



HAGURUKA
Defending the rights of women and children

Trócaire

**RAPID ASSESSMENT
ON THE IMPACT OF COVID-19
ON LEGAL SERVICE PROVISIONS
FOR VICTIMS OF GENDER-BASED
VIOLENCE**

JULY 22, 2020

REPORT

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0. List of Abbreviations and Acronyms

CLADHO:	Federation of Leagues and Associations for the Defense of Human Rights in Rwanda
CA:	Court of Appeals.
CNF:	Conseil National de la Femme
CNDP:	Commission Nationale des Droits de la Personne
COVID-19	Coronavirus Disease-Nineteen
CSO	Civil Society Organization
DDF	District Dialogue Forum
DFID	Department for International Development
EGDV	Ending Gender Domestic Violence
FGD	Focus Group Discussions
GBV	Gender Based Violence
GMO	Gender Monitoring Office.
GoR	Government of Rwanda
G7YP	Government of Rwanda's Seven Year Plan
HRBA	Human Rights Based Approaches
ICT	Information, Communication and Technology
IECMS	Integrated Electronic Case Management System
INGO	International Non-Governmental Organization
IOSC	Isange One Stop Center

IPC	Infection Prevention Control
IPV	Intimate Partner Violence.
JRLOS	Justice, Reconciliation, Law and Order Sector
LAF	Legal Aid Forum
KII	Key Informant Interviews
KSW	Knowledge Sharing Workshop
MAJ	Maison d 'Accès à la Justice
MIGEPROF	Ministry of Gender and Family Planning
MINALOC	Ministry of Local Government
MINECOFIN	Ministry of Finance and Economic Planning
MINIJUST	Ministry of Justice
MoH	Ministry of Health
MoU	Memorandum of Understanding
NCC	National Commission for Children
NGO	Non-Government Organizations
NPPA	National Public Prosecution Authority
PROFEMMES	Pro-Femmes Twese Hamwe
RBA	Rwanda Bar Association
RBC	Rwanda Biomedical Center
RCN	Réseau Citizen Network, Justice et Démocratie.
RCSP	Rwanda Civil Society Platform

RGB	Rwanda Governance Board
RIB	Rwanda Investigation Bureau
RNP	Rwanda National Police
RWN	Rwanda Women's Network
SC	Supreme Court
SIDA	Swedish International Development Cooperation Agency
SRHR	Sexual Reproductive Health Rights.
UNDP	United Nations Development Program
UNICEF	United Nations Fund for Children
UN WOMEN	United Nations For Women Empowerment.
USAID	United State Agency for International Development.

1. Executive Summary.

The COVID-19 pandemic has created a global and national emergency of multiple dimensions. In the weeks since the pandemic exploded in Rwanda, a multitude of repercussions have emerged beyond the threats to life and health associated with the virus itself. The urgent need to contain and mitigate COVID-19 has brought unprecedented disruption to the ways that people live and work, with public authorities enforcing measures such as social distancing, lockdowns and quarantines. Prior to COVID-19, 2020 was expected to be a year for reviewing achievements and accelerating progress in the implementation of the 25-year-old Beijing Declaration and Platform for Action.

Rwanda's legal framework strives to offer a holistic strategy to tackle all the aspects of gender based violence including legal assistance and representation, health care, and shelter through government institutions such as Isange One Stop Center, RIB, NPPA and adjudicating courts. However, there is now major concern that COVID-19 and its repercussions will push back the steady progress made in reducing GBV, most notably by reversing the implementation progress of existing legislation and practical mechanisms to achieve justice for victims of GBV.

This rapid assessment highlights emerging evidence on the impact of the COVID-19 pandemic on violence against women. It draws on a number of desk reviews, key informant interviews and group discussions to learn more about the impact of COVID-19 on their actual responses. The rapid report then reviews the strategies and approaches adopted by different stakeholders to continue providing legal aid services to their beneficiaries during the pandemic. It also critically assesses the barriers and challenges legal aid providers and beneficiaries alike face in accessing legal services. It documents how legal aid providers and other actors have learned new practices and adjusted their operations and models of intervention to mitigate the risks posed by the pandemic in their work. Finally, this rapid assessment provides key actionable recommendations for stakeholders who are looking to adapt

themselves to the pandemic on one hand and also offer evidence base and advocacy entry points for any informed policy changes and adaptation to this evolving pandemic on the other.

Emerging data on the impact of COVID-19 on GBV shows that since the outbreak of COVID-19, violence against women and girls, particularly domestic violence, has intensified. Data gathered through field work indicates a significant increase on the number of victims seeking help and support for issues related to GBV in different parts of the country.

All types of violence have been documented, including physical violence, rape, sexual assault, and economic violence in the forms of lack of alimony and parental care. An increase in reports of domestic violence is happening at the same time that services to address domestic violence issues are being compromised. For example, life-saving care and support to women who experienced violence such as temporary shelter, clinical management of rape, and psycho-social support were disrupted when health service providers were overburdened and more preoccupied with handling COVID-19 cases.

Mandatory social isolation measures have in some instances motivated the justice system and legal aid providers to invest in the use of technology to avoid face-to-face contact. The pandemic resulted in a temporary suspension on court hearings, temporary suspension on face-to-face attendance in court, and a temporary suspension on processing judicial cases.

Because gatherings were not authorized by the government, legal aid responses were compromised because community engagement interventions such as community awareness campaigns on different gender based violence issues could not function as usual. Some actors used technology to reduce or avoid face-to-face contact. Video conferencing was the most-used innovation to enable interaction between the courts and clients. Court

appearances and hearings were suspended and urgent cases were heard through video conferencing. However, video conferencing had its own challenges including poor internet connection and a lack of devices for quality hearings. Other actors used hotlines and call centres. Some of the providers who offered remote services through helpline and other online applications were required to put in place internal reorganizations and arrangements to comply with the Ministry of Health's COVID-19 instructions. Suspected perpetrators who lacked evidence against them and others accused of minor offences were released from detention centres. Thus, limited resources and improvised IT solutions in response to new social distancing requirements have undermined the capacity of different stakeholders to maintain normal levels of access to justice during the outbreak.

In addition to social distancing challenges, legal aid service providers had to deal with a dynamic and rapidly evolving scenario in which government instructions and the situation on the ground were constantly changing, which has put a significant burden on effective response planning and implementation. The assessment also found this situation had a considerable negative impact on the most vulnerable women, including those with physical disabilities, mental illnesses, and young pregnant girls who face stigma in their respective communities and are often forcibly evicted from their family home.

The report also offers a number of lessons learned and good practices drawn from desk review and interviews with stakeholders. It also offers some recommendations that can be considered by various stakeholders.

2. Introduction

Haguruka, in collaboration with TROCAIRE, is implementing a project aimed at supporting CSOs in order to put in place a comprehensive framework for contributing to GBV prevention and response.

2.1. Background on COVID-19 and GBV in Rwanda

COVID-19 took all nations on the planet by surprise and continues to drive a quest for efficient and effective mechanisms to contain the spread of this highly contagious and often deadly virus. COVID-19 has created a global emergency of multiple dimensions. In the several weeks since the pandemic exploded around the world, a multitude of repercussions have emerged- that go beyond the threat to life and health associated with the virus itself. Although data on the impact of COVID-19 is still scant and hard to collate, it has already emerged as a multi-dimensional crisis that has affected all sectors and groups of people.

The urgent need to contain and mitigate COVID-19 has brought unprecedented disruption to the ways that people live and work, with most countries having introduced some form of social distancing, lockdown, and quarantines. In addition to initiating an unprecedented humanitarian crisis, the outbreak has had social, political, and economic ramifications. Both negative and positive consequences were unforeseen and still remain unpredictable, although we can be sure they will impact the Rwandan justice and legal aid systems in one way or another. We can already see that COVID-19 challenges each country's capacity to maintain minimum standards of rule of law both from the demand and supply sides and Rwanda is no exception.

Rwanda has seen 1629 confirmed cases of COVID-19 within its borders as of 22 July 2020. The government has imposed restrictions in order to curb the spread of this deadly virus, including prohibiting large gatherings, closing

the border except for transportation of essential goods from and to Rwanda, restricting travel between cities, putting some clusters in Kigali and already seriously affected districts on lockdown, and moving school online until further notice. The government also implemented measures that affected justice delivery and legal aid.

As far as justice delivery is concerned, mandatory social isolation and social distancing measures have in some instances motivated the justice system and legal aid providers to suspend face-to-face meetings until further notice and to resort to the use of technology to avoid face-to-face contact. Some of the support services that could not operate online, such as shelters, were halted until further notice. Limited resources and improvised solutions have also undermined the capacity to maintain normal levels of access to justice during the outbreak.

During the outbreak, an increase in reports of intimate partner violence (IPV) has raised important questions on how the justice system can be accessible to Rwandans by quickly responding to emergency calls for help and support if resources are diverted to the COVID-19 health response.

The uncertainty that undermines the providing of timely, fair, and effective legal aid is likely to continue for the foreseeable future. In this regard, legal aid providers will have to deal with a constantly changing situation.

This rapid assessment was conducted through various methods including a desk review, a knowledge-sharing workshop with frontline responders working with Haguruka, interviews with key informants at the Legal Aid Forum, the Ministry of Justice, Isange One Stop Center, the Rwanda Bar Association, as well as case studies drawn from open-ended interviews with beneficiaries who have sought out legal aid service providers to overcome the challenges and barriers to accessing justice that they faced during the total and partial lockdown.

2.2. Purpose and Objectives

The objective of the assessment is to provide reliable and accurate information on critical aspects of legal aid responses to GBV such as case management and referral pathways, as well as to provide a guide on how to adapt and adjust these responses to the restrictions put in place to curb the spread of the deadly virus. It builds on what we already know about women's justice needs, as documented by legal aid service providers such as the Legal Aid Forum and Haguruka.¹ It highlights emerging evidence of the impact of COVID-19 on violence against women and girls. It examines the impacts of COVID-19 policy responses and outlines policy recommendations for the immediate future.

In order to do this, this report will analyse and highlight lessons learned as well as innovative best practices from different legal aid service providers that mitigate the negative impact of COVID-19 on their legal aid services. This assessment will then provide concrete actionable recommendations for how legal aid services may continue to be accessible and of good quality.

Using a gender lens, the report documents major challenges COVID-19 poses to GBV responses—namely curtailed access to justice institutions, rising intimate partner violence (IPV), increased difficulties in upholding women's rights to sexual and reproductive health, and widespread discriminatory social norms which have far-reaching repercussions on child protection and the safety of women in family settings.

An adequate response requires informed and inclusive action. It makes recommendations for all sectors of society, from governments to international organizations to civil society organizations, on how to prevent and respond to

¹ Haguruka, *Supporting Rwandan Society with Legal Aid and Capacity Building, project implementation report, 2010-2015*, Kigali, Rwanda.

violence against women and girls, at the onset, during, and after a public health crisis. It uses examples drawn upon the most promising practices from around the world. However, it is a living document that is attentive to the country context in which the crisis is occurring. It also considers the economic impact of the pandemic and its implications for violence against women and girls in the long-term.

The assessment of the impact of COVID-19 on legal aid services will also inform how legal aid service providers can adapt their case management strategies in accordance with the agreement on common and standard operating procedures (SOPs) for the outbreak period. It will be used by primarily Haguruka and its partners including TROCAIRE, legal aid providers including MAJ at the Ministry of Justice, LAF, and Isange One-Stop Center, other stakeholders that support GBV prevention such as USAID, SIDA, UN Women, and UNICEF, as well as other policymakers interested in combating GBV.

2.3. Methodology

The assessment was guided mainly by a qualitative inquiry. Establishing the impact of COVID-19 on legal aid access and quality for GBV survivors requires qualitative methods of data collection to understand the conditions which are engendered in the experiences of service providers and targeted beneficiaries. Thus, the understanding of the circumstances surrounding the impact of COVID-19 can be best captured using qualitative methods.

Another reason underlying the choice to use qualitative methods is the limited resources and time dedicated to this assignment. It was expected that this rapid assessment would be a light touch evaluation that would last no more than fifteen days, and subsequently had a limited budget. These two factors prevented the consultant from making use of descriptive quantitative methods for data collection because doing so requires large samples and logistical deployment that travel restrictions related to COVID-19 would not

allow. Such methods would have also required a statistical visa as per the law governing NISR. So as an emerging issue, the impact of COVID-19 on different groups is best captured by gathering testimonies on how groups under the study have experienced it and how they have coped with its effects and consequences, which is qualitative in nature.

In order to collect the needed information, Haguruka developed key informant interview guides which are attached to this report in the annexes. The guides are not mandatory and have served the purpose of driving conversations and discussions that gather accurate and reliable data about the experiences and perceptions of stakeholders on how the pandemic has affected their service delivery to beneficiaries, as well as the extent to which the outbreak has hampered beneficiaries' ability to access quality legal aid services.

For the knowledge sharing workshop, a general guide was adapted to a target audience. Our target audience was staff who had experienced challenges in responding to beneficiaries as well as anyone who had lessons and good practices to share. We used the guide to help keep focus on the major topics of the discussion, but left the schedule flexible because the target group brought some practical examples of when they had faced challenges in offering services they normally provide to beneficiaries.

Flexibility, adaptive data gathering, and probing open-ended questions helped deepen our understanding of practical challenges amidst the outbreak of COVID-19. Regarding quantitative data, we believe that the data that captures the number of beneficiaries affected and the number of services halted by the COVID-19 outbreak will feed our understanding of COVID-19's impact on legal service provision. These figures were mainly gathered through a desk review of narrative reports, activity reports and monitoring reports.

2.3.1 Data Collection

The data collected was essentially **qualitative** in the sense that it contains collected views, testimonies, and accounts of experiences with an emerging pandemic. It seeks to analyse the impact on rights of victims, beneficiaries, and frontline service providers. In terms of quantitative data, this rapid assessment relied on secondary sources from the internal monitoring and evaluation systems of various stakeholders who regularly collect data about their operations and services provided for internal use. Our quantitative data gathering was based on the following assumptions.

Given time and resource constraints, quantitative data was provided by different institutions which regularly collect data on their target groups for their operations and services. To this end, it was possible, for instance, to extract quantitative figures from relevant and available reports from service providers. Figures shared in this report are from the Ministry of Justice, National Commission for Children, and Haguruka. Therefore, quantitative data was drawn from secondary sources and thorough desk review of technical notes, policy briefs, official data from service providers, narrative reports, activity reports, monitoring reports, data tracker from other legal aid providers. The assessment has also been drawn from primary data which will be garnered through phone interviews with some purposively selected key informants. Where possible, face to face interviews will be carried out.

Regarding the ethics of our assessment, interviewing beneficiaries, survivors, and victims depended on their willingness to share their perspectives and experiences. Our participants explicitly consented to share their experiences on a virtual device, with the consultant making sure the interviewees clearly understood the implications of their privacy and safety with a phone conversation. The consent form is attached as an annex.

Moreover, the data collection used participatory methods wherever

possible and sought to ensure that the voices of women were heard equally and effectively. The consultant developed data collection tools including Key Informant Interviews and a Knowledge Sharing Workshop in collaboration with frontline responders to legal aid support. Data was first collected through a **desk review** of relevant documents provided by Haguruka and other online open sources that were relevant to the assignment.

Phone interviews followed protocols and **guides** pre-agreed upon with Haguruka during the Inception Phase. Tools developed during the inception phase included a **Key Informant Interviews (KII) guide** and a **Knowledge Sharing (KSW) guide**. As travel restrictions were not yet lifted by the time of data collection, all interviews were conducted through phone calls.

Stakeholders and beneficiaries to be interviewed included:

- The staff of Haguruka involved in legal aid provision
- The Rwandan MAJ at the Ministry of Justice
- Legal Aid Forum Staff involved in legal aid provision
- The Rwanda Bar Association
- Isange One-Stop Center
- The Rwanda Investigation Bureau
- Selected beneficiaries in four centers operated by Haguruka. These beneficiaries were selected by Haguruka legal aid providers in accordance with criteria linked to their past experience during COVID-19, willingness to participate in the rapid assessment and compelling testimonies to share with the consultant.

2.3.2. Data Analysis and Reporting

This analysis includes a gendered perspective that looks at the specific needs of women and puts a greater emphasis on how COVID-19 has impacted the normal levels of legal aid provision in relation to the specific needs of women experiencing IPV, those who undergo divorce proceedings which are delayed because of COVID-19, and those who experience family land and

property conflicts because of economic hardship resulting from the COVID-19 economic crisis.

As Haguruka has mainstreamed a **Human Rights Approach** to its overall intervention strategy, the consultant assessed the impact of COVID-19 on the rights of women as enshrined in the international instruments such as the Convention for the Elimination of Discrimination of Women (CEDAW), the Maputo Protocol, the ICGLR Protocol on the Eradication of Sexual and Gender-based Violence against Women and Children and finally the 2011 ICGLR Kampala Declaration. The consultant will analyze the impact of COVID-19 through the lens of national laws such as the Rwandan Constitution and GBV law. The framework established the relationship between right holders who claim their right and duty bearers including justice institutions like the RIB, NPPA, Rwandan Courts, Isange One-stop center, and the Rwandan police.

2.3.3 Snapshot of Data Collection Methods and Tools.

Tool	Description
<p>Knowledge Sharing Workshop (KSW) with Haguruka staff</p>	<p>The workshop will utilise a focus group and a workshop to draw out additional information about the provision of legal aid during the outbreak of COVID-19: what has worked well, what has not worked, lessons learned, innovative good practices, challenges and barriers to the quality provision of legal aid and other services, and overall observations.</p> <p>The workshop will create a space for Haguruka staff to identify and discuss key issues together and allow the consultant to ask clarifying questions to multiple staff members at once. After the workshop, in-depth interviews will be conducted with key programme staff.</p>

Key Stakeholder Interviews (KSIs) with selected key stakeholders	KSIs will be undertaken with a variety of key stakeholders in a confidential space, with enough time to give in-depth answers to precise questions about the impact of COVID-19 on the provision of legal aid and other services. The selection of stakeholders will be done in collaboration with Haguruka management and staff.
Key Individual Interviews (KIIs) for selected beneficiaries	KIIs will be used to gather a wide range of opinions from beneficiaries and stakeholders where applicable, possible, and deemed relevant by Haguruka.

3. Overview of Strategies and Approaches Taken by Legal Aid Service Providers Amid the Pandemic

Given how rapidly responses are changing, service providers tried to put contingency plans in place immediately for each of the strategies. Below is a quick description of each strategy and the type of impact that it had on case management services:

- Containment:** Early in March, when the first case was detected, normal public life was minimally affected as the government focused on early detection, isolation, and care of people already infected with careful tracing and screening of their contacts. Static, face-to-face case management, with strict adherence to IPC protocols, was possible under this strategy.
- Total lockdown:** As seen in March and April, this strategy was deployed by the government of Rwanda seeking to stem widespread infection during a prolonged pandemic in which high levels of the population were infected. This involved more directive "lockdowns" or "sheltering in place," where movement was more tightly restricted and monitored, transport arteries from Kigali to secondary cities were restricted, and permission required for the transport of essential goods and services.

Maintaining static, face-to-face case management services outside health care facilities was extremely challenging, or even impossible.

- **Partial lockdown:** the aim was to slow the spread of the virus and delay the full impact until a time when the country's health service could cope with the spread. Social distancing strategies, closure of education institutions, prohibitions on large gatherings, and reduction in the use of public transport were common and were implemented with varying degrees of enforcement. The action taken at this stage was to include other modalities of delivering case management and to train staff and clients alike for continued changes.

Organizations had to adapt to new ways of legal aid provision because case management remained a critical service that was possible to continue in most cases so long as sufficient modification and adaptations were made to uphold public health guidelines.

Decisions about whether to continue static, face-to-face case management services, scale down, or dramatically change in favor of other modalities such as remote case management depended on several factors including:

- **The strategy of the national response to the coronavirus (i.e. containment, partial lockdown, and total lockdown):** Each carries various levels of risks and restrictions which make some modes of service delivery more possible than others.
- **Resources (including donor flexibility) available to the service provider to maintain stringent IPC (Infection Prevention Control) standards at all stages of the pandemic while providing the full package of the holistic response to GBV victims.**
- **Government guidance and policies that affected freedom of movement and the ease of obtaining official permissions:** This included formal exceptions required to operate static services in the event of a national lockdown.

- **Real and perceived risks for staff and others:** It was critical to weigh actual risks not only to the health of staff but to the health of others who may be exposed by accessing services. Additionally, perceived risks also affect staff and clients.
- **Organizational policies:** Service providers have interpreted government guidance and policies in a more or less flexible manner which can influence service provision.

As described above and according to some key informant interviews conducted so far, a layered approach to risk management was applied by many legal aid service providers. During the total lockdown, the majority of them instructed their staff to work from home. In one organization, one staff member was assigned to operate the helpline to ensure continuity of the minimum support for victims.

When the total lockdown was declared, all staff were confined at home with one staff assigned to operate the helpline and provide minimum support to urgent matters. For justice system personnel, court operations were halted, except for urgent matters and exceptional case management. Exceptional case selections depended on the discretion of court management and the criteria set up by the chief justice office.

According to interviews conducted with different legal aid providers, they have interpreted government guidance and policies in a more or less flexible manner, which has influenced their service provision during COVID-19. During the partial lockdown, they immediately put in place Infection, Prevention, and Control (IPC) measures according to standards at all service delivery points. Thermo flash thermometers were available and temperature checks were taken for visitors. Hand sanitizer was also available upon entrance. During the partial lockdown, adequate social distancing during activities was mandatory for visitors. Women and girls were able to access

services while keeping 2 meters apart, wearing masks, and not forming large crowds. They made sure Women and Girls' Centers or other spaces where caseworkers operate were not crowded and could adhere to distancing guidance. All caseworkers had access to hand-washing stations, hand sanitizer, and all the tools they needed to continue to provide support, such as mobile phones and other tools to guarantee internet connectivity for those working from home during the total lockdown.

3.1 COVID-19's Impact on GBV: Trends and Issues

According to the UN, almost 18 percent of women and girls aged 15 to 49 years who have been in a relationship have experienced physical or sexual violence by an intimate partner in the previous 12 months. The figure rises to 30 percent when considering violence by a partner experienced during a woman's lifetime. Although violence by a partner is one of the most common and widespread forms of violence against women and girls, they experience violence in a variety of other contexts and spheres including the family, the community, and broader society.² Fear of stigma, oppressive social norms, and fear of retaliation prevent at-risk women from reporting incidents of violence occurring in the family and the community at large, making GBV a globally under-reported social issue. The outbreak of COVID 19 has worsened these pre-existing trends. Emerging data extracted from legal aid providers such as Haguruka shows that GBV cases and incidents have increased as lockdown and various restrictions create tensions and strains within households which are then exacerbated by cramped and confined living conditions.

As reported by Haguruka, in 2019 Haguruka received 69 GBV-related cases while in 2020 in March (Lockdown time). The NGO received 71 GBV-related cases and 43 additional cases in April, corresponding to the total lockdown period. So, in just two months of the initial lockdown, Haguruka

² UN, Report of the Secretary General. Special edition: Progress towards the Sustainable Development Goals. 8 May 2019(E/2019/68), <http://undocs.org/en/E/2019/68>.

reported more than 114 cases, the double of its number for the whole last year, under normal circumstances and living conditions. All forms of GBV have been reported but the most prevalent form was economic violence, accounting for 60 percent of cases, followed by sexual violence with 25 percent of cases. Physical and psychological violence accounted for 10 and 5 percent of cases respectively.³

Moreover, during a RBA talk show, the NCC indicated a 32 percent increase of sexually-driven incidents against children and young girls as a result of lockdown, suspension of schooling, poor parenting during COVID-19, as well as family economic hardship due to a significant decrease in income. According to a compilation of emergency cases conducted during COVID-19 by the NCC, it noted in processing received cases through hotline that there was an increase of 26.75 percent of child abuse, an increase of 12.19 percent of physical abuse, a 4.85 percent increase of child abandonment cases, a 4.64 percent increase of child neglect cases and a 3.45 percent increase of child street cases from March to June 2020.⁴ In the same vein, according to the same report, RIB received an increase of 29.1 percent of child defilement cases compared to the fiscal year 2018-2019 and 2019-2020. There was an upward increase of child defilement cases from 3,215 in 2019 to 4,265 cases.⁵

An increase in reports of domestic violence is happening at the same time that services to prevent domestic violence are being compromised. Life-saving care and support to women who experienced violence such as clinical services to respond to rape and mental health service providers are overburdened and preoccupied with handling COVID-19 cases. Even where basic essential services are maintained, a collapse in a coordinated response between the health, justice, police and social services sectors, as well as social distancing including travel restrictions mean that sectors have difficulty

³ See Haguruka, *Legal Department internal report, unpublished, Kigali, 2020.*

⁴ NCC, *Interviews with a Child Protection Officer, August 2020.*

⁵ *Ibid.*

providing meaningful and relevant support to women and girls who experience GBV.

For instance, according to one key informant at the Ministry of Justice, the legal aid provision by MAJ challenged victims who attended Isange One-Stop centers.⁶ Another key informant from the Rwanda Bar Association highlighted the fact that lawyers who were supposed to represent their clients, including vulnerable people for whom RBA provides free legal aid, were often barred from traveling to consult with their clients.⁷ In an understandable move to curb the spread of COVID-19, the NPPA released an order to provisionally release detainees suspected of GBV in cases where the evidence against them was not compelling enough in the eyes of the prosecutor in charge of the case. Gathering evidence was a key challenge and as a result, some GBV suspects were released from detention and some of them later threatened to retaliate against victims who reported them to the RIB and/or Police. While this fact was noticed before COVID-19, the situation has worsened because of lockdowns where parties are obliged to stay home as a result of lockdown.

In other cases highlighted by quantitative data provided by legal aid service providers, during initial periods of lockdown, where movement is restricted, and access to quality essential services is limited or being administered differently as a result of social distancing through phone, helpline, emails, ICMS (Integrated Electronic Case Management System) filling or other platforms such as videoconference, requests for help have been decreasing. A comparative assessment of requests from 2019 and 2020 during the same period shows a significant drop of 25 percent for requests by the time GBV incidents have considerably risen up.⁸ The trend is confirmed by data gathered at the Ministry of Justice where a decrease of requests accounts for 30

⁶ Key Informant Interview, Ministry of Justice, August 2020.

⁷ Key Informant Interview, Rwanda Bar Association, August 2020.

⁸ See Haguruka, Legal Aid department database, Kigali, August 2020.

percent.⁹ All these legal aid providers reported fewer calls for help because many women found it difficult to ask for help during the lockdown. This is a worrying sign of an increase of potential victims without recourse, who cannot access resources that can help them to cope or escape situations of violence. As echoed by one beneficiary:

*"I had issues with my husband who regularly assaults me, raped me but because he was working far from our place of residence, it was manageable in the best interest of our 4 kids who are not yet mature until the lockdown was declared. We were confined together and I knew He was cheating on me. He started inventing stories to harass me and threatened to report me to RIB because he knew I had made a forgery of administration. Of course, those were fabricated lies to put me in trouble, so that he can continue seeing his second wife. Where all these attempts failed, he requested a special pass on the fabricated lie he does not feel safe with me. He went back to the countryside and lived with his girlfriend at the expense of child support. One organization helped me to get alimony through mediation and involvement of the organization he works for."*¹⁰

Also, given the existing gender digital divide, women and girls in rural areas, especially those who face harsh economic conditions or multiple forms of discrimination such as illiteracy, high level of poverty, single parenthood, and disability, may not have access to a mobile phone, computer, or internet to access services. They may also be unable to safely use these devices at home because they are closely monitored by the perpetrator and other family members. A recent study from the group special Mobile Association (GSMA) conducted with support from the United Nations High Commission for Refugees (UNHCR) undertook a mixed methods study on three countries including Rwanda (Kiziba camp), Jordan and Uganda. Key findings include that there was a gender gap, where women were 47 per cent less likely than men to own

⁹ Ministry of Justice, Legal Aid Department, Internal Document, August 2020.

¹⁰ Interview with Haguruka Beneficiary, Gasabo, Kigali, August 2020.

a mobile phone.¹¹ A key reported barrier to phone use was limited livelihood opportunities for women and people with disabilities, which makes them disproportionately affected by the cost of connectivity. This points to the need for solutions that do not rely only on cell phones and digital connectivity to address women's access to justice, as recommended by the United Nations Children's Fund (UNICEF) and other organizations.¹²

The economic impact of COVID-19 resulting from the widespread closure of small businesses and income-generating activities such as saloons, agriculture production units, puts increased financial strain on communities, particularly in segments of the population that are already vulnerable. Women disproportionately work in lower-paid, part-time, and informal employment with little to no income security and are therefore less protected from economic hardship in times of recession. As exemplified in one beneficiary's story, strains on their household income pushed her husband to pressure her to sell their shared land and assets to cope with the economic uncertainty that was unfolding. When she refused, he beat and threatened her. She and her children suffered a forced eviction. As the lockdown forced Haguruka to temporarily close its shelters, she had nowhere to go.¹³ According to one key informant at Haguruka, on average, before COVID-19, Haguruka offered temporary shelter to 20 GBV victims while assisting them with obtaining protective orders from justice institutions.¹⁴

A loss of income for women in abusive situations makes it even harder for them to escape. The stark socio-economic gender-based inequalities place the most vulnerable groups of women, especially those in rural areas, at

¹¹ GSMA, *The digital lives of refugees: How displaced populations use mobile phones and what gets in the way*, 2019, <https://www.gsma.com/mobilefordevelopment/wp-content/uploads/2019/07/The-Digital-Lives-of-Refugees.pdf>.

¹² See UNICEF, *Not Just Hotlines and Mobile Phones: GBV Service Provision during COVID 19*, 2020, <https://gbvaor.net/sites/default/files/2020-04/Not>.

¹³ Interview with a beneficiary, Nyanza District, August 2020.

¹⁴ Haguruka, Key Informant Interview, August 2020.

an even higher risk of violence. The financial impact of COVID-19 will also affect the capacity of local women's organizations such as Haguruka to advocate for policy reforms on violence against women and girls and service provision to survivors of violence over the long term, as scarce resources may be diverted to the urgent need for economic recovery and health responses to COVID-19's immediate consequences.

4. Access to Justice for GBV Victims in the Context of the Pandemic: Barriers and Challenges

The COVID-19 crisis has brought the resilience of justice systems into sharp focus. In light of data consolidated at Haguruka centers and the legal department at the Ministry of Justice, we now know women report legal issues in the areas of social welfare, right to shared property and house assets, family, and children issues at a substantially higher rate than men. These figures clearly show that around 40 and 75 percent of those women who seek help report legal issues relating to domestic violence and child support, respectively.¹⁵ As mentioned above, IPV survivors' access to support services including first responders and crisis hotlines (which often serve as entry points to legal channels and housing and financial assistance) are restricted due to the pandemic.¹⁶

Job losses caused by COVID-19 have affected alimony and child support, including potential alteration of case management, decisions, and enforcement. For instance, as Abunzi committees have suspended their hearings, women who seek alimony were not given an alternative to temporary child support.¹⁷ According to the law establishing Abunzi

¹⁵ See Data provided by Haguruka and the legal aid department, Ministry of Justice, Kigali, August 2020.

¹⁶ Haguruka, Knowledge Sharing workshop with legal aid department, Kigali, August 2020.

¹⁷ Haguruka, Knowledge Sharing workshop, Kigali, August 2020.

committee jurisdiction, they hear family cases that do not exceed 3 million FRW and those that do not involve making a determination on civil status.¹⁸

Paternity searches through court decisions were also halted by the pandemic due to the fact that the normal functioning of courts was suspended until further notice.¹⁹ Only urgent matters were handled through IT conferencing, which was reported to be of poor quality as lawyers and other justice stakeholders were not familiar with using these digital platforms.²⁰ According to one key informant, preliminary discussions with financial partners show a high risk that resources may be diverted away from the justice system towards more immediate public health measures to deal with COVID-19. Other services such as hotlines, crisis centers, shelters, legal aid, and social services are at the same risk of being scaled back.²¹

In several cases, the lockdown of the Abunzi Committee hearings and procedures has heavily impacted the ability of women and children to claim property rights or resolve succession matters that do not exceed 3 million FRW. Women who seek alimony were prevented from doing so with the suspension of Abunzi Committee hearings. Furthermore, their attempts to bring their claims to the district courts were dismissed as the courts did not have jurisdiction over those matters. Moreover, their claims were further delayed by the fact that the suspension of non-urgent matters by other adjudicating tribunals and courts have affected the ability of women to claim some rights such as paternity searches, protection orders, custody, and visitation rights. In many instances, beneficiaries highlighted the fact that given the economic hardship that resulted from economic disruption, many of them underwent pressure from their husbands to approve the sale of their assets or properties as a

¹⁸ See Law no. 37/2016 of 08/09/2016 determining organization, jurisdiction, competence and functioning of Abunzi Committees, Official Gazette, Prime Ministry's Office.

¹⁹ Haguruka, Key informant interview, Kayonza, August 2020.

²⁰ Legal Aid Forum, Key informant interview, Kigali, August 2020.

²¹ Haguruka, Knowledge sharing Workshop, Kigali, August 2020.

consequence of income loss. In some cases, pressure amounted to physical violence including beatings.²²

As Abunzi committee hearings were suspended, those victims had no direct and affordable recourse to claim their rights. Many services that required gatherings, face-to-face engagement, and field visits were suspended. Court proceedings have ground to a halt and in many cases around the country, women were prevented from submitting and moving forward with their cases in areas under total and partial lockdown. COVID-19 is also changing the way justice institutions (the Courts, RIB, NPPA, lawyers, correctional services, etc.) work, resulting in long-overdue innovations in some instances. While in Rwanda ICMS (or digitalization of case management systems) filling is still the norm, court appearances through video hearings are just starting to be tried and implemented. All non-urgent court hearings have been temporarily postponed. In short, while important and necessary these digital alternative measures are overlooking the potential worsening of existing case backlogs and have not planned for how these cases will be addressed once the crisis is over. The saying that “justice delayed is justice denied” is perfectly illustrated here.

As far as sexual violence is concerned, some of the reported incidents are related to sexual violence including rape, sexual assault, and sexual harassment through cyber harassment. COVID-19 is having significant repercussions for legal responses to sexual violence case handling including accountability for gender based qualified offences. In some instances, following an instruction from NPPA to lessen overcrowding and COVID risks for the population in correctional facilities, some perpetrators and suspects in detention centers have been released due to reduced capacity to receive and process reported incidents.²³ Relevant investigative work, pre-trial

²² Interviews with beneficiaries, Kayonza, August 2020.

²³Rwanda Bar Association, Key informant Interview, Rwanda Bar Association, Kigali, August 2020.

hearings, and trials are likely to be limited and justice will be delayed. The cumulative impact could considerably restrict survivors' access to justice. When courts and justice systems make these shifts to IT modes of operation, an emerging concern shared by many of the key informants is that poor women often have less access to mobile phones and computers to use these services. In rural areas, broadband bandwidth may not be adequate and challenges arise for many people living there who are unfamiliar with the technology, putting into question the integrity of such hearings.

Furthermore, the pandemic means that some court officials across the country have been advised to work from home or stay home, resulting in delays for justice to be delivered. Courts have adopted approaches to classify limited in-person appearances in "exceptional" or "urgent cases." The classification is discretionary and determined by the Chief Justice. The question that emerges is whether gender-related cases like intimate partner violence (IPV) can be considered sufficiently "exceptional" or "urgent" by all judicial administrators. According to one key informant, while there is this general rule, women's rights activists can make a case on an ad hoc basis with court case management personnel. In one case, the proceedings were heard in priority, thanks to a Haguruka legal aid officer.²⁴

Whatever the case, amid the COVID-19 crisis, there is a pressing need to find innovative ways of handling cases of recurring domestic violence, rape, child custody, right to alimony, and property as there is no clear timeline to when the Abunzi committees who normally hear these cases will resume hearings. One area that is worth exploring is the design and set up of informal mediation case management by organizations working to protect women's rights.

²⁴ Haguruka, Key informant interview, Kayonza, August 2020.

5. COVID-19 Related Access to Justice Strategies and Interventions: Lessons Learned and Good Practices

This section revolves around three key strategic interventions which emerge from findings of the rapid assessment: 1) ensuring the safety of women through preventing and responding to IPV, 2) addressing legal and other disadvantages among poor and marginalized women, 3) supporting collective action of women and women's organizations.

5.1 Ensuring Safety Through the Prevention of and Adequate Response to Domestic Violence

The surge in domestic violence under conditions of lockdown poses major challenges for survivors, and responders to domestic violence. Around the world, there are lessons and guidance on how to take informed action, such as ensuring the minimum initial services package and agreeing on a set of life-saving practices to address sexual and reproductive health needs that should be prioritized from the outset. Multiple innovative platforms have emerged during the COVID-19 crisis to prevent and respond to IPV. Some use existing programs, like WhatsApps, while others have developed new free applications or instant messengers. Others aim at raising awareness, while others are connected to emergency services, such as the police or Isange One-stop Centers.

One type of these platforms is the pilot of a virtual legal aid mechanism for women facing violence in Tunisia by the International Development Law Organization (IDLO). The mechanism operates in close collaboration with relevant state institutions, the national bar association, and other legal and women's organizations to establish a platform for the online provision of legal aid. It supplements support currently provided via hotlines by providing referral pathways to ensure legal aid provision. A range of innovative solutions offers direct help to victims through helplines that do not require cell phones and

internet access have emerged. For example, in Spain, women can send instant messages to an online chat room that uses GPS to locate women who need emergency aid for immediate psychological support. Authorities have also launched a WhatsApp service for women, which saw an increase of 270 percent in consultations.²⁵

5.2 Overcoming Legal Disadvantages for Poor and Vulnerable Women

Overcoming legal disadvantages for poor and vulnerable women requires targeted policies and programs. Legal aid can enable poor people to seek justice in ways that would otherwise be out of reach. This presents a strong opportunity for CSOs, which in many low and middle-income countries have better networks of information, awareness, and counseling for women. Such services need to be advertised extensively through TV, social media, public service announcements, and other channels so that women know about them. Nevertheless, in addition to responding to legal disadvantages, seeking justice also requires addressing other disadvantages faced by poor women in claiming their rights.

Many women who were already poor lost their livelihoods without any fallback savings or assets during COVID-19. Rwanda has put in place a temporary relief package for categories one and two Ubudehe households through the social protection scheme in place in Rwanda. Other recovery measures have been directed to some segments of the economy hit by the crisis, especially the hospitality industry. A possible strategy might be to advocate for the debt relief announced by international financial institutions to be directed towards boosting support for poor women's needs as part of the recovery process.

²⁵ Natalie Higgins, *Coronavirus: When home gets violent under lockdown in Europe*, April 2020, <https://www.bbc.com/news/world-europe-52216966>.

5.3 Encourage and Support Collective Action of Women and Women's Organizations such as Haguruka, Pro femmes Twese Hamwe, and Women Network

Collective action (advocacy, monitoring, awareness initiatives targeting needs of women potentially at risk of violence) is a catalyst to inform and educate people about women's rights, provide spaces for women's and girls' groups, and campaign for change. Grassroots justice actors such as civil society justice lawyers and defenders, community paralegals, public interest advocates, human rights activists, and other community leaders who are involved in providing justice can play a key role. Global and regional partners can support the collective actions of women's organizations who strive to research emerging challenges and disseminate models for providing justice. Online legal stakeholders can share experiences and learning, including the recorded impacts on women's access to justice.

6. Conclusions

As previously mentioned, this rapid assessment has placed a gender lens on the response of the justice system to women's justice needs in the wake of COVID-19. It has highlighted multiple challenges to women's access to justice, which as a result threatens their lives, livelihoods, and the wellbeing of their children. The assessment recognizes the progress made by Rwanda to prevent GBV and protect women from all forms of violence. It uses a variety of methods including desk review, key informant interviews, case studies, open-ended questionnaires with beneficiaries to understand experiences and perceptions on how legal aid service providers have helped their beneficiaries cope with the violation of their rights in the wake of COVID-19. Quantitative data was gathered through monitoring and evaluating internal reports from the Ministry of Justice and Haguruka, providing a glimpse of trends and dynamics related to the impact of COVID-19.²⁶ Through triangulation, this data was analyzed to

²⁶ The Ministry of Justice, Access to Justice department regularly collects data of MAJ operations. These available figures were used to document the GBV cases received during

provide an accurate picture of how COVID-19 has impacted legal aid provision across the board.

Rwanda has made tremendous progress on its holistic response to GBV. Despite these commendable efforts, the COVID-19 health crisis impacted all segments of service delivery by the Government of Rwanda through Isange One-Stop Center and MAJ under the leadership of Minisante and Ministry of Justice, respectively. All these achievements have been and are still negatively affected by the considerable and multidimensional impact of the health crisis. Therefore, it is critical to address the increase of violence against women during COVID-19 through accelerated and concerted efforts of governments, international and national civil society organizations, and donors alike. The needs of women and girls who face multiple forms of violence and discrimination need to be prioritized. Adaptable by all stakeholders, the following recommendations suggest ways in which justice systems can enable full access for women and girls.

7. Recommendations

Below is a list of recommendations for the government of Rwanda, donors and international partners, civil society organizations, and Haguruka and Trocaire.

7.1 Recommendations for the Government of Rwanda

The government of Rwanda should increase the justice system's responsiveness to women's needs for justice. It can draw from the UNDP guidance note, "Ensuring Access to Justice in the Context of COVID-19," which recommends some interrelated actions which aim at recalibrating justice delivery including the design of business continuity plans, establishing criteria for prioritization of cases, providing training and equipment to enable formal

COVID-19. The Haguruka Monitoring and Evaluation team has also provided data for this rapid assessment.

and Abunzi court systems to function virtually, addressing case backlogs, and safeguarding access to social, psycho-social and legal services.

The government must ensure in this recalibration exercise that gender dimensions are not neglected by implementing gender mainstreaming and women-targeted interventions that are required to address justice gaps and challenges that women face. It must also address the digital gender divide. Given the digital gender gap, technology must be made more accessible to poor women, while at the same time ensuring alternative routes to access justice for those who are digitally excluded. Community-based paralegal organizations fill these needs and gaps by providing legal advice, alternative dispute resolution, and disseminating information more broadly in partnership with women in the media and community radio stations.

The Rwandan government should also strengthen the capacity of the Abunzi committees and other informal mediation systems. Although accounting for over 80 percent of disputes, especially family disputes, Abunzi has been under-resourced and under-utilized in justice delivery. In view of the long-term impacts of the pandemic on the ability of formal courts to fully respond to women's evolving justice needs, more attention should be paid to this homegrown customary justice to ensure alignment of these systems with national COVID-19 guidelines and gender equality norms and standards.

The Rwandan government would also do well to strengthen services for women who experience violence during COVID-19. These services include shelters, be they operated by CSO or the government, capacity rapid assessments, risk assessments, safety planning, and case management that is adapted to the crisis' context. To ensure survivors' access to support and ensure psychosocial support for women and girls who experienced violence, the government should also strengthen helplines including through protection

from sexual exploitation and abuse (PSEA), online counselling and technology-based solutions such as SMS, online tools and social support networks.

While implementing these changes the government should also build the capacity of key services to prevent impunity and improve quality of response. This includes training first responders including health workers, law enforcement, court officials, and counselling staff still operating during the crisis on psychosocial support. The government should also provide training for education and child services staff on safety and referral information for children who may be experiencing abuse at home or who may be vulnerable to online predators.

Finally, the government of Rwanda should put women at the centre of policy change, solutions, and recovery. It should ensure that women's organizations and women's community organizations participate in the decision-making process so that their needs and concerns are identified and included in the prevention of and responses to violence against women and girls. It should consider the role of women's organizations in recovery plans and the longer-term solutions to address the increase of violence against women and girls during COVID-19.

7.2. Recommendations for Donors and International Partners

Donors and international partners must allocate additional resources and include evidence-based measures to address violence against women and girls in COVID-19 national response plans. They should strengthen their support for women's organizations and grassroots women's rights organizations, especially those that provide essential services to hard-to-reach, remote and vulnerable populations. Additionally, donors and international partners should invest in data and monitoring and support evidence-based policies. Doing so is critical to ensuring that relevant and accurate data is collected for the purpose of informed decision-making. Across the board, it is important to

collect sex-disaggregated data to understand the social, the economic, as well as legal impacts of the pandemic on women and girls, especially at national and local levels.

7.3 Recommendations for Civil Society Organizations

Civil Society Organizations must strengthen their advocacy and engagement of different actors to address violence against women and girls during COVID-19. They should build strong evidence-based advocacy coalitions and awareness about increased violence against women and girls during COVID-19 by engaging with media outlets to continue to raise the visibility of increased violence against women and girls. CSOs should also demonstrate how the risk factors that drive violence are exacerbated in the context of COVID-19, as well as provide information, including through public service announcements, to survivors of domestic violence, for example, on service referrals, using different formats for different groups of women.

CSOs would also do well to sensitize and engage the private sector using available global guidance on how to prevent and respond to violence against women and girls, including female employees who work from home during COVID-19 experience domestic violence. They should also proactively challenge gender stereotypes and negative masculinities which have been accentuated under COVID-19. Circumstances such as increased household care work for women, and financial insecurity/unemployment should be incorporated into targeted messages for men to encourage healthy ways of coping with stressful situations during the pandemic.

7.4 Recommendations for Haguruka and Trocaire

Haguruka and Trocaire should work to put in place specific SOPs (Standard Operating Procedures) designated for legal aid beneficiaries that are regularly reviewed. They should then review and update these SOPs as

often as required to stay abreast of COVID dynamics and its impact on legal aid service provision. Additionally, Haguruka and Trocaire should invest in training frontline responders in these procedures to cope with the evolving COVID-19 situation. This includes training frontline responders in digital tools so that they can appropriately use them in their daily work when they are required to by evolving COVID-19 restrictions as well as strengthen the capacity of paralegals to use digital tools to serve as strong intermediaries between beneficiaries and Haguruka.

Haguruka and Trocaire should also design an advocacy strategy and plan to inform the justice response to COVID-19's impact on GBV, and mobilize funds and resources to renovate and refurbish temporary shelter for victims seeking safety from domestic violence. In collaboration with Trocaire, Haguruka should also invest in upgrading and improving digital tools to bridge the digital gaps between urban based beneficiaries and those living in rural areas.

Annex 1: Key Informant Interview Guide.

Note to the researcher: this guide is a tool for the application of semi-structured interviews. As a guide, it is meant to provide guidance, and consultants are just required to exercise sound judgment to adjust the tool for each interview, depending on his perceptions of the interviewee's profile and his willingness to freely participate in the interview. It is of utmost importance to explicitly state from the onset that the interviewee should express informed consent to the interview, provided the interviewer has clearly explained the objectives of the interview and the confidentiality of data gathered during the fieldwork.

Proposed introduction: Thank you for agreeing to participate in this interview; conducted by an independent consultant on behalf of Haguruka in Kigali. The assignment aims to support Haguruka to adjust and adapt the package of its legal services to its beneficiaries facing Gender-Based Violence in Rwanda.

The interviews will help us in this endeavor. The purpose of the interviews will be to assess and evaluate the impact of COVID outbreak on the normal provision of legal services to beneficiaries including the survivors and/or victims of GBV. Please note that all information given in this interview will be kept strictly confidential and is only for the use by the consultant to provide an accurate picture of the lessons learned, good practices, and challenges to improve the future provision of the legal services initiatives. We are very grateful to you for giving your time to help us with this assignment.

Name, sex & Role of Interviewee(s):

Date:

Interviewer(s):

Please type up findings from Interviews under the following headings:

IMPACT

1. How is and has the legal aid provision been impacted by the COVID measures taken by the Government of Rwanda?
2. To what extent the justice system and law enforcement institutions have been impacted by COVID 19? How the impact has affected the responsiveness of the justice system to the urgent and legal basic needs for women facing GBV?
3. To what extent special measures taken by Haguruka have impacted the regular provision of legal services.
4. Have you faced some special measures and suspension during the COVID outbreak and restrictions? Describe these measures and their impact on legal aid provision.
5. What mitigation measures have been taken to avoid suspension and pursue the provision of legal aid responses to victims and survivors? Please elaborate more.
6. Have you experienced funding cuts for legal aid provision because of the COVID outbreak?
7. To what extent the resources diverted for COVID 19 responses have impacted the provision of the legal aid services?

EFFECTIVENESS OF LEGAL AID PROVISION.

- For beneficiaries, have they faced difficulties in reaching out for help? If yes, please elaborate and give concrete examples.
- For beneficiaries, what have you done to mitigate the increased number of GBV cases?
- For legal aid providers, have they noticed some difficulties in reaching out your services?
- To what extent the remote working policy for staff has impacted the quality and the accessibility of legal service provision in your organization? Please elaborate and give some concrete examples.
- How the use of technology has contributed(Positively and/or negatively) to provide quality legal aid to beneficiaries? Please elaborate and give some concrete examples.
- How the referral pathways have been impacted by COVID-19? What have been done by legal service providers to mitigate the negative impact for beneficiaries?
- How hotlines and call centers have been impacted by COVID? Please elaborate more and give concrete examples. What mitigation measures have been taken to continue the provision of the services?
- How shelters and Isange One stop centers have been impacted by COVID outbreak?
- How have the mediation services been affected by the COVID 19? Please elaborate and give concrete examples.
- What measures have been taken to pursue the provision of quality mediation services to beneficiaries?
- What is your organisation currently doing to maintain normal services of legal aid? Please give concrete examples?
- What were the main factors that influenced the programme's progress towards expected.



RECOMMENDATIONS

- What legal aid providers participating in the national referral pathways should be advised to undertake in order to minimize and/or mitigate the risks posed by COVID 19 outbreak while continuing to provide quality legal assistance services? What should be recommended to the justice system and law enforcement architecture to improve the accessibility and the quality of legal aid service provision? What should be recommended to donors supporting legal aid providers in times of COVID outbreak in order to overcome resulting challenges to legal aid provision?
- How can the best practices and lessons learnt from the legal aid provision during COVID 19 can be capitalized and can be utilised to enhance and sustain quality legal aid service effectiveness?
- How could the innovations learned abroad be maximized/improved to enhance accessibility and quality for legal aid provision?

Annex 2: Knowledge Sharing Workshop Guide.

Tools needed:

- ✓ Notebook and pen
- ✓ Flipchart paper (at least 6 pieces)
- ✓ 0-10 Scale on Flipchart
- ✓ Post-it notes in 2 colours
- ✓ Marker pens to write on flipchart

Notes to the researcher

1. Please audio record the full KSW. We will refer to it for transcriptions.
2. Take the initiative to ask follow-up questions or for details where clarity is required.
3. If people use certain terms – like **Legal aid, legal assistance, legal representation, helpline, safe house, mediation** – be sure to ask them “What exactly do they mean for them, personally?”
4. Ensure to take full notes of participants' responses in your notebook: write the question number, then write **legible notes in English**. If necessary, add to them after the KSW while your memory is still fresh
5. Before beginning, please introduce yourself:

“I am a consultant who is conducting a rapid assessment. I would like to ask you some questions about the impact of COVID 19. The information you give will be used solely for the purpose of the rapid assessment. You may decline to answer any question that you are not comfortable with.”

1	How COVID has impacted your work in relation with holistic legal aid provision?	
	How have tried to mitigate this impact? How effective do you feel these measures were? Would you recommend them to like minded colleagues in the field of legal service provision?	
	○ What are the important issues to you in regard to the negative impact of COVID 19 for victims and/or survivors of GBV? What	

	kind of negative consequences resulting from COVID 19 that you think should require considerable attention?	
	o What else could have been done to make the impact less important and/or serious for the lives of GBV victims and survivors given your specific circumstances?	
2	How the Justice system and law enforcement actors have been impacted by COVID 19 in terms of accessibility and quality of justice delivery for victims and/or survivors? What are you doing or have done differently since COVID 19 outbreak that you think is effective in accessibility and quality legal service provision ? elaborate more	
	o Can you give an example of how mitigation measures have effectively delivered quality legal aid services?	
3	Tell me how IT and the digitization of legal aid services can help in delivering quality services for beneficiaries and/or victims? - Can you elaborate more about the use of IT and its disadvantages and advantages for vulnerable beneficiaries?	
4	How has the national referral pathway been affected by COVID outbreak? What should be done to mitigate the negative consequences of COVID and how do you think different legal aid providers are coping with COVID in terms of cooperation, collaboration, coordination and mutual support?	
5	Recommendations for Government justice delivery and law enforcement systems? Recommendations for donors supporting legal aid provision? Recommendations for IT services providers and CSO delivering legal services?	
END OF KNOWLEDGE SHARING WORKSHOP		

6. WRAP-UP

“Thanks very much to everyone for taking part. Does anyone have any questions or concerns?

A. *Thank you again.*

Annex 3: Informed consent form

RESEARCH TITLE: “IMPACT OF COVID-19 ON LEGAL AID PROVISION”

1. Invitation to participate in the Study:

You are being requested to take part in a research entitled “*IMPACT OF COVID-19 ON LEGAL AID PROVISION*”. The main objective of this study is to examine how the disease known as COVID 19 has impacted the provision of legal aid services.

The organization commissioning the study is Haguruka whose mandate to empower women to claim their rights as right holders to different duty bearers including the justice sector through court adjudication, mediation, and any other legal services that they may require, given their specific needs and issues they may face. This research was initiated in the framework of a partnership between Haguruka and Trocaire which pursues the mission of helping vulnerable people to strengthen their capacity to claim their rights. Before agreeing to be part of this research, please read and/or listen to the following information carefully. Your participation in this research study is voluntary. Feel free to ask questions if you do not understand something.

2. Description of the Study:

If you participate in this study, you are asked to let us know whether you are comfortable answering our interview questions here and now or whether you would propose a different venue and/or time.

3. Risks and Inconveniences: Should you feel uncomfortable to answer some of the questions related to COVID 19 and legal services in this interview, you can do any of the following:

- You can choose not to answer certain questions;
- You can choose to stop the interviews, or
- You can seek further information from Haguruka helpline or offices.

4. Benefits:

This study may not benefit you directly but by answering, you may contribute to improve the strategies for developing and implementation of legal services during and in the aftermath of COVID 19.

5. Confidentiality:

Any and all information obtained from you during this research will be confidential. Your privacy will be protected at all times. You will not be identified individually in any way as a result of your participation in this research. The data collected however, will be used by Haguruka in developing the report. Only ideas will be considered and shall not be attributed specifically to anyone in the report.

6. Voluntary Participation:

Your participation in this study is entirely voluntary. You may refuse to participate in this research. Such refusal will not have any negative consequences on you. If you begin to participate in the research, you may at any time, for any reason, discontinue your participation without any negative consequences.

7. Financial (or other) considerations:

No payment will be made for your participation in this study.

8. Other considerations and questions. Please feel free to ask any questions about anything that seems unclear to you and consider this research and consent form carefully before you sign.

Authorization.

I have read or listened to the above information and I have decided that I will participate in the "IMPACT COVID 19 ON LEGAL AID PROVISION" described above. The Research consultant has explained the study to me and answered my questions. I know what will be asked of me. I understand that the purpose of the study is to expand the evidence base for improving the legal services during the COVID 19 period and in its aftermath. If I don't participate, there will be no penalty or loss of rights. I can refuse to answer some questions and/or stop participating at any time, even after I have started. I understand that this interview will take about 45 minutes to complete.

My signature or fingerprint below indicates that I voluntarily agree to participate in this study.

Participant's signature _____

Name of participant _____

May we please commence our discussion?

