



**Convention on the Elimination
of All Forms of Discrimination
against Women**

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**Concluding observations of the Committee on the
Elimination of Discrimination against Women: Rwanda**

Addendum

**Information provided in follow-up to the concluding observations
(CEDAW/C/RWA/CO/6)***

* In accordance with the information transmitted to States parties regarding the processing of their reports, the present document was not formally edited before being sent to the United Nations translation services.

Introduction

1. The information provided hereunder were prepared in response to paragraph 48 of the concluding observations (CEDAW/C/RWA/CO/6) of the Committee on the Elimination of Discrimination against Women, following the presentation by Rwanda in 2009 of the combined 4th, 5th and 6th report on the implementation of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). Paragraph 48 requests Rwanda to submit (within two years) written information on the implementation of recommendations formulated in paragraphs 26 and 36 of the said concluding observations.
2. The preparation of this information was coordinated by the Task Force on Treaty Reporting. The collection of information was carried out through a participative approach involving different Government institutions, UN Agencies and civil society organizations.

Response to the recommendations in paragraph 26

Efforts to prevent and repress violence against women, in particular sexual violence and domestic violence

3. Policies, programmes and strategies that give high priority to the prevention and repression of violence against women were implemented, namely: The National Gender Policy; the Gender Cluster Strategic Plan; the National Action Plan (2009-2012) for the implementation of the United Nations Resolution 1325; the National Gender-based Violence Policy and its 5-year strategic plan; specific laws repressing GBV as well as gender economic empowerment strategies and policies; the National Accelerated Plan for Women, Girls, Gender equality and HIV (2010–2014), in response to HIV/AIDS and Gender issues, closely aligned to the country's National Gender Policy and National Strategic Plan on HIV and AIDS 2009-2012. The National Accelerated Plan (NAP) sets ambitious targets, including steps to improve Universal Access to HIV prevention, care, treatment and to ensure national laws and policies aimed at protecting and promoting the rights of women and girls in the context of HIV pandemic.
4. GBV committees were established from the central level to the village (Umudugudu) level, with the purpose to ensure the implementation of laws, policies and strategies for the prevention and the eradication of GBV. The main mission of these committees is to sensitise the population to carry out advocacy in favour of GBV victims, to denounce offenders of gender related offences, collect data, monitor and evaluate the level of application of policies and strategies, contribute to capacity building of the population, manage and distribute emergency support funds to victims of gender-based violence. These committees are affectively functioning and resourced countrywide.
5. Modalities for the implementation of Security Council resolution 1325 were elaborated. These modalities include among others: the establishment of the National Steering Committee to implement Security Council resolution 1325; the development of the National Action Plan 2009-2012 with implementing budget estimated at 9,056,000 USD; mobilisation of women to join national security forces and peace keeping operations; training of decision makers in gender, peace and security; organisation of a series of training seminars on Security Council resolution 1325; training of women leaders on conflict management, mediation and peace negotiation techniques; and monitoring of the level of ratification of regional and international legal instruments related to women rights.
6. Other GBV prevention and repression measures were reinforced, especially the "Community Policing programme", the Gender Desk of the National Police and the Gender Desk of Rwanda Defence Forces (RDF). The National Police operates a one-stop centre to

deal with cases of gender-based violence. This is one of the most successful activities of the National Police in response to GBV and to violence against children. There is a free toll hotline used by victims and the community to report gender-based violence. RDF supported the creation of 3,647 anti-GBV clubs in all districts to promote efficient and effective prevention of GBV. RDF also initiated weeks of anti-GBV programmes and the training of more than 5,000 soldiers on the fight against GBV.

7. Various community initiatives on the fight against sexual/domestic violence are now operational, including among others, “inzego z'impuruza” (whistle blowers) which are composed of all people who monitor issues related to gender, provide information on a daily basis. There is also “Akagoroba k'ababyeyi” (parents’ evening), a forum in which all parents of the village meet every evening to discuss all social and health issues, including possible violence to which women and children may be subjected.

8. A special unit for the follow up and the prosecution of GBV related crimes and the unit for the protection of victims and witnesses in general were set up in the National Public Prosecution Authority (NPPA), with a free toll hotline. The Government made a decision to try GBV cases in Districts where offences were committed.

9. Other Government programmes contributed to the prevention of GBV: the good governance policy; 12-years basic education; elimination of gender-based stereotypes in educational programmes at all levels; women economic empowerment and the commitment of the Rwandan society.

10. Civil society organisations play an important role in actions related to the prevention and the fight against sexual and domestic violence. Among 32 NGOs and civil society organizations intervening in GBV, 25 (78%) intervene in sensitisation, 9 (28% in capacity building, 12 (32.5%) in research and advocacy, 5 (15.6%) in girls education and women empowerment, 4 (12.5%) in medical support, 5 (15.6%) in psycho-social support, 9 (28%) in legal aid and 6 (18.7%) in economic support (Gender Monitoring Office, GBV Mapping Report, June 2010).

Prevention and elimination of violence against women, especially in refugee camps, institutional mechanisms to coordinate measures adopted, monitoring and evaluation of mechanisms

11. Sensitisation activities targeting refugees on behavioural change and the fight against gender-based violence are carried out in refugee camps, in the framework of the "Through Our Eyes Project" implemented by an NGO called American Refugee Committee (ARC). Gender Clubs and GBV Counselling Centres were introduced in refugee camps. Training programmes targeting refugees on the fight against GBV were organised.

12. Community Policing Initiative Project is being introduced in refugee camps by the National Police in collaboration with the Ministry for Disaster Management and Refugees (MIDIMAR). This Ministry was created in 2010 to ensure the implementation of the National Refugee Policy, to monitor and evaluate the efficiency of measures adopted in the management of refugee camps and to ensure the respect of the rights and the social welfare of refugees. MIDIMAR, in collaboration with UNHCR, UNICEF, UNDP and UNIFEM, has developed standard procedures for fighting against GBV in refugee camps in Rwanda.

13. The “Gender Cluster Secretariat (GCS)” was created to facilitate the collaboration and the coordination of all interventions in the area of gender through sharing experience, information, identification of possible gaps, lobbying and advocacy, to ensure the promotion of equality between sexes in all sectors and the creation of functional and comprehensive platform of actors involved in gender issues in Rwanda.

14. The Gender Monitoring Office (GMO) was established with responsibilities of monitoring how the fundamental principles of gender are respected in all organs at government, private, non-governmental and faith based levels; identifying where gender-based inequalities exist in all national bodies and provide a way to rectify them and proposing to the relevant administrative institution the strategies to be taken in order to avoid violations of gender equality. There is a National Technical working group on GBV, led by the Ministry of Gender and Family Promotion (MIGEPROF) and involving development partners, line Ministries and civil society organisations which coordinate activities related to GBV, in partnership between the Government of Rwanda and development partners. The Ministry of Health has also established a technical GBV working group on medical issues related to GBV.

Intensification of sensitisation activities to combat violence against women

15. Sensitisation programmes on the eradication of gender-based violence have been intensified through the following activities: 16 days of activism on fighting against Gender-based Violence from 25 November to 10 December every year. The 16 days of activism in 2010 were marked under the theme “Strengthen the collaboration of the security organs, the population and other instances in ending all forms of violence against women”. Activities carried out include the sensitisation of local communities on the prevention of GBV, the construction of shelters for vulnerable women and families, the awarding of people who have excelled in the fight against gender-based violence at the local community level, etc.

16. In October 2010, the “UN Africa Unite Campaign” was launched in Kigali with the Kigali International Conference on the Role of Security Organs in Reducing Violence against Women and Girls, which was organised by the Rwanda National Police, the Rwanda Defence Force and the UN system. 150 participants representing senior military and police officers responsible for Gender and Community Policing affairs as well as prominent members of civil society organizations from 13 African countries attended the said International Conference. The meeting was concluded with a proclamation and signing of the Kigali Declaration by all participating countries where it was agreed that security organs, working with key partners in their countries, would come up with implementable Action Plans comprising practical interventions targeting Violence against Women and Girls.

17. In 2011, Rwanda security forces sensitised 500 local leaders in Kigali City on the fight against GBV and the same sensitisation activities are regularly carried out in other four Provinces of the country. Civil society organisations, including churches,¹ encourage denunciation of GBV cases.

18. Other initiatives were taken, especially the creation of "gender clubs" in all schools (primary, secondary, higher learning institutions), public institutions and private institutions and the participation of men in the fight against gender-based violence, such as RWAMREC². Men are elected in GBV Committees, and involved in carrying out advocacy in the fight against GBV.

¹ In the effort to build capacity and sensitise church members, the Rwanda Protestant Council (CPR) and the Gender and HIV/AIDS Department organised a seminar-workshop in Bugesera District from 17-21 November 2009. The theme of the seminar was based on Law No. 59/2008 of 10 September 2008 on the Prevention and Repression of Violence against Women and Children, as well as on the Tamar Campaign approach and Security Council resolution 1325 on protecting women.

² Rwanda Men’s Resources Centre (RWAMREC) is a non-governmental organization that was founded by men with experience in gender and human rights, in an effort to engage men and boys in the fight against gender-based violence in Rwanda.

19. The National Women Council, in partnership with the Forum for Women Parliamentarians, organises regular field visits in Districts to discuss GBV issues. The 2011 International Women Day celebrated every year on 08 March, involved more than one Million men and women in all Districts of the Country. Slogans, drama plays on the fight against gender-based violence were conveyed and disseminated through mass media communication.

20. An NGO known as “URUNANA Development Communication” produces drama plays on behavioural change, which are broadcasted by local and international media: BBC, Radio10 and Radio Rwanda (National Radio) in Kinyarwanda (National language). The messages conveyed are associated with HIV/AIDS, maternal and child health, family planning, reproductive health, economic capacity building of women and equality between men and women.

Support services, reception and hosting centres with qualified personnel and necessary financial resources for their efficient operation

21. “ISANGE One Stop Centre” which means “feel welcome,” set up in July 2009 by the Government of Rwanda, was created to receive, host, care and treat GBV survivors. It is located in Kigali at the National Police Hospital. A second centre was opened few months later in Gihundwe General Hospital, in Western Province, following the same model. These Centers offer free-of-charge holistic services to survivors of GBV and until March 2011 a total number of 2,171 survivors have so far benefited from services of Isange One Stop Centre. 1,388 survivors were sexual violence cases of which 453 cases were satisfactorily prevented from STIs and unwanted pregnancy and 1,177 cases were prosecuted in 2010 only. The centre operates a free hotline for help, protection from further violence, investigation of crimes, medical and psycho-social care as well as support and collection of forensic evidence. This centre is based on an innovative multidisciplinary approach to cases of GBV: in a single place, survivors are given medical and psychosocial care (including prevention of post-trauma disorders, emergency contraceptives, and prevention of sexually transmitted infections and unwanted pregnancies), as well as legal assistance.

22. The survivor may stay in the centre in a safe room for a short period if his/her security so requires. A new safe house will be built soon to respond to increasing demands of this kind of services. Laboratories and pharmacies are equipped. Social workers at the centre monitor survivors and their families through home visits, home-based care, and psycho-social support to ensure social reintegration. A legal-medical report is produced for further investigation; evidences are collected and forwarded to the competent prosecutor. This centre has qualified personnel that complement one another (specialist doctors, legal experts, investigators, psychologists - clinicians, social workers...).

23. The challenge is that these centres are not enough and in general the country lacks sufficient qualified health and medical personnel. The Ministry of Health is working on a National Scale-Up Strategy, to expand these centres and equip at least each of the 5 provinces with a One Stop Centre in the next 2 years.

24. In the framework of social rehabilitation and reintegration, women and children who are victims of GBV are provided with legal assistance to ensure that their perpetrators are duly prosecuted. Since June 2009, each “umudugudu” (village) has a GBV Protection committee in charge of first aid, and referral of GBV survivors. At least a woman Police officer, in charge of violence against women, is posted at the level of the 69 National Police Stations to deal with gender issues, especially GBV.

25. An Order of the Prime Minister determining modalities in which government institutions prevent gender-based violence as well as mechanisms of reception, relief,

defence, care and assistance to the victim in view of the reintegration of his/her health is being elaborated.

26. Another initiative to be noted is the fact that Kigali City has been made a safer place for women to avoid victimisation and stigmatisation of women. Former commercial sex workers, street beggars and widows are being sensitised, mobilised and organised into income generating associations. The Government, Kigali City Council and other town councils throughout the country have allocated specific places where these women can exercise their trade, in addition to giving them material and financial support through the Guarantee Fund for Women created since 1997 and continually reinforced by the National Bank of Rwanda.

27. Other forms of facilitation are available, especially the toll free hotlines to facilitate reporting of gender-based violence to the Office of the Ombudsman and the National Human Rights Commission (NHRC). These human rights organs play an important role in investigating cases of human rights violation, including GBV and other forms of discrimination against women.

Collection and publication of data disaggregated by type of violence and relationship between the author and the victim and used to monitor the implementation of general policy and support measures

28. The National Police publishes twice a year a report on the situation of gender-based violence, containing forms of violence, their frequency, relationship between the perpetrator and the victim. It is true there is a need to better systematize, collate and coordinate all GBV-related data using a national Management Information System (MIS) that captures all data from various entry points in the reporting/referral process which the forthcoming National Policy against GBV will address.

29. The National Public Prosecution Authority (NPPA), Courts and Tribunals, publish every year tried GBV cases. Gender Monitoring Office regularly collects disaggregated data with the support of UN agencies.

30. Other data are contained in recent studies and research notably: Assessment of intervention programmes for gender-based violence prevention and response, Gender Monitoring Office (GMO), 2010; Gender Profile, Ministry of Gender and Family Promotion (MIGEPROF), 2009; Reference investigation on sexual and gender-based violence in Rwanda, produced by UNIFEM, in collaboration with the Department of Applied Statistics of the National university of Rwanda...

31. In the framework of monitoring of the implementation of measures taken in fighting against all forms of discrimination against women, the GMO was created with the mission to monitor and supervise on a permanent basis the compliance with gender indicators.

32. The participation of women in decision making organs, at all levels, in the judiciary and in security organs constitute a guaranty for implementing in a comprehensive manner measures related to GBV prevention and repression.

33. It should be emphasized that the collected data by different institutions served as the basis for the formulation of policies, programs and strategies for fighting violence against women. These measures include: the Gender Strategic Plan (2010-2012), the GBV policy (2011), the National Gender Policy (2009), Gender Cluster Strategic Plan (2010-2011), the forthcoming national policy against GBV recently formulated and approved by the Government.

Review of legal provisions on prevention and repression of GBV likely to generate direct or indirect discrimination against women

34. The laws discriminating women have been reviewed, notably the nationality law, the land law, the law on Matrimonial Regimes, Liberalities and Successions and other discriminatory provisions.

35. Law No. 59/2008 of 10 September 2008 governing prevention and repression of gender-based violence has been integrated in the Rwandan New Penal Code to adapt it to newly adopted policy and strategies on the fight against GBV. In this framework, provisions that are likely to lead to direct or indirect discrimination will be reviewed.

Response to the recommendations in paragraph 36

Concrete measures to ensure that women, especially old women and those living in rural areas, have increased access to care

36. The national health system is organised in such a way to ensure universal coverage of care services. At present, 41 district hospitals and more than 430 health centres enable effective geographical access, to the extent that about 80% of the population travels a distance of less than 5 Km to reach a health care service. 91% of the population subscribed to community based health insurance (“mutuelle de santé”) and the use of health services was raised to 95% in 2010.

37. Other programmes in the area of reproductive health were initiated, especially the “Fistula programme” in which 245 women received care in 2010. A rapid SMS service was introduced to track pregnant women and to help them give birth at health centres or the nearest hospital.

38. The protection of vulnerable groups constitutes a priority and it is enshrined in the national family promotion policy. Social security programmes were formulated to assist members of families suffering from chronic and incurable diseases, old people, people with disabilities and indigent families. The “Vision 2020 Umurenge” programme provides direct support to indigent old people, and vulnerable children.

39. Rural Women are among beneficiaries of poverty reduction programmes. The “One cow per poor family” program helps poor families to fight against malnutrition and improve agricultural production through soil fertilization. A community work programmes known as “Ubudehe” helps poor families to fund micro projects and thus improve their welfare.

40. The Credit Guarantee Funds for Women was created in 1997. By 2009, its capital was RWF 255,211,407. Since the transfer of this Fund in the National Bank of Rwanda in 2007 till June 2009, a total of 179 projects were funded with an amount of RWF 291,939,485, implying that the use of the guarantee fund was estimated at 114.39%. “Agaseke” project was conceived to empower poor and vulnerable women and provide them with skills for sustainable livelihoods.

41. “Umurenge SACCO” programme is a Government initiative that aims at increasing access of financial services to citizens in rural areas. Already registered members exceed 1,155,000. The Government has contributed Rwf2.7bn to the 2011/2012 budget of the programme.

42. Further still, the Rwandan Private Sector Federation established a Chamber of Women Entrepreneurs in 2007, composed of more than 100 women associations which are active in different sectors of economic activities: trade, tourism, agriculture and livestock, transport, among others.

Efforts to remove obstacles limiting women's access to obstetric care

43. According to the 2005 Demographic and Health Survey (DHS), the maternal mortality improved from 750/100,000 of live births in 2005 to 383/100,000 live births in 2011. Rwanda is ranked among few developing countries to reach the Millennium Goals in this area. The problem of geographical accessibility to pregnant women has been resolved by the construction of an increased number of health centres and hospitals. The financial constraint has been solved by the creation of the community health insurance (“mutuelle de santé”) and free services for women who have attended recommended four Antenatal Consultations (ANC). The introduction of childbirth assisted by traditional midwives and the promotion of childbirth in health centres, increased from 27% in 2005 to 66.2% in 2010.

44. Antenatal consultations are well organised in Rwanda (96%), at least four times before childbirth. The mobilisation is carried out by four community health workers who are present at the village level. The Ministry of Health has been distributing mobile telephone sets to community health workers, to enable them to provide health reports using Rapid SMS on a daily basis. In this way, all stakeholders involved in the health sector have updated data and information on the status of the health of the population, especially maternal and child health.

45. The community-based health programme has been introduced as a framework by which community health workers sensitise and accompany women to give birth in health centres. The construction and the acquisition of equipment of maternity wards as well as the deployment of more qualified health personnel is another priority of the Government. At present the ratio is 1 doctor/17,000 inhabitants and 1 nurse /1,700.

46. At least 150 new ambulances have been acquired since 2008 and every district has at least 5 ambulances to ensure the link between health centres and hospitals for the transfer of patients, especially emergency of certain cases. Rwanda has a National Blood Transfusion Centre that is optimally operational, in case of excess bleeding at the time of delivery. In addition, there is a special training program in the area of emergency obstetric care. It should be noted that majority of health infrastructure are located in rural areas and 66.2% of qualified health personnel are appointed in these rural health facilities.

Strategic plan to reduce maternal mortality and measures to prevent unwanted pregnancies by increased access to contraception, family planning methods and sensitisation of men and women on family planning and reproductive health

47. The Reproduction Health Strategic Plan already exists and it is inspired by the National health sector Strategic Plan and the Economic Development and Poverty Reduction Strategy 2008-2012 (EDPRS). A programme for the reduction of maternal mortality has been established. Most of interventions aimed at reducing maternal mortality were described in the previous article. However, it is worth mentioning that another programme on the auditing of maternal deaths was launched. Maternal and Child Health weeks organised every year³, distributed mosquito nets (6,1 million from 2003 to June 2011), and Vitamin A contribute to the improvement of the health state of breastfeeding mothers and pregnant women. A pregnant woman receives iron supplementation and two doses of Tetanus vaccine during her pregnancy, to be fully protected.

48. The National Family Planning Programme is responsible for activities related to the prevention of unwanted pregnancies. Apart from free distribution of family planning

³ Children under the age of five and women receive critical health interventions such as immunization, de-worming and nutritional support in all 30 districts of the country.

products in all public health services, health posts are now constructed in the proximity of communities to ensure easy access to family planning products and assistance by efficiently trained personnel. In addition, a quite comprehensive sensitisation programme, using all communication channels was launched to sensitise and educate the population on the use of family planning methods. A marketing programme for the promotion of the condom has been launched, with a double purpose to prevent Sexually Transmitted Infections (STI) and unwanted pregnancies. As for the youth, integrated services targeting the youth are being progressively created at the level of the Ministry of Health and a strategic health plan for the adolescents is being elaborated. During the sensitisation sessions, men are encouraged to accompany their wives while some voluntary sterilisation services are made available to those who want them. The rate of contraceptive prevalence increased from 27% in 2008 to 45% in 2010.

49. However, the Government's efforts to promote family planning and the use of contraceptives have been derailed by some religious convictions and some religious leaders that are opposed to the use of contraceptive methods. The Government of Rwanda is in constant sensitisation, mobilisation and dialogue with church leaders to be logical and tolerate the use of contraceptives to control the spread of HIV/AIDS infections and other sexually transmitted infections (STI) as well as the density of the population. On a good note however, the mentality of some religious leaders is changing, especially on the use of the condom and other contraceptives methods.

50. Another setback is the mentality of the rural population and negative perception of contraceptive methods based on rumours that contraceptives are harmful or have adverse side-effects. These misunderstandings are due to misconceptions about contraceptives and false information. However, the Government, in collaboration with civil society organisations, has been sensitising and educating the community on sexual and reproductive health and is engaged in the distribution, at the community level, of condoms and injections in the framework of promoting family planning and to ensure accessibility of contraceptives to those who need them. This programme also targets marginalised groups such as widows and young girls who may feel shy to openly buy or acquire condoms and other contraceptives for the fear of being labelled sexually loose by the society. There is also a special program targeting sex workers since they constitute a high risk group who may engage in unprotected sex.

Review of legislation on abortion

51. The Constitution of the Republic of Rwanda prohibits interruption of pregnancy for any reason other than medical. Derogations could be made only in case of rape reported within 72 hours. Medical contraceptive treatment and emergency antiretroviral treatment are allowed to the victims of rape.

Conclusion

52. In order to promote the social and economic security of women and to reinforce measures taken in the area of GBV prevention and repression, the Government has developed a horizontal partnership between development partners, civil society organisations and security organs.

53. As it was noted in the preceding paragraphs, significant achievements have been made for the last two years and the Government of Rwanda is firmly committed to scale up its efforts in the fight against GBV and in the promotion of gender equality as a cross-cutting issue.