

**ANALYSIS OF THE IMPLEMENTATION OF NATIONAL
POLICY AGAINST GENDER BASED VIOLENCE
POLICY/PREVENTION SECTION IN RWANDA:
CASE STUDY OF GAKENKE, NYAMAGABE, NYANZA, NYARUGURU &
RULINDO DISTRICTS.**

FINAL REPORT

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LIST OF ABBREVIATIONS AND ACRONYMS

KII	Key Informant Interview
KPI	Key Performance Indicator
GBV	Gender Based Violence
GMO	Gender Monitoring Office
GoR	Government of Rwanda
IZU	Inshuti z'Umuryango
MIGEPROF	Ministry of Gender and Family Promotion
MIFOTRA	Ministry of Labor
MINALOC	Ministry of Local Government
NCC	National Commission Child
NGOs	Non-Government Organisations
NISR	National Institute of Statistics of Rwanda
NWC	National Women Council
RBOs	Religious Based Organisations
RDHS	Rwanda Development and Health Survey
RNP	Rwanda National Police
SWOT	Strengths, Weaknesses, Opportunities and Threats
UWA	Umugoroba w'Ababyeyi

EXECUTIVE SUMMARY

Background and Rationale

Rwanda takes the issue of Gender-Based Violence (GBV) very seriously. The latter is defined by the applicable legislation as “... any act that results in bodily, psychological, sexual and economic harm to somebody just because they are female or male. Such an act results in the deprivation of freedom and negative consequences. This violence may be exercised within or outside the household (MIGEPROF, 2011:3)’. One of the merits of this definition is that it broadens the scope of GBV prevention and response beyond the household, hence making it theoretically tackle it wherever it might occur.

Historically, the recognition of GBV as a serious public policy issue in Rwanda finds support in the fact that women and girls make up the majority of reported cases of GBV with men and boys identified as primary perpetrators. However, over the last years, and perhaps a result of increased public awareness about the nature of GBV, some cases of men and boy victims of GBV have been increasingly recorded by competent authorities with women as primary perpetrators. This suggests the changing nature of the problem and people affected by it. Recent evidence even does indicate that GBV, in all its forms, is still a serious public policy issue in Rwanda and that its magnitude is still worrying if one considers that the country aims at zero GBV tolerance.

The 2014-2015 Demographic and Health Survey (DHS5) that randomly involved women aged between 15 and 49 years revealed, for instance, that 54% of married women experienced GBV in all its forms more than those who have never been married amongst whom it stood at 22%. This reality implies that, in Rwanda, violence perpetrated by spouses is more prevalent than violence perpetrated by others. It remains unclear though how such an alarming GBV situation links or not to gaps in the implementation of a robust anti-GBV policy, legal and regulatory framework that Rwanda has put in place over the last years. Even more so, it is unclear how effective and efficient was the implementation of the prevention section of the National Strategic Plan for Fighting Against Gender-based Violence which was adopted in 2011 for the period 2011-2016.

By commissioning the assessment at hand, the RCSP hoped to measure the implementation outcomes of the prevention component of the national anti-GBV policy across, therefore contributing to new knowledge generation on the topic at hand.

Overview of key findings

The findings presented in this report build on quantitative and qualitative data gathered through 38 interviews conducted with various individual actors actively engaged in the fight

and or prevention of GBV across the sampled Districts of Gakenke, Nyamagabe, Nyanza, Nyaruguru and Rulindo which were used as case studies. While they cannot be methodologically generalized countrywide as a result of the non-representative sample chosen, key findings from this assessment can still enlighten any interested reader on what has worked or not with regard to the implementation of the previously mentioned policy section.

Overall, it emerged that local authorities and non-state actors (CSOs, FBOs, community organizations, etc.) in sampled Districts share the concern about the worryingly growing GBV cases. In addition, these local actors also share the willingness to mitigate GBV cases in their areas and are moderately aware of the existence of the national policy and legal response to GBV. However, they don't have a common view on the level of severity of the problem at hand perhaps because its magnitude varies across the observed Districts.

Implementation of policy actions on GBV prevention across sampled Districts

As far as the implementation of policy actions specifically designed for preventing GBV is concerned, it came out that all sampled Districts implement specific (small scale) interventions in that regard. Concretely, interventions such as awareness raising campaigns, generally once a year; local leaders sensitization workshops; awards to exemplary couples in fighting or overcoming GBV and provision of comprehensive package of GBV response services to victims were reported, though at various scales, across all those Districts. Other observed interventions included re-education of gender violence perpetrators, including convicted rapists and other sex or gender offenders. Interestingly, all those interventions are in line with prevention-related policy actions which are recommended by the GBV policy strategic plan (2011-2016). Indeed, this shows that the interventions undertaken are relevant vis-à-vis the policy issues of upsurge of GBV issues.

This assessment also showed that various interventions are undertaken on occasional basis by a variety of actors (e.g CSOs, FBOs, churches, local authorities, etc.) without consistently coordinated and prior information sharing on GBV situation analysis. It is worth noting though that no single local strategy document on GBV prevention that aligns with the national anti GBV policy implementation framework was obtained for review. A close look at the nature of conducted interventions revealed that they are mainly linked to the GBV policy objective 1 (sensitization meetings especially through Umuganda, march/demonstration, etc), objective 2 (support those most at risk) and 4 (community policing as both prevention but also repression of GBV crimes, etc).

The analysis of undertaken interventions equally revealed that there are relatively few interventions recorded aligning with the policy objective on coordination and M&E objectives. In particular, the coordination of GBV intervention by various actors at local level or a

systematic effort to consolidate all actors' intervention in a single report that is compliant with the national M&E system is inadequate. Nevertheless, 97% of respondents at the local level agreed that locally undertaken interventions with regards to GBV prevention and or response were very relevant. So did majority of respondents (65%) find that local undertaken GBV prevention and or response actions were effective and efficient, both in terms of appropriateness and timeliness of solutions they contributed but also in terms of human and financial management.

Induced positive effects of prevention policy actions implemented at local field level

As an illustration of induced positive effects of the aforesaid interventions, more and more members of the general public at local level know their rights and or duties in relation to GBV as well as reporting pathways of anticipated or known GBV cases. To some extent, those actions have also resulted into some sort of reduction of GBV cases though partly as a result of life-touching testimonies by couples and or families which successfully got rid of domestic GBV. With more cases being increasingly reported as a result of increased awareness about reporting pathways among other things, one should be rather prudent in asserting that may GBV cases are increasingly alarming. A deep inquiry into the dynamics of GBV over the last decade is even more than desirable at this particular time if a conclusive picture of complex dynamics of this phenomenon is to be drawn.

As regards the assessment of the local GBV response actions capacity to deliver sustainable results over time, the majority of respondents (80%) expressed the view that the actions undertaken will have sustainable results. However, few respondents (15%) said that they don't expect the GBV actions undertaken to have persistent effect in a long run. One of the major reasons for this is that some of those actions suffer considerable issues at both the design, which is not usually participatory, and hence at the implementation phase which therefore affects their ownership by the larger community members. With view to this, most respondents emphasized the importance of multi-stakeholder consultations during the design phase of GBV interventions by local duty bearers as it is vital for their ownership, promotion of social accountability on their programs and of course the latter's sustainability.

Good Practices

Some rare cases of good practices of GBV prevention and or response were identified, though in very few Districts. In Nyamagabe for instance, a joint GBV interventions committee was initiated by the District authorities. The Committee brings together all concerned actors so that they can jointly coordinate to participate in GBV prevention and response and avoid overlap and duplication of work, as it was experienced before. Though its effectiveness was not particularly assessed, this initiative seems to be working yielding some of its intended results. In Gakenke District, the local leadership and partners have rather chosen to capitalize on testimonies of couples and families which have successfully got rid of domestic GBV and

are today exemplary couples. This pedagogical initiative has proven to be very impactful as it stimulates significant behaviour change at both community and individual levels.

Challenges affecting successful implementation at local level field

The observed implementation at local level of some policy actions pertaining to GBV prevention as outlined in the previously mentioned strategic plan has, however, not been without challenges. To be concrete, some of the observed challenges are linked to cultural beliefs and practices which still tend to consider GBV as an acceptable norm. Others are rather linked to limited anti-GBV policy literacy capacity amongst the general public and some local leaders, etc. On the other hand, the fact that the design of GBV prevention and or response interventions is generally not participatory affects the prospects of public ownership, social accountability and hence sustainability of those interventions. The assessment noted that there exists no common/standardized format for GBV reporting across Districts, a situation which affects the comparability of results in terms of GBV prevention and response across various locations. Last and not least, there exists, as one would expect, huge challenges related to inadequacy and insufficiency of implementation resources of designed interventions. To the view of many, this challenge hinders the consistency and hereafter minimizes the potential impact of prevention and response actions undertaken on small scale level.

Key Lessons learnt

Despite the observed challenges, field level implementation of GBV prevention policy actions allows to draw some lessons which are useful for purposes of knowledge sharing and or practice improvement. 71% of respondent reported that GBV abusers are not aware of any misdoing on their behalf as they still consider it a normal practice to beat up their wives, for instance. Besides, involvement of religious leaders like strategic partnerships with concerned actors is of paramount use if GBV is to be effectively tackled.

Behaviour change on GBV matters requires continuous and systematic mobilization in order to reverse unfavourable long-standing cultural norms. It is essential though that those involved in community mobilization capitalize on the testimonies of couples and or families who have successfully got rid of domestic GBV if more people are to change their behaviour. Lastly, evidence from the field suggests that GBV prevention is possible. The lesson though is that potential victims and perpetrators have to actively participate in collective efforts aimed at preventing GBV.

Recommendations

In light of the assessment findings and issues identified, the following recommendations were formulated to various anti GBV prevention and response stakeholders

To Local government and local development partners:

- Under MIGEPROF guidance and technical support design a responsive local anti GBV sensitization strategy with relevant toolkits that promote family cohesion and positive gender equality values;
- Establish specific Gender and GBV prevention sub commission under JADF in order to build partnership with local GBV non state actors and citizens, regular basis campaigns of zero tolerance to GBV crimes targeting all segments of local communities.
- Under MIGEPROF guidance and technical support Streamline, in collaboration with CSOs working in gender area , ensure the organization and operationalization of the citizen engagement platform such as “Umugoroba w’Ababyeyi (UWA)”, Inshuti z’umuryango ,NWC,ISIBO etc for GBV education and counselling along with the integration of GBV in Itorero education program;
- Prioritize and integrate selected strategic actions to combat GBV into District Imihigo and planning and budgeting process.

TO CSOs

- Increase advocacy and accountability dialogue with different service providers engaged in GBV prevention for effective implementation of GBV policy.
- Ensure harmonisation of their messages and approaches used in preventing GBV to avoid resistance and miss conception of gender concept
- Align their interventions with existing structures for scalability and sustainability

To Central Government (MIGEPROF, MINALOC and affiliated agencies,, etc.)

- To put in place a mechanism which would ensure that GBV prevention interventions are systematic (not punctual) and harmonised throughout the country.
- To strongly promote the strategy of working with men to be potential allies not as dangerous husbands.

- To revise the anti-GBV policy so as to harmonise it with the stakeholders identified for its implementation, notably Government community based mechanisms currently in charge of GBV prevention.
- To ensure effective operationalization and harmonization of anti-GBV community initiatives (UWA, IZU, Imihigo y'umuryango) in all Districts throughout the country;
- To make sure that anti-GBV interventions are effectively taken into the existing accountability and tracking systems.

CHAPTER ONE: INTRODUCTION

1.1 Background

Gender-based violence (GBV) is defined by the Law N° 59/2008 of 10/09/2008 on Prevention and Punishment of Gender-based Violence as ... any act that results in bodily, psychological, sexual and economic harm to somebody just because they are female or male. Such an act results in the deprivation of freedom and negative consequences. This violence may be exercised within or outside the household (MIGEPROF, 2011:3)¹.

Historically, the recognition of GBV as a serious public policy issue finds support in the fact that women and girls make up the majority of reported cases of GBV with men and boys identified as the primary perpetrators. However, over the last years, and perhaps as a result of increased public awareness of the nature of GBV, some cases of men and boy victims of GBV have been increasingly recorded by competent authorities over the last years with women as primary perpetrators. This suggests the changing nature of the problem. According to MIGEPROF (2011), major causes of GBV include, on the one hand, traditional culture-rooted child bringing and parenting attitude which tends to favour young boy development on the detriment of the girls.

On the other hand, GBV is perpetuated by the chronic economic dependency of women on men, hence affecting, to a greater extent, equal economic development prospects between men and women. Other equally important causes highlighted by MIGEPROF included poverty, insufficient knowledge of rights and laws (especially the anti-GBV law), alcohol abuse, illegal marriages, extra-marital affairs, intimidation through superior-subordinate relationships, etc. Consistent with this line of thinking, MIGEPROF (Ibid) noted health issues, psychological effects, depression, fear, lack of self-esteem and extreme stress (MIGEPROF, 2011) among other evil consequences of GBV.

In a quest for addressing the GBV issue and its root causes, the Government of Rwanda (GoR) has undertaken a number of responses consisting in putting in place a robust policy, legal and regulatory framework and mechanisms. To start with, the National policy against GBV provides clear policy action orientation to key actors engaged in GBV prevention and or response. The policy move was also aimed at ensuring an effectively coordinated prevention and or response as well as accountability. Additionally, the GoR has taken measures to create an enabling environment for the eradication of GBV by undertaking major reforms in the legal and justice sectors. As a result of these reforms, gender sensitive laws were passed and discriminatory laws revised. For example, the 2005 Land Law was modified in 2013 to ensure

¹ See Gender Monitoring Office (2010). *Assessment of intervention programmes for gender based violence prevention and response*. Kigali.

that women are guaranteed equal rights with men regarding access, ownership, inheritance and utilisation of land. More concretely, article 4 of this law provides that “ All forms of discrimination, such as that based on sex or origin, in relation to access to land and the enjoyment shall be prohibited. The law also provides that the right to land for a man and a woman lawfully married shall depend on the matrimonial regime for which they opted². Furthermore, the Law N° 27/2016 of 8/7/2016 governing matrimonial regime, donation and succession in its article 54 emphasize the equal treatment of both female and male children in succession. This article stipulates that “...legitimate children of the de cujus succeed in equal portions without any discrimination between male and female children” (Prime Minister’s Office 2016:40)³.

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. More concretely, this order sets clear guidelines geared towards preventing and responding to GBV, including domestic violence. It specifically stipulates that gender-based violence cases must be expedited and given priority in the courts of law⁴. In order to translate the legal and policy instrument into concrete program of actions, the Ministry of Gender and Family Promotion initiated community mechanisms in 2009 also known as anti-GBV and Child Protection Committees. These committees operate from village (Umudugudu) to national level and provide an opportunity for awareness raising on GBV and child abuse. These Committees were meant to provide an opportunity to timely gather information and coordinate GBV prevention and response services and generally facilitate the implementation of existing legal and policy frameworks on the fight against GBV and child abuse⁵.

Furthermore, the National Women Council (NWC) introduced *Umugoroba w’Ababyeyi*, literally translating as parents’ evening. The former is a dialogue forum composed of both men and women in the same village. It is primarily charged with the responsibility of promoting family positive values, finding solutions to issues that may hinder family development, promoting family planning and adolescents reproductive health awareness, fighting and preventing GBV among others⁶.

In 2016, the NCC introduced Inshuti z’Umuryango (IZU) to replace GBV/CPC committee in order to promote family dialogue and child rights. The move was also geared towards the implementation of existing policies, laws and programme aiming at family promotion⁷. In addition, a community policing approach was introduced in 2008 by the Rwanda National

²Official Gazette N° Special of 16/06/2013

³Organic Law instituting the penal code N° 01/2012/OL of 02/05/2012

⁴Official Gazette n° 03 bis of 16/01/2012

⁵MIGEPROF (2009). *Guidelines on the setting up of committees to fight gender based violence and protect child’s rights*. Kigali

⁶MIGEPROF (2016). *Imirongo Ngenderwaho y’Umugoroba w’Ababyeyi*. Kigali

⁷MIGEPROF (2016). *Imirongo Ngenderwaho ijyanye n’Ishyirwaho n’Imikorere y’Inshuti z’Umuryango (IZU)*. Kigali

Policy (RNP) to foster and support the implementation of strategies aimed at fighting causes of crime and social disturbances through the resolution of problems using partnership between policy and the communities. Theoretically, such partnership also tackles GBV issues and prevention particularly⁸.

Visibly, all the above mentioned policy, legal and regulatory frameworks translate a clear political willingness of the GoR to tackle and eradicate the issue of GBV. Indeed, they send a clear signal of the country's tremendous advances towards promoting gender equality and social inclusion. Nevertheless, in spite of a commendable political will to eradicate it, evidence from the field suggests that GBV cases are still alarming. To many actors and RCSP in particular, it remains unclear what have not worked well with all GBV prevention measures that the country has put in place in the past.

1.2 Rationale of the assessment

A number of policy documents and study reports indicate that GBV is still a serious public policy issue in Rwanda. For instance, the 2014-2015 Demographic and Health Survey (DHS5)⁹ which randomly targeted selected women aged between 15-49 years, showed a worrying picture of GBV in Rwanda. It revealed, among other things, that 17.1% of men and 41.4% of women agree that a husband is justified in beating his wife for specified reasons - *"if she burns the food, if she argues with him, if she goes out without telling him, if she neglects the children, and if she refuses to have sexual intercourse with him"*. It also revealed that 54% of married women experienced violence (physical, psychological, economic or sexual), more than those who have never been married (22%), implying that violence perpetrated by spouses is more prevalent than violence perpetrated by others. GBV was experienced in so many forms such as slapping, insulting, pushing and being forced to have sexual intercourse.

It remains unclear though how such an alarming GBV situation links or not to gaps in the implementation of the national anti-GBV strategic plan which was adopted in 2011. Such a critical knowledge gap is a result of the fact that past studies the RCSP is aware of did not investigate such a linkage, if any. More concretely, past studies did not examine how effective is the implementation of the component on prevention of the National Strategic Plan for Fighting Against Gender-based Violence for the period 2011-2016¹⁰. Thus, by commissioning the assessment at hand and using Gakenke, Nyamagabe, Nyanza, Nyaruguru and Rulindo Districts as case studies, the RCSP hoped to make a modest contribution to the existing knowledge. It particularly sought to do so by critically examining how the prevention

⁸Ibidem

⁹National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International (2015). *Rwanda Demographic and Health Survey 2014-15*. Rockville, Maryland, USA.

¹⁰ This plan was developed to which was developed to support effective implementation of the "National Policy against Gender-Based Violence".

component of the existing GB policy is effectively and efficiently implemented or not in Rwanda and how this overall affects GBV prevention and response efforts. The focus on prevention is underpinned by a popular saying that “prevention is always better than cure”.

1.3 Assessment Objectives

The overall objective of this assessment was to measure the implementation outcomes of the prevention component of the national anti-GBV policy across the sampled Districts of Gakenke, Nyamagabe, Nyanza, Nyaruguru and Rulindo. More specifically, the assessment sought to achieve the following objectives:

(1) To assess the relevance, effectiveness, efficiency, impact and sustainability of actions aimed at GBV prevention in sampled Districts;

(2) To assess the coordination and M&E mechanisms of anti-GBV prevention activities undertaken by the sampled Districts;

(3) To identify gaps and challenges related to the implementation of policy actions aimed at GBV prevention that need strong policy advocacy;

(4) To identify possible best practices and lessons learnt for replication.

1.4 Assessment questions

Consistent with the aforesaid objectives, this assessment was guided by the following questions:

1. What strategies were put in place to advance the implementation of the planned strategic actions for the implementation of the anti GBV strategic plan in surveyed Districts?
2. How effective and efficient is the level of implementation of the recommended interventions of anti GBV strategic plan in the surveyed Districts and how many people think so?
3. What are the outcomes, emerging good practices and challenges experienced by local actors in the implementation of the proposed interventions of the anti GBV strategic plan in surveyed Districts?
4. What policy recommendations can be proposed to advance national anti GBV policy impact and anti GBV response and at local level?

1.5 Organisation of the report

The first chapter is an introduction to this assessment. It includes a background and context of the assessment, the rationale behind its commissioning, the objective and the guiding assessment.

The second chapter focuses on the methodological approaches used during this assessment. It includes the assessment design, target respondents, data collection methods and instruments, administration of data collection instruments, sampling technique and sample

size, data analysis procedures and ethical standards observance. Chapter three deals with the conceptual and analytical framework that guided the analysis and interpretation of findings. Chapter four deals with the presentation and interpretation of the findings. This particular chapter ends with a general SWOT analysis of the various anti- GBV actions identified and prioritized by the RCSP to implement the national anti-GBV strategic plan in the sampled Districts. The fifth chapter presents the study conclusions and formulates a set of policy recommendations targeted at various institutions and actors.

CHAPTER TWO: METHODOLOGY

This chapter shades light on the methodology that was used to answer the assessment questions and achieve its objectives. It particularly highlights the assessment design choice, target and choice of respondents, data collection techniques and tools, data analysis and intended use of findings.

2.1 Assessment design

In view of the assessment questions highlighted previously, the assessment at hand is empirical by nature since it is concerned with GBV as real life problem (Mouton 2001:53). Looking at the nature of guiding questions specifically, it is exploratory, and descriptive) in terms of design. It is exploratory because it seeks to address many “what” (Auriacombe 2016:65¹¹) questions geared towards revealing various GBV prevention strategies and good practices put in place in the Districts covered by the assessment as well as recommended actions to improve on existing practices.

It is descriptive because it sought to answer a “how” question (Auriacombe 2016:65) about the efficient and effective implementation of planned GBV prevention actions) as well as “how many” people think so. Looking at the nature of questions, this type of assessment design fits well under evaluative research (Mouton¹² 2001:54) since it focuses on whether the implementation of GBV prevention plans has delivered the expected outcome and why so.

The nature of questions the assessment sought to address is primary. More concretely, the focus on what and how questions of the assessment design called for qualitative data. On the other hand though, it called for quantitative data since it sought to elucidate how many people assert for instance that the initially planned outcomes were efficiently and effectively achieved or not. This said, assessment used a combination of qualitative and quantitative design approaches.

2.2 Scope of the assessment

2.2.1 Content scope

This study focussed on GBV prevention. It assessed relevance of interventions conducted by different stakeholders, as well as their effectiveness, efficiency and sustainability. It also helped identify challenges and best practices.

¹¹ Auriacombe, C. (2016). *Research Methodology Guide*. Kigali: Local Governance Institute

¹² Mouton, J. (2001). *How to succeed in your Master's and Doctoral Studies*. Pretoria: Van Schaik Publishers

1.5.2 Geographical scope

While the design of policy on GBV prevention was initiated by the central government (MIGEPROF), the actual implementation of this policy does take place at the local level within Districts. At the policy design level, researchers interviewed relevant Government and public agencies officials who are closely involved in the GBV prevention policy elaboration to get their views on the performance of the policy implementation by various actors of its implementation. At the District level, the consultant administered a survey questionnaire to respondents purposively selected based on the level of information they have on the various anti GBV programs undertaken by various actors (local government, NGOs, FBOs...) at local level within their Districts. The geographical scope of the study covers five (5) Districts that are geographically distributed as follows: two in Northern Province (Gakenke & Rulindo) and three in Southern Province (Nyamagabe, Nyanza & Nyaruguru).

The choice of these Districts was done in convenience with donor organisation (Trócaire), which is funding other projects oriented to GBV prevention in those Districts and the present assignment comes as to complement existing interventions.

2.3 Target respondents

The target respondents for this study have one important thing in common: all of them are in some way involved in GBV prevention owing to the type of their job. One group is made of civil servants, at central and local levels; others work for civil society organisations at central and local levels as important service providers and advocate for GBV issues towards duty bearers and decision makers. All of them are adults. As they have to cope with GBV in their daily professional work, they are the right persons to deliver interesting information, that is, which can reflect the real situation on the ground. This is a good factor for appropriate recommendations for positive change. Table 1 presents all targeted respondents for each sampling technique.

Table 1: List of respondents' categories

No	Questionnaire (District level)	Interviews	
		Central level	District level
1	National Women Council (1)	MIGEPROF (1)	V Mayor/Social Affairs
2	Rwanda National Police (1)	MINALOC (1)	RNP (Community policing)
3	MAJ (1)	MINEDUC (1)	
4	National Youth Council (1)	MININFOR (1)	
5	Pro-Femmes/TWESE HAMWE (1)	MINIJUST (1)	
6	Faith Based Organisations (3)	National Prosecution (1)	
7	Palladium group (1)	GMO (1)	
8	Staff member in charge of gender (1)	RNP(1)	

9		PRO-FEMMES (1)	
10		Rwanda Women Network (1)	
11		RWAMREC (1)	

2.4 Data collection

2.4.1 Data collection techniques and tools

The methods used for data collections are survey questionnaire, interviews and desk review. In this study, thirty-eight men and women associated to GBV prevention owing to their daily work at District level were targeted as respondents to the survey questionnaire with the aim to get their opinion on GBV prevention actions they came across with. Another data collection technique used is key informant interview which involve presentation of “oral-verbal stimuli and reply in terms of oral-verbal responses” (Hancock, Ockleford & Windridge, 2009). In this study, interviews were conducted at central and District level. Desk review was another method used in this research. It aimed at knowing findings from other studies conducted on related topics, and this allowed the consultant to enrich quality of the study report through triangulation. Data was collected using a survey questionnaire (semi structured) and interview guide.

To assess the relevance, effectiveness, efficiency, sustainability, improvement of coordination and need for strong advocacy for GBV prevention actions through use of a questionnaire, perceptions were rated using a Likert scale ranging 5. The respondents’ perceptions were measured as follows:

Table 2: Likert Scale Range for Respondents perceptions

Score	Response	Description	Range	Interpretation
5	<i>Strongly Agree</i>	<i>You agree with no doubt at all</i>	<i>4.26 -5.00</i>	<i>Very high level</i>
4	<i>Agree</i>	<i>you agree with some doubt</i>	<i>4.25 -3.75</i>	<i>High level</i>
3	<i>Neutral</i>	<i>No decision</i>	<i>-</i>	<i>No decision</i>
2	<i>Disagree</i>	<i>you disagree with some doubt</i>	<i>3.74 -2.76</i>	<i>Moderate</i>
1	<i>Strongly Disagree</i>	<i>You disagree with no doubt at all</i>	<i>2.75 -1.00</i>	<i>Low level</i>

2.4 Sampling

2.4.1 Sampling technique

The study population units consisted of Districts staff members, local NGOs and FBOs engaged in the fight against GBV, MIGEPROF and other Government agencies responsible of promoting social inclusion, gender equality and fighting GBV. The community members are not directly considered as part of the population units due to logistics and time constraints that pushed to narrow the size of the sample. In the present study, respondents who were identified as potential respondents received a questionnaire were selected on a purposive basis, which means that “items are deliberately selected by the researcher” (Kothari, 1990). All of them work at District level. Those who were interviewed were also selected from a purposive basis. They are high ranking leaders in ministries involved in the implementation of the strategic plan aimed at translating into reality principles contained in the anti-GBV policy issued in 2011. Others were Vice-Mayors in charge of social affairs of the Districts selected for this study.

2.4.2 Sample size

There were two groups of respondents. The first group, made of thirty-eight (38) men and women at District level (Nyamagabe, Nyanza, Nyaruguru, Gakenke and Rulindo Districts), was administered with a questionnaire. The second group was that of interviewees. At local level, four (4) people were interviewed and at central level six (6) people from six different institutions were interviewed; the total number of interviewed is ten (10).

2.5 Data analysis procedure

According to Bernard (2006), analysis is the search for patterns in data and for ideas that help explain why those patterns are there. This study is qualitative in nature, as it aims to help to understand a social phenomenon (Hancock, B., Ockleford, E. & Windridge, K., 2009), but it applied a combination of quantitative and qualitative analysis methods. Qualitative data were analysed so as to clearly visualise how actions aimed at GBV prevention were implemented, and descriptive statistical analysis (using SPSS) made it possible to assess the magnitude of issues by way of frequencies or percentage distribution on selected topics of interested for the study.

2.5.1 Qualitative analysis

According to Babbie (2008, p. 415), qualitative analysis refers to the non-numerical examination and interpretation of observations. This research approach helped to complement secondary data collected on national and local anti GBV District program with additional in depth information from duty bearers at central and local level along with civil society organization staff. In the context of this study, qualitative analysis helped to better

understand the level of implementation of GBV policy at both central and District level in relation to this survey objectives.

2.5.2 Quantitative analysis

According to Babbie (2008, p. 443) quantitative analysis refers to the numerical representation and manipulation of observations for the purpose of describing and explaining the phenomena that those observations reflect. Such an approach helped the consultant to conduct analysis of respondents' views on the various themes of the survey questionnaire using descriptive statistics. The following was used to attain that result: data entry, tabulation of data, frequency distribution. As data have been collected by questionnaire, they were entered into an SPSS data matrix for further analysis. This allowed statistical analysis required to produce the report of this study.

2.6 Study limitations

One limitation of this assessment is the small size of the sample, which was due to scarcity of resources. In the best scenario, three different groups would have been targeted: policy designers, policy implementers and beneficiaries. This would have led to getting a more significant sample size. Some challenges were also experienced during field data collection. Due to various reasons, the response rate was not maximized as expected. In fact, out of fifty (50) target respondents, only thirty eight (38) underwent the interviews, representing 73% of the expected response rate. Another issue was limited time for civil servants to be in office, owing to the fact that field work coincided with the 24th commemoration of the genocide against Tutsi. So the consultant only managed to interview ten (10) people at central and local level.

Despite this methodological limitation, thanks to the qualitative approach used by the consultant during field data collection and data analysis, the sample was designed basing on the level of consistency of information that the targeted respondents have on national and local anti GBV interventions in terms of design and impact within the community. Another mitigation measure used to surmount the above mentioned sampling size constraint is triangulation of collected primary data with secondary data on the subject of analysis. The principle of data collection until saturation was also observed during KII and FGDs. This being said, it is evident that the findings of this study can only be analysed in the context narrowed scope of the national anti GBV policy implementation evaluation focusing on the service providers perspective

2.7 Ethical standards

As the present research involved contact with other people through questionnaires and interview, the researcher interactions with the target respondents was guided by the respect of ethical considerations of voluntary participation, anonymity, doing no harm and

beneficence. In order to make sure all information provided through administration of the questionnaire would be and remain confidential, no name of the respondent or his/her institution was mentioned, and respondents were informed about this beforehand.

CHAPTER THREE: CONCEPTUAL AND ANALYTICAL FRAMEWORK

This chapter seeks to unpack the key concepts of “Gender-Based Violence”, “prevention” and policy which are used throughout this assessment. It goes on to briefly highlight the major policy actions under the prevention section of the national anti-GBV policy. It concludes with a small section on the analytical framework against which collated data was analysed and findings interpreted.

3.1 Definition of key concepts

3.1.1 Gender-based violence (GBV)

For purposes of contextualization, this assessment has remained faithful to the Rwandan legislation which defines “gender-based violence” as:

“... any act that results in bodily, psychological, sexual and economic harm to somebody just because they are female or male. Such an act results in the deprivation of freedom and negative consequences. This violence may be exercised within or outside the household” (MIGEPROF, 2011:3)¹³.

The above definition has the merit to describe what GBV is and where it takes place. Also, it inexplicitly points out to some of possible consequences of GBV.

3.1.2 Policy

The Cabinet Manual which is the key guiding document regarding public policy process in Rwanda, does not provide any working definition of what a policy is in the Rwandan context. Thus, and taking note of the fact that this concept lacks universal consensus on what it exactly means, this assessment borrowed from De Coning and Wissink¹⁴ (2011:7) who define a policy as:

“...A public sector statement of intent, including sometimes a more detailed program of action, to give effect to selective normative and empirical goals in order to improve or resolve perceived problems and needs in society in a specific way, thereby achieving desired changes in that society...”.

It goes without saying that the choice of this operational definition was a result of the fact that the national anti-GBV policy, in its current set up, meets all the aforesaid definitional components of what a policy is.

¹³ See Gender Monitoring Office (2010). *Assessment of intervention programmes for gender based violence prevention and response*. Kigali. See also law N° 59/2008 of 10/09/2008 on prevention and punishment of gender based violence¹³

¹⁴ De Coning, C. and Wissink, H. (2011). “Nature, role and history of public policy” in Cloete, F. and De Coning, C. (eds.). *Improving Public Policy. Theory, practice and results*. Pretoria: Van Schaik Publishers, pp.3-31

3.1.3 Prevention

The notion of prevention suggests a range of measures or actions put in place by someone to avoid a “potential policy issues from becoming a real policy problem” (De Coning and Wissink 2001:7). In the particular case of this assessment, this notion embodies a set of actions put in place by the Government of Rwanda in order to avoid the occurrence of GBV cases. An overview of those actions as defined by the current national anti-GBV policy is provided in the next section.

3.2 Analytical Framework

This section summarizes the analytical lenses through which the data collected in the process of this assessment was analysed and findings interpreted. The focus is, on the one hand, on the key policy actions envisaged by the GoR under the national anti-GBV policy in order to prevent GBV against which the effectiveness and efficiency of prevention implementation was examined. On the other hand, the focus is on the summative outcome evaluation principles and bottom-up public policy implementation approaches that the analysis followed.

3.2.1 Overview of policy actions envisaged under the prevention section of the national anti-GBV policy

Rwanda being a unitary state, it follows a coherent policy agenda across all layers of government although autonomous local decentralized administrative entities, i.e. District, might want to adapt national policy implementation to their local realities in order to best meet the needs of local populations. Overall, the following 10 major prevention policy actions were envisaged by the implementation plan¹⁵ of the national anti-GBV policy:

- *Implementation of communication campaigns on gender and GBV and targeting different sectors of the population (religious leaders, law enforcement bodies, families, schools, etc.);*
- *Conducting workshops for community members to promote knowledge of gender, GBV and the related law;*
- *Participation in setting up annual awards for organizations and individuals who are doing outstanding work in addressing cultural values and GBV prevention in the community;*
- *Communication on GBV prevention in Umuganda and other community forum;*
- *Sensitize religious leaders to promote positive gender values through their work;*
- *Organisation of "men and boys for change" group discussions;*
- *Integrate anti-GBV programmes into Imihigo at District level;*
- *Build capacity of CBOs to promote positive cultural values that can help to reduce GBV in the community;*

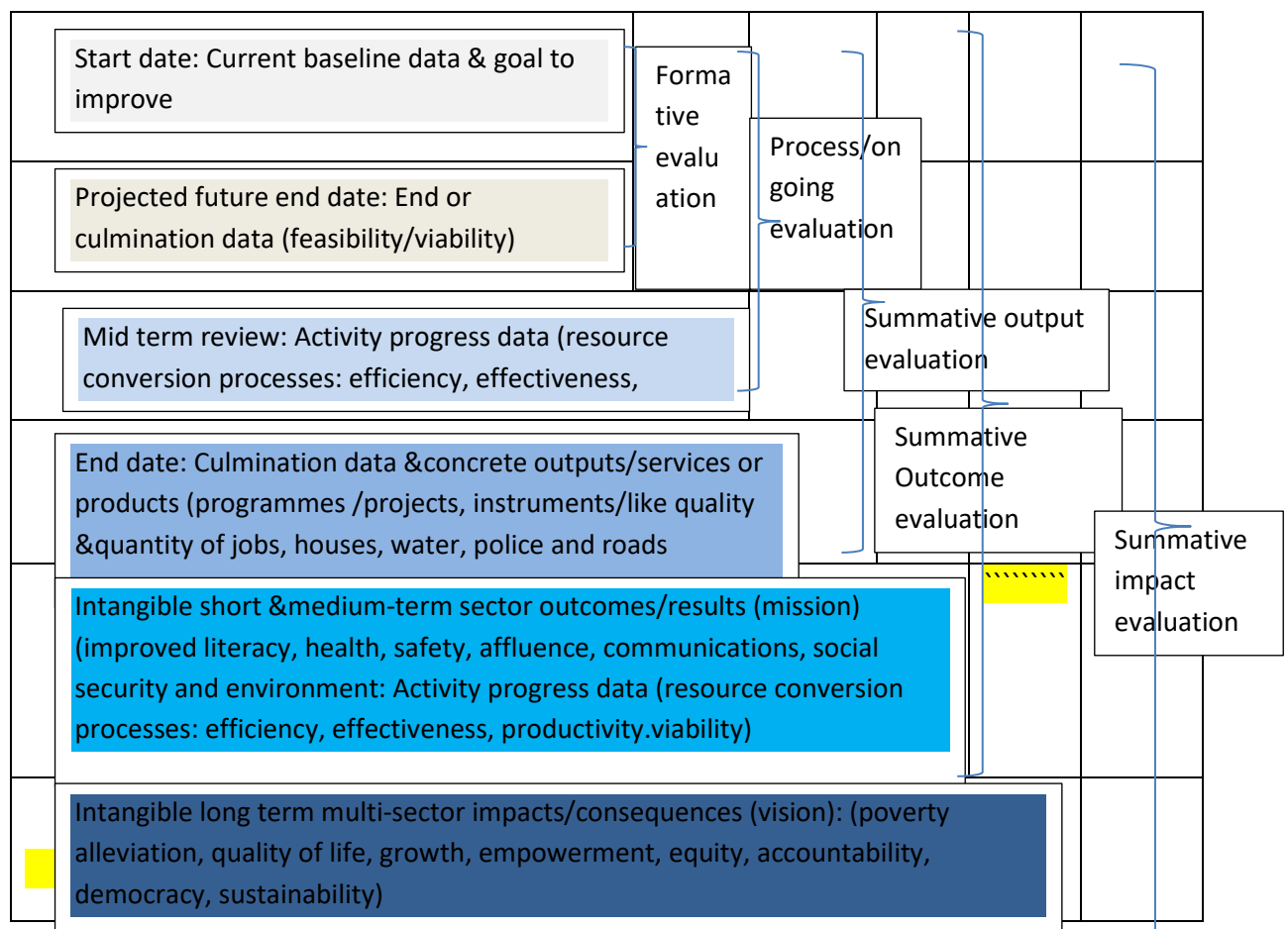
¹⁵ These actions are mentioned in the *National Strategic Plan for Fighting Against Gender-based Violence 2011-2016* published by MIGEPROF in 2011.

- *Integrate anti-GBV messages in Itorero programmes;*
- *Conducting rehabilitation and counselling programmes for convicted perpetrators in prison.*

3.2.2 Summative outcome evaluation

As the assessment at hand is about the outcomes of the anti GBV policy and the policy section on prevention in particular, the choice of analytical framework was guided by the principles of summative outcome evaluation. The latter suggests that policy evaluation periodically assesses the programme design, its implementation and service delivery, efficiency, effectiveness, impact or outcomes, relevance and its sustainability in relation to the stated objectives (Cloete 2017:200). Figure N° 1 below presents the different types of policy and programme evaluation.

Figure 1: Different types of evaluation



Source: adapted from F. Cloete and Coning 2011.

3.2.3 Bottom-up public policy implementation theory

The analysis of data and interpretation of findings was also guided by the bottom up public policy implementation theory. In fact, the proponents of bottom up policy processes argue that the variables that influence the degree of success of policy or program are mainly the degree of control over implementation process (and the degree of dependence on factors

outside your direct control), the adequacy of resources for implementation and the quality of management of the implementation process. This theory supports that such a bottom up approach of policy implementation privileges social learning, large discretion, indirect control, community feedback, negotiation and compromise (Cloete 2016:84). In this regard, those factors were analysed for most of the anti GBV initiatives undertaken within the sampled Districts in relation with the implementation of the national GBV policy implementation strategic plan as an effort to find scientific justification of success or failures observed.

In light of the initial assessment questions and the above mentioned analytical framework, the next chapter presents and discusses the key findings.

CHAPTER FOUR: PRESENTATION AND DISCUSSION OF KEY FINDINGS

This chapter provides an overview of the implementation of GBV prevention actions planned under the national anti-GBV policy and implementation instruments. Consistent with the theoretical and analytical framework previously presented, the focus is on the relevance and efficiency of the implementation of those actions, the sustainability of induced effects and areas that need improvement. This chapter also sheds light on challenges experienced during the implementation of those actions, best practices, lessons learnt, reporting practices, analysis of core strengths, weaknesses, opportunities and threats (SWOT) and areas of strong advocacy and analysis of. It is important to mention that the methodology used for the GBV policy implementation evaluation could not pretend assessing the policy impact due to limited time and resource constraints. Thus, the assessment findings are only in line with summative policy evaluation which focuses on the program outputs.

4.1. Implementation of prioritized interventions of anti GBV strategic plan at local level

During field data collection, it was observed that local authorities and non-state actors in all surveyed Districts share the concern about the rising GBV cases. While the level of severity of the problem is diversely understood, these local actors also share the willingness to mitigate GBV cases in their geographical areas of intervention. It was also observed that all respondents are aware of the existence of the national policy and legal response to GBV but could not precise when the policy or the law were enacted or amended. This points out to limited policy literacy which, arguably, can affect the ability of local actors to align their interventions regarding GBV prevention with existing national policy orientation on this particular matter. Nevertheless, some noticeable achievements were registered in terms of implementing key preventive actions under the national anti-GBV policy and implementation instruments.

A. Achievements

As highlighted in the national GBV policy strategic plan (2011-2016), there are four (4) intervention area for the national GBV response in Rwanda. These are: (i) GBV prevention, (ii) GBV response and (iii) coordination, M&E and building evidence. From these three thematic areas, five (5) policy objectives to be achieved are proposed as follows:

1. Foster a prevention focused environment where GBV is not tolerated
2. Identify and support those most at risks in order to prevent GBV
3. Provide comprehensive services to GBV victims
4. Improve accountability and eliminate impunity for gender-based violence
5. Build coordination and monitoring system and expand data available on GBV

The GBV policy strategic plan document also proposes an M&E framework to facilitate the main GBV actors (national and local) to understand which policy outcome result they have to contribute to depending on their areas of expertise and capacities and get an insight of which KPI would facilitate the monitoring of their performance.

A quick review of the main activities prioritized and successfully undertaken by local actors in the sampled Districts as anti-GBV interventions as presented in table 2 below shows that most interventions are mostly linked to policy objective 1 (sensitization meetings especially through Umuganda, etc), 2 (support those most at risk) and 4 (community policing as both prevention but also repression of GBV crimes, etc). There are relatively few interventions recorded which align with the policy objective on coordination and M&E objectives. In particular, the coordination of GBV intervention by various actors at local level or a systematic effort to consolidate all actors' intervention in a single report that is compliant with the national M&E system was deemed inadequate by this assessment.

Table 3: Overview of the implementation level of prioritized interventions of the national GBV strategic plan (2011- 2016)

No	Actions	Achievements
1	<i>Implementation of communication campaigns on gender and GBV and targeting different sectors of the population (religious leaders, law enforcement bodies, families, schools, etc.).</i>	<ul style="list-style-type: none"> • Punctual meetings (at least once a year in each sampled District) were held with religious leaders, opinion leaders, and school headmasters in all sampled Districts; • Mobilisation was organised on GBV in all sampled Districts (not in all Sectors); • March to protest against GBV in all sampled Districts (not in all Sectors); • Use of drama with well-known actors and actresses to deliver anti-GBV messages to the people attracted by the event (Gakenke District).
2	<i>Conducting workshops for community members to promote knowledge of gender, GBV and the related law.</i>	<ul style="list-style-type: none"> ○ Such workshops were conducted in most villages, once a year, with assistance of the National Women Council, IZU committees, HPA and Plan Rwanda, RAMREC, and other stakeholders.
3	<i>Participation in setting up annual awards for organizations and individuals who are doing outstanding work in addressing cultural values and GBV prevention in the community.</i>	<ul style="list-style-type: none"> ○ Goats were given out to people in Nyamagabe and Nyaruguru Districts for their participation in GBV prevention in their community.

No	Actions	Achievements
4	<i>Communication on GBV prevention in Umuganda and other community forums.</i>	○ This was done in all sampled Districts.
5	<i>Sensitize religious leaders to promote positive gender values through their work.</i>	○ Religious leaders were sensitized to the role they should play in GBV prevention in all sampled Districts.
6	<i>Organisation of "men and boys for change" group discussions.</i>	○ Such discussions were organised in all sampled Districts, but a few groups were targeted.
7	<i>Integrate anti-GBV programmes into Imihigo at District level.</i>	○ This was not done specifically.
8	<i>Build capacity of CBOs to promote positive cultural values that can help to reduce GBV in the community.</i>	○ Community based organisations (CBOs) were trained on GBV prevention in three out of five (3/5) Districts.
9	<i>Integrate anti-GBV messages in Itorero programmes.</i>	○ This was done for one group of women called 'umutima w'urugo' all over the country and thus in the five sampled Districts.
10	<i>Conducting rehabilitation and counselling programmes for convicted perpetrators in prison.</i>	○ The program is not implemented in all the sampled Districts as most local actors (especially local authorities) have no information on its importance and how it should be organized.

Despite tremendous achievements registered in implementing GBV prevention actions, the assessment revealed same limitations including but not limited to:

a. Limitations related to communication campaign on Gender and GBV using community channels

The findings revealed that meetings and training with different target group including religious, local leaders, journalist were held, however such meetings and training were punctual and not harmonised and thus are not the same in all Districts.

At village level the campaign are done by NWC, IZU, UWA committees and Villages leaders. The quality of messages is questionable because people who deliver them, do not have a good level, as far as gender is concerned

It was mentioned that Trainings were done without hand-outs. In most cases Follow up was limited and assessment of change was not done.

It was revealed that some stakeholders are still working with Anti-GBV committees while the Ministry in charge of gender has already cancelled them and replaced by IZU.

b. Limitation related to set up annual awards for organizations and individuals who are doing outstanding work in preventing GBV

The assessment identified some initiatives in Nyaruguru and Nyamagabe in relation to awarding for organisation and individual who achieved outstanding work in addressing cultural values and GBV prevention in the community. However this activity require strong coordination and guidelines from national level .The Ministry of gender should invest in this action to facilitate its success using Abarinzi b'igihango model .

c. Programmes for convicted perpetrators in prison.

Actually such programmes were not designed at national level so as to provide genuine guidance to District authorities, and reasons are not well known. These people are to go back to their communities, so need positive behaviour change, but are not being prepared for that.

To sum up, it is clear some anti-GBV actions aimed at prevention were not implemented. In addition, implementation was neither systematic nor harmonised. As a result, messages delivered that way could not be the same, and were different in terms of quality. One crucial challenge identified is limited will of concerned authorities, which affects the budget allocated to gender promotion in general and GBV prevention in particular.

4.2. Relevance, effectiveness, efficiency, impact and sustainability of anti-GBV planned actions

A. Relevance

As regard the relevance¹⁶ of the various anti GBV intervention presented under section 2 of this report, nearly all respondents (97%) reached out to at the local level agreed that the interventions undertaken by various local anti-GBV actors were relevant as presented in Table 3. The same trend was observed from respondents from the central government. This shows that the interventions proposed are in fact relevant which implies that the problem may arise during implementation. It is worth mentioning though that stakeholders' consultation during the design of interventions is also an important factor for success of implementation and sustainability of intervention results.

¹⁶ Relevance refers to how consistent is a particular intervention vis-à-vis the policy issue it attempts to address, i.e GBV.

Table 4: Level of respondents' perceptions on relevance of GBV prevention actions

Actions provided in the GBV prevention are relevant in sampled Districts	N	Minimum	Maximum	Mean	Std. Deviation	Interpretation
	39	3	5	4.36	.628	Very high level

Primary data, 2018

According to surveyed respondents, the following were indicated as the most relevant actions that responded to gaps faced by community members across all sampled Districts:

- Sensitization of religious leaders to promote positive gender values through their work;
- Conducting workshops for community members to promote knowledge of gender, GBV and the related law;
- Implementation of communication campaigns on gender and GBV and targeting different sectors of the population (religious leaders, law enforcement bodies, families, schools, etc.);
- Conducting workshops for community members to promote knowledge of gender, GBV and the related law;
- Participation in setting up annual awards for organizations and individuals who are doing outstanding work in addressing cultural values and GBV prevention in the community.

B. Effectiveness, efficiency and sustainability

According to Cloete (2011:207), effectiveness indicators refer to the degree to which the outputs affect outcome or impact. The efficiency indicators on the other side represent the ratio of input needed per unit of output produced while the sustainability indicators represent the persistence of {policy} benefits overtime. To better gauge the effectiveness, efficiency and sustainability of prevention actions, this assessment used a qualitative approach whereby it focussed on collecting respondents' views on each of those particular indicators with regard to GBV interventions at the local level vis-à-vis the national GBV policy objectives.

Field survey data collected shows that 65% of respondents find that GBV prevention actions were effective and efficient, both in terms of human and financial management. It is also important to point out that a non-negligible number of respondents had no opinion on this issue mainly because they were not associated to budget allocation and implementation. This response emphasizes again the importance of stakeholders' consultations during the design phase of GBV interventions by local duty bearers as it is vital to promote social accountability on their programs but also to induce the sustainability of resulting effects.

Human and financial resources are very important inputs in achieving the objective of gender based violence prevention. The study had aimed to know if allocated resources are used efficiently and contributes in achieving on GBV prevention outcomes and good impact to Rwandan society. The perceptions of the respondents with regard to this component of human and financial resources used in GBV preventions were rated at high level with the average mean index of (Mean= 3.74) equivalent to moderate level as presented in Table 4. This stand is supported by further clarification of the respondents who believe that effective delivery of the GBV response program would require additional capacities in terms of competent staff at the District level¹⁷ and consequent financial resources for increased effective coordination and large scale GBV interventions.

Table 5: Respondents’ perceptions about efficiency of GBV prevention activities

Human and financial resources are efficiently used in GBV prevention activities	n	Minimum	Maximum	Mean	Std. Deviation	Interpretation
	38	2	5	3.74	1.019	Moderate level

Source: primary data, 2018

On the other side, those who expressed a separate opinion that local GBV response actions undertaken are efficiently delivered advanced the following arguments:

- Budget is available and well used in the running of Umugoroba w’Ababyeyi (UWA) in GBV prevention activities at village level;
- Workshops are organized for staff members at different levels;
- Preachers are now committed to GBV prevention as indicated by what they frequently teach about mutual respect, love and mutual support among spouses.

This analysis on budget constraint is also corroborated by the findings of a similar study conducted recently by Trocaire-Rwanda. The study revealed that in most sampled Districts the DDPs budget related to GBV activities are allocated only insufficient budget averaging 0,098% (Trócaire/Rwanda).

As regard the assessment of the local GBV response actions capacity to deliver sustainable results over time, the majority of respondents (80%) expressed the view that the actions undertaken will have sustainable results. However, few respondents (15%) said that they don’t expect the GBV actions undertaken to have persistent effect over time. The major cause

¹⁷ Currently, only one person is responsible for gender issues at the District level.

advanced is that some of those actions suffer considerable issues at the implementation phase. The positive answers indicate much hope that actions included in the policy will be implemented.

In general the respondents' perceptions on sustainability is rated at middle with the average mean index (Mean=3.18) or equivalent to doubting approve. These survey data show that the GBV response actions surveyed in the sampled Districts are generally promising as regard their ability to generate sustainable results on the mitigation and management of GBV crimes but challenges related to programme implementation shortcomings remain a potential risk for these indicators to be successfully achieved. Concrete actions to improve local strategy formulation so as it can be more inclusive and responsive to local GBV realities (cultural barriers, rumours, ignorance, illiteracy, etc) are therefore required.

Table 6: Level of respondents' perceptions about sustainability of GBV of actions effects

If implemented GBV	n	Minimum	Maximum	Mean	Std. Deviation	Interpretation
prevention activities will have a positive sustainable effect in people's lives	38	1	5	3.18	1.604	Moderate level

Source: Primary data

The assessment established the following factual elements, though scattered, that support the opinion that some local actions geared toward the implementation of the national GBV policy are positively impacting on people in communities. The following factors have a potential for sustaining the perceived impact of anti-GBV responses at the community level

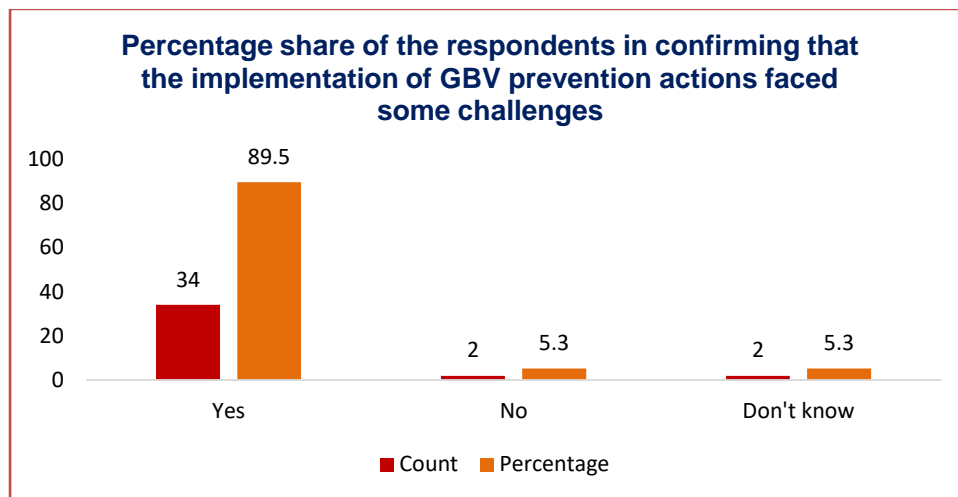
- More and more people know their rights in relation to GBV and reporting pathways of GBV cases;
- Actions result in reduction of GBV cases and disclosing GBV cases and GBV perpetrators;
- Testimonies from couples and families which got rid of domestic violence are useful for other people in the sense of positive change.
- Messages about GBV are given at village level in umuganda community work once a month;
- GBV prevention is done through ITORERO, which is a forum attended by a lot of people in the community;

- Capacity enhanced for community based structures such as Inshuti z’Umuryango and Umugoroba w’Ababyeyi.

4.3 Key Challenges faced

As regard to the anti GBV policy implementation challenges faced at local level, a number of cultural, institutional and operational constraints were highlighted by the surveyed respondents as hindering the effectiveness of anti-GBV prevention and or response initiatives in the field. In fact, a vast majority of respondents (89.5%) expressed the view that the recommended anti GBV strategic plans for 2011-2016 implementation was subjected to considerable challenges as illustrated on the figure N^o2.

Figure 2: Challenges experienced during implementation of anti-GBV actions



Source: Primary data

1. Challenges linked to cultural beliefs and practices

In order to understand the underlying reasons for this pessimistic opinion, answers to follow-up questions put onto targeted respondents highlighted the following challenges pertaining to cultural beliefs and practices:

- Persistence of traditional views of negative masculinity and on gender roles that alienate women. In Nyamagabe and Nyaruguru Districts for example, it came out that some men feel ashamed to express publicly their support to gender equality by participating in some programs such as .Men Engage approach. Cases of women being mocked while speaking publicly to express their views were also reported in Nyaruguru. These examples depict a persistence of lack of compassion towards gender equality and equity which affects the promotion of friendly attitude.

- Some GBV cases are still not denounced by the victims or their families to local administration or other competent support services such as Isange One Stop Center or to the police for follow up. This sometimes ends up with loss of evidence for the crime committed, hence making the investigation possibility and evidence gathering close to impossible. In Gakenke for instance, respondents revealed also that grassroots authorities themselves tend to hide such crimes especially if the suspects are family members or sometimes are bribed for silence. This particular challenge shows how negative solidarity can hinder the effectiveness of clear anti-GBV policy actions. Addressing this challenge calls for intensive local communities sensitization using tested tools for behaviour change communication for increased results;
- In most cases, men who are victims of GBV prefer not to denounce the abuse experienced to competent authorities). This challenge was prevalent in Gakenke and Nyamagabe Districts in particular. Such male behaviour towards GBV reporting was attributed to fear of being stigmatized by the public, both men and women alike. Culturally, a male beaten up by a female is regarded at in a degrading way as a weak and dominated male.
- For several reasons, GBV abuse is still tolerated by men and women alike. The most underlying reasons justifying such behaviour were family conflicts avoidance and marriage preservation, avoiding conflicts with sex/gender offenders especially when they are in a stronger power position, etc. In some Districts like Gakenke for instance, some women argued that they prefer to have a mistreating husband rather than living a peaceful separated or single life.

...In some areas here in Gakenke District you can realize that domestic violence is still problematic, especially because even today some men have old mentality of mistreating their wives as a sign of assumed virility. In addition, negative masculinity is also strong, unfortunately. For instance, a man feels he has to beat his wife to give his pairs evidence that he is still a real man who reigns on his submissive wife.

Source: Interview with GBV stakeholders in Gakenke District

2. Challenges linked to anti-GBV policy literacy capacity

In the same line, follow up questions on the reason of dissatisfaction with the performance of local strategies to implement the national anti GBV policy unpacked other types of challenges that are more related to the policy implementers management capacities and the beneficiary's willingness and capacity to learn (awareness and knowledge). As earlier discussed, theorists of bottom up policy process suggest that any successful public policy implementation relies on the implementers coordination and their managerial capacity. With

view to this, the main constraints identified in terms of insufficient knowledge and capacities by various policy implementers are as follows:

- Nearly in all surveyed Districts, respondents reported having insufficient information and knowledge on the gender equality concept). It wasn't clear though whether this was a result of limited awareness raising about the concept of gender equality and equity;
- A vast majority of grassroots level authorities have no adequate capacity to clearly and convincingly explain the negative consequences of GBV practices on the country development in general. Such a challenge was most identified in the Districts of Rulindo and Gakenke District;
- Still in Rulindo and Gakenke Districts, field data from the surveyed respondent shows that most convicted GBV offenders reportedly had limited knowledge of GBV in general at a time of GBV perpetration. Throughout this assessment, it came out that some form of GBV are rather tolerated (e.g psychological, verbal GBV or other non-direct nonphysical attacks on the victims).
- In general, most men feel that GBV prevention and everything related to that issue is a women's business. This challenge was most reported in Gakenke District than anywhere else;
- The level of knowledge of the anti GBV policy and related legal instrument is low among both local leaders, communities and some local non state actors. Although other surveyed Districts were not spared, this challenge was however mostly observed in Rulindo, Gakenke and Nyaruguru Districts. This situation jeopardizes effective local anti-GBV response as local leaders have a great role to play in protecting the citizens against the GBV crimes but also in reporting those cases and or taking coercive measures against the offenders.

3. Challenges linked to the design of GBV prevention interventions

The assessment also revealed that, in some surveyed Districts, a number of prioritised GBV interventions were not successful due to challenges linked to the prevention interventions design itself:

- Insufficient involvement of local authorities in the organisation of "men and boys for change" discussion groups have affected the morale of other participants. This challenge was mostly faced in Nyamagabe District;
- Mismatch between implemented anti-GBV interventions and the design. This challenge was most specific to many NGOs, particularly in Nyanza District, whereby most of them were accused of not implementing what they plan in terms of GBV prevention, hence affecting the District's performance on anti-GBV response
- Insufficient time to discuss about GBV between community members and local leaders was said to affect intervention design. This challenge was mostly reported in Nyanza and Nyaruguru Districts. Community work was however suggested as a key

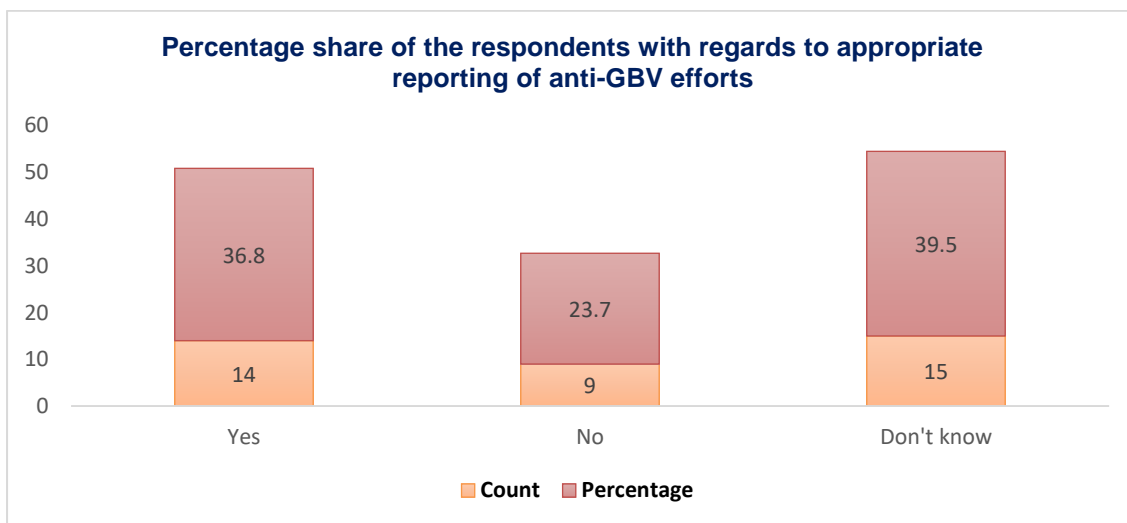
entry point for community members and their leaders to discuss GBV as it is an equally important issue of collective concern at the grassroots; because several important topics are discussed during community work (Nyanza & Nyaruguru Districts);

- Inadequate local leadership commitment to support GBV courses integration in ITORERO programmes (Nyanza District).

4. Challenges pertaining to multi-stakeholders' reporting on GBV interventions

The assessment also sought to identify and understand perceived challenges pertaining to the process of stakeholders' reporting on GBV interventions as accountability and managerial tools that enable decision makers and program managers to assess if the planned interventions deliver the expected results. With regard to this, field survey data shows that a moderate number of respondents (only 36%) are satisfied by the reporting performance by the concerned local actors on GBV issues against 23.7% of the respondents who totally disapprove anti-GBV stakeholders reporting practices as presented in Figure 3.

Figure 3: Respondents' perceptions on reporting practices quality



Except staff members of ISANGE One Stop Centre who are equipped with proper reporting template, tools and guidelines and are therefore regularly reporting their efforts in terms of preventing and or responding to GBV, other anti-GBV actors do not. In fact, they face various reporting challenges due to the lack of harmonized and consistent reporting templates and guidelines. Overall, it was noted that there exists no common/standardized format for GBV reporting across Districts, a situation which affects the comparability of results in terms of GBV prevention and response. Furthermore, there exists no feedback mechanism to update victims of GBV on the status of their complaints. Visibly, this situation affects quality reporting of GBV cases and response effort at the grassroots.

Other reporting challenges were rather much more related with community members' behaviour. For instance, it came out that some teenagers' pregnancies are unreported. Likewise, not all domestic violence cases are reported to competent authorities partly as a result of the cultural beliefs and practices previously mentioned.

6. Challenges related to adequacy of implementation resources

As reminded far above, the adequacy of resources is one of the key factors for an effective and efficient implementation process of any public policy. Consistent with this understanding, this assessment sought to establish whether there were sufficient resources to ensure that the protection section of the national anti-GBV policy was successfully implemented. Unsurprisingly, most surveyed respondents from either the Local Government or other local non state actors reported being faced with a challenge of limited financial resources to support most of their planned GBV initiatives. It was a shared view amongst all surveyed respondents that this situation affects the consistency and hence impact of prevention and response actions undertaken on small scale level.

4.4 Good Practices and Lessons Learnt

Despite the many challenges highlighted previously, a few noticeable good practices of GBV prevention and or response which are worth replicating for their observed impact were identified in in some few Districts. Lessons learnt were equally identified.

4.4.1 Good Practices

While so many GBV prevention and response interventions are on-going in sampled Districts, this assessment found that good practices were rather scarce. The joint anti-GBV committee and Joint community awareness campaign in Nyamagabe and Gakenke Districts were identified as the most noticeable good practices worth replicating in other Districts.

Joint anti-GBV Committee in Nyamagabe District

In Nyamagabe District, the joint anti-GBV Committee bringing together MAJ, different churches, Isange One Stop Center, National Prosecution, National Women Council and the National Youth Council was identified as a good practice. The committee in question was initiated by the District authorities to bring together all these partners so that they can jointly participate in GBV prevention efforts as well as to avoid overlap and duplication of work, as it used to be the case before. The effort was supported by a project known as PAGOR, an NGO-led project which operated in the District until 2012. The project team worked in synergy with various actors to conduct mobilization against gender based violence and increased effort towards gender equality in all life aspects. GBV prevention was one of their main targets because "it is better to prevent issues than to handle them" as goes a popular saying. A clear result of this synergy, the gender concept was better understood and gender-based violence was progressively taken into account especially because the related law was explained by the committee and punishment meant for GBV perpetrators were better known.

Joint community awareness campaign in Gakenke District

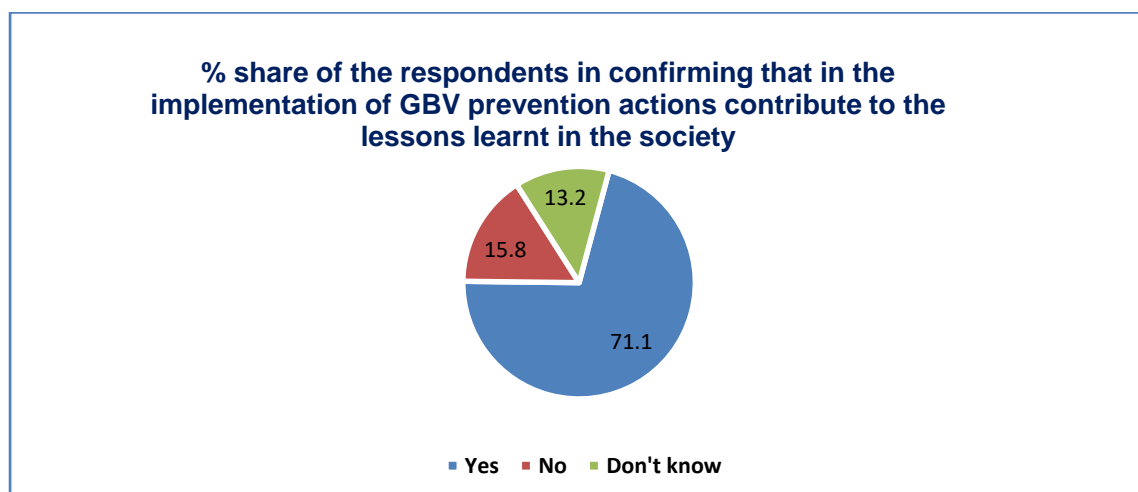
In Gakenke, District authorities together with stakeholders initiated a home grown community awareness programme. They mobilized couples which had previously experienced gender-related domestic violence and had been able to overcome it and reconcile. The testimonies shared by those couples brought in sharp focus the evil deeds of GBV, and particularly its sad consequences on their household harmony and development. Their testimonies also highlighted how their shared commitment to overcome GBV and reconcile for better has positively changed their lives hence leading to better social development results of their respective households.

Visibly, local authorities built on those testimonies to explain the severity of GBV and its various forms to the wider community and to educate them about the anti-GBV law and punishment measures meant for non-law abiding individuals. As a result of this campaign, a slight change in mind-set is being noticed by authorities, notably in terms of wife beatings. Formerly, wife beatings were considered a right or even a duty for a married man. Today, a lot of men have learned that that is forbidden by the law. Increasingly, men accused of domestic violence are reported to competent authorities simply because domestic physical violence is no longer condoned or masked by community members. This analysis is corroborated by the findings of another recent similar study on GBV situation in Rwanda conducted by Trocaire-Rwanda. The study revealed that majority of service providers (92.8%) surveyed have a basic knowledge about national instruments on GBV -Law and Policy.

4.4.2 Lessons learnt

The assessment also sought to identify lessons learnt throughout the implementation of the prevention section of the national anti-GBV policy and other related programs. Interestingly, 71% of the respondents reported that they had learnt something positive from the implementation at local level as presented in Figure 4 below.

Figure 4: Respondents' perceptions on lessons learnt



More concretely, 70% respondents reported a set of key lessons that they learnt from the implementation of GBV prevention and response actions. Below is the summary of major lessons learnt:

- Gender concept is often confused with feminism, and this does not bear good fruit;
- Some people tell lies about being victims of GBV abuse and lead judicial authorities to arresting innocents. So it is necessary to be very prudent about those issues;
- Existing home grown platform for community engagement in local governance processes are good instrument to advance anti GBV awareness raising and repression of GBV crimes such as Umuganda, Umugoroba w' ababyeyi in case the citizens continue to find interest in attending them
- Some GBV abusers are not aware of any misdoing. E.g.: Husbands beat their wives to make sure they are not victims of some witchcraft, and later on they tell the good news to their fellows;
- Sensitization workshops targeting opinion leaders and community members is a good framework to support behaviour change on domestic violence but these need to be sustained with operational and technical support to ensure consistence of communications and learning process.
- Involvement of religious leaders is useful to effectively tackle GBV;
- Behaviour change on GBV issues especially the needed change of some cultural based attitude need continuous mobilization as change comes slowly;
- GBV prevention is possible, but potential victims have to participate in collective efforts;
- The collaboration between local community and law enforcement apparatus (police, RIB, community policing, grassroot leaders, etc) demonstrate potential to advance the eradication of GBV hence they need further support

4.5 SWOT analysis and suggested areas of improvement

This section unpacked respondents' views on the local strategy to implement the national GBV policy, the assessment of selected interventions to address GBV constraints at local level and the analysis of the local GBV prevention and response with regard to indicators such as relevance, effectiveness, efficiency and sustainability. The overall analysis of the strengths, weaknesses, opportunities and gaps of local interventions meant to prevent or respond to GBV led to the following findings:

Table 7: SWOT analysis of local GBV prevention and response interventions

Strengths	Weaknesses
<ul style="list-style-type: none"> • Engaged national leadership/ Political will • Involvement of religious leaders through their sermons, which are delivered at least once a week; • Existence of several stakeholders including international and local NGOs interested with gender and GBV; • Community engagement platform are functional at grassroots level 	<ul style="list-style-type: none"> • Limited availability of funds; • Insufficient scientific data on local GBV contributing factors • Limited number of competent staff; • Limited number of stakeholders involved in GBV at grassroots level ; • Limited knowledge of GBV law among the populations, especially at community level; • GBV is not seen as important community issues hence not prioritized for local policy agenda setting (e.g Imihigo) • Inadequate service delivery support for adolescent girls as exposed group
Opportunities	Threats
<ul style="list-style-type: none"> • More international organisations are likely to come in the country and participate in GBV prevention, owing to the good reputation of the country as far as gender is concerned in general. • Availability of funding from the National Gender Machinery. • Policy and legal instruments 	<ul style="list-style-type: none"> • Ad hoc planning culture (lack of prior situation analysis) • Fund shortage in case weak sustainability plans • Donor funding decrease

In light of the gaps and opportunities identified above, a set of measures meant for the improvement of the local GBV prevention and responses design and implementation were suggested. The most suggested area of improvement is about supportive financial and human resources along with instilling anti-GBV prone culture-based attitude. The coordination capacity is only rated with slightly moderate score of 2.91 as presented in the Table 6.

Table 8: Need of improvement of coordination of GBV prevention actions

Coordinati on of GBV prevention activities needs improvement	n	Minimum	Maximum	Mean	Std. Deviation	Interpretat ion
	38	1	5	2.92	1.494	Moderate level

Source: Primary data

The following were identified by respondents as areas requiring specific improvement:

- Improve on GBV prevention and response mainstreaming into local plans, imihigo and budget: to many respondents, GBV prevention and response action should be clearly reflected in the District action plan and decentralized budget;
- Put in place a better coordination mechanism of various actors’ interventions: currently, there is no effective coordination of actors ‘interventions. This leads to a discrepancy in local GBV prevention and response interventions as there exists may be two or three actors intervening in one particular sector whereas there is none in others.
- Community based mechanisms committees should have action plans and should convene at least each term to assess strengths and weaknesses in their activities for the sake of planning for efficient work and influence other actors’ practices;
- Timely reporting with clear result indicators that align with the national GBV policy M&E framework and with clear recommendations should be initiated and operationalized. Overall, 97.3% of surveyed respondents confirmed that such improvement measures are relevant and highly needed.

4.6 Areas of GBV prevention and response requiring amplified advocacy action

In addition to airing their views on areas of improvement, the surveyed respondents were also asked to identify areas of GBV prevention that require amplified advocacy action. Overall, the need for amplified advocacy action is supported by majority of respondents (86.8%) as presented in Table 8. The respondents’ perceptions imply that some areas of GBV preventions need strong advocacy at moderate level with a 3.6154 mean index).

Table 9: Areas of GBV prevention that need strong advocacy

Some areas of GBV prevention need strong advocacy	N	Minimum	Maximum	Mean	Std. Deviation	Interpretation
	38	1.00	5.00	3.6154	1.51511	Moderate level

The above figure shows that despite the fact that most GBV interventions shortcomings can be addressed using in-house resources, some challenges are worth being elevated to high level Institutions as the proposed solutions require high level managerial and sometime policy decisions to changes in service delivery processes or may require policy change. More

concretely, the following are areas proposed by respondents for strong advocacy, to tackle weaknesses they noticed:

- Design comprehensive local GBV response strategy in a participatory considering local realities so as to promote that promote family cohesion and positive gender equality values;
- Increase campaign on GBV crime repression by communities in collaboration with security organs (zero tolerance to GBV)
- Enhance confidentiality of GBV victim and support services by by relevant service providers (Isange one stop center) and publicize them so as to encourage any victim or family members to report any GBV case
- All GBV prevention actors should to be encouraged to adopt strategies to equally denounce and support men who are also victim of GBV
- Increase measures to fight of unwanted pregnancies among adolescent girls;
- Increase research on the causes of current upsurge of GBV crimes
- Support to community engagement platform to streamline awareness raising on GBV to lots of people
- Increase technical staff supporting the coordination and reporting on local GBV response
- Prioritize GBV prevention in District planning/Imihigo and budgeting.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

In conclusion, basing on the study empirical findings, it is evident that the national responses to GBV as a policy issue in Rwanda has gained considerable momentum in the past decade owing to the manifest political will and leadership of the Government authorities to promote Gender equality and fight GBV. The GBV response by various public and non-State actors at both central and local level has gained momentum in the past decade thanks to the policy and regulatory framework provided by the GBV policy implementation strategic plan adopted in 2011.

5.1 Conclusions

The analysis of primary and secondary data collected allows the following conclusions to be drawn:

On the local strategies to advance GBV prevention and responses in conformity with the GBV policy implementation strategic plan:

- In general, local authorities and non-state actors (CSOs, FBOs, community organizations, etc) in the sampled Districts share the concern about the rising GBV cases but don't have a common view on the level of severity of the problem. In addition, these local actors also share the willingness to mitigate GBV cases in their areas and are moderately aware of the existence of the national policy and legal response to GBV.
- The sampled Districts implements specific (small scale) interventions to fight GBV such as: awareness raising campaigns (at least once a year in general), local leaders sensitization workshops, awards to exemplary couples, deliver comprehensive package of services to the victims (specialized units in hospitals), re-educate gender violence perpetrators (convicted rapists and others sex or gender offenders) that are recommended by the GBV policy strategic plan (2011-2016). However, no single local strategy document on GBV prevention that align with the national anti GBV policy implementation framework was obtained for review. The various interventions are undertaken by a variety of actors on occasional basis without a consistent coordinated and prior information sharing on GBV situation analysis. These programs are also inadequately monitored and assessed in comparison with the national GBV policy outcome indicators hence no comprehensive report with consistent statistics on cumulative achievements in terms of sensitized men and women on gender issues, behaviour changes process due to inadequate M&E systems to record such dynamics. In fact, field survey data show that just a moderate number of respondents (36%) are satisfied by the reporting performance by the concerned local actors on GBV issues as 23.7% of the respondents totally disapprove the reporting system in force. Most

surveyed respondents from either the Local Government or other local non state actors have reported challenges of limited financial resources to support most of the planned GBV initiatives which situation affect the consistence and impact of the actions undertaken on small scale level.

On the assessment of prioritized anti GBV interventions in the sampled Districts:

- Most GBV interventions conducted are mainly linked to the GBV policy objective 1 (sensitization meetings especially through Umuganda, march/demonstration, etc), objective 2 (support those most at risk) and 4 (community policing as both prevention but also repression of GBV crimes, etc). There are relatively few interventions recorded aligning with the policy objective on coordination and M&E objectives. In particular, the coordination of GBV intervention by various actors at local level or a systematic effort to consolidate all actors intervention in a single report that is compliant to the national M&E system is inadequate.
- Some anti GBV actions analysed were identified as good practices such as the established anti GBV committee sub sector working group in Nyamagabe. The team include the MAJ, the representatives of different churches working in the District, representatives of Isange One Stop Center, the national prosecution or RIB, National Women Council and the National Youth Council. That committee was initiated by the District authorities to bring together all these partners so that they can jointly participate in gender based violence prevention to avoid overlap and duplication of work, as it was experienced before.
- The District of Gakenke together with other stakeholders, initiated a home grown programme. They mobilize couples which had experienced domestic violence and had been able to get rid of it. The testimonies they provided explained the evil deeds undergone, the sad consequences their households experienced and the positive change that occurred and the fruit it bore in terms of social development. With the support of those testimonies, authorities seize this opportunity to explain the anti-GBV law enacted by the Government of Rwanda.

On the relevance, effectiveness, efficiency and sustainability of District GBV interventions:

- As regard the relevance of the various anti GBV intervention presented under section 2 of this report, the most respondents (97%) at the local level agreed that the interventions undertaken were relevant as presented in Table 3. The same trend was observed from the respondent from the Central level (Government). This shows that the interventions proposed are considered as relevant vis-à-vis the policy issues of upsurge of GBV issues. It is however, worth to mention that stakeholder consultation during the design of interventions is also an important factor for success of implementation,

- Majority of respondents (65%) finds that the GBV actions were effective and efficient, both in terms of human and financial management. However most respondents emphasized the importance of stakeholder consultations during the design phase of GBV interventions by local duty bearers but also promote social accountability on their programs.
- Human and financial resources are very important inputs in achieving the objective of gender-based violence prevention. The perceptions of the respondents with regard to this component of human and financial resources used in GBV preventions were rated at high level with the average mean index of = 3.74 equivalent to moderate satisfaction. This stand is supported by further clarification of the respondents that effective delivery of the GBV response program would require additional capacities in terms of competent staff at the District level (against one person responsible for gender issues at the District level as for now) and consequent financial resources for increased effective coordination and large scale GBV interventions as the current level is deemed insufficient.
- As regard the assessment of the local GBV response actions capacity to deliver sustainable results over time, the majority of respondents (80%) expressed the view that the actions undertaken will have sustainable results. However, few respondents (15%) said that they don't expect the GBV actions undertaken to have persistent effect over time. The major cause advanced is that they think that the actions suffer considerable issues at the implementation phase. The positive answers indicate much hope that actions included in the policy will be implemented.

The assessment of the local GBV response actions allowed to unpack areas that need further improvement to ensure increased impact on GBV situation in the District. The most highlighted areas are:

- Improvement on budget allocation: GBV action should be prioritized in the District action plan and budget and allow service decentralization to the grassroot level (village level);
- Improve local actors balanced distribution of anti GBV service delivery on within the Districts with more coordination capacity;
- Community based mechanisms committees should have action plans and should convene at least each term to assess strengths and weaknesses in their activities for the sake of planning for efficient work.
- Improve reporting with clear result indicators that align with the national GBV policy M&E framework and with clear recommendations should be initiated and operationalized.

5.2 Recommendations

In light of the assessment findings and issues identified, some policy recommendations are proposed to various anti GBV prevention stakeholders as follows:

To Local government and local development partners:

- Under MIGEPROF guidance and technical support design a responsive local anti GBV sensitization strategy with relevant toolkits that promote family cohesion and positive gender equality values;
- Establish specific Gender and GBV prevention sub commission under JADF in order to build partnership with local GBV non state actors and citizens, regular basis campaigns of zero tolerance to GBV crimes targeting all segments of local communities.
- Under MIGEPROF guidance and technical support Streamline, in collaboration with CSOs working in gender area , ensure the organization and operationalization of the citizen engagement platform such as “Umugoroba w’Ababyeyi (UWA)”, Inshuti z’umuryango ,NWC,ISIBO etc for GBV education and counselling along with the integration of GBV in Itorero education program;
- Prioritize and integrate selected strategic actions to combat GBV into District Imihigo and planning and budgeting process.

TO CSOs

- Increase advocacy and accountability dialogue with different service providers engaged in GBV prevention for effective implementation of GBV policy.
- Ensure harmonisation of their messages and approaches used in preventing GBV to avoid resistance and miss conception of gender concept
- Align their interventions with existing structures for scalability and sustainability

To Central Government (MIGEPROF, MINALOC and affiliated agencies,, etc.)

- To put in place a mechanism which would ensure that GBV prevention interventions are systematic (not punctual) and harmonised throughout the country.
- To strongly promote the strategy of working with men to be potential allies not as dangerous husbands.

- To revise the anti-GBV policy so as to harmonise it with the stakeholders identified for its implementation, notably Government community based mechanisms currently in charge of GBV prevention.
- To ensure effective operationalization and harmonization of anti-GBV community initiatives (UWA, IZU, Imihigo y’umuryango) in all Districts throughout the country;
- To make sure that anti-GBV interventions are effectively taken into the existing accountability, Coordination and tracking systems.

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ANNEXES

ANNEX I: Interview guide at central level

No	Institution	Actions	Achievements	Challenges	Way forward
1	MIGEPROF	<p>Develop and implement communication and advocacy campaigns on gender and GBV and targeting different sectors of the population (including local leaders, religious leaders, families, law enforcement bodies, schools, etc.)/<i>Gutegura no gushyira mu bikorwa gahunda zo kumenyekanisha uburinganire n'ihohoterwa rishingiye ku gitsina, kimwe no kubahiriza amategeko ajyanye na byo mu byiciro bitandukanye by'abaturage (abayobozi b'amatorero y'amadini, imiryango, amashuri, n'ibindi).</i></p> <p>Conduct workshops for community members, law enforcement bodies, local leaders, GBV Committees, Gender and anti-GBV Clubs, etc. at District level to promote knowledge of gender, GBV and the law/<i>Gutegurira amahugurwa abaturage, inzego zishyira mu bikorwa amategeko, abayobozi b'inzego z'ibanze, komite za gender, amashyirahamwe (clubs) arwanya ihohoterwa rishingiye ku gitsina, ...ku rwego rw'Akarere mu rwego rwo kumenyekanisha uburinganire,</i></p>			

No	Institution	Actions	Achievements	Challenges	Way forward
		<i>ihohoterwa rishingiye ku gitsina n'amategeko bijyanye.</i>			
		Disseminate user-friendly guides on the law, the GBV Policy and Strategic Plan in Kinyarwanda/ <i>Gukwirakwiza udutabo tw'amategeko ku buringanire, politiki yo kurwanya ihohoterwa rishingiye ku gitsina na gahunda y'igihe kirekire yo kurwanyaihohoterwa rishingiye ku gitsina, byose byanditse mu Kinyarwanda.</i>			
		Develop awareness raising programmes targeting GBV perpetrators/ <i>Gutegura gahunda zo kugarura mu nzira nziza abahamwe n'ihohoterwa rishingiye ku gitsina.</i>			
		Produce regular policy briefs on GBV by the educational sector/ <i>Gutanga amakuru y'incamake buri gihe cyagenwe.</i>			
		Set up annual awards for organizations and individuals who are doing outstanding work in GBV prevention in the community/ <i>Gushyiraho ibihembo ku miryango no ku bantu bakoze akazi k'ingenzi mu byerekeranye n'umuco no gukumira ihohoterwa rishingiye ku gitsina mu baturage.</i>			
		Establish National Steering Committee on GBV (NSC) and define mandate and guidelines/ <i>Gushyiraho komite y'igihugu yo kurwanya</i>			

No	Institution	Actions	Achievements	Challenges	Way forward
		<i>ihohoterwa rishingiye ku gitsina, inshingano zayo n'imirongo ngenderwaho.</i>			
2	MINEDUC	Develop training on promoting positive cultural values related to gender and GBV for students, teachers and other educational staff/ <i>Gutegura amahugurwa yerekeranye no guha agaciro gakwiye umuco wubahiriza uburinganire kandi ukagaya ihohoterwa rishingiye ku gitsina, ayo mahugurwa agahabwa abanyeshuri, abarimu n'abayobozi bashinzwe uburezi.</i>			
3	MINALOC	Develop guide for local leaders on positive gender attitudes to be used in Umuganda and other community forums/ <i>Gutegura agatabo gasobanura imyitwarire myiza kubyerekeranye n'uburinganire yagirwa mu muganda n'izindi nama rusange z'abaturage.</i>			
		Sensitize religious leaders to promote positive gender values through their work/ <i>Gukangurira abayobozi b'amadini guteza imbere uburinganire mu nyigisho batanga.</i>			
		Establish and strengthen "men and boys for change" discussion groups at all levels/ <i>Gutangiza no guha imbaragaibiganiro ku "ruhare rw'abagabo n'abahungu mu ihinduka ryiza" mu bijyanye n'uburinganire.</i>			

No	Institution	Actions	Achievements	Challenges	Way forward
		Integrate anti-GBV programmes into Imihigo at all administrative levels/ <i>Kwinjiza gahunda zo kwimira ihohoterwa rishingiye ku gitsina mu mihigo.</i>			
		Build capacity of CBOs to promote positive cultural values that can help to reduce GBV in the community/ <i>Kongerera ubushobozi imiryango yo nzego z'ibanze mu bijyanye no guteza imbere indangagaciro z'umuco zishobora kwifashishwa mu kugabanya ihohoterwa rishingiye ku gitsina mu baturage.</i>			
		Develop community-based psycho-social support and follow up rehabilitation plans for perpetrators after release/ <i>Gutegura ubufasha ku byerekeranye n'imyitwarire bushingiye ku mibanire n'abaturanyi no gukurikirana gahunda zo gusubiza abagize ihohoterwa rishingiye ku gitsina mu gihe bazaba bafunguwe.</i>			
4	The Ministry in charge of information	Support the inclusion of positive gender attitudes in ethical guidelines for media practitioners/ <i>Gushyira mu mirongongenderwaho y'abanyamakuru ingingo ivuga ko bagomba gushyigikira uburinganire mu kazi kabo.</i>			
		Train media representatives on gender and GBV reporting/ <i>Guhugura</i>			

No	Institution	Actions	Achievements	Challenges	Way forward
		<i>abanyamakuru ku buryo bwo gutanga raporo ku burunganire n'ihohoterwa rishingiye ku gitsina.</i>			
5	NIC	Mainstream positive values on gender and against GBV in Itorero programmes/ <i>Kwinjiza muri gahunda z'itorero ibitekerezo byubaka mu bijyanye n'uburinganire n'ubutumwa burwanya ihohoterwa rishingiye ku gitsina.</i>			
6	RNP/ MINIJUST	Establish rehabilitation and counselling programmes for convicted perpetrators in prison/ <i>Gutegura gahunda zo kugarura mu nzira nziza no gukorera ubujyanama abafungwa bahamwe n'icyaha kiyanye n'ihohoterwa rishingiye ku gitsina.</i>			

ANNEX II: Interview guide at District level (Local authorities & Police)

No	Actions	Achievements	Challenges	Way forward
1	<p>Implementation of communication campaigns on gender and GBV and targeting different sectors of the population (religious leaders, law enforcement bodies, families, schools, etc.) /<i>Gushyira mu bikorwa gahunda zo kumenyekanisha uburinganire n'ihohoterwa rishingiye ku gitsina, kimwe no kubahiriza amategeko ajyanye na byo mu byiciro bitandukanye by'abaturage (abayobozi b'amatorero y'amadini, imiryango, amashuri, n'ibindi).</i></p> <p>Specific questions (<i>ibibazo byihariye</i>): How often (<i>kangahe</i>)? In how many Sectors (<i>mu mirenge ingahe</i>)?</p>			
2	<p>Conducting workshops for community members to promote knowledge of gender, GBV and the related law /<i>Gutanga amahugurwa mu baturage mu rwego rwo kumenyekanisha uburinganire, ihohoterwa rishingiye ku gitsina, n'amategeko ajyanye na byo.</i></p> <p>Specific questions (<i>ibibazo byihariye</i>): How many workshops (<i>amahugurwaangahe</i>)? In how many Sectors (<i>mu mirenge ingahe</i>)? What percentage of the total population of the District (<i>Mu kihe kigero cy'abaturage ugereranije n'uko bangana bose</i>)?</p>			
3	<p>Participation in setting up annual awards for organizations and individuals who are doing outstanding work in addressing cultural values and GBV prevention in the community /<i>Kugira uruhare mu gushyiraho ibihembo ku miryango no ku bantu bakoze akazi k'ingenzi mu byerekeranye n'umuco no gukumira</i></p>			

No	Actions	Achievements	Challenges	Way forward
	<p><i>ihohoterwa rishingiye ku gitsina mu baturage.</i></p> <p>Specific questions (<i>ibibazo byihariye</i>): Were awards given to anyone (<i>ibihembo byaratanzwe</i>)? What was the role of the District authorities (<i>Uruhare rw'Akarere ni uruhe</i>)?</p>			
4	<p>Communication on GBV prevention in Umuganda and other community forums/ <i>Gusobanura ibijyanye n'ihohoterwa rishingiye ku gitsina muri gahunda y'umuganda.</i></p> <p>Specific questions (<i>ibibazo byihariye</i>): Was the communication done (<i>Ibiganiro byarabaye</i>)? In how many Sectors (<i>Byakozwe mu mirenge ingahe</i>)?</p>			
5	<p>Sensitize religious leaders to promote positive gender values through their work/ <i>Gukangurira abayobozi b'amadini guteza imbere uburinganire mu nyigisho batanga.</i></p> <p>Specific questions (<i>ibibazo byihariye</i>): Was the sensitisation done (<i>Ibiganiro byarabaye</i>)? What was the role of the District authorities (<i>Akarere kabigizemo uruhe ruhare</i>)?</p>			
6	<p>Organisation of "men and boys for change" discussion groups/ <i>Gutegura no gutanga ibiganiro "uruhare rw'abagabo n'abahungu mu ihinduka ryiza" mu bijyanye n'uburinganire.</i></p> <p>Specific questions (<i>ibibazo byihariye</i>): Did the discussion take place (<i>Ibiganiro byarabaye</i>)? How was funding found (<i>Amafuranga yakoreshejwe yavuye he</i>)?</p>			

No	Actions	Achievements	Challenges	Way forward
7	<p>Integrate anti-GBV programmes into Imihigo at District level/<i>Kwinjiza gahunda zo kwimira ihohoterwa rishingiye ku gitsina mu mihigo.</i></p> <p>Specific questions (<i>ibibazo byihariye</i>): Was that integration done (<i>Iyo gahunda yashyizwe mu bikorwa</i>)? Is there any evidence, such as reports (<i>Hari gihamya, nka raporo</i>)?</p>			
8	<p>Build capacity of CBOs to promote positive cultural values that can help to reduce GBV in the community/<i>Kongerera ubushobozi imiryango yo nzego z'ibanze mu bijyanye no guteza imbere indangagaciro z'umuco zishobora kwifashishwa mu kugabanya ihohoterwa rishingiye ku gitsina mu baturage.</i></p> <p>Specific questions (<i>ibibazo byihariye</i>): Was the action implemented (<i>Iyo gahunda yagiye mu bikorwa</i>)? What was the target groups (<i>Yarebaga ba nde</i>)? Is there any evidence (<i>Hari gihamya</i>)? Who were stakeholders (<i>Mwafatanije na ba nde</i>)?</p>			
9	<p>Integrate anti-GBV messages in Itorero programmes/<i>Kwinjiza mu Itorero ubutumwa burwanya ihohoterwa rishingiye ku gitsina.</i></p> <p>Specific questions (<i>ibibazo byihariye</i>): Did that integration take place (<i>Iyo gahunda yagiye mu bikorwa</i>)? Is there any evidence (<i>Hari gihamya</i>)? Who were stakeholders (<i>Mwafatanije na ba nde</i>)?</p>			
10	<p>Conducting rehabilitation and counselling programmes for convicted perpetrators in prison/<i>Gushyira mu bikorwa gahunda zo kugarura mu nzira nziza no gukorera</i></p>			

No	Actions	Achievements	Challenges	Way forward
	<p><i>ubujoyanama abafungwa bahamwe n'icyaha kijyanye n'ihohoterwa rishingiye ku gitsina.</i></p> <p>Specific questions (<i>ibibazo byihariye</i>): Were the programmes implemented (<i>Izo gahunda zashyizwe mu bikorwa</i>)? Is there any evidence (<i>Hari gihamya</i>)? Who were stakeholders (<i>Mwafatanije na ba nde</i>)? Is there any evidence (<i>Hari gihamya</i>)? Who were stakeholders (<i>Mwafatanije na ba nde</i>)? Could you get experts to help at that action (<i>Mwabashije kubona impuguke mwifashisha</i>)? How could you get funding (<i>Imari yavuye he</i>)?</p>			

ANNEX III: Questionnaire (for service providers at District level)

No	Questions	Answers	Code
1	Are actions ¹⁸ provided in the GBV prevention relevant in this District?/ <i>Ibikorwa biteganyijwe muri gahunda yo gukumira ihohoterwa rishingiye ku gitsina bihura n'ibikenewe muri aka Karere?</i>	<p>1.Strongly disagree/<i>Simbyemera na busa</i></p> <p>2. Disagree/<i>Simbyemera</i></p> <p>3. Neutral/<i>Ndifashe</i></p> <p>4. Agree/<i>ndabyemera</i></p> <p>5. Strongly agree/<i>Ndabyemera cyane</i></p> <p>If 'agree', mention the most significant ones and why./<i>Niba ubyemera, ni ibihe bikorwa by'ingenzi byagaragaye?</i></p> <p>If 'disagree', explain./<i>Niba utabyemera, sobanura uko ubyumva.</i></p>	/___/
2		1.Strongly disagree/ <i>Simbyemera na busa</i>	/___/

¹⁸They have to be enumerated and explained.

No	Questions	Answers	Code
	In this District, are human and financial resources used efficiently in GBV prevention activities?/Ese muri aka Karere amafaranga n'abakozi bakoresha neza mu bikorwa byo gukumira ihohoterwa rishingiye ku gitsina?	<p>2. Disagree/Simbyemera</p> <p>3. Neutral/Ndifashe</p> <p>4. Agree/ndabyemera</p> <p>5. Strongly agree/ Ndabyemera cyane</p>	
		<p>If 'agree', mention the most significant ones and why./Niba ubyemera, ni ibihe bikorwa by'ingenzi byagaragaye?</p> <p>If 'disagree', explain./Niba utabyemera, sobanura uko ubyumva.</p>	
3	In this District, GBV prevention activities will have a sustainable effect in people's lives?/Murabona ibikorwa byo gukumira ihohoterwa rishingiye ku gitsina bizahindura mu buryo bwiza ubuzima bw'abaturage muri aka Karere?	<p>1.Strongly disagree/Simbyemera na busa</p> <p>2. Disagree/Simbyemera</p> <p>3. Neutral/Ndifashe</p> <p>4. Agree/ndabyemera</p> <p>5. Strongly agree/ Ndabyemera cyane</p>	/___/
		<p>If 'agree', mention the most significant ones and why./Niba ubyemera, ni ibihe bikorwa by'ingenzi byagaragaye?</p> <p>If 'disagree', explain./Niba utabyemera, sobanura uko ubyumva.</p>	
4	Coordination of GBV prevention activities needs improvement./Murabona hari ikindi cyakorwa kugira ngo ibikorwa byo gukumira ihohoterwa rishingiye ku gitsina birusheho kugira umusaruro?	<p>1.Strongly disagree/Simbyemera na busa</p> <p>2. Disagree/Simbyemera</p> <p>3. Neutral/Ndifashe</p> <p>4. Agree/ndabyemera</p> <p>5. Strongly agree/ Ndabyemera cyane</p>	/___/
		<p>If 'agree', mention the most significant ones and why./Niba ubyemera, ni ibihe bikorwa by'ingenzi byagaragaye?</p>	

No	Questions	Answers	Code
		If 'disagree', explain./ <i>Niba utabyemera, sobanura uko ubyumva.</i>	
5	Were challenges experienced during implementation of actions aimed at GBV prevention?/ <i>Hari ibibazo byagaragaye mu ishyirwa mu bikorwa rya gahunda yo gukumira ihohoterwa rishingiye ku gitsina?</i>	1. Yes/ <i>Yego</i> 2. No/ <i>Oya</i> 3. Don't know/ <i>Simbizi</i>	/ ___ /
		If 'yes', mention some of them./ <i>Niba ari 'yego', vuga bimwe muri ibyo bibazo.</i> If 'no', explain/ <i>Niba usubije 'oya', sobanura impamvu.</i>	
6	Could some best practices in terms of GBV prevention be mentioned?/ <i>Hari ibikorwa by'indashyikirwa abandi bakwigana muri gahunda yo gukumira ihohoterwa rishingiye ku gitsina?</i>	1. Yes/ <i>Yego</i> 2. No/ <i>Oya</i> 3. Don't know/ <i>Simbizi</i>	/ ___ /
		If 'yes', mention some of them./ <i>Niba ari 'yego', vuga bimwe muri ibyo bibazo.</i> If 'no', explain/ <i>Niba usubije 'oya', sobanura impamvu.</i>	
7	Could some lessons be learnt from implementation of GBV prevention activities?/ <i>Hari amasomo yavuye mu ishyirwa mu bikorwa rya gahunda yo kwimira ihohoterwa rishingiye ku gitsina?</i>	1. Yes/ <i>Yego</i> 2. No/ <i>Oya</i> 3. Don't know/ <i>Simbizi</i>	/ ___ /
		If 'yes', mention some of them./ <i>Niba ari 'yego', vuga bimwe muri ibyo bibazo.</i> If 'no', explain/ <i>Niba usubije 'oya', sobanura impamvu.</i>	
8	Are reporting practices about GBV prevention within the District satisfactory (timely reporting, standardised reports, systematic reporting and feedback mechanisms)?/	1. Yes/ <i>Yego</i> 2. No/ <i>Oya</i> 3. Don't know/ <i>Simbizi</i>	/ ___ /
		If 'yes', mention some of them./ <i>Niba ari 'yego', vuga bimwe muri ibyo bibazo.</i> If 'no', explain/ <i>Niba usubije 'oya', sobanura impamvu.</i>	

No	Questions	Answers	Code
	<p><i>Imikorere ijyanye na raporo ku ikumira ry'ihohoterwa rishyingiye ku gitsina irashimishije (gutanga raporo ku gihe, kugendera ku ngingo zimwe, kutagira ikibagirana, kwerekana uko raporo yakiriwe)?</i></p>		
9	<p>Do some areas of GBV prevention need strong advocacy?/Ese mu ikumira ry'ihohoterwa rishingiye ku gitsina hari ibikeneye ubuvugizi bukomeye?</p>	<p>1.Strongly disagree/Simbyemera na busa 2. Disagree/Simbyemera 3. Neutral/Ndifashe 4. Agree/ndabyemera 5. Strongly agree/ Ndabyemera cyane</p>	/___/
		<p>If 'agree', mention the most significant ones and why./Niba ubyemera, ni ibihe bikorwa by'ingenzi byagaragaye? If 'disagree', explain./Niba utabyemera, sobanura uko byumva.</p>	

Annex IV: List of institutions targeted for the questionnaire

No.	Institution	Number of respondents
1	National Women Council	1
2	Rwanda National Police	1
3	MAJ	1
4	National Youth Council	1
5	Pro-Femmes/TWESE HAMWE	1
6	Faith Based Organisations	3
7	Trócaire	1
8	Staff member in charge of gender	1

Annex V: List of interviewed institutions

1. Gakenke District
2. Nyamagabe District
3. Nyanza District
4. Nyaruguru District
5. MIGEPROF
6. MINEDUC
7. GMO
8. National Women Council
9. MINIJUST
10. Rwanda National Police.

Annex VI: Overview of implementation of anti-GBV planned actions

No	Actions	Achievements	Limitations	Challenges
1	Implementation of communication campaigns on gender and GBV and targeting different sectors of the population (religious leaders, law enforcement bodies, families, schools, etc.).	<p>Punctual meetings (at least once a year in each sampled District) were held with religious leaders, opinion leaders, and school headmasters in all sampled Districts;</p> <p>Mobilisation was organised on GBV in all sampled Districts (not in all Sectors);</p> <p>March to protest against GBV in all sampled Districts (not in all Sectors);</p> <p>Use of drama with well-known actors and actresses to deliver anti-GBV messages to the people attracted by the event (Gakenke District).</p>	<p>Such meetings are not systematic, messages are not harmonised and thus are not the same in all Districts.</p> <p>The quality of messages is questionable because people who deliver them, especially grassroots level authorities, do not have a good level, as far as gender is concerned.</p>	Owing to insufficiency of financial resources, it was not possible to organize events likely to attract a lot of people and as often as needed.
2	Conducting workshops for community members to promote knowledge of gender, GBV and the related law.	Such workshops were conducted in most villages, once a year, with assistance of the National Women Council, IZU committees, HPA and Plan Rwanda, RAMREC, and other stakeholders.	<p>Anti-GBV committees are being trained to fight GBV but the Ministry in charge of gender has already cancelled them;</p> <p>No coordination of activities between different stakeholders.</p>	Scarcity of resources was an issue. The number of workshops was limited for that reason

No	Actions	Achievements	Limitations	Challenges
3	Participation in setting up annual awards for organizations and individuals who are doing outstanding work in addressing cultural values and GBV prevention in the community.	Goats were given out to people in Nyamagabe and Nyaruguru Districts for their participation in GBV prevention in their community.	Where this is done there is no coordination or communication with the Ministry in charge of GBV, and in such a context no improvement is expected.	Insufficient budget is a roadblock to implementation of this action. Gender prevention is not a priority for several local authorities.
4	Communication on GBV prevention in Umuganda and other community forums.	This was done in all sampled Districts.	The quality of messages is questionable, the methodology is not harmonised throughout the country, and it should be clear whether GBV is talked about in announcements format or free discussions among village inhabitants.	Limited commitment of local authorities; Low level of knowledge of GBV of local authorities.
5	Sensitize religious leaders to promote positive gender values through their work.	Religious leaders were sensitized to the role they should play in GBV prevention in all sampled Districts.	These actions were punctual; Trainings were not systematic, without hand-outs; Follow up was limited and assessment of change was not done.	Limited budget; Limited commitment of local authorities.

No	Actions	Achievements	Limitations	Challenges
6	Organisation of "men and boys for change" group discussions.	Such discussions were organised in all sampled Districts, but a few groups were targeted.	Limited knowledge of MenEngage approach in Districts RWAMREC did not target for interventions.	A few men understand the role they can play in GBV prevention; cultural barriers are still vivid.
7	Integrate anti-GBV programmes into Imihigo at District level.	This was not done specifically.	GBS was not focusing on local issues and priorities, and not enough resources were allocated to GBV prevention.	GBV is not yet a priority for local leaders.
8	Build capacity of CBOs to promote positive cultural values that can help to reduce GBV in the community.	Community based organisations (CBOs) were trained on GBV prevention in three out of five (3/5) Districts.	No coordination of activities between different stakeholders; Anti-GBV committees are still being supported but they officially have been cancelled.	Limited commitment of local authorities; Limited intervention of the ministry in charge of anti-GBV prevention actions.
9	Integrate anti-GBV messages in Itorero programmes.	This was done for one group of women called 'umutima w'urugo' all over the country and thus in the five sampled Districts.	A lot of groups need being trained on GBV for mind-set positive change, but are not involved.	Gender is still confused with women's problems.
10	Conducting rehabilitation and counselling programmes for convicted perpetrators in prison.	Actually such programmes were not designed at national level so as to provide genuine guidance to District authorities, and reasons are not well known.	These people are to go back to their communities, so need positive behaviour change, but are not being prepared for that.	Limited commitment of concerned authorities.

