



VAWG in Rwanda: Evidence Review

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Query: Please summarise the evidence on violence against women and girls (VAWG) in Rwanda, including:

- **Key issues, drivers and impact** of VAWG in Rwanda, including analysis of who is most vulnerable to violence among women and girls (e.g. women and girls with disabilities, women and girls living in poverty, refugee women, and older women), the drivers behind violence against women and girls, and the impact this is having on the ability of women and girls to reach their full potential. This should include analysis of VAWG rates in times of economic decline (e.g. during economic shocks caused by COVID-19 and Ukraine war).
- **What works to prevent VAWG in Rwanda**, drawing on evidence from previous and existing programmes and where possible pulling out lessons for future programming and policy.

Key takeaways:

Women in Rwanda face extremely high rates of violence, including physical and sexual violence (by any perpetrator) and intimate partner violence. The violence spans across all spheres of life and takes place in multiple settings. Pressing issues include violence against women related to land disputes, trafficking of women and girls, and online violence.

Groups who experience intersecting inequalities are at heightened risk of VAWG. This includes but is not limited to adolescent girls, women and girls with disabilities, and widowed, divorced and single women who all face increased risk of violence in Rwanda.

VAWG in Rwanda is caused by multiple, overlapping drivers. These include deeply rooted social norms, backlash against women's rights, household poverty, men's alcohol use, and experiencing or witnessing violence in childhood. COVID-19 has exacerbated pre-existing drivers and led to new circumstances that pose unique risks to women and girls.

The impacts of VAWG in Rwanda are widespread and severe. These include adverse impacts of survivors' physical and mental health, adolescent pregnancies, negative impact on educational outcomes for girls in school, and reduced participation of women and girls online due to online VAWG.

There are several examples of effective prevention programmes in Rwanda, some of which have been rigorously evaluated and found to prevent violence by tackling the drivers. There is considerable potential to deepen their impact and/or scale these interventions, for example by expanding them from an original setting or adapting and replicating them in a new context.

These programmes provide useful lessons about design and adaptation, implementation, sustainability and scale. There are also promising lessons about how to address violence against women and girls most at risk of VAWG, although this remains a gap.

1. Overview

1.1 What are the key issues, drivers and impact of VAWG in Rwanda?

Women and girls in Rwanda face multiple forms of gender-base violence (GBV). This evidence review identifies key issues in relation to forms and prevalence of violence against women and girls (VAWG), including against groups at high risk of such violence. It also provides evidence and analysis of the key drivers and impacts of this violence on women and girls. Secondly, it provides a mapping of previous and existing interventions to prevent VAWG in Rwanda, and draws out learning in the areas of design and adaptation, implementation, and sustainability and scale.

Key VAWG issues in Rwanda include:

- **Women in Rwanda face extremely high rates of violence.** Almost half (45%) of women aged 15-49 in Rwanda have experienced any physical or sexual violence in their lifetime.¹ Past year experiences of physical and sexual violence are also high – 16% and 8% respectively in this age group.²
- **Intimate partner violence (IPV) is widespread** – 46% of ever-married women aged 15-49 years report having experienced physical, sexual or emotional IPV in their lifetime, and 30% had experienced this in the past 12 months.³ Economic IPV is also believed to be common but is less researched.
- **Violence against women linked to land rights/ disputes is recognised as a challenge,** and women asserting their land rights are at risk of violence from their husband and his family. While legislation has improved and provides men and women equal land ownership and inheritance rights, traditional practices and gendered social norms surrounding these issues remain.
- **Online and technology-facilitated violence is recognised as a growing issue in Rwanda,** especially since the onset of the COVID-19 pandemic. However, there is limited data on its nature and prevalence.
- **Trafficking of Rwandan women and girls takes place on both a domestic and international scale,** with an observed increase in domestic trafficking following the border closures at the early stages of the COVID-19 pandemic. There are reports of women and girls being trafficked into forced labour and forced prostitution and sexual exploitation.⁴
- **Violence against girls is a significant problem,** with high levels of childhood sexual, physical and emotional violence experienced by girls in Rwanda. Close to one in five (24%) women aged 18-24 had experienced sexual abuse before the age of 18, and 37% physical violence.⁵
- **Child marriage remains a problem in Rwanda, which disproportionately affects girls.** 8% of girls aged 15-19 are currently married or in union, and 5.5% of women aged 20-24 were married or entered a union before age 18.⁶

- **Women and girls who experience intersecting inequalities are at higher risk of violence.** Women with disabilities⁷ are at higher risk of IPV, and widows, divorced and separated women experience high rates of physical and sexual violence.⁸ Evidence on the experiences of GBV among other marginalised groups in Rwanda is limited, however, there is some evidence to suggest that women in refugee camps, women journalists, activists and human rights defenders, LGBTQI+ people, and female sex workers face increased risk of violence.

Common drivers of VAWG in Rwanda include:

- **Deeply rooted social norms about gender and power**, including gender roles, gendered expectations on men and women, and access to and control over resources, sustain power imbalances between men and women and are used to justify violence against women. Social norms surrounding men as the heads of household and decision-makers are particularly entrenched.
- **Backlash against women's rights and advancements in gender equality in policy and legal frameworks.** There is evidence that social norms that underpin power imbalances and violence against women have not changed at the same pace as the country's legal and policy frameworks, and studies have identified a 'backlash' of violence against women as men attempt to assert their power and position in society.
- **Household poverty is a known risk factor for IPV, and is also a barrier for women leaving violent relationships.** While there is limited empirical evidence exploring these complex linkages in Rwanda, data shows that women from households in the lower wealth quintiles report experiencing higher rates of physical and sexual violence.⁹ The global increase in food prices and other essential goods risk exacerbating economic drivers of VAWG in Rwanda.
- **Men's alcohol use is a risk factor for IPV**, with data demonstrating that women whose husbands are often drunk are at significantly higher risk of experiencing IPV than women whose husbands are never drunk.¹⁰
- **Witnessing and experiencing violence in childhood is associated with increased risk of perpetrating and experiencing IPV.** Rwandan men aged 18-24 who have experienced physical violence prior to age 18 are significantly more likely to use violence against a partner.¹¹ Women who reported that their fathers beat their mothers are more likely to have experienced physical, sexual, or emotional IPV.¹²
- **COVID-19 has exacerbated existing drivers of VAWG** as well as added new drivers and circumstances that pose unique risks to women and girls, including violence perpetrated by those claiming to enforce social distancing and lockdown measures.¹³ There have been several reports of increased incidences of VAWG in Rwanda during the pandemic.

The impact of VAWG in Rwanda include:

- **Adverse impacts on survivors' health and wellbeing**, including physical injuries and risk of contracting HIV and other sexually transmitted infections. VAWG is also associated with long-

term poor mental health, such as anxiety, depression, post-traumatic stress disorder (PTSD), and suicidal ideation and attempts.

- **Girls who experience sexual violence are at risk of adolescent pregnancies**, often resulting in stigma, rejection and violence from families, as well as school dropout.¹⁴ For women and girls who are pregnant and who experience violence, there are also risks to their unborn baby, including intrauterine growth restriction, miscarriages, preterm birth and fetal death, as well as physical and mental impacts for women's health.
- **Violence against girls can have negative impact on educational outcomes**, including through missed school days which has been observed among girls who experienced physical violence in childhood.¹⁵ Although the economic cost of VAWG has not been studied in Rwanda, VAWG is known to have economic impacts on individuals, their families, businesses and wider society. This includes increased pressure on social and health services for survivors.
- **Online VAWG is reportedly reducing women's online participation in Rwanda**, which risk having wider impact on freedom of speech as women may be less engaged on social and political issues due to the risk of being targeted for violence.

1.2 What works to prevent VAWG in Rwanda?

A wide range of programmatic approaches have been implemented to prevent VAWG in Rwanda. This query identified 16 existing and past programmes (see section 3 and Annex 1 for mapping), using different approaches including community activism, couples and parenting approaches, schools-based approaches, workplace-based interventions and integrating GBV into COVID-related social protection. Many interventions tackle the drivers of violence and are mostly focused on primary prevention (preventing violence before it starts). Some are very rigorously evaluated, such as Indashyikirwa and Bandebereho, and show good evidence that they can be effective at preventing violence. Most programmes offer a comprehensive package and/or are using effective, evidence-based programming approaches,¹⁶ although the most comprehensive interventions are now over or operated at a smaller geographical scale, suggesting there is potential for scaling some of these smaller, more effective programmes. There were also few well-evaluated interventions which target groups at highest risk of violence, or focused in urban areas. Lessons for future programming and policy are summarised below, with examples shown in Section 3:

Design and adaptation

- Ensure sufficient time and resources for design, adaptation and piloting of programmes, particularly those around more complex community norms change. The Indashyikirwa's evaluators recommend time horizons of 5-7 years to reduce IPV at the population level.
- Address multiple drivers and risk factors of violence across different levels of the socio-ecological model, such as harmful gender norms, poverty, poor communication, discriminatory laws, and gender discrimination in institutions. The programme, Prevention+,

explicitly set out to address violence at the levels of the individual, community, institutional and societal.

- Focus on promoting positive alternatives and new norms, as with Indashyikirwa's couples curriculum that emphasised healthy, non-violent relationships.
- Involve women and girls from the design stage, as in the Kigali Safe Cities programme.
- Align programmes with existing positive local values and community structures, for example Every Voice Count engaged with local *imihigo* planning and budgeting processes related to GBV prevention and response.

Implementation

- Partner with stakeholders across multiple sectors, including local, regional and national government, and women's rights organisations. A good example of multi-sector coordination is the ISANGE one-stop centres.
- Create spaces for critical reflection and group-based participatory learning as in the examples of Indashyikirwa and Bandedereho interventions.
- Involve diverse groups of women and girls at all stages, including women and girls with disabilities, migrant and refugee women, adolescent girls, sex workers, amongst others.
- Carefully select staff and volunteers from within the communities and ensure regular high-quality, consistent training, supervision and support that addresses deep rooted values to ensure consistency and focus of programming on violence prevention and gender equity.
- Strengthen support and referrals for survivors of violence and create linkages between prevention and response activities.

Sustainability and scale

- Identify opportunities to work at scale, as with RWAMREC's work with coffee cooperatives, which was able to reach 6,500 farmers in the cooperative members' villages.
- Engage trusted local leaders and women's rights organisations for sustainability, for example the Voicing Out project that worked with trusted women leaders with disabilities.

2. Key issues, drivers and impact of VAWG in Rwanda

2.1 Key issues

The country's latest Demographic Health Survey (DHS) 2019-20 shows a high prevalence of violence against women and girls (VAWG) in Rwanda. Overall, 45% of surveyed women aged 15-49 have ever experienced physical or sexual violence: 23% have experienced only physical violence, 9% have experienced only sexual violence, and 14% have experienced both physical and sexual violence.¹⁷ Today's data may still reflect some of the sexual violence and other forms of violence committed against women during the 1994 genocide. However, as DHS data only collects data on violence against women up to age 49, there are many Rwandan women whose experiences of violence will not be reflected in the most recent data.

Physical violence: 37% of girls and women aged 15-49 have experienced physical violence since age 15, and 16% experienced physical violence in the year preceding the survey.¹⁸ Among these, most name their current husband or partner (60%) and their former husband or partner (27%). However, 10% of the survivors of physical violence named their mother or stepmother as the perpetrator.

Sexual violence: Close to 1 in 4 (23%) girls and women aged 15-49 in the DHS have ever experienced sexual violence. This figure may include survivors of conflict-related sexual violence (CRSV) during the 1994 genocide of Tutsi, where women were subjected to sexual violence "on a massive scale".¹⁹ It is unknown how many women and girls experienced sexual violence during the genocide, however women's testimonies confirm that it was extremely widespread.²⁰

The 2019-20 DHS furthermore found that 8% of women had experienced sexual violence in the past 12 months.²¹ 10% of women had first experienced sexual violence before age 18. The current or former husband or partner was the most frequently named perpetrator of sexual violence against ever-married women (15-49), followed by a friend/acquaintance (19%).

Intimate partner violence: 46% of ever-married women had ever experienced physical, sexual or emotional violence from a spouse (see figure 1 for forms of violence), and 30% had experienced this in the past 12 months. Among women who have ever been pregnant, 6% experienced physical violence during pregnancy.

One in five (19%) women reported that their husband displays at least three marital control behaviours – a common warning sign of the potential for violence in the relationship. The most commonly reported controlling behaviours were a husband's jealousy or anger if they talk to other men (reported by 40% of ever-married women), and a husband insisting on knowing where they are at all times (reported by 37% of ever-married women).

The 2019-20 prevalence of IPV among ever-married women (46%) was an increase from the previous DHS (2014-15), where 40% of ever-married women reported having experienced IPV. Going back further in time, the DHS also observed an increase in women's reported experiences of IPV between the 2005 and the 2010 DHS – during which women's reported experiences of IPV sharply increased from 34% to 56%.²² Several factors can contribute to such increases, including actual rises in women's experiences of IPV and/or a greater inclination among women to speak out about the violence they experience. A significant event that took place in this time period was the introduction of the 2008 Law on Prevention and Punishment of Gender-Based Violence²³, which criminalised all form of domestic violence and established clear criminal penalties for domestic violence and specialised court procedures to handle such cases.²⁴ This may have contributed to women becoming more inclined to report violence.

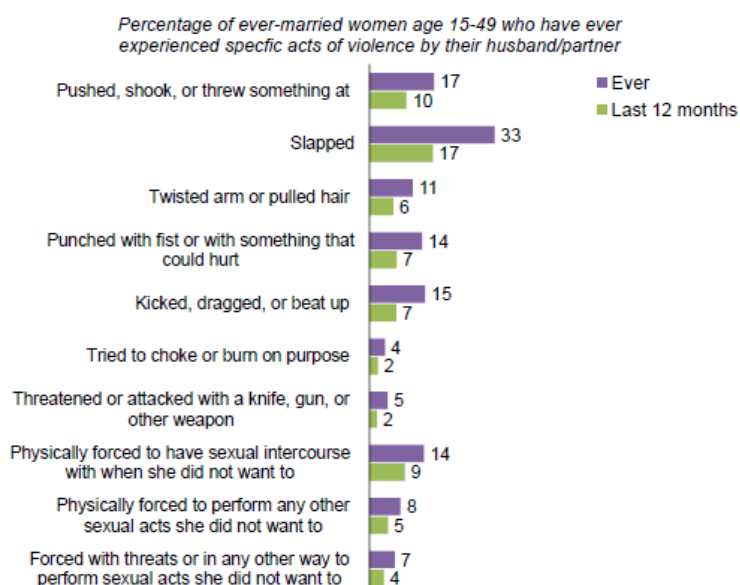


Figure 1: Forms of spousal violence reported by women in the 2019-20 DHS

Economic violence: Several studies have recognised economic IPV as a concern in Rwanda.²⁵ A 2014 qualitative study found that common types of economic IPV experienced by women in Rwanda include husbands refusing to financially support their partner, fathers not financially supporting their children, husbands taking control over houses or other property that their wife owns, and selling women's property or joint property without the woman's consent and involvement in decision making.²⁶ Economic violence against women, often occurring within an intimate partnership, can take many forms but is rarely measured by VAWG prevalence surveys (including DHSs). While not conceptualised as economic violence, the 2019-20 DHS found that 9% of married women with cash earnings report that their husband have control over their income.²⁷ Controlling of the partner's earnings can be a form of economic IPV within relationships. Data from the Indashyikirwa interventions in Rwanda found that the prevalence of economic IPV was around 40% among women participating in a community intervention, and around 10% of women in a couples-based intervention.²⁸

Land rights and violence: The violence women experience in relation to land disputes is sometimes a form of economic violence, which can also be related to other forms of violence against women. An analysis of Rwanda's policy and legal framework argues that a law introduced in 2013 that provides equal ownership of land between wives and husbands has put women at increased risk of domestic violence – with reports of women experiencing violence as a result of land disputes between spouses.²⁹ However, land-related violence against women was

an issue long before the law came into existence, and also impacts women in unofficial or polygamous relationships with men (where their land rights are not protected by the law).³⁰ A case study from Bugesera District, dated 2011, highlighted fear of violence as a key challenge faced by women asserting their land rights.³¹ Circumstances in which women are at risk of violence related to land disputes include when a woman does not support her husband's decision to sell land, when reporting a land dispute to local authorities, and in cases where a woman's in-laws or children claim access to her land.³² While the extent of the problem is not clear, another study found that a 'significant proportion' of the land disputes observed in one study resulted in GBV – most commonly verbal abuse but also physical violence and threats.³³

Online violence: Online violence, or technology-facilitated VAWG, have not been measured in any population based research on violence against women and girls in Rwanda. There are however reports that this type of violence is increasing and is affecting women's online participation. As in other parts of the world, online violence against women in Rwanda reportedly peaked during the COVID-19 pandemic as people spent more time online during lockdowns and social confinement.³⁴

Trafficking: Domestic, as well as international, human trafficking from Rwanda has been reported over the past several years. The COVID-19 pandemic and initial closures of international borders is believed to have caused an increase in domestic trafficking.³⁵ Traffickers have also exploited the dire economic situation to target people who are searching for job opportunities. Rwanda's Trafficking Profile in the [2021 Trafficking in Persons Report](#) highlights that women and girls are particularly vulnerable to being trafficked into forced labour in domestic service, and in bars and restaurants. Other groups that are at increased risk of trafficking include orphaned children, children with disabilities, and internally displaced persons. Among the issues reported by international organisations, are cases of young girls being deceived into taking up domestic work which has later turned into forced prostitution. There have also been reports of forced marriages of girls leading into trafficking for sexual exploitation.

Box 1: COVID-19 and VAWG in Rwanda

In the first three months of the COVID-19 pandemic, March – June 2020 the number of reported GBV cases increased by 28% from 969 cases to 1,243 cases. A rapid gender assessment conducted in 2020 found that 30% of women and 19% of men thought sexual harassment or other forms of GBV has increased since the onset of COVID-19.³⁶ In the first month of lockdown measures, there were also reports of sexual violence by those allegedly enforcing social distancing and lockdown.³⁷

During the pandemic, girls and young women aged 10-24 reported increased coercive, non-consensual and transactional sexual incidents, according to qualitative research in Mahama refugee camp and the surrounding community. Young people cited reduced time in education and difficulties accessing health and youth services since the start of the pandemic as reasons for the increase.³⁸

Various interventions have attempted to help women most at risk of violence during the pandemic, including integrating GBV into a social protection programme (see Annex 1).

Violence against girls

The most recent Violence against Children and Youth (VACY) survey in Rwanda was conducted in 2015-16. The evidence presented below largely draws on this study, which was conducted with 1,032 female and 1,178 male 13-24 year olds. The survey shows high rates of childhood sexual, physical and emotional violence experienced by girls in Rwanda. Among those who had experienced violence before age 18, 8% of females aged 18-24 had experienced both sexual and physical violence and 5% had experienced all forms of violence.

Childhood sexual abuse: The VACY study found that one in five (24%) of females aged 18-24 had experienced sexual abuse before the age of 18.³⁹ The most commonly reported form was unwanted attempted sex (17%) followed by unwanted sexual touching (12%) and physically forced sex (4%). Among these respondents, 76% said they had experienced two or more such incidents before age 18. The most frequently named perpetrator of this violence was a neighbour (35%), followed by a spouse or romantic partner (30%), a friend (19%), and a family member (14%) – 97% of the perpetrators were men. 29% of female respondents 18-24 reported that their first experience of sexual intercourse was unwanted.

Looking at the age group of respondents who were 13-17 at the time of the survey, 12% of girls had experienced sexual abuse in the past 12 month.⁴⁰ The most common perpetrators of this violence were also neighbour (57%), followed by a spouse or romantic partner (21%) – 99% of the perpetrators were men. 60% of the girls who had experienced sexual abuse in the past 12 months reported that the perpetrator was at least 5 years older than them. 46% of the girls in this group also reported that their first experience of sexual intercourse was unwanted.

Both women aged 18-24 who reported experiencing child sexual abuse before age 18, and girls aged 13-17 who had experienced sexual abuse in the past year, reported that the first incident took place 'on the road/street' (36% and 40% respectively), followed by 'in her own home' (28% and 31%).⁴¹ Among women aged 18-24, 10% reported that the first incident took place in school.

56% of women aged 18-24 who reported experiencing child sexual abuse before age 18 told someone about the experience. The disclosure rates were slightly higher among girls aged 13-17 with past year experience of sexual abuse – 63% told someone about the sexual abuse.⁴²

Physical violence: 37% of women aged 18-24 in the VACY survey had experienced physical violence before age 18. The first experience of physical violence often occurred at young age – 11% before age 5, 38% when aged 6-11, and 51% when aged 12-17. Most (87%) had experienced more than one incident of physical violence as a child. The perpetrator of the first incident of this violence was a parent, adult caregiver or other adult relative in 28% of the cases, with mothers being most frequently named, in one third of the cases within this category. 9% reported that the violence was perpetrated by someone in the community – with male and female teachers being the most cited perpetrator in this category. 9% of women aged 18-24 reported that peers perpetrated the first incident of physical violence, with classmates being most frequently named.

Among girls aged 13-17 at the time of the survey, 27% had experienced physical violence in the past 12 months.⁴³ Among those, 12% reported experiencing violence from a parent, adult caregiver, or other adult relative was the perpetrator.⁴⁴ 11% had experienced violence from a peer, and 7% from a community member.

Emotional violence: More than one in ten (12%) females aged 18-24 had experienced emotional violence by a parent, adult caregiver, or other adult relative before the age of 18, and 8% of girls aged 13-17 reported experiencing emotional violence by a parent, adult caregiver, or other adult relative in the past 12 months prior to the survey – almost all respondents in both groups experienced this repeatedly.⁴⁵ Many girls begun experiencing emotional violence at an early age – 43% in both groups first experienced emotional violence between ages 6-11. Fathers, mothers, and uncle/ aunt were among the most frequently cited perpetrators.

Child marriage: According to 2019-20 DHS data, 8% of girls aged 15-19 are currently married or in union, and 5.5% of women aged 20-24 were married or entered a union before age 18.⁴⁶ Very few (0.3%) women aged 20-24 reported being married or in union before age 15. The minimum age of marriage in Rwanda is 21, and the government reportedly enforces this strictly.⁴⁷ Anecdotal evidence suggest that underage marriage is more common in rural areas and in refugee camps, where they do occur it is often without formal recognition.⁴⁸ The practice is reportedly less common in urban areas of Rwanda. The percentage of boys who marry or are in union before age 18 is only a fraction of that of girls – 0.2% of men aged 15-19 years, and 0.4% of those aged 20-24.⁴⁹

Groups at high risk of VAWG

Women with disabilities: Women and girls with disabilities in low and middle-income countries are two to four times more likely than women without disabilities to experience IPV.⁵⁰ Data from the Indashyikirwa couples' intervention in Rwanda found that women with disabilities experienced higher rates of all forms of past year IPV measured.⁵¹

Type of IPV	Women with disabilities	Women without disabilities
Physical IPV	44.2%	35.6%
Sexual IPV	48.9%	38.7%
Emotional IPV	63.1%	57.8%
Economic IPV	51.2%	39.0%
Any IPV	80.7%	73.7%

Source : Chirwa, E. et al. (2020) Intimate partner violence among women with and without disabilities: a pooled analysis of baseline data from seven violence-prevention programmes, *BMJ Global Health* 2020; 5e002156

There is limited data on other forms of violence experienced by women and girls with disabilities in Rwanda. However, a civil society monitoring report of Rwanda's implementation of the UN Security Council Resolution 1325 noted that sexual gender-based violence (SGBV) was a 'major challenge' for persons living with disabilities.⁵²

Widowed, separated and divorced women: The 1994 genocide against the Tutsi left many women widowed.⁵³ The 2019-20 DHS found that women who are divorced, separated, or widowed are most likely to have experienced physical violence (64%) and sexual violence (42%).⁵⁴ The rapid research for this query identified limited information about the current situation facing widows in Rwanda. However, studies that emerged in the aftermath of the genocide described significant challenges and stigma facing widows⁵⁵ – many of whom experienced violence, rape and witnessing the killings of their partner and other family members during the genocide.⁵⁶

Women and girls in refugee camps: In 2020, it was estimated that Rwanda hosted 148,000 refugees and asylum seekers, including from DRC and Burundi.⁵⁷ Gender-based violence and risk of sexual exploitation and abuse have been identified as key issues of concern facing women and girls in Rwanda's refugee camps.⁵⁸ See section 3 for interventions that have addressed GBV in refugee camps.

Women journalists, activists and human rights defenders: Women journalists are particularly targeted for online violence and abuse. Several female journalists in Rwanda have been outspoken about the challenges they face online and in media, which increased during COVID-19 when people spent more time online and online violence against women was seen to spike.⁵⁹ This rapid research query did not identify any information on the situation of women human rights defenders and activists in Rwanda. However, recent analysis of the political and civic space in Rwanda notes that the space for civil society, media and political opposition remain repressed.⁶⁰

Sex workers: Human Rights Watch's 2021 report on Rwanda noted cases of arbitrary detention, mistreatment and accusations of 'deviant behaviours' targeting sex workers.⁶¹ Data on violence against sex workers in Rwanda is limited. However, a 2018 survey with 1,978 female sex workers in Rwanda found that 18% of the respondents had been sexually abused by a perpetrator outside the family circle, and 38% had faced physical violence before 15 years of age.⁶²

LGBTQI+ people: While this rapid research did not identify specific information on violence against women with diverse sexual orientations, gender identities and expressions, and sexual characteristics (SOGIESC), and trans and non-binary people who face violence on the basis of their real or perceived SOGIESC, cases of violence against LGBTQI+ people have been documented in Rwanda. Despite often being cited as one of few countries in the region which does not criminalise same-sex relations, Rwanda is not a safe place for LGBTQI+ people. Civil society organisations report of high levels of stigma, and routine abuse and targeting of LGBTQI+ people by law enforcement officers, which is being perpetrated with impunity.⁶³ Transgender people are particularly targeted for such attacks as well as hate speech in the media.

Socio-economic status and education: The percentage of women who have experienced physical violence since age 15 declines with increasing education, from 49% among those who have no education to 22% among those who have more than a secondary education.⁶⁴ The

percentage of women who have experienced physical violence also declines with increasing household wealth. The same trend is reflected in experiences of intimate partner violence – where women who have more than a secondary education (19%) are less likely than women who have no education (54%) to have experienced spousal physical, sexual, or emotional violence.⁶⁵ Women whose husbands have no education are more likely to report any form of spousal violence (50%) than those whose husbands have more than a secondary education (13%).

Older women: This rapid research did not identify any evidence related to issues and prevalence of violence impacting older women in Rwanda – which is an overlooked issue in VAWG surveys which often fail to capture information for women above age 49.

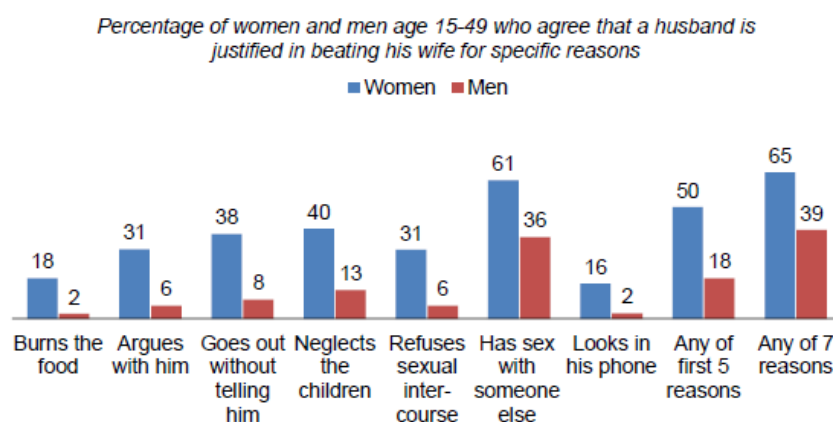
2.2 Drivers

Violence against women and girls is driven by multiple, overlapping causes which are underpinned by patriarchal oppression, gender inequality and power imbalances between women and men, which intersect with other forms of inequalities and socioeconomic factors. In addition to the drivers discussed below, COVID-19 has exacerbated VAWG in Rwanda (see box 1).

Social norms: Many drivers of VAWG can be traced to social norms which influence gender roles, gendered expectations of men and women, and access to and control over resources, which sustain power imbalances and are used to justify violence against women. In Rwanda, men have traditionally been the heads of households which entailed two main roles: being the provider as well as the household decision-maker. Women-headed households became more common after the 1994 genocide against the Tutsi which left many widowed survivors who increasingly assumed ‘male’ household roles and responsibilities. In recent years, there has been a strong movement towards women taking on paid employment. Despite these changes, men widely continue to be perceived as the decision makers and economic providers, and women who are perceived to challenge these rigid roles can risk conflict and intimate partner violence.⁶⁶ For instance, qualitative research has identified that when a woman earns more than her husband it can undermine her partner, and disagreements in a couple over whether a wife should work or not is often a cause of marital conflict and violence.⁶⁷ The most recent DHS (2019-20) found that a higher percentage women who are employed and earn cash have experienced physical violence since age 15 (41%) than women who are employed but do not earn cash (38%) and women who are not employed reported the lowest prevalence of physical violence (27%).⁶⁸

Looking at which reasons men and women are using to justify violence against women can give insight into how social norms around gender and power are linked to IPV. In the 2019-20 DHS, 50% of women and 18% of men agree that a husband is justified in beating his wife in at least one of five specified circumstances.⁶⁹ Having sex with someone else was the most frequently cited justification for IPV among women and men alike.

Findings from the 2015-16 VACY survey highlight that social norms influence boys and girls views on gender, power and violence from an early age. 33% of girls aged 13-17 and 20% of boys aged 13-17 believed that not taking care of the children is the most acceptable reason for a man to hit or beat his wife.⁷⁰



These beliefs declined slightly among young women and men aged 18-24, among which 25% of females and 15% of males supported this statement. The survey also found wider gender inequitable beliefs among children and youth. For example, 71% of girls and 69% of boys aged 13-17 believed that women who carry condoms have sex with a lot of men.

Backlash to advancements in women's rights: Rwanda became the first country in Sub-Saharan Africa to criminalise all forms of domestic violence, and making it possible for women to divorce their husbands unilaterally if their husbands are violent towards them.⁷¹ While Rwanda has seen progress in legal and policy framework for gender equality and the prevention and protection of women from GBV, there are signs that social and gender norms have not changed at the same pace. For example, the 2013 land law which intended to transform women's access to land has faced challenges in its implementation, with some evidence suggesting it has led to an increase in violence against women. Women who try to assert their land rights risk facing resistance from their spouse and his family and in some cases violence. This has been documented by several studies,⁷² suggesting that traditional practices surrounding land ownership and inheritance, coupled with gender inequitable views, reinforce patriarchal power and gender inequality despite the legal reforms to advance gender equality. A 2010 qualitative study found that Rwanda's advancements in laws protecting women's rights were perceived as having led to a decrease in women's 'respect' for men, which was believed to increase men's use of violence to 're-establish' their role.⁷³

Economic drivers: Household poverty and economic stress are well-known triggers of IPV, which have also been highlighted by studies in Rwanda (although this appears to have been less empirically studied).⁷⁴ Although not an indication of triggers as such, data from the 2019-20 DHS shows that women's experiences of physical violence decrease with their increase wealth – where 34% of women in the lowest wealth quintile reported experiences of physical violence compared to 26% in the highest. Women in the lower (lowest to middle) wealth quintiles also report higher rates of lifetime experiences of sexual violence.⁷⁵

Box 2: Impact of rising food prices on VAWG

A potential threat to VAWG rates in Rwanda is the high cost of food and other essentials, driven by a range of factors at the global (Ukraine war), regional (constrained trade with the DRC), and domestic level (forecasted below-average rainfall).⁷⁶ Rwanda's Consumer Price Index showed that prices for food and non-alcoholic beverages increased by 28.6% in urban areas in July 2022 compared to the same month in 2021. Nationally, the increase was 19.6%. The cost of living has also increased for other essentials, such as transport (12.4%), and housing, water, electricity, gas and other fuels (7.5%).⁷⁷

To date, there is no evidence from Rwanda showing the impact on VAWG rates, but global evidence suggests a link between household poverty and intimate partner violence, partly due to increasing risk factors such as household tension, as well as making it harder for women to leave their abusers.⁷⁸ For many countries, including Rwanda, gender-responsive social protection measures could play a key role in providing financial support to households struggling with the cost of living, and mitigating the increased risk of intimate partner violence.

Men's alcohol use: The 2019-20 DHS found that women's likelihood of experiencing any form of intimate partner violence increases with her spouses' alcohol consumption – 85% of women whose husbands are 'often' drunk have ever experienced any type of physical, sexual, or emotional IPV, compared with 26% of women whose husbands do not drink alcohol.⁷⁹ Husbands' alcohol use has also been identified as a factor associated with women's experiences of IPV in analysis of previous DHS data.⁸⁰

Cycles of violence: It is well-established in VAWG research that experiencing violence can increase the likelihood of perpetrating violence.⁸¹ Witnessing violence in childhood can also be associated with experiencing and perpetrating violence later in life.⁸² In Rwanda, the 2015-16 VACY survey found that among males aged 19-24 years, 13% reported having committed physical or sexual violence against another person.⁸³ Those who had experienced physical violence in the past 12 months were significantly more likely to have used violence (12% compared with 4% among those who had not experienced physical violence). There is evidence that this violence is often directed to a girlfriend, romantic partner or spouse. Among males 13-17 years with experience of physical violence, 27% had committed violence against a current or previous romantic partner, compared to 16% of those with no experience of physical violence. Among men aged 18-24, those who had experienced physical violence prior to age 18 were significantly more likely to use violence against a partner – 19% compared to 7% of those without experience of childhood physical violence.

There is also evidence of intergenerational cycles of violence in women's experiences of IPV. Women who reported that their fathers beat their mothers are more likely (54%) than those whose fathers did not beat their mothers (39%), to have themselves experienced physical, sexual, or emotional violence from their spouse.⁸⁴

2.3 Impact

Violence against women and girls has serious impacts for individuals, communities and society. Evidence from Rwanda on the impact of women and girls to reach their full potential includes:

Individuals' health and well-being: Survivors may experience both **short-term and longer-term physical effects** of violence. The 2019-20 DHS noted that 41% of ever-married women who have experience physical or sexual violence from a spouse had sustained injuries.⁸⁵ The Rwanda Violence Against Children and Youth (VACY) national survey found that 7% of females aged 18-24 who had experienced physical violence before age 18 sustained physical injuries as a result and 8% of girls 13-17 who experienced physical violence in the past year sustained physical injuries because of the violence.⁸⁶ Women and girls who experience violence and controlling behaviours are also at higher risk of contracting **HIV and other sexually transmitted infections** and less likely to be able to manage those through treatment.⁸⁷

Violence is also associated with **long-term poor mental health**, such as anxiety, depression and post-traumatic stress disorder (PTSD). The Rwanda VACY survey found that both women and men aged 18-24 with a history of sexual abuse or emotional violence were significantly more likely to have mental distress than their peers who had not experienced abuse or violence.⁸⁸ A cross-sectional population-based study in the southern province of Rwanda found women's rates of depression, PTSD, anxiety and suicidal attempts were twice that of men. Although rates of trauma were high for both men and women due to the 1994 genocide, women continued to experience more traumatic episodes over their lifetime relating to physical and sexual abuse. The researchers recommend that early detection of GBV through home and community interventions is important.⁸⁹

Violence against girls can also impact on **educational outcomes**, with the VACY national survey finding that 13% of females aged 18-24 who had experienced physical violence in childhood had missed one or more days of school as a result.⁹⁰ It can also lead to increases in **adolescent pregnancies**. In Rwanda, pregnant adolescents and young mothers often experience stigma, rejection and violence from family members and their communities, leading to double victimisation when they are pregnant due to sexual violence.⁹¹ In the VACY survey, among females with experience of unwanted completed sex⁹² in childhood, almost half aged 18-24 (48%) and 19-24 (51%) reported pregnancy in the first or most recent incidence of unwanted completed sex.⁹³

For women and girls who are pregnant, there are also **risks to their unborn baby, from intimate partner violence** including intrauterine growth restriction, miscarriages, preterm birth and fetal death. A study in Kigali and the Northern Province found high rates of intimate partner violence during pregnancy, including physical (10.2%), sexual (9.7%), psychological (17%) and controlling behaviour (20%).⁹⁴

Communities and society: Violence also has a wider impact, including **increased pressure on social and health services**. Nevertheless, there remain low levels of help seeking – the 2019-

2020 DHS found that 40% of women who have experienced physical or sexual violence have never sought help for the violence – this was a decline from the preceding DHS.⁹⁵

Economic costs: Violence also has economic impacts on individuals, their families, businesses and wider society, due to **lower productivity and economic costs**. This query was not able to find any data on the economic costs of violence in Rwanda, although there are useful costing studies as part of the Indashyikirwa which focus on the cost of the intervention itself.

Online violence against women, not least during the COVID-19 pandemic, is seen to influence women's participation online in Rwanda. Beyond having an impact on individual women who are targeted, this can have wider impacts on **women's engagement on politics and social issues** as women in Rwanda, including female journalists, report that online violence and harassment challenges their online participation.⁹⁶ During COVID-19, there have been cases of young female journalists in Rwanda changing occupation due to widespread sexual harassment in the media and lack of accountability in the sector.⁹⁷ Women's lower online participation risks having far-reaching consequences on freedom of speech and undermines democracy.

3. What works to prevent VAWG in Rwanda

3.1 Evidence from previous and existing programmes

Several programmatic approaches have been used in Rwanda. This query mapped existing and previous programmes (see Annex 1 for mapping), with a focus on:

- (1) interventions that have been evaluated; and/or
- (2) interventions that focus on preventing violence against women at girls at higher risk of violence, such as adolescent girls, women and girls with disabilities, and refugee women and girls.

A total of 16 programmes from 2015 onwards were identified and mapped and are shown in the table below.

Intervention		Approach	Evaluation
1	Indashyikirwa (2014-2018)	Couples and community activism	RCT
2	Bandebereho (2015-2017)	Parenting	RCT
3	Prevention+ (2016-2020)	Multi-level: activities in schools, communities, media and government ministries	Mixed-methods (mainly qualitative)
4	Better Environment for Education (2015-2019)	School-based intervention with student clubs, economic empowerment, financial support, school score card, referral mechanisms for GBV	Mixed-methods

5	Safe Schools for Girls (2015-2020)	School-based intervention as above - Better Environment for Education (it is a sister project)	Mixed-methods
6	Sports for Change (2018-2022)	Sports activities (karate and football) for learners aged 12-17, while also engaging teachers, parents and religious leaders	Mixed-methods
7	Every Voice Counts (2016-2020)	Encouraging participation of women and girls in local planning and budgeting on GBV	Mixed-methods, with outcome harvesting
8	Safe Cities (2010 – present)	Activities to create safe public spaces	None
9	Social integration of CRSV survivors and their children (2015-2018)	Women's forums, youth clubs, psychosocial counselling, and financial advice/support	Qualitative
10	ISANGE One-Stop Centre (2009 – present)	GBV response (one-stop centre)	Interviews, FGDs, analysis of cases
11	GBV training with coffee cooperatives (2009-2012)	GBV training, community workshops and awareness campaigns	Qualitative
12	Girls Take the Lead (2016 – 2019)	Girl-friendly safe spaces in refugee camps with activities to build skills, engage men and boys, and financial literacy/savings	Mixed-methods
13	Voicing Out (2016-2019)	Community advocacy groups for women with disabilities on GBV	None
14	Strengthening the identification and protection of victims of trafficking among refugees in Rwanda (2018-2019)	Research, capacity building and awareness-raising on trafficking, SGBV and child abuse with refugees and host communities in border areas.	None
15	Recovering Better and Inclusively from COVID-19 through a Sensitive Social Protection System (2020-2022)	Integrating GBV into social protection	None
16	Health and Empowered Youth Project (2020-2023)	Activities in schools and local communities	None

Key findings on the types of programmatic approaches that have been tried in Rwanda include:

- **A wide range of programmatic approaches have been used** to prevent VAWG in Rwanda from couples, community activism, schools-based approaches, safe spaces, one-stop centres, sports activities, advocacy groups, workplace-based interventions and integrating GBV into COVID-related social protection.
- **Many of these interventions are multi-level interventions** targeting risk factors and drivers for violence at the individual, interpersonal, community and societal level. Indeed, Prevention+ specifically targetted all four levels.
- **Most interventions are focused on primary prevention** of violence, which aims to stop violence before it starts by tackling the root causes. A few interventions focus on secondary prevention which aims to reduce the frequency and severity of new incidences of violence where violence has already taken place (e.g. activities with victims of trafficking), and some are focused on tertiary prevention which aims to respond to the immediate needs of survivors (e.g. the ISANGE one-stop centres).
- **Some interventions have been rigorously evaluated** with randomised controlled trials, such as Indashyikirwa and Bandedereho.
- **However, interventions which target groups at highest risk of violence tend to be less well evaluated.** For example, interventions targeting violence against women and girls with disabilities, adolescent girls and refugees tend to be less well documented or evaluated, possibly due to being implemented by smaller organisations with less funding and capacity to undertake rigorous evaluations.
- **Interventions tackle a range of types of violence**, including intimate partner violence, school-related GBV, sexual violence, conflict-related sexual violence, economic violence, and trafficking / sexual exploitation and abuse (SEA). Several interventions include a focus on addressing the intersections between VAWG and VAC, recognising that exposure to violence in childhood can have long-term impacts, including increasing the risk of VAWG in adolescence and adulthood.
- **Most interventions are in rural areas, with few urban interventions** identified apart from the UN Women Safe Cities intervention. However, some interventions have limited detail on exact locations or are at a national level, so it is possible they have activities in urban areas.

Several effective interventions have been tested in Rwanda to prevent VAWG, many of which have now ended. These interventions were effective at a relatively small scale and show promise for being scaled up. The UK is committed to designing, implementing and rigorously evaluating approaches to scaling up violence prevention efforts through the What Works: Impact at Scale programme, and it is possible that some of the interventions highlighted in this mapping could be scaled up.

3.2 Summary of lessons for future programming and policy

Lessons for future programming and policy are shown in Annex * for each example, and reflect some of the lessons from global evidence about violence prevention programming from [What Works to Prevent Violence](#) and the WHO/UN Women's [RESPECT Implementation Package](#). A summary of the key lessons is shown below, with examples from programming.

Design and adaptation

- **Ensure sufficient time and resources for design, adaptation and piloting of programmes, particularly those around more complex community norms change:** Indashyikirwa had a 1 year inception, which allowed time to develop and pilot the couples curriculum, but the community activism component was less effective, partly due to delays and challenges around adapting and implementing SASA!-style community activism in rural Rwanda. The evaluators recommend time horizons of 5-7 years for new or newly-adapted programmes to reduce IPV at the population level.
- **Address multiple drivers and risk factors of violence across different levels,** such as harmful gender norms, poverty, poor communication, discriminatory laws, and gender discrimination in institutions. The programme, Prevention+, explicitly set out to address violence at the levels of the individual, community, institutional and societal.
- **Focus on promoting positive alternatives and new norms:** Learning from Indashyikirwa on the effectiveness of a couples curriculum that emphasises positive alternatives to IPV and building skills for healthy, non-violent relationships.
- **Involve women and girls from the design stage:** For example, for the Kigali Safe Cities programme, women street vendors were involved in the design of the mini market, building awareness and ensuring an inclusive space with a day-care centre, space for breastfeeding mothers, exterior fencing, and a sanitary and storage facility.
- **Align programmes with existing local values and community structures:** For example, Every Voice Count engaged with local *imihigo* planning and budgeting processes related to GBV prevention and response. Another workplace-based intervention worked with local coffee cooperatives to reach 6,500 farmers in GBV prevention and promote healthy families. Another intervention raised awareness of GBV in refugee camps through *umuganda* (community work), which has been translated as 'coming together in common purpose to achieve an outcome' and takes place every month in the camps.

Implementation

- **Partner with stakeholders across multiple sectors,** including local, regional and national government, and women's rights organisations. A good example of multi-sector coordination is the ISANGE one-stop centres which require strong links with relevant ministries such as MINISANTE (Ministry of Health), MIGEPROF (Ministry of Gender and Family Promotion), MINIJUST (Ministry of Justice), and civil society actors to ensure uptake and effectiveness of services. Likewise, UN Women and UNHCR worked closely with different partners to integrate

GBV into COVID-19 related social protection support, including the Local Administrative Entities Development Agency (LODA), Legal Aid Forum (LAF), Faith Victory Association (FVA), AJIPRODHO Jijukirwa, Rwanda Women's Network (RNW) and the National Association of People Living with HIV (ANSP).

- **Create spaces for critical reflection and group-based participatory learning** as in the examples of Indashyikirwa and Bandedereho interventions. The latter involved weekly parenting sessions with participatory, small group sessions for expectant fathers and fathers of children under the age of five years and their female partners. Participants discussed issues around gender and power, fatherhood, couple communication, IPV, caregiving, and male men's support for reproductive and maternal health.
- **Involve diverse groups of women and girls at all stages**, including women and girls who face multiple and intersecting discriminations and are at increased risk of violence. This includes women and girls with disabilities, migrant and refugee women, adolescent girls, sex workers, and older women, amongst others. There are several examples of programmes that have targeted women at higher risk of violence, but these have not yet been evaluated.
- **Carefully select staff and volunteers and ensure regular training, supervision and support** to ensure consistency and focus of programming on violence prevention and gender equity. The evaluation of Prevention+ questioned the extent to which GBV prevention messages were being delivered, as well as highlighting the need to keep the focus on women's rights. It also emphasised the need for training for facilitators on victim disclosure and safeguarding, as well as ongoing learning and reflection on norms through a National Community of Practice for facilitators.
- **Strengthen support for survivors of violence** and create linkages between prevention and response activities. For example, Indashyikirwa included safe spaces to provide support to survivors. The programme recognised the importance of regular meetings between women's safe space facilitators and other components of Indashyikirwa (community activists and opinion leaders) to strengthen linkages and support to survivors.

Sustainability and scale

- **Identify opportunities to work at scale:** In the example of RWAMREC's work with coffee cooperatives, leadership training of cooperative members was a low-cost way to work at scale and cascade the training to a further 6,500 farmers in the members' villages. When the mayor of one of the communities saw how effective the project was, they requested the activities to be scaled to other sectors beyond coffee cooperatives.

Engage trusted local leaders and women's rights organisations for sustainability: In the Voicing Out project which advocates for public services and NGOs to accommodate the specific needs of women with disabilities in GBV prevention, leadership of women with disabilities is the key to sustainability, with trusted leaders encouraging others to join and freely voice their experiences and priorities.

Annex 1: Mapping of programmes

1. Indashyikirwa couples and community activism	
Description of programme activities	<p>Indashyikirwa was adapted from the SASA! Programme developed by Raising Voices in Uganda. It had four main components:</p> <ul style="list-style-type: none"> • Couples' curriculum: a 21-session intensive participatory training with couples, delivered weekly for 3hrs. The couples were recruited from Village Savings and Loan Associations (VSLAs). • Community-based activism: Delivered by a sub-set of trained couples who were trained as community activists. • Women's safe spaces to provide support to survivors of IPV. • Training and engaging opinion leaders.
Timeframe	2015-2018
Implementers	CARE Rwanda, the Rwanda Men's Resource Centre, and the Rwanda Women's Network.
Coverage	Seven districts in the Eastern, Northern and Western provinces, in predominantly rural, widely-dispersed communities
Type of VAWG	Intimate partner violence
Evaluation methods	Large cluster randomised control trial (RCT) with various components, including cross-sectional surveys and longitudinal qualitative data collected as part of an embedded process evaluation. The evaluation was part of the UK-funded What Works to Prevent VAWG programme.
Impact on VAWG	<p>Impact of couples' intervention:</p> <ul style="list-style-type: none"> • Reductions in IPV for couples who participated in the couples training vs. the VSLA alone – at 24 months, women were 56% less likely to experience physical and/or sexual IPV and men were 46% less likely to perpetrate it. • Reduced exposure of children in the home to violence <p>Impact of community activism:</p> <ul style="list-style-type: none"> • No demonstrated impact on physical and/or sexual IPV at a population level (see lessons learned below).
Other impacts	<p>Impact of couples' intervention:</p> <ul style="list-style-type: none"> • Reductions in conflict • Better communication and trust • Improvements in health and household economic status <p>Impact of community activism:</p> <ul style="list-style-type: none"> • No demonstrated impact on other outcomes, such as differences in help-seeking or support for women's participation in the labour force.
Lessons learned	<ul style="list-style-type: none"> • The couples' training programme was highly-effective in reducing IPV among male-female couples, with potential for scale-up and adaptation. • Need to allow sufficient time to adapt programmes to the Rwandan context. Indashyikirwa had a 1 year inception, which allowed time to develop and pilot

	<p>the couples curriculum, but the community activism component was less effective, partly due to delays and challenges around adapting and implementing SASA!-style activities in rural Rwanda. The evaluators recommend time horizons of 5-7 years for new or newly-adapted programmes to reduce IPV at the population level.</p> <ul style="list-style-type: none"> • Value of process evaluations for complex process of change involved in community activism. • Participatory training and ongoing support to facilitators helped support active engagement and helped with adaptation. • Emphasise the positive alternatives to IPV and build skills for healthy, non-violent relationships – a key strength of the couples curriculum • Formalise linkages between components in a multi-component programme such as Indashyikirwa, with regular meetings to strengthen links between community activists, women's safe space facilitators and opinion leaders.
Further information	<p>Dunkle, K., Stern, E., Chatterji, S. and Heise, L. (2020) Effective prevention of intimate partner violence through couples training: a randomised controlled trial of Indashyikirwa in Rwanda, BMJ Global Health 2020;5:e002439. doi:10.1136/bmjgh-2020-002439</p> <p>Dunkle, K., Stern, E., Chatterji, S. and Heise, L. (2019) <i>Indashyikirwa</i> programme to reduce intimate partner violence in Rwanda: Report of findings from a cluster randomized control trial</p> <p>Chatterji, S., Stern, E., Dunkle, K., & Heise, L. (2019). Community activism as a strategy to reduce intimate partner violence (IPV) in rural Rwanda: Results of a community randomised trial. Journal of Global Health 2020; 10(1): 010406.</p> <p>What Works to Prevent VAWG (2019) Impact of Indashyikirwa: An innovative programme to reduce partner violence in Rwanda, Evidence Brief.</p> <p>The Prevention Collaborative (2019) Programme Summary: The Indashyikirwa Programme, Rwanda</p>

2. Bandebereho parenting intervention

Description of programme activities	<p>The Bandebereho ('role model') parenting intervention worked with expectant fathers and fathers of children under the age of five years and their female partners. The intervention aimed to promote positive fatherhood and more equitable gender and power relations, as well as reducing intimate partner violence and child abuse.</p> <p>Bandebereho involved 15 weekly parenting sessions for fathers, adapted from Promundo's Program P. Each session was about 3 hours (total = 45 hours), 8 of which were also attended by female partners. These participatory, small group sessions involved critical reflection and dialogue around issues such as gender and power, fatherhood, couple communication, IPV, caregiving, and male men's support for reproductive and maternal health.</p>
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Timeframe	2015-2017
Implementers	Rwanda Men's Resource Center (RWAMREC), as part of MenCare+, a four-country initiative coordinated by Rutgers and Promundo and financed by the Dutch Ministry of Foreign Affairs.
Coverage	Karongi, Musanze, Nyaruguru and Rwamagana districts
Type of VAWG	Intimate partner violence and child physical punishment
Evaluation methods	Multi-site randomised controlled trial (RCT) in four Rwandan districts. Expectant/current father and their partners were randomised to the intervention (n=575 couples) or control group (n=624 couples)
Impact on VAWG	<p>21 months post-baseline, the RCT found significant positive impacts in the intervention group compared to the control group:</p> <ul style="list-style-type: none"> • Lower levels of past-year physical IPV (OR 0.37, $p < 0.001$) • Lower levels of past-year sexual IPV (OR 0.34, $p < 0.001$) • Lower levels of physical punishment of children reported by women (OR 0.56, $p = 0.001$) and by men (OR 0.66, $p = 0.005$)
Other impacts	<ul style="list-style-type: none"> • Higher levels of women's antenatal care attendance and male accompaniment • Higher levels of modern contraceptive use • Higher levels of men's participation in childcare and household tasks (as reported by both men and women) compared to the control group • Reduced male dominance in decision-making
Lessons learned	<ul style="list-style-type: none"> • Parenting interventions targeted at fathers and their partners can have positive, long-term impacts on VAWG. • Importance of adapting programmes in a participatory way so they are culturally appropriate and have buy-in from staff, facilitators and government. • A key element of the effectiveness of the approach is the focus on critical reflection and skills-building around gender, power and relationships. The couples' sessions provided an opportunity to communicate in new ways and strengthened relationships. • Other key components include building strong group cohesion and links to supportive service providers. • Although the intervention reduced violence, at least 1 in 3 women in the intervention group still reported IPV suggesting that there may be a need to build in longer-programming or additional components to reduce these rates (further research is needed to establish it is possible).
Further information	<p>Doyle K, Levitov RG, Barker G, Bastian GG, Bingenheimer JB, Kazimbaya S, et al. (2018) Gender-transformative Bandedereho couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial. <i>PLoS ONE</i> 13(4)</p> <p>The Prevention Collaborative (2019) Study Summary: Bandedereho Couples' Intervention to Promote Male Engagement in Reproductive and Maternal Health and Violence Prevention in Rwanda</p>

3. Prevention+

Description of programme activities	<p>The Prevention+ programme aimed to improve gender inequality through interventions targeted at men (as partners of women and agents of change). It operated at multiple levels in Rwanda:</p> <ul style="list-style-type: none"> • Individual: trained community facilitators delivered Parents Evening Dialogues (PED) using a gender transformative curriculum, adapted from Program P. In schools, a curriculum on GBV prevention and gender, sexual and reproductive health rights was adapted from Programs H and M and implemented through Youth for Change Clubs. • Community: Engaging community and religious leaders as role models, holding community anti-GBV events (e.g. during Women's Day and 16 Days of Activism), PED meetings, and a GBV and teenage pregnancy mobile clinic • Institutional: The Youth for Change Clubs aimed to bring about impact at school institutional level, also training with media houses and religious leaders • Governmental: Training staff in government ministries, and worked with national and district officials through policy assessment and advocacy
Timeframe	2016-2020 (a further phase of Prevention+ is called Generation G and runs for another five years)
Implementers	RWAMREC and Health Development Initiative
Coverage	Karongi district. As well as Rwanda, it also operated in Indonesia, Uganda and Lebanon.
Type of VAWG	Intimate partner violence
Evaluation methods	<ul style="list-style-type: none"> • Mixed methods – mostly qualitative (focus groups and interviews) but some quantitative (community survey) • Realist evaluation approach with emphasis on process ('how' and 'why')
Impact on VAWG	<p>The evaluation concluded that:</p> <ul style="list-style-type: none"> • Most participants in the Parents Evening Dialogue sessions have healthier relationship with their intimate partners • However, there is mixed evidence on changes in GBV, with improvements for some female participants, but 'more modest and inconsistent gains, with still much room for improvement' (Hatton and Ridout, 2020: 39).
Other impacts	<ul style="list-style-type: none"> • Male participants were 'emerging as agents of positive change' (p.39) • Some evidence of more power and property sharing, and reduction in economic violence in some of the participating households.
Lessons learned	<ul style="list-style-type: none"> • Need for consistency in facilitator training – the evaluation questioned the extent to which GBV prevention messages were being delivered, as well as emphasising the need to keep the focus on women's rights • Provide training on victim disclosure and safeguarding to facilitators • Support ongoing training, learning and sharing for PED facilitators through a

	<p>National Community of Practice.</p> <ul style="list-style-type: none"> • Share learning on engaging religious leaders with Uganda • Conduct action research to understand how change happens in schools and the media, ripple effects, how others not engaged in the programme have engaged, and further institutionalise • Link churches more directly to GBV prevention service providers to help offer more support at an earlier stage
Further information	Hatton, D and Ridout, H (2020) Final Evaluation of the Prevention+ Programme , inFocus Consulting Ltd.

4. Better Environment for Education (BEE) and

5. Safe School for Girls (SS4G)

Description of programme activities	<p>The two sister projects provided holistic support to girls to help them stay in education. Key elements included:</p> <ul style="list-style-type: none"> • Student clubs with activities around life skills, financial literacy and leadership • Economic empowerment activities • Financial support for students in need • School Score Card, including around GBV and sexual harassment • Referral mechanisms for school-related GBV • Engaging male students to support girls' education and be advocates
Timeframe	2015 – 2019 (BEE) and 2015-2020 (SS4G)
Implementers	CARE Rwanda
Coverage	<p>BEE: Western Province (Ngororero, Nyabihu, Karongi, Rutsiro and Rubavu districts)</p> <p>SS4G: Southern Province (Kamonyi, Muhanga, Ruhango, Nyanza and Huye districts)</p>
Type of VAWG	School-related gender-based violence, school safety
Evaluation methods	<ul style="list-style-type: none"> • Baseline study of 1,291 students, 1,192 household heads and 134 teachers • Endline evaluation of BEE with sample of 219 students from baseline study (172 in school and 47 who had dropped out), as well as qualitative evaluation
Impact on VAWG	<p>(Findings are for BEE evaluation – the SS4G findings are not yet publicly available)</p> <ul style="list-style-type: none"> • Increase in proportion of students who knew who to reach out to if they or someone had experienced violence increased from 86% to 92%. Most respondents believed they would be respected if they reported violence. • However, adolescents felt less safe at school, on the way to school, and at home – e.g. the proportion of students who said they almost always feel safe at school fell from 30% at baseline to 20.7% at endline. • Increase in respondents agreeing it was ok for girls to get married from 46% (baseline) to 67% (endline). • No significant differences though between male and female perceptions.

Other impacts	<ul style="list-style-type: none"> Dropout rates were similar to national-level data, but girls' educational outcomes were better in the BEE project than nationally. Little change in knowledge about sexual and reproductive health. Although student savings increased and they felt slightly more empowered to make financial decisions, scores on the financial literacy test dropped. Increase in students' confidence and leadership positions at home and school
Lessons learned	<ul style="list-style-type: none"> No lessons learned for GBV in particular Targeting and supporting students at greatest risk of dropping out can help improve the impact of similar school-based interventions Peer support can help build students' confidence, leadership and skills to form healthy relationships, but need to combine with adult training and mentorship to address any misinformation.
Further information	<p>Laterite (2019) Better Environment for Education Project Endline Evaluation Report, Kigali: Laterite.</p> <p>Laterite (2019) Safe Schools for Girls: Midline Evaluation Report, Kigali: Laterite.</p>

6. Sports for Change

Description of programme activities	This project aims to address GBV and empower girls by leveraging sports activities – karate and football. It targets learners aged 12-17 and their teachers, parents and religious leaders.
Timeframe	2018-2021
Implementer	CARE
Coverage	Muhanga and Kamonyi districts
Type of VAWG	Gender-based violence
Evaluation methods	<ul style="list-style-type: none"> Baseline study used mixed-methods with 400 students in eight schools Endline evaluation not yet available
Impact on VAWG	Endline evaluation not yet available
Other impacts	Endline evaluation not yet available
Lessons learned	<ul style="list-style-type: none"> Need to raise awareness on different forms of violence, with the baseline study finding that participants perceived sexual violence to be the only form of violence Need to consider a more gender-responsive pedagogy with schools covering relevant topics but in a 'mechanical manner'. Address the wider enabling environment, with community activities aimed at addressing deeply rooted social norms around GBV and gender equality.
Further information	Research Hub Ltd (2018) Sports for Change (S4C): Project Baseline Study Report , Kigali: Research Hub Ltd.

7. Every Voice Counts

Description of programme activities	<p>Every Voice Counts aimed to encourage local authorities to proactively engage grassroots women and girls in local imihigo* planning and budgeting processes related to GBV prevention and response. There are three main intervention areas:</p> <ul style="list-style-type: none"> • Capacity building of social actors • Support the advocacy role of community groups and CSOs • Foster and sustain public spaces for dialogue and negotiation <p>* - Imihigo refers to annual planning and budgeting process of central and local government in Rwanda.</p>
Timeframe	2016 - 2020
Implementers	CARE Nederland, the Dutch Ministry of Foreign Affairs, The Hague Academy for Local Governance, ProFemmes Twese Hamwe and RNW Media
Coverage	National, with focus on five districts of the southern province (Kamonyi, Muhanga, Ruhango, Nyanza and Huye). The programme also operates in five other countries.
Type of VAWG	Gender-based violence
Evaluation methods	Mixed-methods, with outcome harvesting in the midterm evaluation
Impact on VAWG	Some indications of positive progress towards women and girls participating meaningfully in the imihigo process so that GBV prevention and response initiatives are addressed in local government development planning, budgeting and implementation. Also some additional (modest) budget allocations provided to address GBV, child abuse and human trafficking.
Other impacts	Strengthening the advocacy role of civil society
Lessons learned	<ul style="list-style-type: none"> • Importance of lobbying and advocacy efforts in the imihigo to ensure sufficient budgetary allocations for addressing GBV prevention and response. • Recognition of the complexity and top-down nature of the Rwandan governance system, which presents some challenges in terms of the ability to lobby local leaders who are implementing decisions passed down from central government. • A particularly effective influencing tactic on the sensitive issue of GBV has been one-to-one meetings with leaders and decision makers, who may be reluctant to make commitments in public spaces.
Further information	<p>CARE (2021) Making Advocacy Count Case Study 6: Influencing local government development planning and budgeting processes to address GBV in Rwanda</p> <p>CARE (2021) Case study: Community Score Card Approach in Rwanda</p> <p>CARE website: Every Voice Counts</p> <p>Bretan, E and Douma, N. (2018) Every Voice Counts: Mid Term Review.</p>

8. Kigali Safe City and Safe Public Spaces Programme

Description of programme activities	<p>Kigali was one of the first five cities to join the global Safe Cities Free of Violence against Women and Girls Global Programme along with Quito, Cairo, New Delhi and Port Moresby. There are now over 50 cities. In Kigali, activities include:</p> <ul style="list-style-type: none"> • City-wide awareness-raising activities, including a song competition 'Sing YES to a City Free of Violence against Women and Girls'. • Safe Mini Market for female street hawkers to safely sell their goods without risk of sexual harassment.
Timeframe	2011 – present
Implementers	UN Women, government partners
Coverage	Kigali (in particular the Kimisagara sector)
Type of VAWG	Sexual harassment and other forms of sexual violence in public spaces
Evaluation methods	None publicly available, but there is some evidence of impact of the Kigali programme in the Global Results Report .
Impact on VAWG	<ul style="list-style-type: none"> • A city-wide campaign to prevent sexual harassment reached thousands of passengers on the major commercial bus line and 'taximotos'. Special screens alerted riders to report harassment to trained drivers and conductors or call a special hotline (no information available on impact)
Other impacts	None publicly available
Lessons learned	<ul style="list-style-type: none"> • Value of women being involved from the design stage – women street vendors were involved in the design of the Kigali Safe Mini Market, building awareness and ensuring an inclusive space with a day-care centre, space for breastfeeding mothers, exterior fencing, and a sanitary and storage facility.
Further information	UN Women (2017) Safe Cities and Safe Public Spaces Global Results Report , New York: UN Women.

9. Social integration of survivors and their children born from SGBV during Rwandan genocide

Description of programme activities	<p>This family-centric intervention involves solidarity groups to improve the social integration of mothers and their children, who have experienced violence during the genocide. Sevota organised 8 women's forums and 9 youth clubs for survivors to share experiences and receive psychosocial counselling. The women were also provided with funds and support to establish self-help groups in their own towns and continue to meet regularly. Young people also received advice on savings, access to microcredits and occupational opportunities. Husbands were also included in some activities. Through the intervention, Sevota also aims to support the wider reconciliation process and reduce stigmatisation in Rwanda.</p>
Timeframe	2015-2018

Implementer	Sevota – a Rwandan NGO (Funded by German Ministry of Economic Cooperation and Development (BMZ) & medica Mondiale)
Coverage	Nationally (Rwanda)
Type of VAWG	Conflict-related sexual violence – women raped during the Rwanda genocide and the children born from such rape
Evaluation methods	<ul style="list-style-type: none"> Qualitative – focus groups and interviews with clients and participatory reflection workshops with SEVOTA's staff Document review – inventories, project reports and strategy papers
Impact on VAWG	<ul style="list-style-type: none"> Some evidence of reduced conflict within families, although no data collected on VAWG
Other impacts	<ul style="list-style-type: none"> 75% of the women reported improved mental health, and over 60% have improved knowledge and utilisation of self-management of post-traumatic crisis techniques Over half of mothers said they are communicating more with their children Many young adults who participated now felt safer and more confident due to the reflection work on their identity – however half remain traumatised about their unwanted birth circumstances due to sexualised violence and require further support. Husbands had a greater understanding of the mental and socioeconomic problems of their partners
Lessons learned	<ul style="list-style-type: none"> Need for more staff to continue providing high-quality support, as the intervention requires intensive counselling and support. The evaluation team recommended collaboration with other therapists and psychosocial services. Need for Sevota to develop a M&E system, in particular for case management and to include a systematic process to follow any progress or regression. For longer-term, more sustainable change in reducing stigma, the evaluators recommended raising awareness among local and national institutions
Further information	Medica Mondiale (2018) Improvement of social integration of survivors and their children born from sexual and gender-based violence during the genocide in Rwanda , Evaluation and Lessons Learned

10. ISANGE One Stop Centre (IOSC)

Description of programme activities	This one-stop centre model provides 24/7 free services (psychosocial, medical, police and legal services) to adults and child survivors of GBV and child abuse occurring in the family or community. 'Isange' means 'to feel at home' in Kinyarwanda language.
Timeframe	2009 - present
Implementers	Government of Rwanda and the ONE UN, through UN Women and UNFPA
Coverage	Nationally – there are currently 44 operating IOSCs in Rwanda

Type of VAWG	Gender-based violence and child abuse
Evaluation methods	2013 evaluation of the IOSC located in the Kacyiru Police Hospital involved interviews, focus group discussions, document and data review (Bernath and Gahongavire, 2013). Another study analysed data from 243 eligible cases from January 2010 to July 2011 (Nyamwasa et al., 2015).
Impact on VAWG	Analysis of eligible cases at the Kacyiru Police Hospital found: <ul style="list-style-type: none"> • Legal support led to 47% of perpetrators being arrested. 31% of those were prosecuted, 25% faced prison sentences, and 13% divorced. • Psychotherapy reconciled 57% of couples where IPV had occurred. • No data available on impact on VAWG prevention, or on child abuse.
Other impacts	Not documented
Lessons learned	<ul style="list-style-type: none"> • Multi-sectoral approach is important for providing comprehensive package of services to survivors and thereby preventing future violence. • Need to allow sufficient time and resources to follow up with survivors when they return to their communities. The 2013 evaluation noted that reliance on untrained child protection and GBV committees and local policing structures was occasionally putting people at risk of further violence and stigmatisation • Importance of strong links with relevant ministries such as MINISANTE, MIGEPROF, MINIJUST and civil society actors to increase relevance of the centres and uptake of services. • Need for budget to include regular awareness-raising of services and GBV • Importance of ongoing training and capacity building for staff, with some staff in the 2013 evaluation not having received any formal training.
Further information	<p>UN Rwanda (2019) Rwanda's holistic approach to tackling the different faces of gender-based violence</p> <p>Bernath, T and Gahongayire, L (2013) Final evaluation of Rwandan Government and ONE UN ISANGE One Stop Centre.</p> <p>Nyamwasa, D., Ndejuru, R., Schafer, I., Sinayobye, F., Munyankindi, L. and Munyashongore, C. (2015) 'Prise en charge holistique des victimes de la violence conjugale: une etude retrospective de 243 colliges a Isange One Stop Center, Hopital de Police de Kacyiru, Kigali, Rwanda', <i>Rwanda Medical Journal</i>, 72(2).</p> <p>McKeon, R., Garcia-Moreno, C. and Colombini, M. (2020) 'The implementation and effectiveness of the one stop centre model for intimate partner and sexual violence in low- and middle-income countries: a systematic review of barriers and enablers', <i>British Medical Journal</i>, 5(3).</p>

11. Workplace-based intervention: GBV training with local coffee cooperatives

Description of programme activities	This workplace-based intervention worked with three local coffee cooperatives to reach 6,500 farmers in GBV prevention and promote healthy families. At the same time, the initiative also aimed to increase coffee production and included seed
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	<p>money to produce coffee baskets and other income-generating projects. Activities included:</p> <ul style="list-style-type: none"> • 60 leadership trainings and workshops for both men and women from three coffee cooperatives (COOPAC, ABAKUNDAKAHWA, and DUKUNDEKAHWA) – the trainings were done both separately for men/women and then together. • Trained cooperative members then went into workshops and conducted further training and workshops with coffee cooperative members and their villages. • After the training, cooperative members conducted community awareness campaigns on GBV.
Timeframe	2009-2012
Implementers	Rwandan Men's Resource Center (RWAMREC)
Coverage	Rural low-income communities in Rwanda
Type of VAWG	Intimate partner violence
Evaluation methods	Qualitative evaluation – interviews. The project was a pilot one (as part of a multi-country evaluation with impact evaluations).
Impact on VAWG	<ul style="list-style-type: none"> • Reported increase in the questioning of GBV by men and decrease in number of GBV cases, although the results are informal and there was no control group or pre/post test results. • Women participants said they had increased their reporting of GBV incidents (both for themselves and others), many of which were referred to the police • Many workshop participants who received GBV training have become role models in their communities. With support from community leaders, some have established local clubs to prevent GBV in their communities. Others have done training for community events.
Other impacts	<ul style="list-style-type: none"> • Greater economic empowerment and financial stability – cooperative members continued generating an income during the post-harvest system • Attracted international recognition, including when an American corporation (Dean's Bean Company) purchased the woven baskets
Lessons learned	<ul style="list-style-type: none"> • Workplace initiatives, such as coffee cooperatives are a potentially low-cost way to work at scale to reach large numbers of participants with GBV messaging • Further potential for scale-up – the mayor of one of the communities requested the activities to be scaled up to other sectors beyond coffee cooperatives
Further information	Promundo (2012) Engaging Men to Prevent Gender-Based Violence: A Multi-Country Intervention and Impact Evaluation Study , Report for the UN Trust Fund. Washington, DC: Promundo.

12. Strengthening the identification and protection of victims of trafficking among refugees in Rwanda

Description of programme activities	<p>This intervention responds to research showing that Rwanda is a transit country, and to a lesser extent a country of origin, for trafficking of women, girls and children, with most intercepted victims being females. Activities include:</p> <ul style="list-style-type: none"> • Research in refugee camps and surrounding communities • Capacity building • Awareness raising activities including mobile cinema, Umuganda,* drama groups, radio shows and mass campaigns (posters, brochures) <p>* = Umuganda has been translated as 'coming together in common purpose to achieve an outcome' and is also known as community work. In the refugee camps, Umuganda takes place every month and individuals aged 18-65 participate.</p>
Timeframe	2018 - 2019
Implementers	IOM Rwanda, American Refugee Committee, with partners including One UN, UNHCR, the Legal Aid Forum and Ministry in charge of Emergency Management (MINEMA).
Coverage	National campaigns with targeted activities in border districts of Huye, Rusizi and Rubavu, in refugee camps and host communities in Rwanda, including Kigeme, Mugombwa, Kiziba, Gihembe and Nyabiheke refugee camps
Type of VAWG	Trafficking, SGBV and child abuse
Evaluation methods	No evaluation publicly available
Impact on VAWG	<ul style="list-style-type: none"> • Reached over 3 million people in Rwanda in 2021 with awareness-raising messages on what human trafficking is and ways to combat it • No evidence yet on impact on prevention
Other impacts	None publicly available
Lessons learned	<ul style="list-style-type: none"> • The campaign focused on congregation points (markets, bus stations, points of entry, distribution centres in refugee camps, youth centres, schools and colleges) • Focus on areas where women and girls might be at risk of trafficking, for example in Rubavu district, the campaign team visited the cross-border market to disseminate posters and flyers in the market where over 2,000 women crossing from the border town of Goma in neighbouring DRC
Further information	<p>IOM (2019) Flash Report: Awareness Raising on Trafficking in Persons, SGBV and Child Abuse in Refugee Camps</p> <p>IOM Rwanda (2019) Millions of people in Rwanda reached by messages on human trafficking</p>

13. Girls Take the Lead: Building Assets of Adolescent Girls in Refugee Camps in Rwanda

Description of programme activities	<p>This project worked in two refugee camps with girls aged 12-17 to increase their access to safe spaces, counselling and referrals, as well as working with boys aged 15-17 to promote gender equality and prevent violence. Activities included:</p> <ul style="list-style-type: none"> • Establishment of girl-friendly spaces to practice healthy behaviours, develop peer networks, build knowledge of reproductive health, financial literacy and report violence. Girls can also access counselling and referral services for GBV • Better Life Options and Opportunities Model (BLOOM) – a gender-transformative delivery of life skills through safe spaces using local mentors • Men Engage approach to train boys and men in preventing violence and promoting gender equality • Youth savings group and 'Enterprise Your Life' to equip adolescent girls and boys with skills in savings, entrepreneurship and financial literacy
Timeframe	2016 - 2019
Implementers	Plan International Rwanda, with Government of Rwanda, UNHCR and Nike Foundation
Coverage	Gihembe and Nyabiheke refugee camps
Type of VAWG	GBV against adolescent girls
Evaluation methods	Pre and post-test surveys and end line evaluation with interviews and focus group discussions
Impact on VAWG	<ul style="list-style-type: none"> • Girls and community members felt the incidence of rape in the camps had reduced since the project started • Participants also noted a decline in men and boys using drugs or alcohol, substances which they felt led to violent and disrespectful behaviour. • Decreased level of violence according to community stakeholders, parents and adolescent girls and boys. Many attributed this to an increase in awareness of the rights of girls. Both boys and girls said that the education and sensitization by mentors had contributed to reduced domestic violence by fathers. • Increased awareness of reporting systems available in camp and safe spaces - 94% of girls participating in GTTL could identify at least one safe space as compared to 74% in the baseline, with these safe spaces referred to as 'the heart' of the project • But no significant changes in men and boys' attitudes or behaviours through the Men Engage Programming (see lessons learned)
Other impacts	<ul style="list-style-type: none"> • Improvements in girls' personal self-esteem • Increased ability to make health decisions - 94% of girls in the post-test were aware of ways to prevent pregnancy – a 19% increase from the pre-test. • Decline in number of risky activities undertaken by adolescents outside of the camp, according to members of youth savings groups • Increase in financial literacy and economic activity established through savings
Lessons	<ul style="list-style-type: none"> • Male mentors need ongoing training to build knowledge and facilitation skills

learned	<p>on how to prevent complex and deeply-rooted beliefs about (?) violence</p> <ul style="list-style-type: none"> • Need to ensure curriculums aimed at adolescents are age-appropriate, with younger boys struggling to grasp the content of the Men Engage curriculum • Importance of engaging with parents and wider community to ensure girls' participation and introduce concepts such as GBV and gender equality – these were introduced through community forums like parents' dialogue, evening sessions, and <i>umuganda</i> (community work). When parents learned about the Men Engage approach, they started to support more equitable household gender roles.
Further information	<p>UNHCR / Global Compact on Refugees (2019) Building Assets of Adolescent Girls in Refugee Camps in Rwanda</p> <p>Page 20 of Plan International (2021) Engaging girls, boys and youth as active citizens: Plan International's Position Paper</p>

14. Voicing Out

Description of programme activities	This project trains community mobilisers to organise community advocacy groups of women and girls with disabilities to raise awareness about GBV. The groups also advocate that public services and NGO initiatives that prevent GBV should accommodate the specific needs of women with disabilities. All cases of violence that are raised in the groups are handled through a multi-stakeholder process, starting with referral to the One Stop Centers offering medical care for survivors of sexual violence, involving the police in cases of physical violence, and providing legal support as required.
Timeframe	2016 - 2019
Implementers	Umuryango Nyarwanda w'Abagore Bafite Ubumuga (UNABU), or the Rwandan Organization of Women with Disabilities. UNABU receives funds from Disability Rights Fund and is a Jo Cox Memorial Grant holder, funded by UK Aid Direct.
Coverage	Work started in two rural districts of Muhanga and Rwanmagana, with hopes to expand nationally
Type of VAWG	Violence against women with disabilities
Evaluation methods	Not evaluated
Impact on VAWG	<ul style="list-style-type: none"> • Group discussions helped UNABU collect information about priorities and issues, such as high incidence of unintended pregnancies due to sexual violence.
Other impacts	<ul style="list-style-type: none"> • Women have expressed that they feel more empowered and supported, with greater self-esteem. One community mobiliser noted that: "Some members of the group were not even registered [in the civil registers; they thought they had no value]" • Some qualitative evidence of greater economic empowerment, with UNABU successfully defending cases of economic violence due to denial of income or

	inheritance and enabling women to own parcels of land and earn income
Lessons learned	<ul style="list-style-type: none"> • Leadership of women with disabilities is the key to sustainability, with trusted leaders encouraging others to join and freely voice their experiences and priorities • Importance of creating collaborations between UNABU and other groups to highlight the diversity in the disability community, share experiences and build capacity
Further information	Disability Rights Fund (2021) Our Stories of Change: Voicing Out UNABU (2018) Gender-Based Violence prevention through a grassroots initiative led by women with disabilities

15. Recovering Better and Inclusively from COVID-19 through a Sensitive Social Protection System in Rwanda

Description of programme activities	This project targeted women and girls disproportionately affected by the COVID-19 pandemic with a sensitive social protection system, including female headed households, survivors of violence, teen mothers, domestic workers and refugees. The programme also provided support to Rwanda's hotline for GBV cases, women's safe spaces and Legal Aid Forum.
Timeframe	2021-2022
Implementers	UN Women Rwanda and UNHCR
Coverage	Cross-border districts of Nyamasheke, Musanze Nyagatare and Gatsibo.
Type of VAWG	GBV in all its forms
Evaluation methods	Not evaluated
Impact on VAWG	<ul style="list-style-type: none"> • Support to Rwanda Women's Network enabled it to continue providing its hotline – 3,435 cases of sexual and gender-based violence (SGBV) were recorded, of which 934 received psychosocial support and referred to relevant service providers • 16 women's safe spaces were equipped with an emergency support fund for survivors of SGBV • 50 victims of violence were represented in court thanks to support to the Legal Aid Forum – one survivor who received legal support after intimate partner violence said "I felt like my life and that of my two children were in peril. Thanks to UN Women's support, I got legal protection by filing for divorce".
Other impacts	-
Lessons learned	<ul style="list-style-type: none"> • Importance of providing targeted support to women and girls most at risk of violence • Value of integrating measures to address violence through social protection programming

	<ul style="list-style-type: none"> Value of working together through different implementing partners, which included the Local Administrative Entities Development Agency (LODA), Legal Aid Forum (LAF), Faith Victory Association (FVA), AJIPRODHO Jijukirwa, Rwanda Women's Network (RNW) and the National Association of People Living with HIV (ANSP).
Further information	UN Women Africa (2022) How UN Women led social protection programme helped vulnerable women in Rwanda overcome impact of COVID-19

16. Health and Empowered Youth Project

Description of programme activities	This project aims to prevent sexual violence and teenage pregnancy through activities in schools and local communities, as well as interactive radio shows to tackle stigma. Young mothers are also trained in life skills and income generation, with several receiving loans between 50,000 and 150,000 RWF.
Timeframe	2020-2023
Implementers	Rwanda Biomedical Centre, Imbuto Foundation, Good Neighbors International, ALIGHT, and African Humanitarian Action. Funded by UNFPA and the Korea International Cooperation Agency (KOICA)
Coverage	Districts of Rusizi, Karongi, and Nyamasheke; as well as in the refugee camps of Mahama, Kigeme, Mugombwa, Kiziba, Nyabiheke,
Type of VAWG	Sexual violence against adolescent girls
Evaluation methods	Not evaluated
Impact on VAWG	Ongoing – no information available
Other impacts	Ongoing – no information available
Lessons learned	Ongoing – no information available
Further information	UNFPA (2021) ' Empowering adolescents and young people to end teenage pregnancy and sexual violence in Rwanda ', UNFPA News Release, 2 July 2021. UNFPA Rwanda (2022) ' Renewed Hope to access education, health and economic opportunities in Nyamagabe District ', UNFPA Rwanda, 31 January 2022.

Annex 2: Methodology

This rapid research query has been conducted as systematically as possible, under tight time constraints (up to 9 days).

Step 1: Search – Evidence was identified through online desk-based research. Searches were conducted using Google and relevant electronic databases using key search terms including but not restricted to: Rwanda AND gender based violence, GBV, violence against women, VAWG, violence against girls, violence against children, intimate partner violence, IPV, sexual violence, physical violence, emotional/ psychological violence, economic violence, child marriage, trafficking, online violence AND drivers, causes OR impacts, consequences, effects AND COVID-19, economic crisis/ shocks/ decline, food prices, Ukraine war AND intervention, evaluation, project, programme, program.

Step 2: Inclusion - To be eligible for inclusion in this rapid evidence review and mapping, reports had to fulfil the following criteria:

- **Focus:** Evidence on VAWG in Rwanda with focus on key issues, prevalence, drivers and impacts. Programme documents, evaluations, and research on previous and existing VAWG prevention interventions in Rwanda, with focus on evidence of impact and lessons learned.
- **Time period:** From January 2010 to present.
- **Language:** English.
- **Publication status:** Publicly available – in almost all cases published online
- **Geographic focus:** Rwanda
- **Format:** Research reports, evaluation reports, peer-reviewed journal articles, systematic reviews, rapid assessments, grey literature
- **Study design:** All study types, designs, and methodologies including primary and secondary studies with clear methodologies to enable an assessment of quality

Endnotes

- ¹ National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF (2021) *Rwanda Demographic and Health Survey 2019-20 Final Report*. Kigali, Rwanda, and Rockville, Maryland, USA: NISR and ICF.
- ² National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF (2021) Ibid.
- ³ National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF (2021) Ibid.
- ⁴ U.S. Department of State (2021) *2021 Trafficking in Persons Report: Rwanda*, <https://www.state.gov/reports/2021-trafficking-in-persons-report/rwanda/>
- ⁵ Ministry of Health (2017) *Violence Against Children and Youth: findings from National Survey, 2015-16*. Kigali, Rwanda.
- ⁶ National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF (2021) *Rwanda Demographic and Health Survey 2019-20 Final Report*. Kigali, Rwanda, and Rockville, Maryland, USA: NISR and ICF.
- ⁷ Based on a total sample of 1600 women – including both those participating in the intervention and a household survey with women living in the intervention and control communities.
- ⁸ National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF (2021) *Rwanda Demographic and Health Survey 2019-20 Final Report*. Kigali, Rwanda, and Rockville, Maryland, USA: NISR and ICF.
- ⁹ National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF (2021) Ibid.
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- ¹¹ Ministry of Health (2017) *Violence Against Children and Youth: findings from National Survey, 2015-16*. Kigali, Rwanda.
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- ¹³ Human Rights Watch (2020) 'Rwanda: lockdown arrests, abuses surge', April 24, 2020
- ¹⁴ UNFPA (2021) 'Empowering adolescents and young people to end teenage pregnancy and sexual violence in Rwanda', UNFPA News Release, 2 July 2021. <https://reliefweb.int/report/rwanda/empowering-adolescents-and-young-people-end-teenage-pregnancy-and-sexual-violence>
- ¹⁵ Rwanda Ministry of Health (MOH). (2017). *Violence Against Children and Youth: findings from National Survey, 2015-16*. Kigali, Rwanda.
- ¹⁶ Kerr-Wilson, A.; Gibbs, A.; McAslan Fraser E.; Ramsommar, L.; Parke, A.; Khuwaja, HMA.; and Jewkes, R. (2020). *A rigorous global evidence review of interventions to prevent violence against women and girls*, What Works to Prevent Violence Against Women and Girls Global Programme, Pretoria, South Africa; WHO (2019) *RESPECT women: Preventing violence against women*. Geneva: World Health Organization.
- ¹⁷ National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF (2021) Ibid.
- ¹⁸ National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF (2021) Ibid.
- ¹⁹ Human Rights Watch (1996) *Shattered Lives: Sexual Violence during the Rwandan Genocide and its Aftermath*, <https://www.hrw.org/reports/1996/Rwanda.htm>
- ²⁰ Human Rights Watch (1996) Ibid.
- ²¹ National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF (2021) Ibid.
- ²² Thomson, D.R., Bah, A.B., Rubanzana, W.G. *et al.* Correlates of intimate partner violence against women during a time of rapid social transition in Rwanda: analysis of the 2005 and 2010 demographic and health surveys. *BMC Women's Health* 15, 96 (2015), <https://bmcmomenshealth.biomedcentral.com/articles/10.1186/s12905-015-0257-3#citeas>
- ²³ Rwanda: Law No. 59/2008 of 2008 on Prevention and Punishment of Gender-Based Violence [Rwanda], 10 September 2008, available here: <https://www.refworld.org/docid/4a3f88812.html>
- ²⁴ Hatton, D. and Ridout, H. (2020) *Final Evaluation of the Prevention+ Programme*, inFocus Consulting Ltd., https://aidstream.org/files/documents/Prevention+-Final-Evaluation-Report_INFOCUS-20210406080416.pdf
- ²⁵ See Sleggh, H. and Kimonyo, A. (2010) *Masculinity and Gender Based Violence in Rwanda: Experiences and perceptions of men and women*, and Mannell, J. and Jackson, S. (2014) *Intimate Partner Violence in Rwanda: Women's Voices*, London School of Economics
- ²⁶ Mannell, J. and Jackson, S. (2014) *Intimate Partner Violence in Rwanda: Women's Voices*, London School of Economics

- ²⁷ National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF (2021) Ibid.
- ²⁸ Corboz, J., Jewkes, R. and Chirwa, E. (2020) *Violence against younger and older women in low-and middle-income settings*, Evidence Brief, <https://www.whatworks.co.za/documents/publications/397-age-and-ipv-low-and-middle-income/file>
- ²⁹ Isimbi, R., Manzi Simpunga, D. and Domingo, P. (2018) *Policy and legal analysis notes: Rwanda. A review of the National Policy against gender-based violence*, GAGE Digest
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- ³³ Aimable, H. et al. (2015) in International Alert (2016) *Decision-making and joint control rights over land in Rwanda*, https://www.international-alert.org/wp-content/uploads/2021/08/Rwanda_LandDecisionMakingControlRights_EN_2016.pdf
- ³⁴ Government of Rwanda, UN Women and UNFPA (2021) *COVID-19 Rapid Gender Assessment – Rwanda 2020*. <https://reliefweb.int/report/rwanda/covid-19-rapid-gender-assessment-rwanda-2020>
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