions to facilitate GBV survivors' access to needed services. The spirit of fighting GBV has accompanied the Rwanda Defence Force (RDF) and the National Police members to their peace keeping mission. This has translated into establishment of energy saving stoves in Darfur which has saved thousands of women who were exposed to rape while collecting firewood.

A multi-service centre commonly known under the name of **Isange One Stop Centre** was created in 2009 to receive and assist GBV survivors with all the relevant services needed. The centre is hosted within the National Police Hospital and despite its young age, it has received not only a very significant number of women but also of men who normally have proved to be reluctant in terms of reporting cases of gender-based violence



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subjected to them. The Centre is addressing GBV issues medically, with guidance for legal assistance, psychologically and socially

**(vi) Protection, support, and assistance to victims/survivors**

The National Action Plan has got the following activities as regards to Protection, support and assistance to victims:

- **GBV victims access to quality medical response services**
- Support supply of medical materials including NDA test equipment and PEP Kits to health facilities
- Build and equip "Safe houses" for GBV victims
- Legal Representation

**(vii) Training and capacity-building**

The national action plan has got the following activities regarding training and capacity building:

- Train medical staff in identification of GBV violence, appropriate response, and counseling
- Develop GBV modules to be integrated in all nursing and medical schools
- Train men's associations on GBV
- Train community leaders, local journalist, religious leaders and community

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Monitoring Office is the one in charge of monitoring the quality and effectiveness of GBV interventions.

#### *Coordination*

The NAP was proposing the supporting unit which would assure coordination and supervision of its implementation. As this Unit it is not yet established, The Gender Cluster under the ministry of Gender and Family Promotion is the entity in charge of coordination of different interventions.

#### *Budget*

Some activities in the NAP are supported by UN agencies namely UNIFEM, UNFPA and UNICEF. This is the case of Isange One Stop Center where all services are provided to victims for free. Other activities are carried out by different government institutions, especially Gender machinery.

#### *Specific institutional mechanism to monitor implementation*

The Gender Monitoring Office is in charge of assessing activities undertaken for the implementation of NAP in all institutions.

#### *Good practices*

Apart from those mentioned above, Rwanda has got other good practices in the implementation of the NAP which can be drawn from different actors through the multi actor approach :

#### **HIMO Programme**

The high intensive labour (HIMO) Programs are promoting women's participation in development programs at the rate of 50% as compared to men. In addition to salaries obtained from this employment, women and men are trained on family planning, economic saving, sending all children to school without any form of discrimination, and common management of household income. This resulted into reduction of economic dependence of women to men and increased participation of women in control over family resources and women's involvement in traditionally male reserved roles and activities among others.

#### **Women Guarantee Fund**

**Creation of women's bank**

A bank has been created under the Union des Banques Populaires du Rwanda (Rwanda People's Banks) to provide credits to women investing in small and medium sized enterprises. This has positively impacted not only on individual women's lives but also on that of their households and community.

**A Cow Per Poor Household-HEIFER**

In the traditional Rwandan society, a cow belonged to man. Giving a cow to a woman

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2005 to 464,823 in 2008. This contributed to the decrease of maternal mortality rate from 1071/100,000 in 2005 to 750/100,000 in 2006.

**Community Health Insurance**

With this medical scheme poor families have been able to cover medical costs, which have a positive impact on both men and women but especially on pregnant women and on issues of reproductive health services in general. This has brought a remedy to the issue of human rights in relation with access to health services, especially for women due to their specific reproductive health problems.

**GBV committees** from Umudugu level, Gender Clubs in schools and universities are prevention channels

**A Gender desk** at the National Police with a free hotline is a valuable response to GBV Cases

**'Imihigo'** system which are performance contracts that District Mayors signs with the President of the Republic is a very useful tool as far as monitoring and evaluation is concerned as the evaluation is conducted quarterly.