



PRELIMINARY ASSESSMENT OF JUSTICE CHAINS AND ATTENTION ROUTES DEALING WITH GBV

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ABREVIATION AND ACRONYMS

CHUK	:	Centre of University Hospital of Kigali
CSO	:	Civil Society Organization
CSOs	:	Civil Society organizations
DASSO	:	District Administration Security Service
OrganDIU	:	Duteze Imbere Ubutabera
GBV	:	Gender Based Violence
GMIS	:	Gender Management Information
SystemGMO	:	Gender Monitoring Office
IECMS	:	Integrated Electronic Case Management
SystemIOSCs	:	ISANGE One Stop Center
JADF	:	Joint Action Development Forum
JOC	:	Joint Operations Committee
MAJ	:	Maison d'Accès à la Justice
MINALOC	:	Ministry of Local Government
MEGEPROF	:	Ministry of Gender and Family
PromotionNHRC	:	National Human Rights Commission
NCC	:	National Commission for Children
NPPA	:	National Public Prosecution Authority
NWC	:	National Women's Council
NYC	:	National Youth Council
RIBR	:	Rwanda Investigation Bureau
RWAMREC	:	Rwanda Men's Resource Centre
SRV	:	Serology Retroviral
TPHA	:	Tripaunema Partum Human Agritunation
UNICEF	:	United Nations Children's Fund
VCT	:	Voluntary Counseling and Testing
VDRL	:	Venereal Disease Research Laboratory
VS	:	Vaginal Sign

Executive summary

The problem of gender base violence (GBV) is a worldwide concern. International community urges all actors to take all necessary steps to ensure the eradication of GBV. The government of Rwanda is well ranked for the effort of promotion of Gender. Especially Rwanda has a framework of BGV protection. To be effective, the performance is not only done by the Government but also by the CSOs. Thus, Haguruka is implementing a 3-year Access to Justice Activity entitled “DutezelmbereUbutabera (DIU)”. The project aims at improving judicial effectiveness in both formal court mechanisms and community justice (Abunzi) and improving public understanding of judicial system processes and legal rights.

In this regard, in 2018 HAGURUKA initiated a study in order to map out GBV service providers, assess the efficiency of the existing one, clarifying the responsibilities and finding out the gaps¹. In the same line, it has been initiated the present research on a preliminary assessment of Justice chains and attention routes dealing with GBV, their roles, as well as carry out a mapping exercise to define and strengthen service referral systems for GBV victims; as an integral process of improving the systematic provision of quality legal aid at District and Sector levels. This assignment reviewedthe mapping gender-based violencejustice chains, processes and attention routes in 5 Districts: Bugesera, Gasabo, Musanze, Nyamasheke and Nyaruguru.

The study confirmed that laws and policies related to GBV victim effective access to justice exist and clearly assign the role and obligation for each intervening institution. Within the selected Districts legal service providers are in place. The population of the study was composed by diverse service providers and the study used samples for quantitative and qualitative study. With regards to findings there is a noticeable commitment to all service providers. However, with so many organizations in charge of GBV victims, their working relations need the improvements in terms of information and data gathering. Furthermore, it was revealed that some financial issues prevent the effective access to Justice by GBV victims. Lastly, the facilitations for civil cases and the issue of GBV Victims full reparationstill uncertain.

¹ HAGURUKA, *Map out GBV service providers and establish GBV victims' referral system path-way fromcommunity to the national level*, Kigali, December 2018.

Chapter I. General Introduction

1.1. Background of the study

Rwanda has made a clear commitment to progress in justice sector, but key challenges remain, including Abunzi skills and resources, legal aid provision, court case backlog, implementation of laws, and public understanding of the justice system, among other areas. Overcoming these challenges will be crucial to Rwanda's ability to provide effective, impartial, and accessible quality justice and will be a necessary component of good governance and the rule of law.

Funded by USAID DutezelmbereUbutabera (DIU) through Chemonics International Inc., Haguruka is implementing a 3-year Access to Justice Activity entitled DutezelmbereUbutabera (DIU). The objective of DIU is to:

- 1) Improve judicial effectiveness in both formal court mechanisms and community justice (Abunzi); and,
- 2) Improve public understanding of judicial system processes and legal rights.

The Chemonics consortium is implementing the Duteze imbereUbutabera (DIU) Activity to increase access to justice and enhance the rule of law in Rwanda through improving judicial effectiveness in both formal court mechanisms and community justice (Abunzi); and improving public understanding of judicial system processes and legal rights. The objectives of the DutezelmbereUbutabera (DIU) activity are to improve the effectiveness of Rwanda's judicial system locally and nationally and improve public awareness of their legal rights (collectively, the system). Through this activity, DIU must achieve the following results:

- ✓ Abunzi are well trained and equipped to serve their communities, and communities report increased level of satisfaction with outcomes of cases heard by Abunzi;
- ✓ Increased quality of legal aid services available to indigent and vulnerable people;
- ✓ Case backlog is reduced through a more widely accessible IECMS;
- ✓ Improved citizen engagement in the justice process by increasing public awareness of legal rights and processes; and
- ✓ Prisoners and communities are reconciled.

1.2. Objective of the study

The objective of this study is to conduct a baseline activity to map gender-based violence justice chains, processes and attention routes. This activity was an integral cross-cutting activity as it revealed how a particularly vulnerable group of justice system ‘Users’/ or beneficiaries do access the services. In this assignment, the following activities were conducted:

- Review the existing justice services provided to GBV victims and their working relations at District, Sector, Cell, and Village levels.;
- Ascertain the number of volunteers acting in prevention (areas of intervention),
- Analyze working relations among existing service delivery chain and identify the gaps within existing service delivery chain;
- Analyze the existing data gathering mechanisms on GBV prevention;
- Develop a comprehensive Map of GBV service providers and referral pathways systems from community to the National Level Based on intervention area

The data collection process resulted in a report which pointed out the gaps within the existing service providers at District and Sector levels. This assessment report is informative to the legal aid providers’ interventions and advice on engagement modalities pertaining to public outreach activities involving the vulnerable as well as the type of materials that need to be developed.

On the other side, the study run a mapping exercise to define and strengthen referral systems, specifically for victims of GBV, at the Sector and District levels, an integral process to improving the systematic provision of quality legal aid.

This assignment comprised a workshop with service providers who engage in the referral system for GBV whereby information from the participants to develop a package of services and expected results at district, sector, and cells on responses to GBV, were collected. Within the package, the roles and responsibilities of service providers in the selected District were clearly defined.

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Chapter II. Methodology

2.1. General Approach

The participatory and collaborative approach have been used in this research. This has involved HAGURUKA staff and those in the selected stakeholders in Justice chains and dealing with GBV. They provided the necessary information to the consultant as and when required.

2.2. Data Collection Methods and techniques

2.2.1. Documentation review

The purpose of this review was to find out, on one hand, what have been done and how they have been done, in relationship with the preliminary assessment of Justice chains and attention routes dealing with GBV, their roles, as well as carry out a mapping exercise to define and strengthen service referral systems for GBV victims; as an integral process of improving the systematic provision of quality legal aid at District and Sector levels.

Such information was found in different documentations such as program/project documentations, Laws/policies and their evaluation reports, Government publications, HAGURUKA documentation, legal documents, designs and evaluations of similar projects interventions, desk studies, statistics, etc. In this regards the National Policy against Gender- Based Violence² contain the key information on the National Framework of GBV protection and promotion.

Also, the different reports from GMO as an oversight institution, reports from MIGEPROF as parent ministry of gender equality and family promotion and reports from MINIJUST as parent ministry of justice and legal aid, provided some qualitative and quantitative information on how things are done in the GBV victim protection. Also, the reports from service providers are of great importance for this Assignment. Several legal instruments especially the law establishing Institutions like RIB³, GMO, NPPA, NWC, MAJ etc.,

² MIGEPROF, *National Policy against Gender-Based Violence*, Kigali, 2011

³ The law N°12/2017 of 07/04/2017 determining its mission, powers, and functions of Rwanda Investigations Bureau Law N° 61/2018 of 24/08/2018 modifying Law N°

19/2013 of 25/03/2013 determining missions,

provided us enough information about their role in the process of GBV legal protection. Other laws are specifically GBV based⁴, thus they also contain also. From this method, we collected all second-hand data.

2.2.2. Explorative interviews

Three government institutions are targeted for having mandated to monitor and/or to coordinate activities including protection against and prevention of GBV. These Institutions are GMO as an oversight institution, MIGEPROF as parent ministry of gender equality and family promotion and MINIJUST as parent ministry of justice and legal aid. Obviously, an explorative interview with them provided the information on the overall services to be provided to GBV victims, all implementing institutions and their respective roles and relations.

2.2.3. Interviews with implementing institutions at national level

A checklist form was completed by every one of these Institutions. The main purpose of this interview was to identify their specific responsibilities in justice service chain for GBV protection and prevention at the level of local government, from District to village. The following implementing institutions have been visited at national level.

Table 1: List of anti GBV key implementing institutions

No	List of keyimplementing institutions	Number
1.	MIGEPROF (Ministry of Gender and Family promotion)	1
2.	MOH(Ministry of Health)	1
3.	GMO (Gender Monitoring Office)	1
4.	MINEDUC (Ministry of Education)	1
5.	NPPA (National Public Prosecution Authority)	1

organization and functioning of the National Commission for Human law no46/2012 of 14/10/2010 determining the powers, responsibility organization functioning of the Rwanda National police, PO no 30/01 of 09/07/2012 on specific statute for police personnel

Law N° 09/2017 of 20/03/2017 modifying and complementing Law n° 46/2010 of 14/12/2010 determining the powers, responsibilities, organization and functioning of the Rwanda National Police

⁴LAW N°59/2008 of 10/09/2008, Law on prevention and punishment of gender-based violence; LawN°71/2018 of 31/08/2018 relating to the protection of the child

6.	RIB (Rwanda Investigation Bureau)	1
7.	NCC National Commission of Children)	1
8.	NWC(National Woman's council)	1
9.	NCHR (National Human Rights Commission)	1
10.	MINALOC Ministry of Local Administration	1
TOTAL		10

2.2.4. Interview at District levels

Interviews with relevant public officials have been conducted in each of five District. They helped to know what is really done on field, by every intervenient in protection against GBV and on data gathering on GBV prevention. The following key informants were involved: MAJ agent in charge of GBV affairs, Good governance director, representative of RIB, Isange One Stop Center representative and Chief Prosecutor at intermediate court level. In addition to this, all the civil society organizations operating in the District, with activities related to GBV protection, response and care giving to victims was interviewed, (the list was provided by the District staff in charge of Gender).Interviews with relevant public officials have been conducted in each of five Districts. These are the key informants because they possess enough information of what is done on GBV cases in their respective Districts

2.2.5. Questionnaire with stakeholders

This technique helped to get additional quantitative information from the informants representing different institutions and community on field. The DIU Project staff invited the participants and the Consultant conducted the FG with them. This category of informants includes: Chief of village, National women council (NWC), the Health Councilors, CO at sector levels, and other relevant GBV concerned people. Thus with the use of purposive sampling by which the researcher administered questionnaires sought to collect quantitative data, this study was supposed to reach a sample of 140 participants, respectively, 5 GBV officers at district level, 5 participants taken from national women Council at district level, 5 DASSO commanders at district level, 5 gender officers at district level, 50 health advisors,

from each sector in respective districts, 25 youth, 25 women representatives for each sector of the respective districts 5 one stop center officers at district level, 5 police officers, one for each of the respective districts, 5 RIB at district level, 5 health centers/hospital directors, onin each District above mentioned, and other key potential informants. Along with quantitative data, we used qualitative data through a face to face interview with GBV service providers. A snowball sampling, a technique by which the researcher recruited the first participant through whom others are recruited by one another was used. Finally, 116 respondents participated to our FG and provided quantitative data for this study.

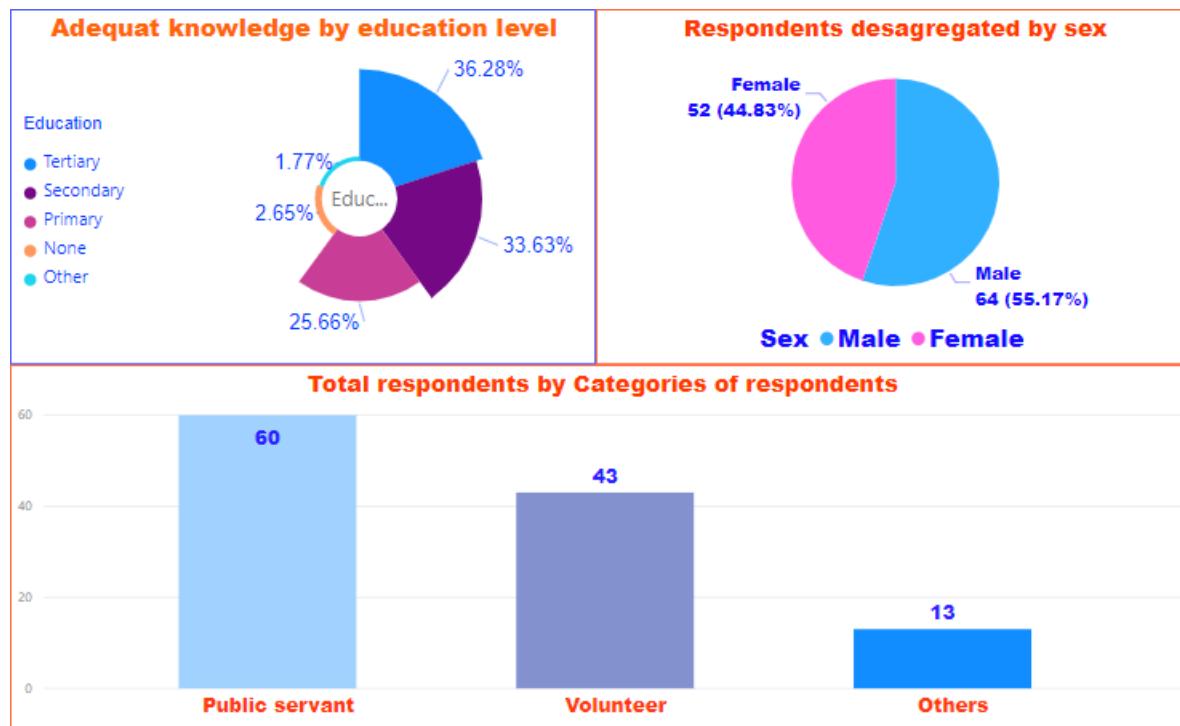
In order to evaluate the protection and the prevention of SGBV victims the relationship and the functioning of justice on SGBV the following table states the number of respondents desegregated by district:

Total respondents desegregated by district

District	Total respondents	key informants
Bugesera	25	3
Gasabo	24	7
Musanze	23	6
Nyamasheke	25	6
Nyaruguru	19	5
Total	116	27

A total of 116 respondents are from districts from the level of the cell to district level, including 25 from Bugesera, 25 from Nyamasheke, 24 from Gasabo, 23 from Musanze and 19 from Nyaruguru.

Other characteristic of respondents among stakeholders



Source: Realized by the consultant from data collected

On 116 respondents among Gender and GBV stakeholders, 60 are public servants, 43 are volunteers, and 13 others randomly interviewed. Female are 44.8% and male are 55.2%, 36.28% have a university level of education, 33.63% secondary level, 25.66% have primary level and other have not specified their education or have a vocational education.

Chapter 3: Presentation, Interpretation, and Discussion of the Finding

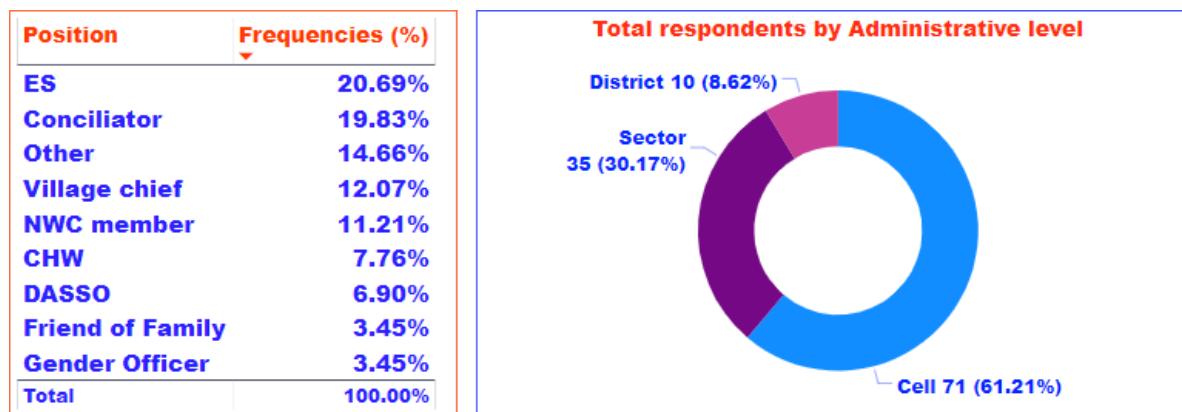
This chapter presents the results from data collection their analysis and interpretation. It state the service provides to GBV victims, their services providers relationships, the role of volunteers in this process and data gathering mechanism in five selected Districts above mentioned.

3.1. Presentation of respondents

The respondents are selected as key informants on SGBV. From village to district, 116 were interviewed at district level. Following figure shows respective categories. The demography of respondents is very important because it indicates the diversity of people intervening in GBV legal protection as well as their opinion about GBV services delivery.

Purposive sampling was used through which targeted key respondents who are first and direct contact with GBV victims. The respondents are supposed to possess key informationon the services provided to GBV victims as well as the way these services are provided. Thus, In order to collect credible information from different informants, respondents are drawn from various professions, including duty bearers and volunteers. The table below indicates the categories of professions involved.

Triangulated sources

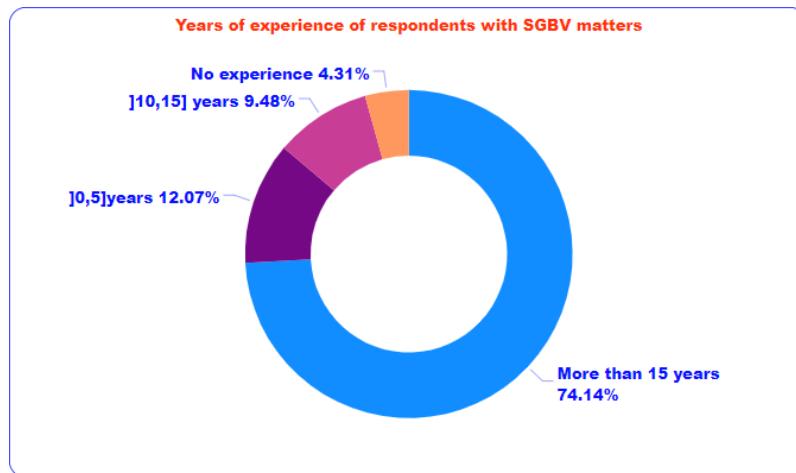


For an accurate information, sources were triangulated from different stakeholders and administrative levels. 61.21% are from cell level, 30.17% from sector level and 8.62% from district level. Majority of respondent are Executive secretary (20.69%),

followed by Abunzi

(19.83%). The group of others includes any informant met at the district and low level (GBVvictims, social affairs, etc.).

Experience of respondents



According to respondents themselves, 74.14% have more than 15 years of experience on Gender and GBV, 9.48% have an experience between 10 and 15 years, 12.07% of them have between one and five years of experience. Only

4.31% have no experience. Those who have experience have also reported SGBV cases to habilitated authorities.

Case reporting by respondents

Reported cases	Total respondents
[0,5[cases	60
None	50
[5,10] cases	3
More than 10 cases	3
Total	116

Respondents have reported SGBV cases: 60 of them have reported at least one case but less than five cases; 50 of them have not yet reported cases, three of them have reported cases between five and 10; and three have reported more than 10 SGBV case.

Data collected by questionnaire have provided some quantified qualitative information. Those data were analyzed using Excel tables.

3.2. Existing justice service chain in Rwanda

Before we embark on legal services to GBV victims it is useful to clarify the context inwhich GBV is concern of legal services.

3.2.1. General overview of the GBV protection

There is no universal definition of gender-based violence (GBV). However, Article 1 of the UN Declaration on the Elimination of Violence against Women provides a reference, defining violence against women as “any act of gender-based violence that results in physical, sexual or psychological harm or suffering, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.” The UN General Assembly Resolution on the Elimination of Domestic Violence against Women expands the scope of violence to include “economic deprivation and isolation... [Which] may cause imminent harm to the safety, health or well-being of women”⁵“Victims Sexual and gender-based violence” (SGBV) term was chosen by the consultant instead of GBV, due to the definition given by the Rwandan law itself. SGBV is defined as *“any act that results in a bodily, psychological, sexual and economic harm to somebody just because they are female or male. Such act results in the deprivation of freedom and negative consequences. This violence may be exercised within or outside households”*⁶. In this definition a typology of GBV can be deduced. The Gender Monitoring Office has defined the categories of GBV as:

- Economic violence: denial of economic rights to property, inheritance, employment or other economic benefits;
- Physical violence: the intentional use of physical force with the potential to cause harm, injury, disability or death;
- Sexual violence: act of forcing another individual, through violence, threats, deception, cultural expectation, weapons or economic circumstances, to engage in sexual behavior against her or his will; and
- Psychological violence: trauma to the victim caused by acts, threats of acts or coercive tactics; these threats are often related to sexual or physical violence⁷.

Violence is called gender-based violence because it is committed on the ground that the victim belongs to a concerned sex. This violence are violations of rights recognized, first of all in international human rights law and national law. The government Rwanda is committed

⁵General Assembly Resolution 58/147, A/RES/58/147, 19 February 2004, para. 1(a)

⁶ Law N°59/2008 of 10/09/2008 on prevention and punishment of gender- based violence

⁷ Gender Monitoring Office, Assessment of Intervention Programs for Gender-based Violence Prevention and Response, 2010, pp. 18-23. See also MINISTRY OF

tobe based on the principle of the equality and this is highlighted by the Rwandan constitution⁸ and other laws.

Rwanda has put in place a gender sensitive legal framework; The Rwandan Constitution of 2003 as amended in 2015, Law N°59/2008 of 10/09/2008 on prevention and punishment of gender- based violence, Law N°32/2016 of 28/08/2016 governing persons and family N°71/2018 of 31/08/2018 Law relating to the protection of the children the one hand, as well as the ratification of international conventions such as CEDAW⁹, the Protocol to the African Charter on the Rights of Women in Africa¹⁰ convention on the rights of the child etc. In the same line, the Prime Minister's Order N°001/03 of 11/01/2012 determining modalities in which government institutions prevent and respond to GBV was also enacted with clear guidelines to prevent and respond to GBV including domestic violence. The Order provides that gender-based violence cases must be expedited and given priority.

This study emphasises one aspect of the legal protection: " legal service to GBV victims" The full legal protection of persons implies several services involving different actors and or organs, the concept of full protection was summarized in the concept of Access to justice. This universal known legal concept contains a number of guarantees from access to information to effective reparation and guarantees of non-repetition. Legal services for GBV victims are carried out through two chains: one is related to civil cases and the other to criminal matters. Respectively, the intervening organs or service providers are also different on the basis of the nature of the case be civil or criminal.

Civil cases are not enough known and need to be specified with explanation. Let us illustrate this by some examples.

⁸ The constitution of the republic of Rwanda of 2003 revised in 2015, preamble, article 15, 48, 56, 80

⁹ CEDAW has been ratified by the Presidential Decree n° 431/12 of 10/Nov/1980, O. G., n° 4 of 15/12/1981 and it has also been translated into the KINYARWANDA language and subsequently disseminated.

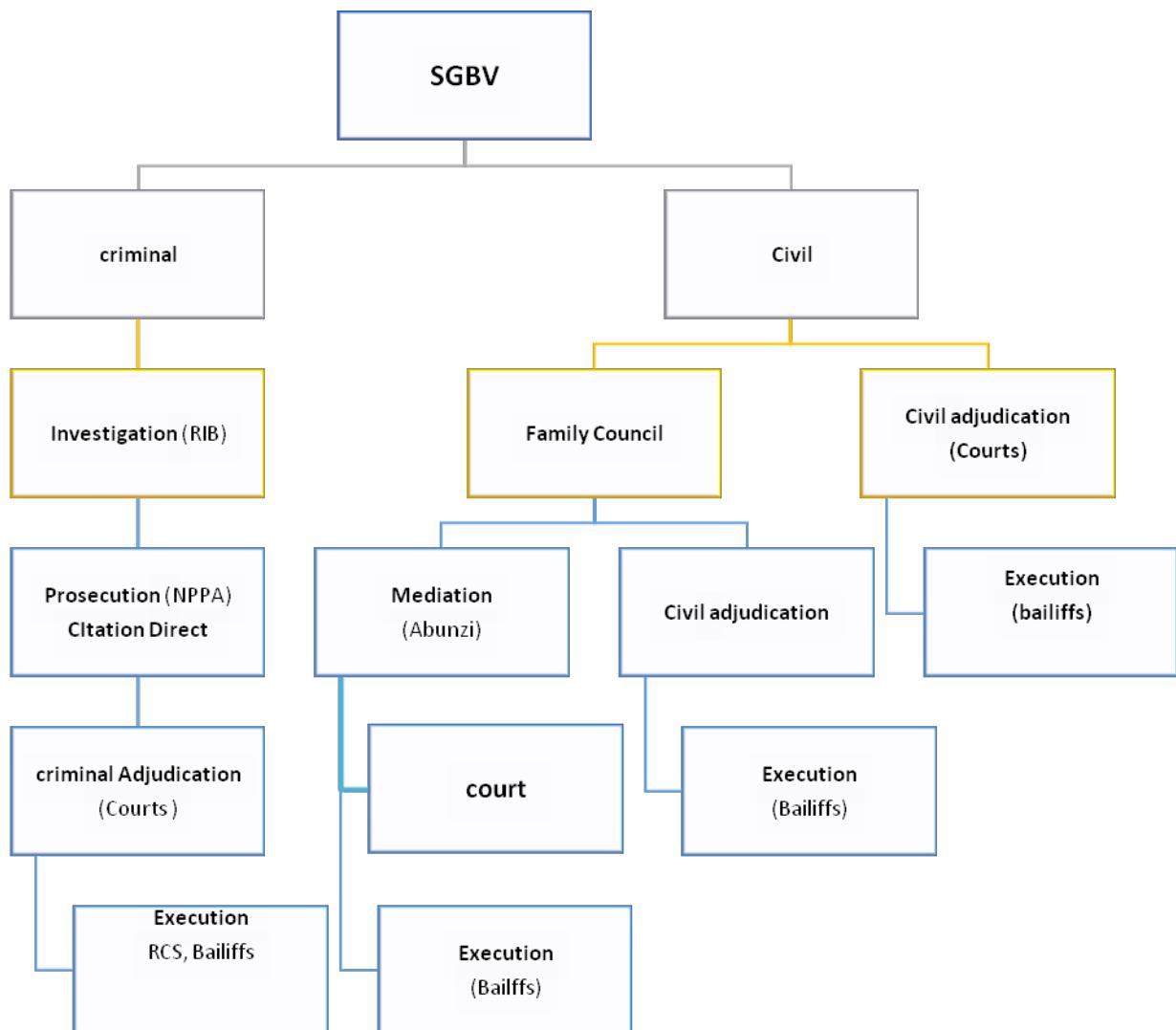
¹⁰ Protocol is already ratified (see the ratifying Presidential Order n° 11/01 of 24/June/2004, O. G., Special Number of 24/June/2004).

Context	Violated rights	Why GBV?
Civil matters		
Inheritance	Equal rights to inheritance from her parent for girls and boys Right to inheritance of her husband's or wife's property;	Denial is discrimination and cause poverty Families repudiate widows after the death of the husband, particularly when children are only girls or without child with him.
Family assets management	Equal rights to matrimonial properties (information, decision on the use);	Wives hides properties in their families or thinks that husband is the alone responsible to allocate means for the family life: cause conflicts, and other types of violence. One of spouse feels to be the owner of family assets and attempts to take decision exclusively on movable properties and needs signature for other for immovable properties. The source of majority of domestic physical, psychological and sexual violence.
Child rights	Equal rights and shared responsibilities for their children	One of the parents, frequently the mother exercises responsibility solely for their children; with recognition or not of the paternity, in wedlock or out of wedlock.
Employment	Equal rights to work; Equal treatment of men and women; Right to paid the maternity leave;	There is economic calculation by employer when deciding who to recruit; if woman become pregnant, productivity decreases (or when for some period of the months, productivity) so women can be excluded or have a low salary than a man on the same position; For maternity leave, the mother needs her salary and continue working after maternity leave but it is cost for the employer.

Majority of criminal cases have enough provisions in law and are well known in criminal cases. There are also the most reported cases, even if reporting remains weak and affects prosecution.

The following schema summarizes all pathways to be explained.

Figure no 4: GBV victim's pathways



A part civil cases related to status which are under the jurisdiction of the court, other GBV civil cases are family related and are heard by the family Council as well as the provision of art 163 state that the Family Council has the power to listen to and settle disputes relating to succession and any other dispute arising in the family. Thus any GBV case can directly be submitted to the Abunzi without prior examination by Family council. The loss of one step, in the pathways of civil or criminal cases, implies the loss of the whole case.

3.2.2. Pathways for Civil cases

The first civil justice pathway is direct submission of case in court: their particularities includes civil status, like paternity search prior to equal rights and shared responsibilities for their children, divorce, etc.

The second civil pathway is where a prior conclusion of family council is required before to submit the cases to Abunzi or to Court.

In general, majority civil GBV issues are related to family and needs a prior family council before to Abunzi. Those are cases related to inheritance, to alimony for well-known spouses, those have lived in common-law union, or have recognized children requesting alimony. The Article 16 of Law N°32/2016 of 28/08/2016 governing persons and family lists the responsibilities of the Family Council¹¹ the article 164 of the same law state on its composition¹².

¹¹Responsibilities of the Family Council are the following:

1. to protect the interests of the family;
2. to listen to and settle disputes relating to succession and any other dispute arising in the family;
3. to appoint the members of the Guardianship Council
4. to give advice at the time of appointing the guardian of an adult person;
5. to appoint the administrator of the property of the absent or disappeared person if the concerned person or the court did not appoint any;
6. to approve the adoption of the child who does not have both parents or when the parents are unable to express their consent;
7. to mediate when the parents of the child have disputes over the parental authority;
8. to consider petitions in connection with maintenance obligation;
9. to perform any other responsibility as may be determined by other laws or by the family.

¹²The Family Council is composed of the following:

1. father and mother of the concerned person;
2. siblings who have attained the age of majority;
3. at least two (2) of the relatives from his father's or mother's side depending on which side has a close relation;

4. two (2) wise people chosen by the concerned person. Where people mentioned under points 1, 2and 3 are not available, two (2) people are chosen among the friends of the family recognized for their honesty.

Other pathway is where family council is prior to admissibility of the cases in court. The following table summarizes civil pathways:

Table 2:Summary of civil pathways

1. Direct submission of cases to court			
Duty bearers	Requirement for the victim	Output	Gaps
Primary court, Intermediate court, Appeal court, Supreme court.	Use of IECMS, Bailiffs fees to inform another litigant; A Lawyer to be played. indigent certificate from local authorities for legal assistance	Judgement to be payed 1000 by page,	ICT services not easily available for all Long procedure to obtain indigent certificate, Courts speed procedure policy not done in civil case like it is in criminal SGBV matters. Procedures not enough known
2. Conciliation with a prior family council			
Duty bearers	Requirement for the victim	Output	Gaps

3.Family council,	Necessary composition of a family council; Family council statement signed by the member off families in respect of law. With immediate enforcement if there is agreement on all issues.	An ad hoc duty bearer, La law is not clear about to convene the council sometimes litigants who don't have authority to oblige the other litigant request the
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		Used to be receivable in other	convenience of the council; Mechanism no tenough known;
3. Abunzi	Presentation of the family council statement with issues on with their litigants disagree. Submit case to be recorded by cell's Executive Secretary	Abunzi verdict, Immediate enforcement if conciliating conclusion, And enforcement by primary court if there is the conclusion is an Abunzi verdict.	Abunzi are not necessarily prepared/trained to those recent mechanisms like the prior family council statement, and their decision risks to be rejected by the judges in the cases of court submission on that case.

Referral pathway of civil case depends on the nature of the case. The cases related to family issues other than those requiring rendering a decision on civil status of persons and the family¹³,such as inheritance, legitimacy adoption, are heard by the council of family at the first level¹⁴. If the Family Council fails to work out the case, this is submitted to the Abunzi committee¹⁵.The aggrieved party by Abunzi committee decision can submit the complaint against this decision to the Primary court for the first and last decision¹⁶.

The Family Council meets any time when deemed necessary. The law did not indicate the timeframe for rendering the decision. Thus, we can deduct from this silence that the decision on the case is rendered on place. There is a big gap on the law in regard to convene the Council of the family. Consequently, a case can take time before the

FC waiting for the meet of its members.

¹³cases relating to the status of persons and family are heard by Primary court. Se Law N°30/2018 of 02/06/2018 Law determining the jurisdiction of courts, article 27 par.5

¹⁴ Law N°32/2016 of 28/08/2016 governing persons and family Article 163

¹⁵Law No 37/2016 OF 08/09/2016 determining organization, jurisdiction, competence and functioning of an

Abunzi Committee, article 10 par 1

¹⁶Law N°30/2018 of 02/06/2018 Law determining the jurisdiction of courts Article 28

In addition, the organization of the Family Council is not clear. We can ask ourselves who preside the Family Council who has the power to convene the Family Council? This rends complex the procedure before the Family Council. The more the pathways becomes too long and complex, there risks of frustration and re-victimization becomes high and this sometimesleads to stopping the process.¹⁷

The Abunzi Committee is comprised of seven (7) persons of integrity. The article 13 explains the Referring a dispute to the Abunzi Committee. The Executive Secretary of the Cell receives disputes to be submitted to the Abunzi Committee at the Cell level. The summoned person is given a period of at least seven (7) days to appear before the Abunzi Committee from the date, the summons is served on him/her. Abunzi must settle the dispute within one month from the day the dispute is registered on the list of disputes of Abunzi Committee. The verdict must be available within a period not exceeding ten (10) days from the day on which the decision was made. Any party that is not satisfied with the verdict of Abunzi Committee at the Cell level, may, within thirty (30) days from the day on which he/she was notified of the written verdict, appeal to Abunzi Committee at the Sector level. Any party that is not satisfied with the verdict of Abunzi Committee at the Sector level may, within thirty (30) days from the day on which he/she was notified of the written verdict of theAbunzi Committee, refer the matter to the competent Primary Court.

Abunzi Committee is an organ responsible for conciliating parties involved in disputes under its jurisdiction¹⁸. In total, this is contrary way of GBV is in contradiction with international standards which oblige States to ensure that gender-based violence against women is not mandatorily referred to alternative dispute resolution procedures, including mediation and conciliation.¹⁹

Thus, Primary Court is competent to hear civil cases related to the status of persons and the family at the first instance²⁰ and the Chamber of minor and the Family of the Intermediate Court has the jurisdiction at the Appeal level²¹.

¹⁷ GMO, Annual report2017-2018, Kigali, December 2018, p.28

¹⁸Law No37/2016 OF 08/09/2016 Determining organisation, jurisdiction, competence and functioning of anAbunzi committee art 4

¹⁹ general recommendation No. 33, par. 58 (c) see also General recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19 par 48

²⁰ Law N°30/2018 of 02/06/2018 Law determining the jurisdiction of courts Article

²¹ N°30/2018 of 02/06/2018 Law determining the jurisdiction of courts Article 34

Referral pathway of civil cases in relation with property depends on the value of the property. The property dispute with or without GBV violence character, if their value is below three million Rwandan Francs (FRW3.000.000) are judged by Mediation Committee of conciliators²². As it is the case in the family cases, the aggrieved party by Abunzi committee decision can submit the case to the primary court²³. Whilst property cases involving above aforementioned sum of Rwandan francs but not exceed twenty million Rwandan francs(FRW20,000,000) are referred to the Primary Court at the first instance and appealed before the Intermediate Court. The appeal court against the Intermediate court judgment is the High Court. The civil judgments are executed by either the professional or nonprofessional bailiff. The chart below illustrates the GBV victims of civil cases pathway.

i. Pathway for Criminal case

The criminal pathway is unique, if it begins with investigation it requires a prior reporting of the cases. Investigation is done and the file submitted to prosecutor if it contains relevant elements of facts. The following table summarizing civil pathways

Table 3: Summary of criminal pathways

Duty bearer	Requirement of the victims	Output	Gaps
1. The victim, her/his family members, neighbors, relevant authority in case of schools, prisons or enterprise or colleagues.	To report the case before destruction of proofs.	Case filled by investigation organs	Case are not reported, particularly, in case of marital relation and violence;
2.Rwanda Investigation bureau (RIB)	Provide complete information and proof	Relevant file submitted to prosecutor	Very young institution, Trend to receive only women victims and not allow a great importance to men

		or;	victims ²⁴ .
3. National Public Prosecution Authority	Additional information if	Submission of case file to court	Lots of files and limited personnn and logistics for el

²²Law No 37/2016 OF 08/09/2016 determining organization, jurisdiction, competence and functioning of an *Abunzi Committee*, article 10 par 1
23

²⁴This statement has been confirmed by respondents especially from low lever authorities (DASSO, ES) .

Duty bearer	Requirement of the victims	Output	Gaps
(NPPA)	required		additional investigation if required; Destruction of proof
4. Courts	Additional information if required ex Field visit	Judgement,	.This is one component of reparation (satisfaction). The victim has to wait for other form of reparation
5. Bailiffs: RCS, One stop center, private bailiffs, Executive Secretaries at cell, sector and district level and MAJat district level	Request execution formula for civil matters;	Entire reparation or remedies: restitution, Rehabilitation, compensation and guaranty of non-repetition	Victims doesn't know all ways of reparation and judges offers only what is requested; Some remedies are provided by One Stop center/State as alternatives programmes of reparation.

b. Perception of respondents to provided quality of Services GBV victims

The legal service provided to GBV victim are the keystone of the rights to access to justice. The long way from investigation to reparation, involves a number of actors and services.

i. Investigation of GBV offences

The information is the first stage in the process of GBV service delivering. There is an obligation to inform and or to denounce the case of gender-based violence. Any person must prevent gender-based violence, rescue and call for rescue the victims of this violence²⁵. In practice, Gender Desks²⁶ exist in the Rwanda National Police and in the Rwanda Defense Force, with staff that has received special training on GBV.

The Gender Desks provide services to victims and, in many cases, are the first point of reference at the Police station. Additionally, each District has Maison d'Accès à la Justice (MAJ). One of the three staffs in the MAJ is specifically in charge of the fight against GBV. Several toll-free telephone

²⁵ Law N°59/2008 of 10/09/2008 on prevention and punishment of gender- based violence, article 11

²⁶ Gender desk: a unit in charge of gender equality; (Prime Minister)

hotlines are available for emergency calls, reporting crimes or accessing information – through the Rwandan National Police, the Rwandan Defense Force and the Prosecutor's Office. Extensive efforts are underway to enhance the capacity of law enforcement and medical/psychosocial professionals working in the Gender Desks, the One-Stop Centers²⁷ and in the MAJ.

Any health facility that receives a victim or a suspected perpetrator of gender based-violence shall carry out a medical examination free of charge and make a report thereof according to the instructions of the Ministry of Health. The report shall be made available to judicial authorities upon written request²⁸.

In practice as stated by MahoganizeLiberata²⁹, the starting point depends on the victim. In case of violence of one's rights, some may straight away rush to the nearest provider while some may prefer to keep quiet. For those who "cry out" for help, some call on hotline for the police 3512, others use 36 77 for the Prosecutor's office while others go directly to the nearest police station. At this step, whichever provider one rushes to, he will immediately refer the victim to the nearest hospital or health Centre for test taking and primary medical care.

It is worth detailing the kinds of interventions of each provider depending on specializations: Scenario 1: Victim goes directly to police station

Scenario 2: Victim goes to hospital or health

Centre Scenario 3: Victim goes to the judiciary

/MAJ

Scenario 4: Victim goes to paralegals like HAGURUKA Association

This study confirms, the one carried out by Gahongayire Liberata³⁰. According to which the medical care and medico-legal support to GBV victims is not given free of charge by all healthcare providers. If, for example, the victim goes to whichever nearest medical practitioner, care will be given, but the patient will have to pay. For the victim to get proper

²⁷ One stop center: A place that receives victims of gender-based violence, offers them emergency medical care, psycho-social relief and legal assistance to start investigations, and helps gathering evidence of gender-based violence. (PM O)

²⁸Prime Minister's order n°001/03 of 11/01/2012 determining modalities in which government institutions prevent and respond to gender based violence article 11

²⁹, "Combating gender based violence in Rwanda" in *International Journal of*

Development and Sustainability, Vol.1 No.2 (2012): 417–436, p422

³⁰GahongayireLiberata, idem

care free of charge he/she has to go to healthcare units that are recognized by the law to provide such a service. However, it is a “forensic expert” only who is qualified to provide expert opinion valid in the eyes of the other operators in this chain (police, judiciary, and psycho-social support providers).

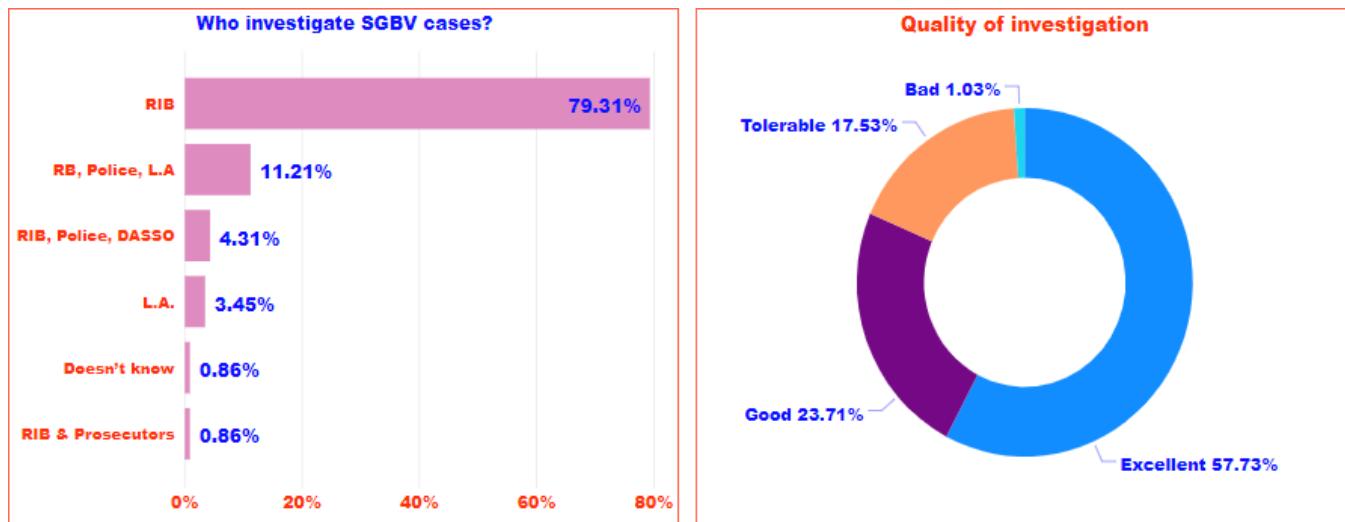
From police to hospital: The survivor presents him/herself to the police. The victim will bring the requisition form from the police to the hospital. The speed with which a victim will be received depends on how many people are on the queue.

However, some victims can fail to get to the hospital because of lack transportation fares. Since it is not possible to do all the necessary medical tests in some referral hospitals, they have to be taken to more than one hospital, which brings about delays in the chain. For example, MUHIMA hospital tests only VS (Vaginal Sign), SRV (Serology Retroviral), and pregnancy test, the rest of tests like TPHA (Triparanema Partum Human Agglutination), VDRL (Venereal Disease Research Laboratory) are referred to CHUK (Centre Hospitalier Universitaire de Kigali).

Follow up in this chain is an issue. The police may delay collecting the test results. Considering the fact that the victim may initiate the process to the court, results may be needed before they are collected/issued by the police. The police officers we talked to reported some logistical problems. It may unnecessarily take some extra days before the justice process can reach its conclusion due to lack of evidence.

The following table presents the perception of respondents on the service investigation

Figure no 5: Perception of respondents on the service investigation



Source: Questionnaire completed in May 2019 by the consultant

Respondent have expressed their views on investigation service. Majority of respondent says that they know who investigates. In fact, 70.31% know very well that the investigation is conducted by Rwanda investigation bureau. 11.21% of them add to RIB, police and local authorities. That is tolerable because police are yet working closely with RIB and are separated very recently; 4.31% have added police and DASSO to RIB. In summary, 95% know very well the service in charge of investigation. Then, 57.73% of them say that the quality of investigation is excellent, 23.71% affirm that service is good, 17.53% say it is tolerable and 1.03% says it is bad. In general, the quality of investigation is recognized by respondent as good.

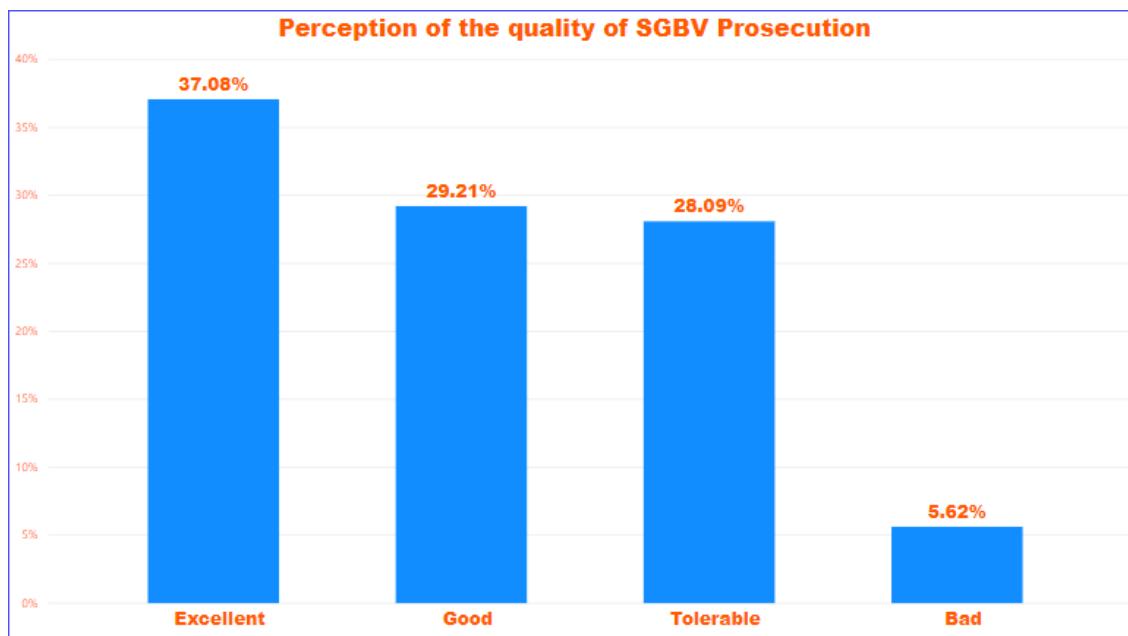
ii. Prosecution of GBV offenses

The mission of the NPPA is to participate in upholding the security of people and their property, in prosecuting perpetrators of crimes, in bringing them to justice. In this context, The NPPA, through its GBV Unit plays an important role in preventing, prosecuting GBV- related offences.

Measures such as prioritization of GBV cases, communication facilities telephones number 3677 (GBV Unit) and 3935 for and Witness/Victims Support Unit(WVSU) in NPPA. However, there are some challenges, the Expertise (Medical Report) which are delayed and sometimes not clear. Lack of DNA Laboratory in Districts/Rwanda to help

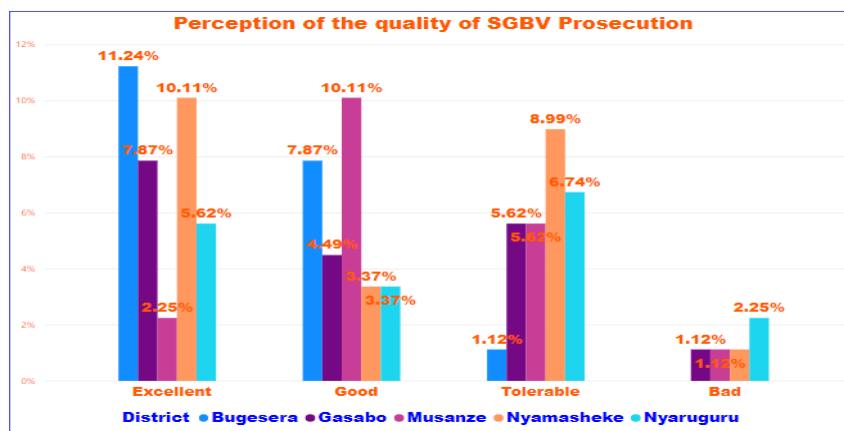
reveal Scientific evidence concerning Crime of Sexual Violence in particular and othercrimes in general

Figure 6: Perception of prosecution by respondents



Source: questionnaire completed in May 2019 by the consultant

Perception of prosecution by respondents/District



iii. Adjudication and Legalrepresentation of GBV victims

Access to justice is a basic principle of the rule of law. In the absence of access to justice, victims are unable to have their voice(s) heard, exercise their rights. A Quick and effective judicial response is guaranteed by the justice administration.

Rwanda judiciary system has promoted initiatives and measures, within the field of administration of justice; aimed at eradicating GBV. In a brief evaluation of courts, we can conclude that the judicial response is quicker and more effective. Today GBV cases receive a judicial priority and a quick response within a reasonable time.

Among the other innovations we can mention the Integrated Electronic Case Management System (IECMS) tool uniquely designed to meet justice sector and citizens' needs. It enables the justice sector institutions especially the Ministry of Justice, the prosecution, the Police, the judiciary and the corrections services as well as the bar association, to improve justice delivery by automating the litigation processes, from the time when the case is introduced. The system also allows to monitoring case related activities, and supporting decision-making through the use of real-time data and analytics. It also strengthens the accessibility and integrity of the justice system by enabling citizens to interface electronically with judicial bodies and services. The IECMS provides a complete set of functionalities that includes online data entry, analytics, reporting, workflow management and system administration. However, this innovation is not at the reach of GBV victims since they are from the unprivileged class of people and they cannot afford the cost of this technology.

The courts have started to hear GBV trials in the community where the crimes were allegedly committed. This procedure, while ensuring safeguards for the dignity and sensitivity of the victims and aiming at reducing the number of GBV cases, has allowed people in communities to see perpetrators held accountable.

In practice, as seen earlier, the GBV related cases pathway judgments follow respectively the scheme: Family council- Abunzi committee -Primary Court- Intermediate court and High court while judgments are executed by professional and nonprofessional bailiffs.

Other form of services provided to GBV victims are related to assistance for physical accessibility to legal service.

The new Ministerial Order³¹ exempt court fee for claims related to GBV. It waives court fees and violation only for children represented by destitute persons and representatives of children who filed complaints for the payment of damages, in criminal cases related to child

³¹Ministerial Order n°133/MOJ/AG/18 of 04/06/2018 on court fees in civil, commercial, social and administrative matters, article 3 paragraph 3,4

defilement. This order should facilitate GBV victim's claims through the court process by exempting all categories of GBV victim.

With regard to legal representation, MAJ are judicial access points based at districts put in place to offer legal assistance to the poor citizens, especially those living in the countryside. The article 68 of the LAW N°83/2013 OF 11/09/2013 establishing the bar association in Rwanda³² reads thus; "Lawyers coordinating Access to Justice Bureaus may assist, counsel, represent and plead, before all Courts of law, for those needy people.

Also, RBA provides legal aid assistance and or representation in courts for children aged between 14-18 years. This service excludes the civil cases. Also, there is a *pro bono* programmed offered by the Rwanda Bar Association. But this service is not easily accessible to GBV victims thought the service is reserved to the indigent and vulnerable people. Rwanda Bar Association should play an important role by guarantying pro bono legal representation for GBV victims. The victims rely on the Civil Society Organization like Haguruka, legal aid forum, which sometimes pay lawyers for GBV victims.

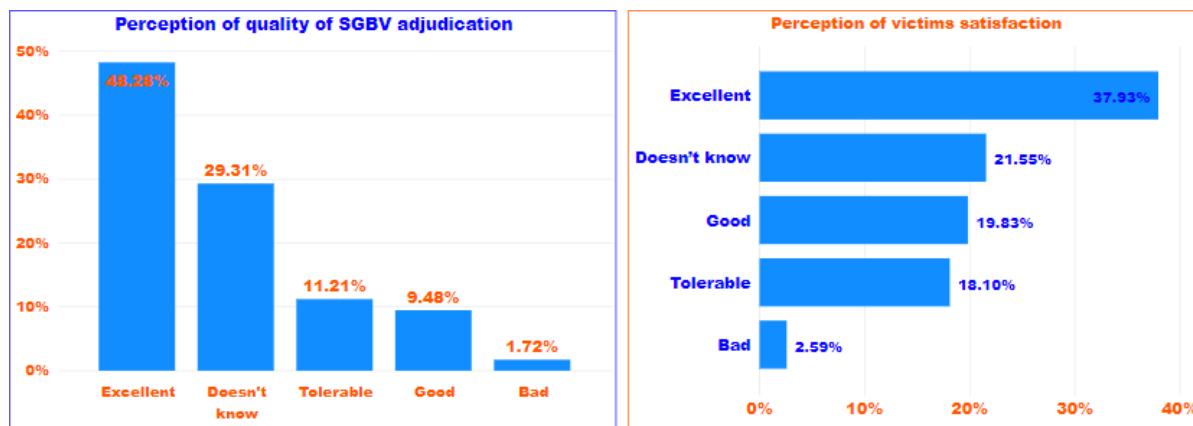
One cannot access service without reaching it. Physical or geographical accessibility of legal services by victims is a notorious issue to GBV victims. In concerned Districts it was realized that some services are relatively nearby the GBV victims while others are far away. Sometimes, GBV victims need transport facilitations from one place to another. Lack of this, GBV victims prefer to not profit the service and/or abandon the claim.

Concerning criminal case, the law limits the service free of charge only on medical examination. It states that "Any health facility that receives a victim or a suspected perpetrator of gender based-violence shall carry out a medical examination free of charge³³. This is the reason why other medical services are covered by the victims themselves. However, Civil Society organization, one stop centers come up to fill the gap.

Figure 1:Perception of respondent of the service of GBV adjudication and representation

³²LAW N°83/2013 OF 11/09/2013 Establishing the bar association in Rwanda and determining its organization and functioning

³³Prime Minister's order n°001/03 of 11/01/2012 determining modalities in which government institutions prevent and respond to gender based violence article 11



Source: Questionnaire completed in May 2019 by the Consultant

These figures show that 48.28% perceive the quality of adjudication as excellent; 29.31% don't know, 9.48% believe that adjudication is good, 11.21% say it is tolerable and 1.72% say it is bad.

If satisfaction includes justice the justice is provided (a part of reparation), it also includes when perpetrators apologize, or recognize that their behavior was harmful. In this survey, 37.93% state that victims are satisfied by the justice, 21.55% don't know, 19.83 say it is good, 18.10 says it is tolerable and for 2.59% respondent is bad. It is important to note that the figures can be subject to a deep analysis as well as respondent's considered one element of the service instead of considering the all component of the service. For example the quality of adjudication is too broad.

In general, it has been noticed that GBV issues are given priority either in investigations or in case processing at all levels. In addition, criminal justice actors are committed to provide timely and effective legal support to victims of GBV. However, the assessment highlighted the following challenges: Complex referral pathways: It has been noticed that a victim of GBV is either referred to Police Station, then to IOSC (Isange One Stop Centre) and thereafter counter-referred to Police Station or to IOSC and then to Police Station to file.

We confirm the GMO assessment which indicated that victims of GBV hardly lodges cases of reparation as a result of financial incapacity to afford a lawyer and paying court fees³⁴.

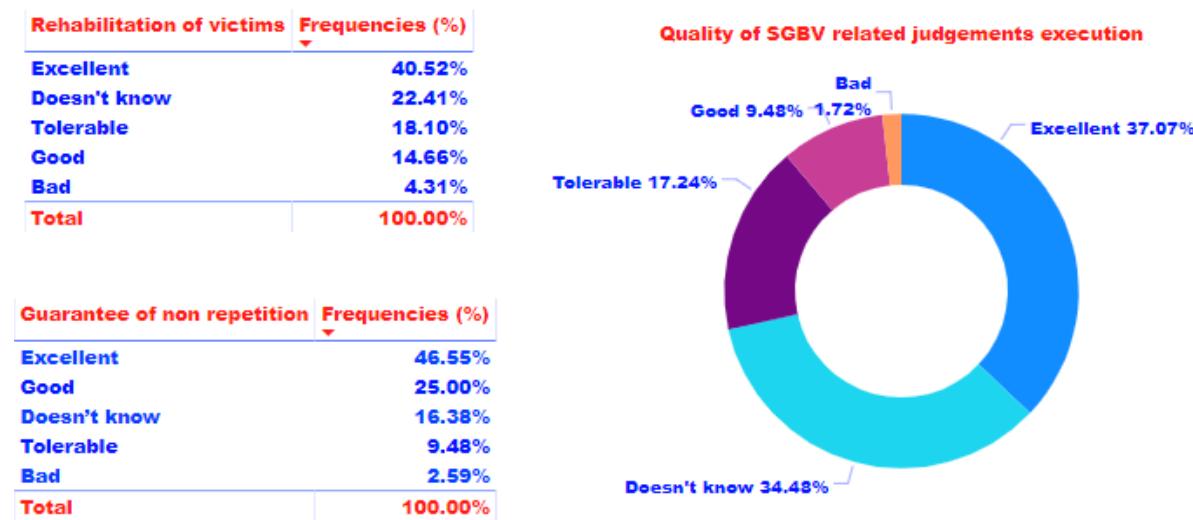
³⁴ GMO, *Annual report 2017-2018*, Kigali, December 2018, p.28

iv. Reparation of GBV Cases

In accordance with domestic law and international law, and taking account of individual circumstances, victims should, as appropriate and proportional to the gravity of the violation and the circumstances of each case, be provided with full and effective reparation, as laid out in principles 19 to 23, which include the following forms: restitution, compensation, rehabilitation, satisfaction and guarantees of non-repetition³⁵.

Respondent have expressed their views on the quality of services but not on all.

Perception of quality of reparation



Source: questionnaire completed in May 2019 by the consultant in five districts

This dashboard shows some items of reparation. Among respondent, 40.52% believe that rehabilitation is excellent, 22.41% don't know anything on the quality of rehabilitation; 18.10% believe rehabilitation is tolerable, for 14.66% rehabilitation is good and 4.31% rehabilitation is bad.

46.55% of respondents believes that guarantee of non-repetition is excellently ensured, 25.00% thinksit is good, 16.38% don't know, 9.48% don't know and 2.59% think it is bad.

On the execution of judgment which is the way of judicial reparation including satisfaction, restitution, compensation, rehabilitation and guarantee of non-repetition, 37.07% thinks that it

³⁵ United Nation, Office of Human Rights Commissioner, Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law, Adopted and proclaimed by General Assembly resolution 60/147 of 16 December 2005

excellently done, 34.48% don't know; for 17.24% quality of execution is tolerable and for 4.48% quality of execution is good.

3.3.4.1. Restitution

Restitution should, whenever possible, restore the victim to the original situation before the violation. Restitution includes, as appropriate: restoration of liberty, enjoyment of human rights, identity, family life and citizenship, return to one's place of residence, restoration of employment and return of property.

3.3.4.2. Compensation

Compensation should be provided for any economically assessable damage, as appropriate and proportional to the gravity of the violation and the circumstances of each case, resulting from gross violations of international human rights law and serious violations of international humanitarian law, such as:

- (a) Physical or mental harm; (b) Lost opportunities, including employment, education and social benefits; (c) Material damages and loss of earnings, including loss of earning potential;
- (d) Moral damage; (e) Costs required for legal or expert assistance, medicine and medical services, and psychological and social services.

3.3.4.3 . Rehabilitation

Rehabilitation includes medical and psychological care as well as legal and social services. A Prime Minister's Order shall determine modalities in which government institutions prevent gender based violence and for receiving, relieving, defending, medicating and assisting the victim for the purpose of rehabilitating his/her health see Law N°59/2008 of 10/09/2008 on prevention and punishment of gender- based violence article 11

There are a number of organizations, both from the public and civil society sector which provide socio-economic assistance to GBV victims.

Medical and psychological assistance is provided to GBV victims by the existing health centers. This assistance includes, but not limited to HIV testing, counseling, emergency contraceptives, anti-tetanus vaccines and the referral system between health center and Police during the consultation to collect evidence which can be used in court. Medical assistance is

free for victims of sexual violence, but this support needs to be expanded to all GBV victims. Service providers in GBV receive training on orientation and care to victims³⁶ However, in practice when there is a need for counseling or other psychosocial treatment, the attending doctor can refer the victims to the psychosocial department. since this department is found in Kacyiru Police Hospital only, other hospitals request for their VCT (Voluntary Counseling and Testing) services to assist with the psychosocial care of these victims³⁷

3.3.4.4. Satisfaction

Satisfaction should include, where applicable, any or all of the following:

- (a) Effective measures aimed at the cessation of continuing violations;
- (b) Verification of the facts and full and public disclosure of the truth to the extent that such disclosure does not cause further harm or threaten the safety and interests of the victim, the victim's relatives, witnesses, or persons who have intervened to assist the victim or prevent the occurrence of further violations;
- (c) The search for the whereabouts of the disappeared, for the identities of the children abducted, and for the bodies of those killed, and assistance in the recovery, identification and reburial of the bodies in accordance with the expressed or presumed wish of the victims, or the cultural practices of the families and communities;
- (d) An official declaration or a judicial decision restoring the dignity, the reputation and the rights of the victim and of persons closely connected with the victim;
- (e) Public apology, including acknowledgement of the facts and acceptance of responsibility;
- (f) Judicial and administrative sanctions against persons liable for the violations;
- (g) Commemorations and tributes to the victims;
- (h) Inclusion of an accurate account of the violations that occurred in international human rights law and international humanitarian law training and in educational material at all levels.

3.3.4.5. Guarantees of non-repetition

Guarantees of non-repetition should include, where applicable, any or all of the following measures, which will also contribute to prevention:

³⁶ National policy, *op cit*, P. 9.

³⁷Gahongayire op.cit

(a) Ensuring effective civilian control of military and security forces; (b) Ensuring that all civilian and military proceedings abide by international standards of due process, fairness and impartiality; (c) Strengthening the independence of the judiciary; (d) Protecting persons in the legal, medical and health-care professions, the media and other related professions, and human rights defenders;

(e) Providing, on a priority and continued basis, human rights and international humanitarian law education to all sectors of society and training for law enforcement officials as well as military and security forces;

(f) Promoting the observance of codes of conduct and ethical norms, in particular international standards, by public servants, including law enforcement, correctional, media, medical, psychological, social service and military personnel, as well as by economic enterprises;

(g) Promoting mechanisms for preventing and monitoring social conflicts and their resolution;

(h) Reviewing and reforming laws contributing to or allowing gross violations of international human rights law and serious violations of international humanitarian law.

To conclude this section on justice services to GBV victims, the research realized that there is a discrepancy or between legal services. The research found that priority is given to criminal cases. This priority is applied for some services and not for others. For example, in courts GBV criminal cases have priority over other cases, while it is not the case in regard of legal service related to reparation in its different forms (restitution, compensation, satisfaction, guarantee of non-repetition). Priority for GBV cases should be established as a rule in all services. For us, GBV is GBV there should not be distinction between GBV cases.

Also, the structure of services is not coherent. Let us take an example of the structures of courts, there exist specialized chambers, or services for GBV cases (Intermediate courts) but this specificity cannot be found in other courts.

Another issue is related to accessibility of services physical and economical. If we take an example of accessibility of expertise in both civil and criminal matters. It has been observed that there are some requirements to afford the expertise services. The issuing of indigent certificate still today problematic. Procedures of issuing, documents forms, categories of people concerned, are not well organized). For example, the document delivered in one local

administrative entity is different from the one of the other entities and there is a risk of being rejected by to whom it may concern. The GBV victim benefitiate protection in preliminary stages of the case when a case reach court thing changes. The principle is the protection of accused.

In some criminal cases, GBV are committed by poor people without assets for effective reparation. Restitution and reparation are absent in such situation. The GBV victim rely only on satisfaction by imprisonment of his...Concerning reparation, informal services from government³⁸ and CSO, can intervene to assist on rehabilitation. But this is not certain at all. For this, there is a gap on the government side for establishment of a permanent fund to support and/or for reparation of GBV Victims in due time.

There is a need of a new organization of GBV legal protection in terms of harmonization of services. Further deep research should inform on effectiveness and efficiency of legal services

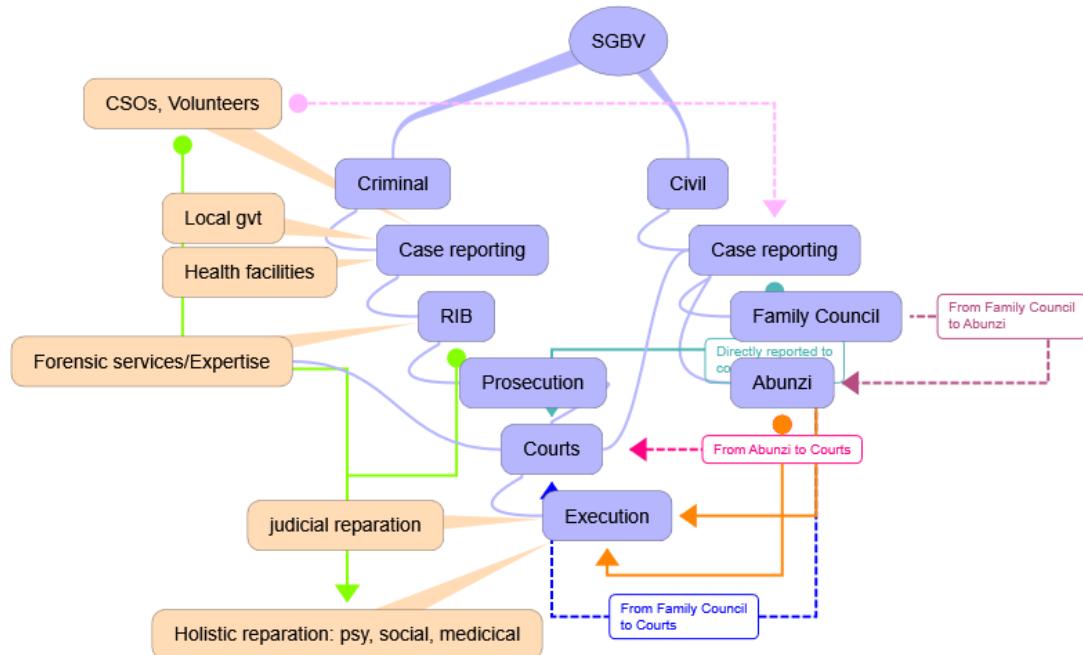
It is also important to note that the figures can be subject to a deep analysis as well as respondents considered one element of reparation instead of considering the all component ofthe reparation. For example, the reparation for the respondent is limited to compensation andthey ignore others aspects of reparation such rehabilitation etc..

3.4. For a new perspective of GBV victim pathway

It has been observed that the GBV victim pass across different services with long procedures to obtain justice. IOSC should be invested the power of provide a certain number of services:

³⁸There is no funds / no budget for GBV victims in case of indigent is responsible for GBV offence. The information from MIGEPROF let us know that some times MINECOFIN allow a certain amount for GBV victims.

New Chart of GBV victim pathway



Caption for each service

Stage	Case service	Duty bearers	volunteers	New perspectives
Stage 1	Reporting ³⁹	Victims Local A	CSO Any person	Obligation to report GBV committees to be enhanced
Stage 2	Investigation	RIB		IOSC, health centers, Rwanda Forensic Laboratory
Stage 3	Prosecution	NPPA		

Stage 4	Adjudication and representation	Abunzi, Courts	MAJ; RBA, CSOs for representation	Harmonization for GBV Specialized chambers Priority for all GBV casesFree of charge for GV+BV services To assign a legal representation for any
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³⁹ It is an obligation to report

				GBV cases
Stage 5	Reparation Restitution an dcompensation	Bailiffs		MINECOFIN through GBV victims funds. Priority in execution of GBV cases
	Rehabilitation	District LA Assistance	MINIJUST, MINALOC CSO	Clear policy /budget for District (MINECOFIN)
	Satisfaction	RCSS, NPPA, Guilty,(Apologies ,regret	CSOs b y prevention action	Government to establish and or to improve related mechanism
	Guarantee of non-repetition	MINIJUST	CSOs b y prevention action	MINIJUST to establish and or to improve related mechanism.

Sources: Realized by consultant

In conclusion, the real gaps in service providing to GBV victims are essentially pattern investigation legal and reparation. The table above indicates some measures to be taken in order to guarantee effective legal services to GBV victims.

Mapping of existing relationship

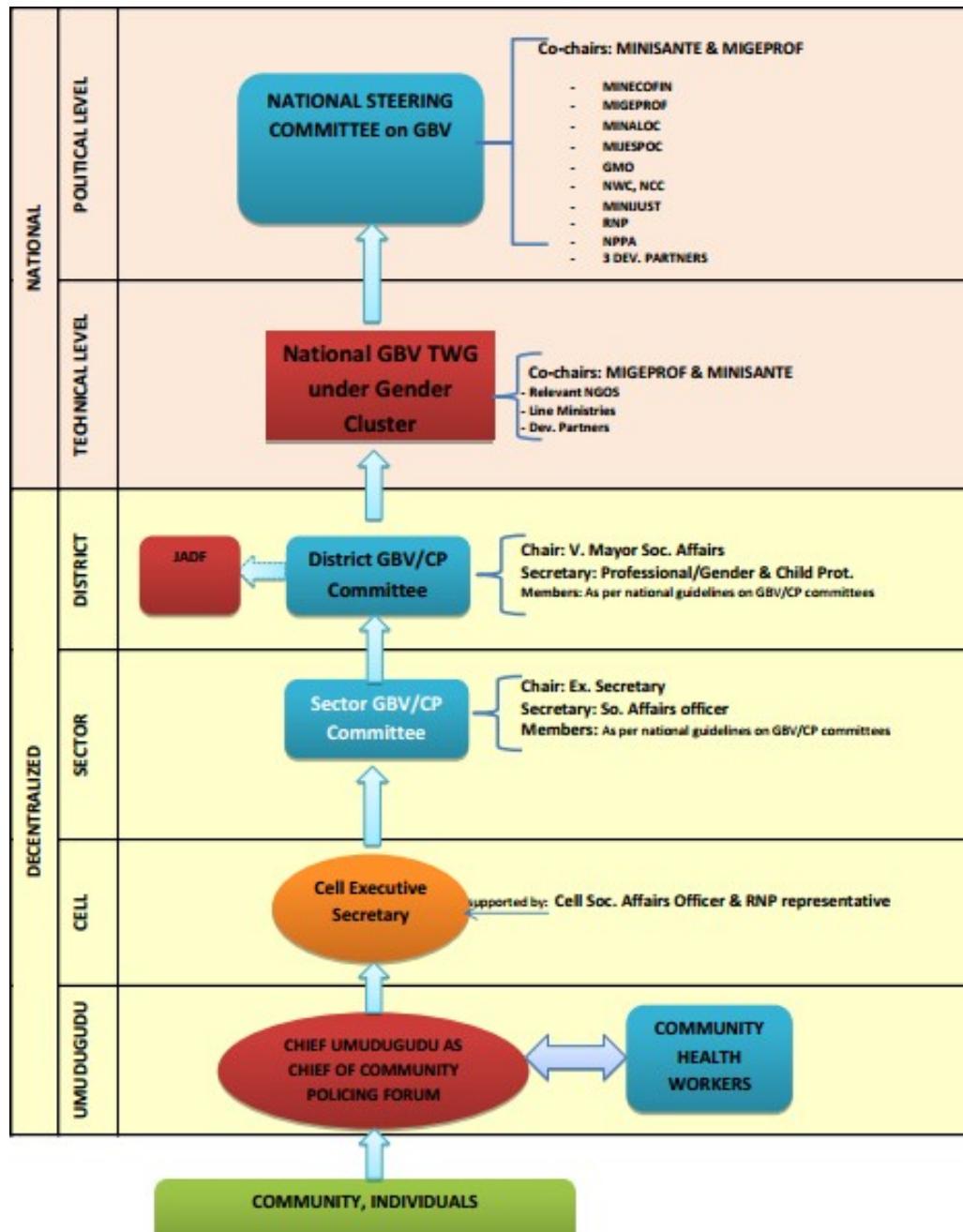
The government of Rwanda has mandated some institutions and/ or individuals to deal with gender issues and SGBV. In this regard, laws have been adopted in order to specify the mission and responsibilities of these organs within the framework. The National Policy against Gender-Based Violence⁴⁰is the key instrument that establishes a clear mechanism which supervise the implementation SGBV combat and prevention from central to local government, the “Coordination framework”.

3.3.5.1. National coordination framework

The coordination framework includes national institutions below (see the scheme)⁴¹

⁴⁰ MIGEPROF, *National Policy against Gender-Based Violence*, Kigali, 2011

⁴¹ Idem, P 18



3.4.1. GBV Victims services providers and theirrelationship

The reporting system and Information sharing is the keystone for working relations with existing mechanisms dealing with GBV at District, Sector, Cell, and Village levels.

At the level of each Sector and District there exists a coordination framework “JADF (Joint Action Development Forum)”⁴²where all GBV service providers meet. JADF is a consultative platform for information-sharing and cooperation among many actors involved in districts’ socio-economic development process. It brings together representatives from civil society organisations, private and public sector, NGOs, local authorities, faith-based organisations andcooperatives. Joint Action Forum offers many opportunities for the coordination of CSOs aid in general and anti GBV in particular at the local level. It is currently operating at a significantlevel in all concerned Districts. For the JAF to function at its full capacity in each District, local stakeholders must work together to set goals for aid coordination in their communities. JADF leaders, must strive to identify and involve every stakeholder in the District. Strengthening voice and accountability among JADF members increases the visibility of their development interventions, helps to avoid duplication and has significant impact on local development.

Another informal working framework which enhances the working relations of some GBV providers is the Joint Operations Committee (JOC). JOC enables local government and security forces to easily share security-related information from around their respective local entity, improve timely response to a given problem including GBV cases. It is composed of Rwanda Defense Forces, Rwanda National Police, National Intelligence and Security Service, and local government.

Specifically, there exist GBV committees with specific mission: “Gender promotion”. Gender-based Violence Committees are decentralized structures from grassroots to national level to deal with issues related to gender-based violence (GBV). These Committees consistof stakeholders from various institutions dealing with gender-based violence, including

⁴² For more information about composition, mission, responsibilities and functioning of JADF, see Prime Minister’s instructions n° 004/03 of 27/12/2013 establishing the joint action development forum and determining its responsibilities, organization

and functioning

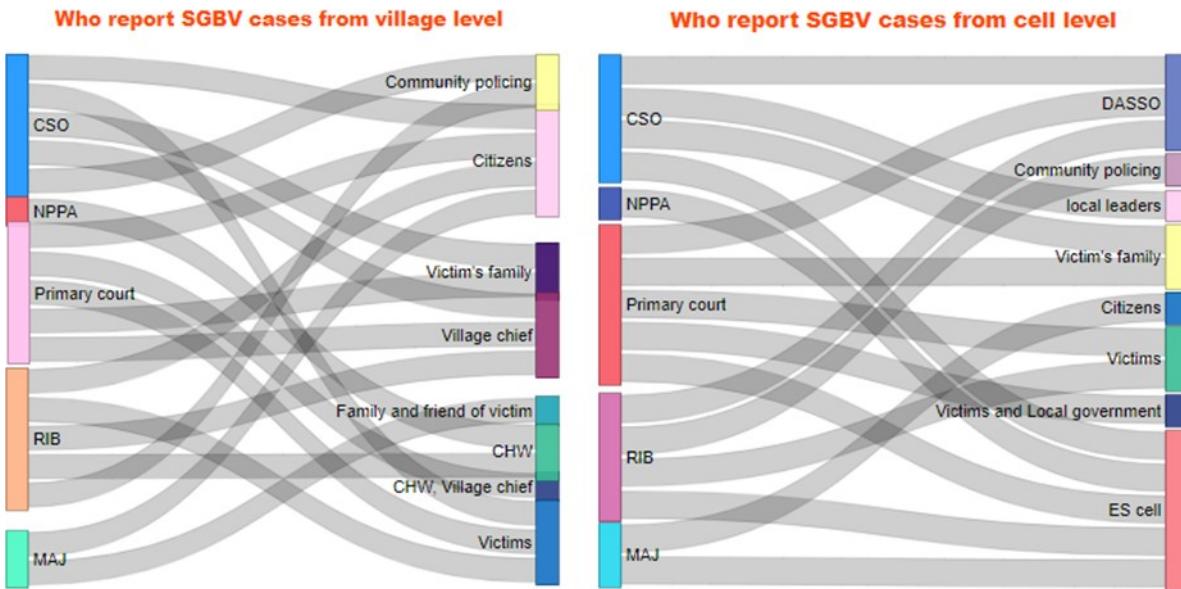
security forces (Police and Army), the National Women Council, the National Youth Council, actors of civil society, people with integrity, religious, community and local leaders. Each Committee has a clear mandate, such as setting-up mechanisms to assess and monitor gender-based violence cases, carrying out awareness-raising and preparing reports. However, the findings reveled that these committees in selected District are not operative. In Programme No.7 of the past 7-year (2010-2017) Government Programme, paragraphs 47 and 48 it was stipulated that One-Stop Centers will be put in place in every Community Health Center, and that anti-GBV Committees at all levels will be empowered to totally eradicate GBV in Rwanda. Based on national guidelines, GBV and Child Protection Committees exist from the Umudugu level upwards. At the lowest level, the Chief of Umudugudu will gather information from the community policing committee and community health workers on GBV-related cases and activities⁴³.

Different government institutions on voluntary action are in place to prevent GBV and provide support to those experiencing GBV. These, include anti-GBV committees, health services, community policing committees, the police and local authorities. For the anti-GBV committees specifically, CSO should be engaged in advocacy for their revitalization, availability of sufficient budget as well as their restructuration. It has been noticed that there is a good example of well-organized and operative local volunteers: NCW, Abunzi, are a good example of well-structured volunteers and their results are indisputable. Thus, the government should empower the GBV committees by for example allocating it to parent central government organ.

The

⁴³MIGEPROF, National Policy against Gender-Based Violence, Kigali, 2011, pp 12-18

Figures below indicate the relation between service providers



Source: realized by consultant from data collected

This chart called Sankey, show relationship on reporting cases. Responses were given by representatives of institution left, and they attest to receive cases from the institution and entities stated on the right. The first figure shows reporting from village level and the second shows reporting from cell level. Following lines every key informant has states the those who report SGBV cases to their institution.

Ways of reporting SGBV cases at cell level

1a Who report cases from village level Frequencies	
Citizens	29.63%
Village chief	22.22%
Victims	18.52%
CHW	7.41%
Community policing	7.41%
Victim's family	7.41%
CHW, Village chief	3.70%
Family and friend of victim	3.70%
Total	100.00%

1a Who report cases from village level Frequencies	
Village chief	44.44%
Victims	22.22%
CHW	11.11%
Citizens	11.11%
Community policing	11.11%
Total	100.00%

By which ways village reports Frequencies	
Telephone	88.89%
Health centers	3.70%
meetings and phones	3.70%
To the office	3.70%
Total	100.00%

By which ways village reports Frequencies	
Telephone	88.89%
Health centers	11.11%
Total	100.00%

CSO	MAJ	NPPA	Primary court	RIB

CSO	MAJ	NPPA	Primary court	RIB

Who report cases from cell.1 Frequencies	
Citizens	3.70%
Community policing	3.70%
DASSO	14.81%
ES cell	51.85%
local leaders	3.70%
Victims	7.41%
Victims and Local government	3.70%
Victim's family	11.11%
Total	100.00%

By which ways cell reports Frequencies	
Telephone	44.44%
Telephone, to the office	14.81%
Telephone, email	7.41%
Meetings	3.70%
Telephone e-mails, physical presence, Meetings	3.70%
Telephone social media, Meetings	3.70%
Telephone social media, to the office	3.70%
Telephone, email, community radios	3.70%
Telephone, Health centers	3.70%
Telephone, meetings	3.70%
Telephone, meetings, social media	3.70%
To the office	3.70%
Total	100.00%

case reporting to RIB

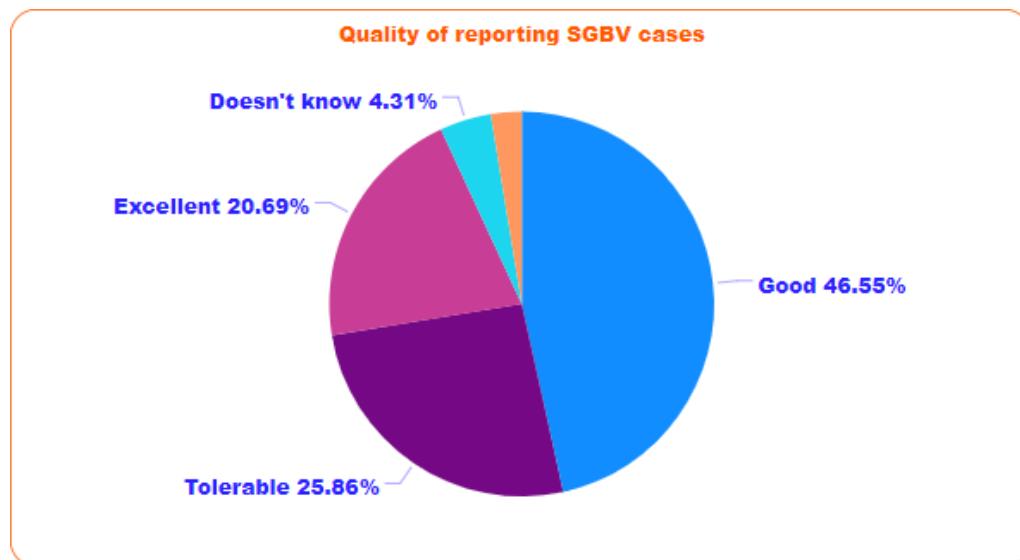
Who report cases from cell.1 Frequencies	
Community policing	11.11%
DASSO	22.22%

By which ways cell reports Frequencies	
Telephone	44.44%
Telephone e-mails, physical presence, Meetings	11.11%

Sources: realized by consultant from data collected

Those who report case use specific ways as states key informants. Here are ways used by every reporter at cell level. For example, ES cell (in green color on the left) report by telephone, email, submitting cases to the office, to the health facilities in the cell, through meetings and through social media.

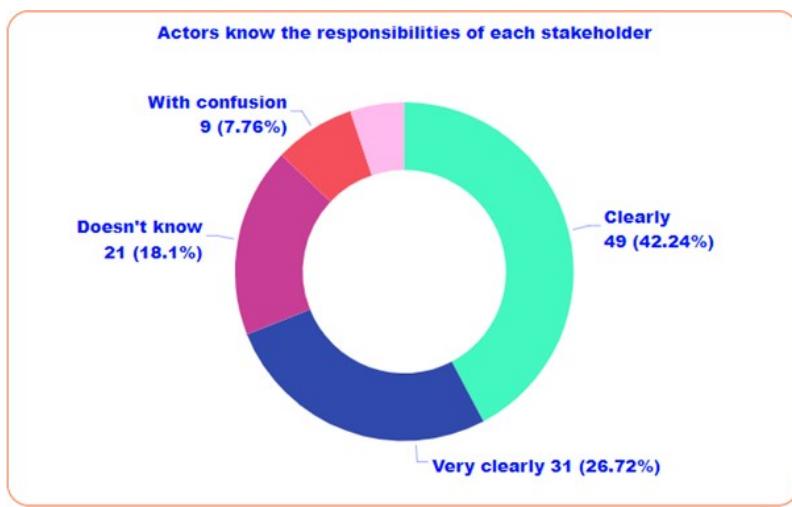
Perception of reporting cases by respondents



Source: Consultant

On the quality of reporting cases, 20.69% says reporting is excellent, 46.555 says it is good, 25.86% says it is tolerable, 4.31% it is good and 2.59% says it is bad. This can be completed by the figure below, requesting if the stakeholders know each other.

Actors know each other



On the fact that stakeholders know each other, 26.72% believes that stakeholders know each other very clearly, 42.24% clearly, 7.76% recognizes that they have the with confusion, and 18.1% don't know.

Source: Consultant

3.4.2. District volunteers acting in prevention

GBV prevention is achieved through different actions namely training, research, sensitization, publication and funding. Two categories of volunteers intervene in GBV prevention: volunteers attached to the government's organs and independent volunteers. These figures are from the volunteers representative present in each local entity as reflected by the local entities subdivision.

3.4.2.1. Volunteers attached to the government

This category of volunteers encompasses the organs established by the government acting on the volunteer's basis. They include among others, National Woman Council National youth council, Friends of family, Health councilor YV: Youth volunteers, Guardian Angel, etc. Their role in the process of prevention is crucial as well as they are community based. As they are within community, they are supposed to know and to handle GBV cases before their occurrence. The table below helps to ascertain their number at all levels in selected Districts.

At district level various services were identified those includes in Executive and in judiciary branches of government, but there are also CSO. Majority of public institution at central government have attached volunteer intervening in different areas.

GBV prevention is achieved through different actions namely training, research, sensitization, publication and funding. Two categories of volunteers intervene in GBV prevention: volunteers attached to the government's organs and volunteers attached to the CSOs.

Table 4: Number of Volunteers attached to the Government

	sector						District		
	NWC	NYC	Fo F	H C	YV	NWC	NYC	YV	
Gasabo	105	105	1 5	15	180	7	7	12	
Bugesera	105	105	1 5	15	180	7	7	12	
Nyaruguru	98	98	1 4	14	168	7	7	12	
Nyamashek	105	105	1	15	180	7	7	12	

e			5					
Musanze	105	105	1 5	15	180	7	7	12
Tot	519	105	7 4	74	888	35	35	60

Source: Realized by consultant

NWC: National Woman Council, NYC: National youth council, FoF: Friends of family, HC: Health councilor YV: Youth volunteers, Guardian angel (MalayikaMurinzi)

From the table above, we realized that the number of volunteers increase from the village to the District. The 5 selected Districts, Gasabo, Bugesera, Nyaruguru, Nyamasheke, Musanze, count intotal 15918 NWC volunteers at village level, 2478 at the Sell level, and 519 at the sector level. The same number is applicable to the NYC. The figures reflect the commitment of the community to overcome the GBV. However, their efficiency still uncertain since some of the volunteers are not well operational.

Figure no 8:Volunteer attached to CSOs⁴⁴

District	N volunteers
Bugesera	102
Gasabo	100
Musanze	3692
Nyamasheke	98
Nyaruguru	674
Total	4666

Various CSOs have volunteers working on SGBV in the district. Those number are not exhaustive but only were they were available.

Source: Realized by the consultant

This figure shows CSO and their presence in the district. So, lots of district are working in the district on gender issues and on SGBV.

This framework indicates different organs providing services in GBV prevention-protection ingeneral. However, specifically, the justice services to GBV victims involve a certain category of persons with or without legal competence. These are among others, Family Council,Abunzi committee, RIB, NPPA, Judges, bailiff etc. A part the service of GBV promotion, there are also volunteers intervening in GBV victim's legal protection.

3.4.2.2. Volunteers from private and CSOs initiatives

There are two categories of volunteers in GBV victim's protection: these attached to the governments institutions and account and volunteers working for their own initiative or for NGO initiative. The fist category includes volunteers attached to government organs, such

⁴⁴ See the list of volunteers working on GBV in the District on annex of this document

National Youth Council (NYC), National Women's Council (CWC), Health counselors, Friends of the Family, Youth Volunteers, etc....

For the second category we can cite, Guardian angel, Young Volunteers working with the Rwanda Men's Resource Centre (RWAMREC) have played an active role in the fight against gender-based violence within their respective communities.

The number of GBV volunteers is various in different Districts. The analysis of their role in the process of legal protection of GBV victims in Concerned Districts are basically training and sensitizations. The field of research publication is absent in selected Districts.

Distribution of volunteer and their common names

Implementation level	Frquencies (%)	Volunteers name	Frquencies (%)
Village to district	27.27%	Paralegals	34.04%
Sector	23.64%	Partners	17.02%
District	18.18%	Imboni	8.51%
Cell to District	9.09%	WICECEKA	8.51%
Sector to District	9.09%	Women Associations	6.38%
Village	3.64%	Self help groups	4.26%
Village to sector	3.64%	Abafasham yumvire	2.13%
Cell	1.82%	Citizen Concern Comitee (CCC)	2.13%
Cell to sector	1.82%	Community family volunteers	2.13%
Village to Cell	1.82%	Community psycho-social Workers.	2.13%
Total	100.00%	Conflict resolution committee	2.13%
		Counseling groups	2.13%
		Duhuze Forum Isanamitima	2.13%
		Executive committee	2.13%
		Lawyers and paralegals	2.13%
		Psycho-social workers	2.13%
		Total	100.00%

Unlike the volunteers attached to the government, the main prevention action of the volunteers is the training and sensitization. It is not easy to ascertain the exact number of volunteers attached to the CSOs since their intervention is not permanent for the following reasons. Firstly, CSOs volunteers work on the basis of projects. For example, a CSOs design a GBV prevention project for one year, after the period volunteers will stop the activities. Based on the information from selected Districts, the number of GBV volunteers change a day to day. Secondly, CSOs work on the basis of funds availability. If they have budget to days for a

given activity, they conduct it and they stop it once the budget is over. These reasons prevent the assessment of the exact number of volunteers attached to the CSOs.

3.4. Data gathering mechanisms on GBV prevention

Several institutions are involved in GBV prevention. Trainings in favor of different categories of beneficiaries have been done. Other activities such as sensitization, research, publication are often conducted. However, there is no data gathering mechanism of these activities. Simply, each intervening organ has its own data. This gap does not only concern the GBV prevention. The availability of relevant, accurate, and timely gender related data is critical to assess progress made in improving the lives of women and men⁴⁵.

To overcome the issue of gender data gathering, GMO in collaboration with the Ministry of Local Government (MINALOC) and the National Institute of Statistics of Rwanda (NISR) organized and conducted technical workshops with Districts, Ministries and Institutions' statisticians to discuss and agree upon key selected gender indicators that they will be tracking and reporting on. Afterward, clear and smart gender sensitive indicators were disseminated and administered at both central and decentralized levels.

The Gender Management Information System (GMIS) was developed with aim of professionalizing the management and use of gender data in Rwanda. The platform receive and store gender statistics from central and decentralized levels, and report on predetermined indicators including GBV prevention. It is expected that the GMIS will address the noticed gap of limited suitable means to capture, process and disseminate sex disaggregated data and information on the progressive achievements on gender equality and women empowerment. However, the system is now accessible only by administrators and limited users via the following link on the GMO website [www.http://gmis.gmo.gov.rw:8080/gmis/](http://gmis.gmo.gov.rw:8080/gmis/). It should be better to open the accessibility of the system to all institutions intervening in Gender promotion and protection including CSOs.

⁴⁵ GMO, *Annual report 2017-208*, Kigali, December 2018, p 44

Conclusion and recommendations

This study has mobilized a number of stakeholders and service providers, namely, the Ministry of Justice, whose role is the coordination, GMO, MIGEPROF whose role is the monitoring, as well as police, hospitals and health centers and the judiciary which has a key role to play. Policies, Laws are clear on the role and responsibilities for everybody intervening in GBV legal service. In the studied districts, GBV packages services have been established either by government's organs or by civil society.

The study revealed that important changes have been envisaged by both government institution and CSOs. Starting by justice services, in selected Districts Buugesera Gasabo Musanze, Nyamasheke and Nyaruguru, the general policy of priority of GBV cases is applied. However it is not applied in civil matters.

The real issue in legal service is investigation, legal representation and reparation. The delay or non-reporting of GBV cases impeded the investigation. A case hampered at the starting point will fail. This is the task of all stakeholders' low level of community, the local leaders in general and committees in particular which are not operational.

GBV victims face a problem of legal representation. The accessibility of services of MAJ and pro bono service of Rwanda Bar association are not effective. In total the GBV pathway is well designed. However, from one service to another there is a process which the requirements are sometimes the brake of the other. For example, a GBV victim cannot get an expert service if he does not have many to pay it. A new perspective for effective legal services for victims is needed.

The legal service of reparation is partially delivered. Some aspects of reparation are partially or not provided. For example, on rehabilitation, the service bearers do not have means needed to provide services. Victims rely on CSOs assistance. Compensation is impossible in case of indigent guilty.

Despite the efforts made in GBV prevention and response, there are remaining challenges that need to be addressed. Poor response in emergency cases due to long distances between the crime site and service delivery centers as well as lack of communication amongst service

providers and grassroots level volunteers, insufficiency of coordination mechanisms in service delivery.

A number of issues have been identified by this study including those related to data recording and management, reporting system and reparation. Furthermore, the service providers at the low lever (Chief of the village, DASSO, health counselor, NWC, etc.) do not know the whole chain of GBV services. The study revealed that some people do not consider or not allow the same importance between GBV related criminal and GBV related civil cases. Consequently, facilities for the two forms of GBV are quite different.

The data collection and management are not consistent throughout the service chain because, sometimes, there are leakages. The victim can decide to pull off the process anywhere in the process. Data under police gender desk are only the cases received by the police. GBV cases that have been recorded in the judiciary only consist of sexual abuse, and physical abuse cases.

The research realized that there still need the improvement of Data recording and management and take into consideration GBV civil cases. For example, at the District level there should be a software or uniform template for data management by all relevant stakeholders.

The situation analysis recognizes that effort should be done to change attitudes towards justice services GBV and to increase understanding of the laws and procedures in favor of service providers at the low level through public education and trainings etc.

Efficient reporting mechanisms, testing, counseling, immediate protection and other follow-up services along with appropriate preventive, punitive and restorative measures are vital. At the District level, they should be a sustained commitment and adequate human and financial resources for GBV victims.

Recommendations

1. Priority for GBV cases should be established as a rule in all legal services (cross cutting recommendation NINISANTE, MINIJUST, Supreme Court)
2. MINECOFIN should put in place a permanent fund to support and/or for reparation of GBV
3. There is a need of a new organization of GBV legal protection in terms of harmonization of services. For Haguruka, further deep research should inform on effectiveness and efficiency of legal services
4. GMO should open the Gender Management Information System (GMIS) for all key GBV service providers
5. The MINIJUST should strengthen the GBV committees by, for example allocating it to parent central government organ.
6. Financial constraints were mentioned as barriers to performing their GBV functions government in partnership with donor organizations would increase their efforts in funding.
7. Bailiff should use to use their powers to speed up the enforcement of judgments especially for civil cases.
8. GMO Should establish Data recording and management reporting and framework
9. CSOs should Build capacity of local service providers to respond adequately to GBV and to make referrals to support organizations through capacity building, supportive supervision and mentoring.

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4. Law No 37/2016 OF 08/09/2016 determining organization, jurisdiction, competence and functioning of an *Abunzi Committee*,
5. Law N°32/2016 of 28/08/2016 governing persons and family
6. N°30/2018 of 02/06/2018 Law determining the jurisdiction of courts
7. Ministerial Order n°133/MOJ/AG/18 of 04/06/2018 on court fees in civil, commercial, social and administrative matters,
8. Prime Minister's instructions n° 004/03 of 27/12/2013 establishing the Joint Action Development Forum and determining its responsibilities, organization and functioning
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Annex 1. Questionnaire for GBV service providers at local levels

Preliminary assessment of Justice chains and attention routes dealing with GBV, their roles, as well as carry out a mapping exercise to define and strengthen service referral systems for GBV victims; as an integral process of improving the systematic provision of quality legal aid at District and Sector levels.

Kindly fill in the information about yourself by ticking the box that applies to you

1. Gender: Male Female
2. Educational level: Primary High School Bachelor Master
 Doctorate
3. The respondent is: public servant CSO staff volunteer
4. If civil servant, institution: position:
5. If volunteer, for which institution/organization:
6. At which level: cell sector district
7. Number of years in services related to Gender based violence
8. How many times have you received training on gender and GBV? Answer (if no, put zero):
9. Have you any form to report a GBV case you have identified? No
 Yes If Yes, have reported at least a case until now? No
if yes number:

S2	Working relation: This scale ranges from 1=strongly Disagree (SD) ,2= Disagree (D), 3= Neither agree nor disagree (NA), 4= Agree (A), 5= Strongly agree (SA)	1	2	3	4	5
1.	Responsibilities that we have are well defined, and are in pattern with our area of expertise					
2.	We all know well our responsibilities	1	2	3	4	5
3.	We know the responsibilities of others GBV legal providers	1	2	3	4	5
4.	There are sometimes collusion/injunction from others GBV victims legal service providers	1	2	3	4	5

5.	Clients are aware of the service they expect to get from each GBV service	1	2	3	4	5
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3	provider institution				
6. 4	Responsibilities and services that we provide are limited in comparison what is needed	1	2	3	4
7.	We are well equipped to deal with legal protection / We do not have enough means—financial, and equipment to address the issue immediately	1	2	3	5
8. 5	The service that we provide overlap with those provided by our partners	1	2	3	5
9. 6	Responsibilities of each partner in relation GBV are confusing	1	2	3	5
10.	Gender-based violence partners responsibilities are overlapping	1	2	3	5
11.	We know the whole criminal chain/civil process of GBV protection	1	2	3	5
12.	The GBV referral systems is too wide and complex	1	2	3	5
13.	Some improvements are needed to provide quality service GBV victims	1	2	3	5
14.	Is there a system of checking out if GBV victims have received justice	1	2	3	5
S 3	Respondents' perceptions about the extent of service delivered This scale ranges from 5= fully , 4 =partially, 3 =sometimes, 2 =do not know, 1=not provided				
	How do you assess the service delivered to GBV victims providing information for GBV victims cases				
	a. investigation of GBV offences	1	2	3	4
	b. prosecution of GBV offences	1	2	3	5
	c. judgment of GBV offences	1	2	3	4
	d. execution of judgments	1	2	3	5
	e. Rehabilitation, Medical, psycho- sociale	1	2	3	4
	f. other assistance (Service affordability (cost) Funding	1	2	3	5
	g. Restitution /Compensation	1	2	3	4
	h. Satisfaction	1	2	3	5
	i. Rehabilitation (medical, psychological, social)				
	j. Guarantee of Non-repetition				

**Annex 2: Interview guide for GBV monitoring coordination institutions GMO,
MIGEPROF, MINIJUST**

Date/...../.....

Institution

Name.....

Respondent Position..... Department.....

1. Do you have updated database on GBV prosecution cases.
2. How do you search out GBV information? can you list /enumerate the institutions from which you get them
3. At which extent you estimate that victims of GBV are protected though right to effective justice, according to the last information you have in your database? would you like to fill in the following tables on GBV victim's protection and prevention, please?

Table 1: Access to justice

accessibility to justice for GBVvictims	Enumerate Justice providers		Assessment		
	Intervening institution	Volunteers	strengths	Weaknesses	corrective measures
	Duty bearers				

Access to information forGBV victims	.				
--------------------------------------	---	--	--	--	--

Legal assistance for GBV victims					
Service affordability(cost)	.				
duration of cases from submission to decision/judgment in judiciary	.				
Physical access for GBV victims including for persons with disabilities					

Table 2: Right to effective justice for GBV victims (Reparation)

Nature of reparation and repression	service provider		Assessment		
	Name Duty bearers or statutory	Volunteers	Straights	Weaknesses	corrective measure suggested

Restitution					
-------------	--	--	--	--	--

Compensation					
Satisfaction					
Rehabilitation (medical, psychological, social)					
Guarantee of Non-repetition					

Table 3: GBV prevention by volunteers

Activity	volunteers				Zone of intervention	corrective measure suggested
	Governments	Nr	CSO Volunteers	Nr		
Training						
research						
Sensitization and publication						
Funding						

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Annex 3; Interview for the GBV implementing institution,

Date/...../.....

Implementing institution

name :

Respondent.....

Position :

Contact :

1. What are your specific responsibilities related to justice services of GBV victims?
2. How are these responsibilities are performed at decentralized levels (complete the tablebelow)?

Table no 1: GBV Policy implementation (justice sector)

total implementer sby level	Implementers				Cor e task s	strengths	Weaknesses
	position	number	Volunteers	numbers			
District:							
Sector:							
Cell:							

Village:							
----------	--	--	--	--	--	--	--

3. Do you have a partnership with Civil Society organizations (CSOs)? If yes complete table below:

Name of CSO	MoU (Yes/No)	Place of intervention	Area of intervention	Their results for which you have source of verification

Annex 4: Interview for services providers at District levels:

1. How do you get the information about GBV victims?

Who are your stakeholders in this process? Does channel of collaboration exist a with them in this matter?

- a. village
 - b. Cell
 - c. Sector
 - d. District
 - e. Other/Explain
2. What kind of legal capacity, competence, means and tools have been given in order to deals with GBV cases?
 3. In this District who are supposed to provide the following legal services to GBV victims and to which organ?
 - k. providing information for GBV victims cases
 - l. investigation of GBV offences
 - m. prosecution of GBV offences
 - n. a judgment of GBV offences
 - o. execution of judgments
 - p. Rehabilitation, Medical, psycho- sociale
 - q. other assistance (Service affordability (cost))
 4. What is your role in the process of providing justice to GBV victims? Who are your stakeholders/collaborators among the following institutions? village, cell, Sector, RIB,

NWC, NCC, volunteers, Police, conciliators, Prosecution, MAJ, courts, beliefs, CSOetc., Which kind of collaboration do you have with them?

5. What do you think that should be improved by the following Institutions for effectivelegal protection of GBV Victims: Village, Cell, Sector, RIB, NWC, NCC, Volunteers,Police, Mediators, prosecution, MAJ, courts, bailiffs, etc.?
6. What is the role of volunteers in the process of GBV prevention, what is their respectivezone of activities, their number for each local entity (from village to district)?
7. Where database on GBV prevention can be found with regards for each of the followingactivities: training, research, sensitization and publications, funding?

VOLUNTEERS WORKING IN GBV PROTECTION IN SELECTED DISTRICTS

During this assessment, the below enumerated Organizations have been found by visiting District by District among 5 Districts of our case study in which they provide services. Enumerators using a checklist, obtained the information from Joint Action in Development Forum Officers (JADF) office from every one of these Districts. To crosscheck the information, we got from JADF office we tried to contact the representative of each one of the organizations in the District.

NYARUGURU	
ORGANIZATIONS/Volunteers	SERVICE GIVEN BY PARTNERS
PRO-FEMME TWESEHAMWE(PFTH)	Mediation and reconciliation, Peace keeping, conflict management, Justice, Pa advice and guidance, ensuring all human rights.
HAGURUKA	Haguruka plays a significant role in supporting GBV victims by providing legal support, representation, accompaniment to court, legal briefs, mediation and a in different institutions. All these services are provided for free. Beyond this, H conducts several campaigns and trainings sessions on different laws, with the increasing the awareness of the population about the laws. Our mission is to p and defend the rights of women and children.
AFRICAN EVANGELISTIC ENTERPRISE (AEE- Rwanda)	They make reconciliation, self-help groups, education projects and health care
PLAN INTERNATIONAL	They advance children's rights and equality for girls. Working together with ch and young people. With their supporters and partners, they strive for a just wor tackling the root causes of the challenges facing girls and all vulnerable children.
Association Modeste et Innocent (AMI)	This organization provides deep reconciliation, building and having a protected expression and psychosocial rehabilitation to the most vulnerable and GBV victims.
Association pour le Développement de Nyabimata (ADENYA)	Its contribution on GBV protection is to make an advocacy for victims and to e the social injustice as well as promoting reconciliation.
SUSTAINABLE GROWERS	Sustainable Growers Rwanda (SGR) is a local NGO having a goal of improvin livelihoods of low-income women farmers and their families through collective trainings that crea basis for more transparent trade, improved quality and higher prices in the coff
InstitutAfricain pour le DéveloppementsEconomique et Social (INADES)	Its mission is to "work for economic and social advancement of populations, pa particular importance to their free and responsible participation in the transform their societies

CARE INTERNATIONAL	Preventing the spread of HIV, CARE delivers emergency aid to GBV victims, child protection, management and basic education. They place special focus on working alongside women
Association de la Jeunesse pour la Promotion des Droits de l'Homme.(AJPRODHO JIJUKIRWA)	Human rights promotion, protection, justice, research, advocacy, economic empowerment and civil society strengthening.
Collectif des Ligues et Association de Défense des Droits de l'Homme.(CLADHO)	The strategies that CLADHO use are among others capacity strengthening of organization members; participation initiating various national legal reforms, advocacy for citizen participation and social justice rights etc.
CARITAS RWANDA	Poverty assistance, and material or physical support, advocacy, accompaniment and psychological health assistance for GBV Victims specifically and vulnerable people in general.
Rwanda Men's Resource Center (RWAMREC)	Addressing issues of negative masculinity, guidance, gender equality and preventing gender-based violence.
WOMEN FOR WOMEN	Its mission is to help the women of Rwanda take control of their economic, political and emotional wellbeing as they continue to rebuild their country and doing advocacy for any case of violence.
HEALTH POVERTY ACTION(HPA)	Its mission is to make advocacy, Capacity building, mentorship, education and support for marginalized and violated girls. It targets girls of school-going age (6-19 years) to increase enrollment, attendance, and learning outcome, as well as preparing students for work transition for vulnerable youth.
Faith Victory Association (FVA)	Interventions against women and child hard work, assuring physical and mental well-being. They provide advocacy and pastoral counseling to victims.
ACTION AID	Advocacy and accompaniment about injustice cases and any other kind of Gender based Violence
Young Women's Christian Association (YWCA)	To develop the leadership and collective power of women and girls in Rwanda to achieve high quality education, health and socio-economic conditions for them, their families, and their communities.
MUSANZE	
FRANCOIS XAVIER BAGNOUD(FXB)	Its mission is to fight against and address root causes of poverty as a means of securing children's rights to live, grow and develop in Rwanda. It acts also in preventing child abuse by offering advocacy, mental counseling and legal guidance

HAGURUKA	Haguruka plays a significant role in supporting GBV victims by providing legal support, representation, accompaniment to court, legal briefs, mediation and advocacy in different institutions. All these services are provided for free. Beyond this, Haguruka conducts several campaigns and trainings sessions on different laws, with the aim of increasing the awareness of the population about the laws. Our mission is to promote and defend the rights of women and children.
Rwanda Men`s Resource Center (RWAMREC)	Addressing issues of negative masculinity, guidance, gender equality and prevention of gender-based violence.
Faith Victory Association (FVA)	Interventions against women and child hard work, assuring physical and mental well-being. They provide advocacy and pastoral counseling to victims.
Transparence InternationalRwanda (TI-R)	Advocacy, Legal assistance, Counseling,Orientation,
Commission Diocésaine Justice et Paix(CDJP)	Poverty assistance, and material or physical support, advocacy, accompaniment and psychological health assistance for vulnerable people.
UMUZABIBU MWIZA	UMUZABIBU MWIZA is a Christian organization operating in the Musanze District, Northern Province of Rwanda with a mission of contributing to Rwandan community development through empowering vulnerable women mostly widows and orphans.
ACTION POUR LE DEVELOPPEMENT DU PEUPLE (ADEPE)	It has a role of promoting social protection and advocacy for human rights with assistanceespecially for women and young girls victims of GBV, access to fair justice and promoting gender equity.
Rwanda Men`s Resource Center (RWAMREC)	Addressing issues of negative masculinity, guidance, gender equality and prevention of gender-based violence.
RWANDA WOMEN`S NETWORK (RWN)	RWN is a national humanitarian non-governmental organization (NGO) dedicated to the promotion and improvement of the socio-economic welfare of women in Rwanda. RWN's target group includes: victims and survivors of sexual and gender-based violence (SGBV), as well as other vulnerable groups including poor and vulnerable women, children and people living with HIV/Aids. Its goals are to improve protection of women and youth from gender-based violence. To increase the capacity of women in decision making, communities to engage and demand their rights as well as build the capacity of the duty bearers to respect, promote and fulfill these rights.
Collectif des Ligues et Associations de Défense des Droits Humains (CLADHO)	The strategies that CLADHO use are among others capacity strengthening of organizations

Association de Défense des Droits de l'Homme. (CLADHO)	members; participation initiating various national legal reforms, advocacy for change, participation and social justice rights etc.
PRO-FEMME TWESEHAMWE (PFTH)	Mediation and reconciliation, peace keeping, conflict management, Paralegal and guidance, ensuring all human rights.
CARE INTERNATIONAL	Preventing the spread of HIV, CARE delivers emergency aid to GBV victims, cash management and basic education. They place special focus on working alongside women
Association de la Jeunesse pour la Promotion des Droits de l'Homme. (AJPRODHO-JIJUKIRWA) (see ARC-RUHUKA)	Human rights promotion, protection, justice, research, advocacy, economic empowerment and civil society strengthening. It provides legal assistance to GBV Victims
NEVER AGAIN RWANDA	Never Again Rwanda (NAR) is a peace building and social justice Non-Governmental Organization, its mission resides in Peace building, Governance & Rights, Education & Research & Advocacy. The organization provides counseling to GBV Victims
ACTION AID	Advocacy and accompaniment about injustice cases and any other kind of Gender based Violence

BUGESERA

RWANDA WOMEN'S NETWORK (RWN)	RWN is a national humanitarian non-governmental organization (NGO) dedicated to the promotion and improvement of the socio-economic welfare of women in Rwanda. RWN's target group includes: victims and survivors of sexual and gender-based violence (SGBV), as well as other vulnerable groups including poor and vulnerable women, children and people living with HIV/Aids. Its goals are to improve protection of women and youth from gender-based violence. To increase the capacity of women in decision making, communities to engage and demand their rights as well as build the capacity of the duty bearers to respect, promote and fulfill these rights.
-Rwanda Men`s Resource Center (RWAMREC)	Addressing issues of negative masculinity, guidance, gender equality and prevention of gender-based violence.
HAGURUKA	Haguruka plays a significant role in supporting GBV victims by providing legal support, representation, accompaniment to court, legal briefs, mediation and advocacy in different institutions. All these services are provided for free. Beyond this, Haguruka conducts several

	campaigns and trainings sessions on different laws, with the aim of increasing awareness of the population about the laws. Our mission is to promote and defend the rights of women and children.
PROFEMME TWESEHAMWE (PFTH)	Mediation and reconciliation, peace keeping, conflict management, Paralegal and guidance, ensuring all human rights.
WOMEN FOR WOMEN	Our mission is to continue moving that work forward. We bring women together in a space to learn life, advocacy, capacity building, business, and vocational skills
COMMISSION EPISCOPALE JUSTICE ET PAIX	They provide advocacy and pastoral counseling to GBV victims
Collectif des Ligues et Association de Défense des Droits de l'Homme. (CLADHO)	The strategies that CLADHO use are among others capacity strengthening of organization members; participation initiating various national legal reforms, advocacy for citizen participation and social justice rights etc.
COALITION UMWANAKWISONGA	It has been created for the purpose of networking and alliance building with a view to advocate on child rights related issues. The Coalition was initially hosted by HAGURUKA.
Young Women's Christian Association (YWCA)	To develop the leadership and collective power of women and girls in Rwanda to achieve high quality education, health and socio-economic conditions for them, their families, and their communities.
CARE INTERNATIONAL	Preventing the spread of HIV, CARE delivers emergency aid to GBV victims, cash management and basic education. They place special focus on working alongside women
CARITAS/Commission Diocésaine Justice et Paix(CDJP)	Poverty assistance, and material or physical support, advocacy, accompaniment and psychological health assistance for vulnerable people.
WORLD VISION	World Vision is a Christian humanitarian organization, dedicated to working with children, their families and communities worldwide to see them reach their full potential by tackling the root causes of poverty and injustice.

GASABO

PRO-FEMME-TWESEHAMWE (PFTH)	Mediation and reconciliation, peace keeping, conflict management, Paralegal and guidance, ensuring all human rights.
HAGURUKA	Haguruka plays a significant role in supporting GBV victims by providing legal support, representation, accompaniment to court, legal briefs, mediation and advocacy in different institutions. All these services are provided for free. Beyond this, Haguruka conducts several campaigns and trainings sessions on different laws, with the aim of increasing awareness of

	the population about the laws. Our mission is to promote and defend the rights women and children.
African Evangelistic Enterprise(AEE- RWANDA)	Its mission is to “evangelize the cities of Africa through word and deed in partnership with the church”. They make reconciliation, self-help groups, education projects and health care services.
HANDICAP INTERNATIONAL	Humanity & Inclusion (HI) is an independent charity working in situations of poverty, exclusion, conflict and disaster. It works tirelessly alongside disabled and vulnerable people to help meet their basic needs, improve their living conditions and promote respect for their dignity and fundamental rights
Legal Aid Forum (LAF)	Legal Aid Forum creates a space for member organizations to share information, best practices and to collaborate in capacity building, research and evidence-based advocacy. LAF is the pre-eminent independent network of legal aid service providers and legal organizations in Rwanda.
PLAN INTERNATIONAL	They advance children's rights and equality for girls. Working together with children, young people. With their supporters and partners, they strive for a just world, taking root causes of the challenges facing girls and all vulnerable children.
WOMEN FOR WOMEN	Our mission is to continue moving that work forward. We bring women together in a safe space to learn life, advocacy, capacity building, business, and vocational skills
Young Women`s Christian Association (YWCA)	To develop the leadership and collective power of women and girls in Rwanda to achieve high quality education, health and socio-economic conditions for them, their families, and their communities.
Collectif des Ligues et Association de Défense des Droits de l'Homme. (CLADHO)	The strategies that CLADHO use are among others capacity strengthening of organization members; participation initiating various national legal reforms, advocacy for citizen participation and social justice rights etc.
RWANDA WOMEN'S NETWORK (RWN)	RWN is a national humanitarian non-governmental organization (NGO) dedicated to the promotion and improvement of the socio-economic welfare of women in Rwanda. RWN's target group includes: victims and survivors of sexual and gender-based violence (SGBV), as well as other vulnerable groups including poor and vulnerable women, children and people living with HIV/Aids. Its goals are to improve protection of women and youth from gender-based violence. To increase the capacity of women in decision making, communities to engage and demand their rights as well as build the capacity of the duty bearers to respect, promote and

	fulfill these rights.
NATIONAL WOMEN COUNCIL(NWC)	The Mission of National Women's Council is to Build women's capacity and enhance participation in national Development through advocacy and Social mobilization.
ASPIRE RWANDA	Aspire provides resilient, hard-working women and the youth with skills and confidence to make their own choices, become self-sufficient, and take control of their lives.
RWAMREC	Addressing issues of negative masculinity, guidance, gender equality and prevention of gender-based violence.
Association de Solidarité des Femmes Rwandaises (ASOFERWA)	To improve the living conditions of widows, young mothers and non-accompanied children; ensure the holistic development of these target groups within their communities; and to educate and mobilize communities to take action for social change.
SAVE GENERATION ORGANIZATION	Advocacy, guidance, counseling
ACTION AID	Advocacy and accompaniment about injustice cases and any other kind of Gender based Violence
Faith Victory Association (FVA)	Interventions against women and child hard work, assuring physical and mental well-being. They provide advocacy and pastoral counseling to victims.
Rwandese Association of Trauma Counsellors (ARCT- RUHUKA)	Counseling or psychotherapy, advocacy, referral and Family/Community healing.

NYAMASHEKE

PRO-FEMME TWESEHAMWE (PFTH)	Mediation and reconciliation, peace keeping, conflict management, Paralegal and guidance, ensuring all human rights.
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CARITAS/Commission Diocésaine Justice et Paix(CDJP)	Poverty assistance, and material or physical support, advocacy, accompaniment and psychological health assistance for vulnerable people.
WORLD VISION	World Vision is a Christian humanitarian organization, dedicated to working with children, their families and communities worldwide to see them reach their full potential by tackling the root causes of poverty and injustice.
Faith Victory Association (FVA)	Interventions against women and child hard work, assuring physical and mental well-being. They provide advocacy and pastoral counseling to victims.
Association de la Jeunesse pour la Promotion des Droits de l'Homme. (AJPRODHO-JIJUKIRWA)	Human rights promotion, protection, justice, research, advocacy, economic empowerment and civil society strengthening.
DUTEZE IMBERE UIBUTABERA	Advocacy, Peace and justice promotion, legal accompaniment