

# Republic of Rwanda



## Ministry of Gender and Family Promotion

**FINAL REPORT ON THE STUDY ON  
KNOWLEDGE, ATTITUDE AND PRACTICES  
ON GBV, PERCEIVED GBV ROOT CAUSES  
AND IOSC SERVICE DELIVERY**

**Kigali, July, 2019**

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**Amb. Soline NYIRAHABIMANA**  
**Minister of Gender and Family Promotion**

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### LIST OF KEY ACRONYMS

|         |   |
|---------|---|
| CA:     | Child abuse   |
| CSO:    | Civil Society Organizations                                 |
| DFID:   | Department for International Development                    |
| DHS:    | Demographic Health Survey                                   |
| DNA:    | Deoxyribonucleic acid                                       |
| EAs:    | Enumeration Areas   |
| FGD:    | Focus Group Discussion                                      |
| GBV:    | Gender-based Violence                                       |
| GDP:    | Gross Domestic Product                                      |
| IOSC:   | Isange One Stop Center                                      |
| IPV:    | Intimate Partner Violence                                   |
| KAP:    | Knowledge, Attitude and Practice                            |
| KIIs:   | Key Informants Interviews                                   |
| MDIITM: | Multidisciplinary Investigative and Intervention Team Model |
| NISR:   | National Institute of Statistics of Rwanda                  |
| NWC:    | National Women Council                                      |
| PSU:    | Primary Sampling Unit                                       |
| PTSD:   | Post-traumatic Stress Disorder                              |
| RNEC:   | Rwanda National Ethics Committee                            |
| RSE:    | Relative Standard Errors                                    |
| SGBV:   | Sexual and Gender-based Violence                            |

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UNHCR: United Nations High Commission for Refugees

UNFPA: United Nations Population Fund

VACYS: Violence Against Children and Youth Survey

VAWG: Violence Against Women and Girls

VAW: Violence Against Women

WHO: World Health Organization

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## DEFINITION OF KEY CONCEPTS<sup>1</sup>

**Gender:** refers to the socially constructed differences between men and women. These are learned, and though deeply rooted in every culture, are changeable over time, and have wide variations both within and between cultures.

**Power:** Ability, skill or capacity to make decisions and take action; physical force or strength. The more power a person has, the more choices available to them: people with less power have fewer options and are therefore more vulnerable to abuse.

**Gender-based Violence (GBV):** According to the Rwandan Law n° 59/2008 of the 10/09/2008 on prevention and punishment of gender-based violence, GBV is defined as “Any act that results in a bodily, psychological, sexual and economic harm to somebody just because they are female or male”. The operational definition for this study refers to Gender-based Violence as any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It includes physical, emotional or psychological and sexual violence, as well economic GBV.

**GBV survivor/ victim:** Person who has experienced violence or other abuse based on his/her gender. Majority of GBV survivors experience a range of psychological and social consequences including shame, guilt, depression, isolation, abandonment and abuse by family members. All survivors of GBV should be able to access care and support to reduce the impact of such violence.

**Intimate partner violence (IPV):** Intimate partner violence is one of the most common forms of violence against women and men. IPV occurs in all settings and among all socioeconomic, religious and cultural groups. The overwhelming global burden of IPV is endured by women, and the most common perpetrators of violence against women are male intimate partners or ex-partners.

**Child abuse:** Is any maltreatment whether through action or failing to act which can causes injury, death, and emotional harm or risk of serious harm to a child. There are many forms of

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<sup>1</sup>Some key concepts in this report use definitions from two sources including Law N°59/2008 of 10/09/2008 on Prevention and Punishment of Gender- Based Violence and the Multidisciplinary Treatment of Victims of Gender-Based Violence and Child Abuse Protocol, MoH, Kigali, 2015.

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child maltreatment including neglect, physical abuse, sexual abuse, exploitation and emotional abuse.

**Rape:** Sexual intercourse without consent of one party either by force, intimidation or other means.

**Conjugal rape:** Coercing, forcing or intimidating a spouse into sexual relations without that spouses' consent.

**Standard Operating Procedures (SOPs):** A standard operating procedure (SOP) is a set of step-by-step instructions compiled by an organization to help workers carry out complex routine operations. SOPs aim to achieve efficiency, quality output and uniformity of performance, while reducing miscommunication and failure to comply with programme regulations.

**Isange One Stop Center (IOSC):** Is a multi-sectoral and interdisciplinary programme aimed at providing psychosocial, medical, police and legal services to adult and child survivors/ victims of gender-based violence and child abuse occurring in the family or in the community at large.

**Perpetrator:** Person, group, or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against her/his will.

**Root causes:** Wikipedia defines a root cause as an initiating foundation of either a condition or a causal chain that leads to an outcome or effect of interest. The term denotes the earliest, most basic, 'deepest', cause for a given behavior; most often a fault.

In the context of gender-based violence, the root causes might include a society's attitudes towards and practices of gender discrimination, unequal power relations, resistance to change, culture and traditional norms that define behavior on the basis of gender.

**Risk factors:** A risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of incurring harm, danger or loss. Irrespective of the indicators used, risk factors for gender-based violence generally include three categories; individual risk factors, social/environment factors and relationship factors (CDC, 2009; UN, 2007). Individual factors are those that influence the perpetrator and victim's likelihood of involvement in an incident of gender-based violence. Social factors include norms supporting gender-based violence in society

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while relationship factors include family member's relationship and influence in supporting or tolerating gender-based violence.

**Confidentiality:** An ethical principle associated with safeguarding shared/acquired information for the purposes of respecting and protecting a person's character, integrity or wishes. In the case of gender-based violence, the principle of confidentiality requires that service providers and researchers protect information gathered about clients or persons interviewed desist from discussing case details with family, friends, community members or other.

**Consent/ informed consent:** Refers to approval or assent given based upon a clear appreciation and understanding of the facts, implications, and future consequences of an action. In order to give informed consent, the individual concerned must be of sound mind, of an acceptable age of understanding and be able to evaluate and understand the consequences of an action. Children are generally considered unable to provide informed consent because they do not have the ability and/or experience to anticipate the implications of an action, and they may not fully understand or be empowered to exercise their right to refuse.

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## EXECUTIVE SUMMARY

The study on knowledge, attitude and practices on perceived GBV root causes and IOSC service delivery was commissioned by the Ministry of Gender and Family Promotion (MIGEPROF) for the purposes of unearthing the root causes of GBV and assessing the quality of service delivery by IOSC in the Rwandan context. The study aimed at exploring the level of knowledge, attitudes and practices relating to GBV, the risk factors and the coping mechanisms available both at central and decentralized levels for the survivors of GBV. The study also interrogated service delivery by IOSCs and in particular, effectiveness, accessibility and challenges faced by both the IOSC itself and the survivors seeking support.

The Ministry specified the following key objectives:

- To analyze the Rwanda DHS 2014/15 data from the Gender-based Violence Module on the Prevalence of GBV, risk factors that increase the probability of GBV in Rwanda, Health and children's education differentials between victims and non-victims of GBV and service seeking behavior;
- To identify which groups are at greater risk of becoming GBV-victims and –perpetrators;
- To identify levels of knowledge and knowledge gaps on GBV relative to service seeking behavior;
- To identify beliefs, perceptions on root causes of GBV and behavioral patterns that facilitate or hinder help/service seeking behavior;
- To analyze the interaction between knowledge, attitudes and practices as well as their influence on service delivery;
- To assess or interrogate IOSC service delivery
- To assess the operationalization of the existing Standard Operating Procedures (SOPs).

In response, the study employed multifaceted approaches including literature review, quantitative and qualitative research. The consultants reviewed different documents relevant to the subject of study *inter alia*, DHS 2014-2015, VACYS 2015-2016, the United Nations studies and Databases on Violence against Women and scholarly materials. For the quantitative research, the consultant team complied with research requirements in Rwanda including approvals from both the National Institute of Statistics of Rwanda (NISR) and Rwanda National Ethics Committee

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(RNEC) which resulted in the approval of the methodology proposed. Quantitative data was obtained through a survey involving 4,623 respondents (females, 54.4 percent and males, 45.6 percent).

For the qualitative part, the study used focus group discussions (FGDs) and key informant interviews (KIIs) at both central and decentralized levels. KIIs targeted policy makers to get clarity on policy issues on GBV and IOSC. At the decentralized levels, nine districts were selected across the country at the rate of two districts per province and one district for the City of Kigali. The two selected districts by province comprised one district with the highest rate of GBV and the other, with the lowest rate. Other selection criteria included proximity to refugee camps, border areas, rural or urban location. In total ten (10) districts were sampled. A total of 90 FGDs were conducted, with 1170 participants.

In terms of findings, this study confirmed that GBV is targeted more at females than males across all age categories. The study also revealed that, across all age categories, more females than males have knowledge of GBV except for the age category of (15-17) years.

The study finds that generally people have limited knowledge on GBV law and its provisions, but demonstrate a fairly high level of knowledge on the Law governing matrimonial regimes, donations and successions and the Land law, both of which address power imbalances between men and women, a factor in the occurrence of GBV.

On IOSCs, knowledge of their existence and their work reveals that education is a significant factor. 52% of university students or graduates know about IOSC while that figure is 18 percent among holders of primary level education and 9 percent, among those without any level of formal education.

Cultural and patriarchal stereotypes and attitudes still play a big role in fueling GBV in Rwanda as elsewhere. The family remains a construction site for gendered attitudes, roles and expectations. Shrouded in a culture of silence, families prefer to resolve GBV cases within and among themselves. This compromises reporting, service seeking and justice for survivors.

The study also found that the factors limiting reporting and hence service seeking, in order of significance, are, *inter alia*, dependence on the perpetrator, fear, stigma, family arrangements, a



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feeling that nothing will change and pressure to preserve the marriage. For male survivors service seeking is limited mainly by the fear of ridicule, loss of influence and space in the community of men.

The fact that some forms of GBV are culturally accepted complicates and compromises response measures. Coupled with gendered power imbalances, the culture of silence and the high levels of tolerance and non-reporting, the practice of GBV in Rwanda has created an internal self-sustaining cycle which can only be broken through combined efforts of transformative and strategic engagement with communities and their leaders and law enforcement.

In child abuse cases, just like for GBV among adults, reporting and service seeking are inhibited by preservation of culture, fear of stigma for the survivor or family of survivor, dependence on the perpetrator and family arrangements. With regard to early pregnancies, the study revealed that the perpetrators were mostly married men who lured young girls through material gifts but abandoned them later.

In principle, the IOSC is the appropriate response to assist GBV victims. IOSCs are spread throughout the country and they provide a free service. The quality of service is not uniform. The study finds a number of challenges internal to IOSC location, staffing and compliance with Standard Operating Procedures as outlined in the MDIIT framework. IOSC is the last resort for survivors or affected persons, after trying to get help from the family, local leaders and police. While there is a perception that IOSC services are not accessible, it turns out that it is more the limited knowledge that is a greater obstacle.

The study came up with recommendations based on the identified root causes which include:

- i) Conceptually examine GBV as a societal issue based on unequal power relations and persisting cultural attitudes and practices.
- ii) Work progressively towards eliminating resistance to gender equality while avoiding stigmatizing individuals or gender stereotyping.
- iii) Consider gender as one of the core subjects within national curricula right from pre-primary to university to inculcate a changed mindset of Rwandan people on gender and gendered violence. This should run alongside advocacy and sensitization campaigns for communities outside of the formal education system.

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- iv) Strengthen empowerment programs (economic, political and social) that target both men and women through gender transformative approaches. In this regard, particular attention should be paid to areas with high levels of GBV prevalence.
- v) Support men engage approach and training on social deconstruction of gender while promoting male role models in the fight against GBV.
- vi) To improve IOSC service delivery, integrate IOSCs into the structure of district hospitals and thus address issues of coordination, budget and staffing. Raise awareness on IOSCs and the services they offer to counter gaps in knowledge and misrepresentation.
- vii) In collaboration with other actors, MIGEPROFFE should consider a family enrichment program to accompany couples at all levels (pre- marriage, during marriage and during distress).
- viii) Strengthen the family department in the Ministry of Gender and Family Promotion to play a stronger coordinating role on eliminating GBV across the country.

The above recommendations can best be implemented if staggered according to short, medium- and longer-term interventions. Empowerment programs to address poverty as a sustaining factor of GBV, for example, constitute a longer-term intervention, complex in nature and best attainable through a web of institutional and stakeholder collaboration. Effectively responding to GBV will require sustained focus and engagement until tolerance levels match the Rwandan government's commitment of zero tolerance!

## CHAPTER I: INTRODUCTION

### 1.1 Context and justification

#### 1.1.1 Global overview of Gender-based Violence

The data on GBV at global level, especially against women and girls reveals that this is one of the most systematic and widespread human rights violations. The World Health Organization (WHO) landmark study on women's health and domestic violence against women<sup>2</sup> was among the earliest comprehensive studies to bring out the evidence on VAWG, which served to spur on advocacy and other interventions. WHO (2015) identified six causes and risk factors for GBV, which include the traditional gender norms that support male superiority and entitlement against survivors, harmful use of alcohol, weak legal sanctions, use of drugs, poverty, and high levels of crime and conflict in society.<sup>3</sup> These risk factors emerge again and again in various studies suggesting that, globally, there is some convergence on the risk factors.

With respect to conflict and GBV, just for the Democratic Republic of Congo for example, the United Nations Population Fund (UNFPA) recorded, in the space of less than one year, 11,769 cases of sexual and gender-based violence in the provinces of North Kivu, South Kivu, Orientale, Katanga and Maniema; 39% of these cases were considered to be directly related to the dynamics of conflict, perpetrated by armed individuals.<sup>4</sup>

The 2013 UN global review of available data indicates that 35 per cent of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence and that 38% of murders of women, globally, are committed by a male intimate partner.<sup>5</sup> Other studies indicate that between 15 and 76 percent of women are targeted for

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<sup>2</sup> World Health Organisation (2005). WHO Multi-Country Study on Women's Health and Domestic Violence Against Women, Geneva, Switzerland

<sup>3</sup> World Health Organisation (2015), World Report on Violence and Health

<sup>4</sup> UNFPA (2015) *Sexual Violence in Conflict, Democratic Republic of the Congo*. Data collected between January and September, 2014.

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physical and/or sexual violence in their lifetime and that in the European Union, little over one in five women has experienced physical and/or sexual violence from a partner.<sup>6</sup> The range of 15 to 76 per cent is rather wide and loses, without careful analysis, some of the power that these data convey. Suffice to mention that even the lower end of 15 per cent cannot be ignored!

In the 2015 report of the *World's Women*, more than 100 countries, since 1995, have conducted at least one survey on GBV and more than 40 countries have conducted at least two surveys in the period between 1995 and 2014 thus availing useful data for understanding the nature and extent of GBV and emerging trends.<sup>7</sup> At least 144 countries have passed laws on domestic violence, and 154 have laws on sexual harassment. The existence of laws however does not always translate into implementation or even compliance with international standards and recommendations.<sup>8</sup> The report further implies that implementation and compliance issues have generated policy and legal frameworks but these are weak on prosecution and sanctions for GBV. In the case of Rwanda however, there are demonstrable efforts to address GBV through laws and policies and the authorities do not shy away from sanctioning offenders. Despite great efforts made by the Government of Rwanda, Gender-based Violence (GBV) has been and remains one of the obstacles hindering national development, as it not only impacts lives of affected individuals but also the community at large. In the light of the foregoing, the objectives of this study rightly seek to go beyond laws and policies in order to identify root causes.

### **1.1.2 Rwandan context**

GBV remains a big concern in Rwanda although a lot has been put in place in terms of policies, laws and programmes. For instance, the Government has adopted a gender sensitive constitution, which provides for equal treatment between males, females, boys and girls.

To implement the overarching constitutional commitments, the government abolished all the discriminatory laws and enacted legislations to address the remaining inequalities and injustices

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<sup>7</sup> United Nations Economic and Social Affairs (2015). *The World's Women 2015, Trends and Statistics*, p. 140.

<sup>8</sup> World Bank Group (2018). *Women, Business and the Law 2018*, Washington D.C, USA

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including the Law N° 43/2013 of 16/06/2013 reviewing the Organic Law No 08/2005 of 14/7/2005, governing land in Rwanda, which guarantees women equal rights with men on access, ownership and utilization of land, the Law N°27/2016 of 08/07/2016 Governing Matrimonial Regimes, Donations and Successions in Rwanda providing for equal inheritance rights between women and men, girls and boys, Law No 13/2009 of 27th May 2009, Regulating Labor in Rwanda; Law No 27/2001 of 28th April 2001, Relating to Rights and Protection of Children against Violence and the Law N°59/2008 on the Prevention and Punishment of Gender-Based Violence (GBV) which punishes marital rape and addresses GBV at all levels; economic, sexual, physical and psychological abuse among others.

At the Programme/response level, the Government has put in place programmes like the Isange One Stop Centers (IOSC) at district hospitals to respond to any cases of GBV in a comprehensive manner. Currently there are over 44 IOSCs across the country. At the community level, there are family gatherings referred to as “*umugoroba Wababyeyi*” which convene every month to discuss the wellbeing of families where GBV is one of the issues that is addressed. Another structure at the community level which works both in the area of response and prevention is the “*Inshuti z’umuryango*“, literally translated as friends of the family and comprise one man and one woman selected by the community at cell level. These are believed to be persons of integrity who intervene on a day-to-day basis to resolve any family conflict, which may emerge and could lead to GBV. They work in a confidential way but also collaborate with the heads of the cells and other agencies like security agencies, religious organizations, CBOs and NGOs to ensure peace and harmony among family members, especially husbands and wives. With respect to the legal context, the Rwandan Constitution of June 2003, as amended to date, affirms the fundamental rights of all citizens of Rwanda. This is consistent with human rights instruments including the United Nations Human Rights Declaration. Article 15 of the Constitution provides for the right to “physical and mental integrity” and explicitly prohibits torture, physical abuse and cruel, inhuman or degrading treatment. GBV, being one of the most cruel and degrading offences against the integrity and self-worth of an individual is thus covered by this constitutional provision.

Pursuant to the above, Article 11 of the Constitution of the Republic of Rwanda states: “All Rwandans are born and remain free and equal in rights and duties. Discrimination of whatever

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kind, based on, *inter alia*, ethnic origin, tribe, clan, color, sex, region, social origin, religion or faith, opinion, economic status, culture, language, social status, physical or mental disability or any other form of discrimination is prohibited and punishable by law”. The principle of gender equality is enshrined in Article 16 of the Constitution, pursuant to which, the Government has committed to establishing equity and equality at all levels of society.

At the institutional level, the Government of Rwanda’s commitment to gender equality and to combating gender-based violence is also manifested through the establishment of gender machineries that include the Ministry of Gender and Family Promotion which is responsible for policy coordination and regulation, the Gender Monitoring Office to ensure accountability to gender equality among national and other institutions in their planning, implementation and reporting and finally, the National Women’s Council responsible for women’s political mobilization, economic and social empowerment.

The creation of anti-GBV and Child Protection Committees at different administrative levels provides an opportunity for awareness raising on prevention of gender-based violence. These Committees also provide an opportunity for gathering information and coordinating services aimed at reducing the GBV scourge. The anti-GBV Clubs in schools, involving both girls and boys also help to empower youth to understand and act against gender-based violence in schools, especially sexual harassment and abuse by teachers and fellow students. Such Clubs are particularly useful for promoting attitude and behavior change.

The commitment of the Government of Rwanda towards zero tolerance to gender-based violence and the realization of a GBV free environment is further demonstrated in the adoption of a policy to prevent and respond to gender-based violence.

### **1.2 Objectives of the study**

This study looks at a chain of issues, seeking in particular, to generate and analyze data on GBV risk factors, root causes, knowledge, attitudes and practices relative to GBV and the nature of service delivery within IOSC.

The specific objectives of this study include:

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1. To analyze the Rwanda DHS 2014/15 data from the Gender-based Violence Module on the Prevalence of GBV, risk factors that increase the probability of GBV in Rwanda, Health and children's education differentials between survivors and non-survivors of GBV and service seeking behavior;
2. To identify which groups are at greater risk of becoming GBV-survivors and – perpetrators;
3. To identify levels of knowledge and knowledge gaps on GBV and their links with service seeking behavior;
4. To identify beliefs, perceptions and behavioral patterns that facilitate or hinder help/service seeking behavior;
5. To analyze the interaction between knowledge, attitudes and practices as well as their influence on service delivery;
6. To assess or interrogate IOSC service delivery
7. To assess the operationalization of the existing Standard Operating Procedures (SOPs).

### **1.3 Scope of the study**

The study was conducted countrywide to interrogate and understand the cause, correlation and impact dimensions of GBV on one hand and the quality of service delivery through the IOSC on the other hand. For this to be effectively done, different behavioral and other elements were interrogated including knowledge, attitudes and practices of men, women and children and how these interact with service seeking behavior. The interrogation went further to assess the supply side of the equation in terms of the nature and quality of service at the IOSC and how this ultimately impacts the chain of GBV related issues and concerns. In a simple equation, GBV becomes the dependent variable and the study seeks to identify the influencing or independent variables and their relative significance in order to offer reasonable policy and action-oriented recommendations.

### 1.4 Conceptual and Theoretical Issues

Conceptually, there is general consensus on the definition of GBV but its root causes remain elusive.<sup>9</sup>The definition is clear that GBV ranges from physical, verbal to psychological violence with varying manifestations. GBV manifests differently depending on the situation, context and persons involved. GBV at the family level, for example, may be vastly different from its expression in a context of war or other types of conflict. That gender-based violence is a phenomenon deeply rooted in culture, social norms, gendered power relations, impunity among others is not contested in general. The 1993 UN Declaration on Violence Against Women (VAW) is often credited with being the first international instrument to specifically define and locate violence against women as integral to gender-based violence and for shifting attention from the individual to areas where GBV commonly occurs: the family, the community and the state wherein gender inequalities are permitted or tolerated. The UN Declaration on Violence Against Women defines VAW as

Any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

In this study, GBV and SGBV are sometimes used interchangeably. The reference to GBV as SGBV expands the scope both for research and analysis, enabling the consideration of sexual violence within the broader and more generalized concept of GBV.<sup>10</sup>Again, the interchangeable use of the terms, gender-based violence and violence against women, testifies to the widely acknowledged thesis that most gender-based violence is inflicted on women and girls, by men. The ‘gender-based’ aspect is important as it recognizes that men and women, boys and girls can experience violence on account of gender. Montesanti comments that a “gender perspective on violence against women addresses the similarities and differences in the violence experienced by women and men in relation to vulnerabilities, violations and consequences”.<sup>11</sup>

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<sup>9</sup> A substantive amount of data in this section is taken directly from a variety of UN sources

<sup>10</sup>Montesanti, Stephanie Rose (2015)*The role of structural and interpersonal violence in the lives of women: a conceptual shift in prevention of gender-based violence*, BMC part of Springer Nature Online Publishers

<sup>11</sup>Ibid p.1



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Ultimately, the persistence, prevalence and incidence of GBV compel a need to dig out the hidden issues that inform family and community behavior and deep structure that often perpetuate power dynamics and entrench inequality and certain violent behaviors. This study attempts to unearth perceived root causes and risk factors of GBV including attitudes and practices that perpetuate GBV. The study also aims to examine service seeking behavior and factors influencing that behavior for purposes of strategically and definitively addressing GBV in Rwanda.

A wide range of studies on risk factors suggest that, while not the sole cause, the following may increase the likelihood of gender-based violence at different levels,<sup>12</sup>:

- At the individual level these factors include the perpetrator being abused as a child or witnessing marital violence in the home, having an absent or rejecting father, and frequent use of alcohol.
- At the level of the family and relationship, cross-cultural studies have cited male control of power, wealth and decision-making within the family and marital conflict as strong predictors of abuse.
- At the community level, women's isolation and lack of social support and male peer groups that condone and legitimize men's violence.
- At the societal level, studies around the world have found that violence against women is most common where gender roles are rigidly defined and enforced and where the concept of masculinity is linked to toughness, male honor, or dominance. Other cultural norms associated with abuse include tolerance of physical punishment of women and children, acceptance of violence as a means to settle interpersonal disputes, and the perception that men have “ownership” of women.

To examine root causes of violence, researchers have utilized various frameworks including the widely cited, “ecological framework” to understand the interplay of personal, situational, and

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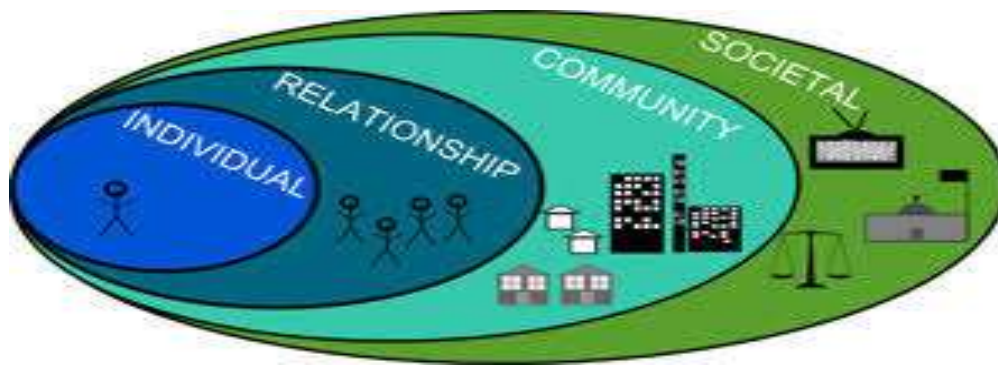
<sup>12</sup>Anke Köbach, Susanne Schaal, Thomas Elbert (2015), *Combat high or traumatic stress: violent offending is associated with appetitive aggression but not with symptoms of traumatic stress*, *Frontiers in Psychology*, Original Research Article.

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socio-cultural factors that combine to cause gender-based violence.<sup>13</sup> This model, which conceptually informs this study, can best be visualized as four concentric circles. The innermost circle represents the biological and personal history that affects an individual's behavior in his/her relationships. The second circle represents the immediate context in which gender-based violence takes place frequently the family or other intimate or acquaintance relationship. The third circle represents the institutions and social structures within the community, both formal and informal, in which relationships are embedded such as neighborhood, workplace and social networks. The fourth, outermost circle is the economic and social environment, including cultural norms, as shown in Diagram 1 below.

**Diagram 1: The Social Ecological Model**



An ecological approach to gender-based violence argues that no one factor alone “causes” violence but rather a number of factors combine to raise the likelihood that a particular person in a particular setting may act violently towards another. Social and cultural norms—such as those that assert men’s inherent superiority over women – combine with individual-level factors to determine the likelihood of gender-based violence. The more risk factors present, the higher the likelihood of violence. It is important to remember that psychological explanations for gender-based violence (i.e. witnessing marital violence as a child, having an absent or rejecting father, or being abused as a child) often fail to appreciate the role of wider inequalities in the relations between women and men, and the need to transform these. It is not simply the case that if one sees or experiences violence as a child, one will in turn abuse others.

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<sup>13</sup> Heise, L. (1998), Violence Against Women: An integrated, ecological framework cited in Population Reports/CHANGE, Volume XXVII, No. 4, December 1999, available at <http://www.jhuccp.org/pr/11ledsum.stm>.

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Apart from the perceived root causes or drivers of GBV and barriers that prevent reporting by both children and adult survivors of violence and GBV, the study also examines the behaviors and attitudes that stop survivors of GBV from speaking out and seeking support from relevant service providers. The study is designed to utilize both primary and secondary data, conduct analysis in order to identify causality or correlation of factors, identify issues relevant to knowledge, attitudes and practices and offer some conclusions and recommendations. It further examines the quality of service delivery by IOSC as a key structure in Rwanda's response to GBV.

## CHAPTER II: OVERVIEW OF THE LITERATURE

### 2.1. Introduction

Concerns about GBV from the United Nations, national governments, human rights advocates, researchers and civil society organizations have resulted in a growing body of literature and evidence on GBV and related forms of violence. The study draws insights from this body of literature to establish links with the objectives of this study. Given the study focus of Rwanda, the review draws from Government of Rwanda sources and other research from the region. This literature review is organized to examine the issue of GBV globally; from country-specific perspectives and from theoretical and empirical research.

The literature highlights that many forms of violence against women are rooted in power inequalities, gender norms and socio-cultural factors. The literature provides multiple examples of the lived reality of GBV survivors, the communities in which it occurs and the different coping or response mechanisms. The literature overwhelmingly suggests that culture and social norms have explanatory power for the perpetration of GBV as well for attitudes and practices that combine to ultimately influence service seeking behavior. The literature review therefore examines the interplay of issues of culture and social norms and the context, causes and drivers of GBV.

According to the World Bank, GBV accounts for as much death and ill-health in women aged 15-44 years as cancer does. It is a greater cause of ill-health than malaria and traffic accidents combined. The World Health Organization assertively links addressing violence against women to achieving agreed global poverty eradication targets. Research by the World Bank argues further that beyond human rights violation, GBV is an economic drain with significant impact on a country's GDP. The research conservatively estimates lost productivity from domestic violence as ranging from 1.2 per cent of GDP in Brazil and Tanzania to 2 per cent of GDP in Chile.

A study conducted on Sexual Assault in South Sudan found that women do not seek help or services because they are unaware of the existence of those services or because they are judged and blamed for the occurrence of GBV<sup>14</sup>. In fact, the survivors do not report to the police

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<sup>14</sup> Danish Refugee Council (2015): Gender-based Violence: Research on Sexual Assault

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because such violations are not perceived as crime to be punished but issues to be resolved within the family or community. In almost all cases, the survivor, who is usually female, has no voice and has little choice but to accept the 'solution' handed down, including marrying the perpetrator. Given gendered patterns of socialization, it is disturbing but not surprising that in many of these cases, there is little peer support for the survivor. The tendency is more to find fault with the survivor and to apportion blame. In this study in South Sudan, it was found that health workers and the police do not prioritize a survivor centered approach and neither do they respect confidentiality. The combination of these factors creates barriers both for speaking out and for seeking help and thus inadvertently contributes to an atmosphere in which GBV easily thrives. In the case of Rwanda, the preference to have GBV issues dealt with at family level in order to preserve family honor, in a sense mirrors this situation of attitudinal and cultural practices as obstacles to service seeking for the GBV survivor.

Some empirical studies find that the language of GBV, when not conscious of cultural or community sensitivities, can promote a culture of silence and negatively impact service seeking. For example, the use of terms such as sexual assault or rape can invoke shame and judgment rather than a call for survivor support.<sup>15</sup> This can also negatively affect peer support while at the same time sustaining or raising levels of tolerance as well as justification for violence, even among women. In the assessment conducted in seven sites in South Sudan, 82 percent of females and 81 percent of males agreed that 'a woman should tolerate violence in order to keep her family together.' In the same assessment, almost an equal number of females and males (68 percent of women and 63 percent of males respectively), agreed 'there are times when a woman deserves to be beaten.'<sup>16</sup>

The literature is consistent on a number of issues regarding GBV. Among them, that the inequality in power relations between women and men is a significant explanatory factor for violence against women (VAW). This is demonstrated in the lived realities of women, socially

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<sup>15</sup> *ibid*

<sup>16</sup> Scott, J., Averbach, S., Modest, A. M., Hacker, M. R., Cornish, S., Spencer, D., & Parmar, P. (2013). *An assessment of gender inequitable norms and gender-based violence in South Sudan: a community-based participatory research approach*.

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and economically and the control and power of men over women.<sup>17</sup> That situation of unequal power relations reinforces cultural and social norms about the ‘proper roles and responsibilities’ of men and women. These gendered roles socialize males to be dominant, aggressive and controlling, conferring upon them a ‘right’ to exercise violence should their power and control be challenged. Similarly, expectations of females as passive, nurturing, submissive, and emotional also reinforce women's roles as weak, powerless, and dependent upon men, making women tolerant especially of intimate partner violence. When it comes to the gendered impact of GBV, the literature converges on the view that gender-based violence affects both the physical and psychological integrity of women and men, girls and boys.

Consistent with the above issues, an early study by the International Labor Organization, similarly argued that gender-based violence can be viewed as a violent expression of some cultural norms because the limits of tolerable behavior are largely defined by the cultural orientation or the shared beliefs. If society values violence, attaches prestige to violent conduct as might be the case in war, or defines violence as normal or legitimate or functional behavior then individual values are shaped accordingly.<sup>18</sup> Studies emphasize that girls are three to six times more likely to experience sexual abuse than boys, yet the vast majority of sexual abuse is perpetrated by male, not female, adults.<sup>19</sup> With respect to rape, most research has tended to focus on the context of emergency and conflict situations and this, increasingly through the lens of appetitive aggression. Meyer-Parlapanis *et al*, argue that appetitive aggression is evident in males and females alike. In their study on combatants in Burundi, they submit that ‘in violent contexts, such as armed conflict, in which individuals perpetrate numerous aggressive acts against others, the likelihood for an experience of appetitive aggression increases- regardless of whether the individuals are male or female’<sup>20</sup>.

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<sup>17</sup>Farmer PE. (2005) *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Berkeley: University of California Press

<sup>18</sup>Chapell, D. and Di Martino V., (1998), *Violence at Work*, Geneva, ILO.

<sup>19</sup>Anke Köbach, Susanne Schaal, Thomas Elbert (2015), *Combat high or traumatic stress: violent offending is associated with appetitive aggression but not with symptoms of traumatic stress*, *Frontiers in Psychology*, Original Research Article. See also Oxfam GB (2001), Francine P, *Ending Violence against Women: A Challenge for Development and Humanitarian Work*.

<sup>20</sup>Meyer-Parlapanis, D., Weierstall, R., Nandi, C., Bambonye, M., Elbert, T., Crombach, A., (2016) *Appetitive Aggression in Women: Comparing Male and Female War Combatants*, *Frontiers in Psychology*.

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## 2.2. Overview of the Data on GBV in Rwanda

Existing data reveal that the prevalence of GBV in Rwanda is significant and a study such as this therefore has the enormous task of attempting to unveil the root causes for appropriate response. While there are several data sources for examining the status of GBV in Rwanda, two major official sources are particularly useful: Demographic and Health Survey (DHS 2014-2015) and Violence against Children and Youth Survey (VACYS, 2015-2016). The different indicators covered by these surveys are relevant for this study including: GBV prevalence, risk factors, service seeking behavior, major forms of GBV including physical violence, sexual violence and emotional violence. However, neither DHS 2014-2015 nor VACYS 2015-2016, cover economic violence as one of the major forms of GBV or the root causes.

On risk factors, secondary data analysis of DHS 2015<sup>21</sup>, showed that physical violence is more associated with age of women, employment status and in case of married women: the education level of husband in addition to household wealth (see details under Annex 1). Unlike physical violence, sexual violence is also associated with the age factor. Those aged 20 to 49 years are more likely to be sexually violated as compared to those aged 15-19 (see details under Annex 2). In an evaluation of the IOSC carried out in 2016<sup>22</sup>, several risk factors were identified including limited accessibility and staff capacity, high staff turnover, entrenched gender norms and stereotyping, information withholding, data gaps on GBV, limited buy-in of IOSCs and insufficient evidence for successful prosecution of GBV and CA perpetrators.

On service seeking, the DHS 2015 shows that there are still some challenges when it comes to service seeking as less than half the affected persons seek help: that 48% of women and 45 % of men who experienced violence have sought assistance to stop the violence. According to VACYS 2015-2016, barriers to service-seeking mentioned by children and youth fall into three general categories; individual, relationship and structural. Individual-level barriers include: afraid of getting in trouble / embarrassment for self or family/ did not think it was a problem/ did

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<sup>21</sup>Multiple logistic regression models were fitted and risk factors with a significant association with P-value less than 0.05 were discussed.

<sup>22</sup> Unwomen (2016), *Report on the Final Evaluation of the Project for the National Scale Up of the Isange, One Stop Centre Model for Rwanda*, Kigali, Rwanda

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not need or want services/ felt it was my fault. Relationship-level barriers include: dependent on perpetrator/ perpetrator threatened me/ afraid of being abandoned. Structural-level barriers include: could not afford services / could not afford transport or services too far. For all three age categories, the majority of survivors indicate individual-level barriers (over 90 percent for females and over 85 percent for males) as the main reason for not seeking services after sexual abuse.

Again, when help is sought, it is more from family and friends rather than the police and health services. The data on service seeking lead to the generalized conclusion that the reluctance for women and girls to seek help is closely correlated with the ‘acceptability and cultural normalization’ of violence against women.<sup>23</sup> Disturbing as these findings are, they are nonetheless critical for a study such as this. If indeed available data suggest a gap in service seeking and a reluctance to seek help from the police and health services, then the study is rightly anchored in seeking to understand service seeking behavior. The literature suggests that an understanding of both root causes and help seeking factors cannot be downplayed if GBV is to be decisively addressed and eliminated.

The DFID-funded program in Rwanda, *Indashyikirwa* (“Agents of Change” in Kinyarwanda), built on lessons from CARE’s Village Savings and Loans Associations to engage couples and survivors in an effort to reduce intimate partner violence levels and also to improve the response to IPV survivors.<sup>24</sup> One of the impact indicators of the program, access to or satisfaction with services, was found to be highly correlated with the safety, both emotional and physical, of the environment in which the service was located and provided.<sup>25</sup> This is an important finding as it sheds light on the factors that encourage women to seek help and where such women would turn to for that help. This finding, if associated with that of the evaluation study of IOSC suggests that the environment, location and evidence of sanctions are significant for attitude and behavior change in terms of service seeking.

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<sup>23</sup> United Nations (2015), *The World’s Women*

<sup>24</sup> The Indashyikirwa Programme in Rwanda. Content uploaded by Erin Stern, 17 March 2019. Accessed from <https://www.researchgate.net/publication/331821901> on 6 April 2019

<sup>25</sup> The Prevention Collaborative (2019): Programme Summary, The Indashyikirwa Programme, Rwanda



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To sum up GBV remains a serious pandemic globally and in Rwanda. The assertion in the literature that GBV is deeply embedded in cultural and societal norms and that it is sustained by gender inequalities, power and control between men and women provides a basis for this study to explore the specificities of that assertion and the linkages to the social ecological model's components, in the Rwandan context.

## **CHAPTER III: METHODOLOGY**

The overall methodological approach adopted for this study is a mixed or cross-sectional approach where quantitative and qualitative methods of data collection and analysis are used to respond to the objectives and research questions. This section presents the data collection methodology, measurement and analytical tools.

### **3.1. Secondary data DHS and VACYS**

In this assignment only, DHS 2014-15 and VACYS2015-2016 datasets have been used to understand factors associated with GBV. The findings, also referenced in the literature review, inform the study design for both primary quantitative and qualitative aspects of data collection and analysis of GBV root causes.

### **3.2. Primary study design and sampling**

This study on GBV root causes and IOSC service delivery was conducted in two phases: quantitative study which was implemented through the survey and the qualitative study that was conducted through FGDs and key informant interviews.

#### **3.2.1. Primary quantitative data collection**

This cross-sectional, household-based survey used a two-stage cluster sampling design. The target population was the age group 15-64. The overall size and distribution of the sample was determined by analysis of existing national estimates on knowledge, attitude and perception of Rwandans on Gender-based violence and barriers to access services. The sample size was to provide national and sub national estimates on KAP with relative standard errors (RSE) kept below 30%. The survey included, women and men 15-64 years living in a selected number of households located within randomly selected predefined national census enumeration areas (EAs) and visitors who stayed in these households the night before the survey and who consented to participate in the survey. Excluded from the study are persons who are unable to give consent due to cognitive impairment or intellectual disability. The analysis was conducted using the subgroup aged 15-49 years to enable comparison of this survey with other studies conducted in Rwanda or elsewhere.

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### **Sampling frame**

The sampling frame comprises all households in the country, based on the 2012 census in Rwanda. The sampling frame consists of 16,728 enumeration areas (EAs), containing 2,424,898 households and 10,378,021 persons (2012 census thematic report), with an average number of households and persons per EA of 145 and 623 respectively.

### **Sample size and sample allocation**

Sampling of households employed a two-stage procedure that first samples EAs and then households within the selected EAs. The requirement to estimate national and sub national KAP and IOSC service delivery with acceptable precision was the most important factor in determining the overall size of the sample. The requirement for community perspectives on GBV and barriers to service seeking was a factor in determining the allocation of the sample by domains.

The overall sample size was determined, based on perception and attitude on violence, (43.7%) reported by women in a study conducted in 2015.<sup>26</sup> The relative standard error of 14.5% was used. The domains of this study are Districts; design effect is 1.5 and adjusted for non-response of 5%. We estimated that 1,789 households would yield a sample of 4,473 adults of 15-64 years old agreeing to be interviewed. The total sample size is based on 320 primary sampling units (PSUs) with 14 households on average per PSU.

The primary sampling unit (PSU) for this study is a cluster. The number of clusters in each province is proportionately allocated to their total population based on the NISR estimates. All the 320 clusters selected for the sample were surveyed. A total of 1,789 households were selected. At the second stage 14 households were sampled within each village selected at first stage. Annex 2 shows the proportionate distribution of households per district and the expected number of participants. The clusters were equally stratified by gender, meaning that male and female interviewees would each constitute 50% of the clusters (160).

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<sup>26</sup>“Masculinity and Gender-based Violence in Rwanda: Experiences and Perceptions of Men and Women, 2015”.

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**Adjustment for survey non-response:** Sample allocation is based on statistical precision requirements adjusted for an expected survey non-response, due to vacant households and households that opt out of the household interview.

### **Sample Selection Procedure**

#### ***First stage sampling***

Within each province, EAs were selected based on probability proportional to each size; the size of an EA is defined by the number of households in it at the time of the [2012] census. Within provinces, the urban/rural distribution of selected EAs was proportional to their distribution in the census.

#### ***Second stage sampling***

Following the first stage sampling, the household listings of each selected EA was updated based on initial sample frame from the 2012 census. This updated list of households (with unique serials identifiers) served as the sampling frame for the selection of households in the second stage of sampling. An average of 14 households was selected in every EA within each stratum. The selected households were visited with no option for replacements or changes to the selected households. The expected number of missing households, either by refusal or absence, was considered in the sampling design by increasing the number of households surveyed in each EA.

### **3.2.2. Qualitative data collection**

For practical reasons, the collection of qualitative data was conducted in the same enumeration area as the survey but with a different sampling framework. Collection of qualitative data was informed by quantitative findings meaning that the qualitative methodology remained provisional until the availability of the quantitative findings.

Nine districts were selected across the country at the rate of two districts per province and one district for the City of Kigali. The two selected districts by province comprised one district with the highest rate of GBV and another with the lowest rate. Other selection criteria included proximity to refugee camps, border areas, rural or urban location. More specifically, the selected districts include Gakenke and Gicumbi for the Northern Province, Huye and Nyamagabe for the Southern Province, Ngoma and Bugesera for the Eastern Province, Rusizi and Nyabihu for the Western Province and Gasabo for the City of Kigali.

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Collection of qualitative data was done through Focus Group Discussions (FGDs) and Key Informants Interviews (KIIs). Ten focus group discussions (10 FGDs) were conducted, with participants aged 15-64 years, for each district including 5 FGDs in the surrounding area of Isange One Stop Centers (IOSC) and 5 FGDs in Sectors that do not share borders with a Sector hosting IOSC. The 5 FGDs consisted of one FGD for females; one FGD for males; one FGD for selected heads of villages, one each for teenage boys and girls. The minimum number of participants for each FGD was 10 persons. The female and male FGD comprised two farmers, two business persons, two teachers (primary & secondary), one representative each from a religious organization, a CSO, Private sector and a male and female member from Inshutiz'umuryango, Umugorobaw'ababyeyi and other profession (*Imyuga*). This gave a total of 90 FGDs with a total population of 1170 participants. Composition of participants in focus group discussions involved local leaders. They assisted in identifying the participants who fitted the relevant profile for the FGDs, using their knowledge of community members under their authority.

The question of confidentiality was respected as an important aspect of research ethics with particular reference to sensitive issues such as GBV. This was even more critical for focus group discussions, given that they involved several participants. Researchers were under obligation to explain to participants, issues pertaining to confidentiality and sensitivity around GBV.

In addition to FGDs, KIIs were organized at both central and decentralized levels with purposively selected resource persons. These included, at central level, the Minister of Gender and Family Promotion, the Minister of Justice and Attorney General, the Minister of Health, the Public Prosecutor in charge of GBV within the Public Prosecution Department, the Chief Executive Officer of Rwanda Governance Board, the President of Pro-femmes Twese Hamwe organization, the President of Transparency International, the Representative of UN Women, the Executive Secretary for Rwanda Male Engage organization (RWAMREC), the Permanent Secretary in the Ministry of gender and family promotion and the Senior Specialist in the World Bank in charge of GBV.

At district level, key informants included District Vice-Mayors in charge of Social Affairs, Directors of Good Governance, Gender and Family Promotion Focal Persons, Sector Executive Secretaries, Sector officers in charge of social affairs, District Hospital Directors, Health Centers

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Directors, the Police Officer, GBV Officers and Counseling Officer at IOSCs. GBV survivors and perpetrators were interviewed individually. Management and staff of IOSCs and prisons facilitated interviews with survivors and perpetrators.

Interviewers for data collection were carefully chosen to promote trust and understanding among respondents. Priority was given to candidates with a background in healthcare, psychology, interviewing GBV cases, social science, and counseling, past experience of survey research and/or research on sensitive topics in particular GBV and those with experience in collecting confidential data. Interviewers were Rwandan males and females who were culturally sensitive and fluent in the local language (Kinyarwanda). A total number of 48 data collectors were divided into five survey teams, each with one team leader. As an additional precaution to promote confidentiality and trust, team members were not given survey tasks in communities where they were likely to know or be known by any of the respondents. Male and female provincial coordinators were selected with responsibility for direct supervision of survey implementation. Provincial coordinators did not directly participate in the interview process, but were responsible for introducing the enumerators to local authorities and assisting in identifying randomly selected households for the survey. They also had responsibility to collect administrative data (secondary quantitative data) from Isange One Stop Centers. During data collection, Provincial Coordinators ensured that interviewers followed appropriate consent procedures and provided a list of support services and/or direct referrals to all respondents who needed them (Adverse Effects and Referral Process).

The survey team for qualitative and quantitative data collection and provincial coordinators underwent training. The training was divided into two separate activities for the qualitative and quantitative data collectors. The training was to ensure standardized, accurate, sensitive and safe interviewing techniques. One-day pilot survey was organized to pre-test the questionnaire. Every provincial coordinator and his/her team selected one village within Gasabo district to test the data collection tools. Every enumerator was required to administer at least three questionnaires. This exercise took a whole morning. In the afternoon, enumerators returned to the training venue to share their field experience and to recommend areas for improvement of the survey questionnaire.

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### **3.2.3. Field work**

Field work began at the District Office, with the data collection teams meeting with the Vice Mayor in charge of Social Affairs or other relevant authority. Villages, being the primary sampling units for the survey, were the next port of call where the team first met with the Village Head to undergo the formalities. Thereafter, the Village Head led them to the first household to kick off the survey. A number of quality control measures were used to ensure accuracy during data collection. Interviewers performed an initial check for completeness while still in the presence of the respondent. At the end of each day, survey team leaders reviewed each file for completeness and accuracy. Provincial coordinators randomly visited enumeration areas to check data quality and adherence to protocol.

As in all such surveys, informed consent was mandatory prior to any interview. Enumerators were trained to clearly explain the purpose of the research and the confidentiality of the exercise. They were to ensure the respondent understood and was willing to voluntarily participate in the interview with an assurance that she/he could break the interview at any time.

### **3.2.4. Data Processing and analysis**

This section discusses how collected data were entered, processed and analyzed. The CSpro CAPI statistical package was used for data entry, processing and analysis to produce weighted point estimates and standard error calculations. All results were calculated using sampling weights to yield nationally representative estimates. Following data collection, the statistician checked all the data entered in the CSpro system and cleaned the data set for missing or incomplete data and translated field notes and open-ended questions from Kinyarwanda to English.

Weighting is a method used to obtain representative parameter estimates from survey data. Data weighting and cleaning was performed by the statistician with occasional consultations with the National Institute of Statistics of Rwanda (NISR). The data set of this study was weighted to obtain parameters that represent the total population of Rwanda. A two-step weighting procedure was applied: (Step 1) computation of base weight for each sample respondent; and (Step 2) adjustment of the base weights for non-response.

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For the analysis of quantitative data, Stata version 15 was used to analyze processed data from both descriptive and exploratory perspectives. The descriptive aspect was used to describe findings as illustrated by numbers or percentages depending on the unit of measure while the exploratory aspect served in the process of going beyond the numbers to understand the underlying reasons behind the illustrated issue. The Chi-square statistics test of association was performed on all cross tabulated tables in the report. Exploration was facilitated by use of qualitative findings. The qualitative data was subjected to content analysis. Findings from analysis of quantitative data were matched or compared with findings from qualitative data either to validate or to invalidate associations from the various crosstabs.



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## CHAPTER IV: KEY FINDINGS

### SECTION 4.1: CHARACTERISTICS OF RESPONDENTS

#### 4.1.1. Social and demographic characteristics

The survey sample size was 4,623 individuals comprising 2,513(54.4 percent) and 2,110 (45.6 percent). More than 70 percent of all respondents were married while singles represented 19 percent of the sample. Among married respondents, 48 percent were males while 52 percent were females. Females comprised the bulk of respondents among widow/er and divorced categories with proportions of 90 and 71 percent respectively.

Concerning the type of matrimonial regime, it was found that 2,230 respondents, representing 93 percent of legally married opted for community of property regime, while six percent preferred the separation of property regime. The proportion of males and females was the same among those in community of property regime, while the proportion of male (54.5 percent) respondents was higher than the females' (45.5 percent) among those in regime of separation of property.

The bulk of respondents were Christians (4,283) representing 93 percent of all respondents. Muslims represented 2 percent of interviewed population. Among Christians, the proportion of males and females interviewed mirrored the overall sample (45.6 percent and 54.4 percent).

**Table 1: Demographic and social characteristics of Respondents**

| <b>Demographic Characteristics</b> | <b>n</b>     | <b>Male (%)</b> | <b>Female (%)</b> | <b>Total (%)</b> |
|------------------------------------|--------------|-----------------|-------------------|------------------|
| <b>Age group</b>                   |              |                 |                   |                  |
| 15-17                              | 121          | 43.8            | 56.2              | 100              |
| 18-24                              | 537          | 46.7            | 53.3              | 100              |
| 25-34                              | 1,240        | 43.8            | 56.2              | 100              |
| 35-44                              | 1,272        | 47.3            | 52.7              | 100              |
| 45+                                | 1,453        | 45.5            | 54.5              | 100              |
| <b>Total</b>                       | <b>4,623</b> | <b>45.6</b>     | <b>54.4</b>       | <b>100</b>       |

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| <b>Marital Status</b>                  |              |             |             |            |
|--|--------------|-------------|-------------|------------|
| Married                                | 3,340        | 48.3        | 51.7        | 100        |
| Single                                 | 873          | 49.4        | 50.6        | 100        |
| Widow/er                               | 281          | 10.3        | 89.7        | 100        |
| Divorced                               | 129          | 28.7        | 71.3        | 100        |
| <b>Total</b>                           | <b>4,623</b> | <b>45.6</b> | <b>54.4</b> | <b>100</b> |
| <b>Type of union</b>                   |              |             |             |            |
| Legally married                        | 2,404        | 50.2        | 49.8        | 100        |
| Not legally married                    | 936          | 43.5        | 56.5        | 100        |
| <b>Total</b>                           | <b>3,340</b> | <b>48.3</b> | <b>51.7</b> | <b>100</b> |
| <b>Matrimonial regime</b>              |              |             |             |            |
| Regime of community of property        | 2,230        | 50          | 50          | 100        |
| Regime of limited community of acquits | 40           | 47.5        | 52.5        | 100        |
| Regime of separation of property       | 134          | 54.5        | 45.5        | 100        |
| <b>Total</b>                           | <b>2,404</b> | <b>50.2</b> | <b>49.8</b> | <b>100</b> |
| <b>Religion</b>                        |              |             |             |            |
| Christian                              | 4,283        | 45.6        | 54.4        | 100        |
| Muslim                                 | 92           | 31.5        | 68.5        | 100        |
| Other                                  | 248          | 50.8        | 49.2        | 100        |
| <b>Total</b>                           | <b>4,623</b> | <b>45.6</b> | <b>54.4</b> | <b>100</b> |

### 4.1.2. Spatial distribution of respondents

The highest proportion of respondents (88.4 percent) reported that they were living in rural areas, of which 46 percent were males and 56 percent females. In urban areas, the proportion of females was 57 percent as compared to 43 percent of males. The distribution of respondents by province of residence reveals: the South and East each harbored a quarter of the respondents; the West, 22 percent and the North 17.2 percent. The proportion of interviewees living in Kigali was 9.4 percent. The proportion of females was 49 percent in the North, 50 percent in the West, 59 percent in Kigali, 57 percent in the South and 58 percent in the East.

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**Table 2: Distribution of respondent by area of residence and province**

| <b>Distribution of Respondent</b> | <b>n</b>     | <b>Male(%)</b> | <b>Female(%)</b> | <b>Total(%)</b> |
|-----------------------------------|--------------|----------------|------------------|-----------------|
| <b>Residence</b>                  |              |                |                  |                 |
| urban                             | 534          | 43.1           | 56.9             | 100             |
| Rural                             | 4,089        | 46             | 54               | 100             |
| <b>Total</b>                      | <b>4,623</b> | <b>45.6</b>    | <b>54.4</b>      | <b>100</b>      |
| <b>Province</b>                   |              |                |                  |                 |
| Kigali city                       | 433          | 41.1           | 58.9             | 100             |
| South                             | 1,181        | 43.4           | 56.6             | 100             |
| West                              | 1,040        | 49.8           | 50.2             | 100             |
| North                             | 793          | 50.8           | 49.2             | 100             |
| East                              | 1,176        | 42.4           | 57.6             | 100             |
| <b>Total</b>                      | <b>4,623</b> | <b>45.6</b>    | <b>54.4</b>      | <b>100</b>      |

### 4.1.3. Education and economic characteristics

Among 4,623 respondents, 42 percent had not completed primary level of education while 47 percent had completed primary level of education, at most. The remaining proportion comprised graduates of secondary schools (6.7 percent), vocational training (2.5 percent) and University (1.7 percent). The proportion of females with no completed level of education (44.4 percent) was higher than the corresponding proportion of males (39 percent) while the proportion of university graduates among males was almost twice as high than that of female respondents. As expected, the proportion of those without any completed level of education increases with the age group of respondents, the older having less likelihood of having any formal education. The highest proportion of those who completed secondary school was in the age group of 18-25 years (17 percent). The majority of married and single respondents have completed primary level of education (48 percent and 53 percent respectively) while the majority of divorced and widow/er have not completed any level of education(50 percent and 70 percent respectively).

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**Table 3: Distribution of respondents by educational characteristics**

| Characteristics       | n            | Primary<br>only<br>(%) | Vocational<br>training<br>(%) | Secondary<br>only (%) | University<br>(%) | No level<br>of<br>education<br>completed<br>(%) | Total<br>(%) |
|-----------------------|--------------|------------------------|-------------------------------|-----------------------|-------------------|---|--------------|
| <b>Gender</b>         |              |                        |                               |                       |                   |   |              |
| Male                  | 2,110        | 48.6                   | 3.1                           | 7.1                   | 2.3               | 38.9  | 100          |
| Female                | 2,513        | 46.1                   | 1.9                           | 6.4                   | 1.1               | 44.4  | 100          |
| <b>Total</b>          | <b>4,623</b> | <b>47.3</b>            | <b>2.5</b>                    | <b>6.7</b>            | <b>1.7</b>        | <b>41.9</b>                                     | <b>100</b>   |
| <b>Age group</b>      |              |                        |                               |                       |                   |   |              |
| 15-17                 | 121          | 69.4                   | 5                             | 8.3                   | 0                 | 17.4  | 100          |
| 18-24                 | 537          | 57                     | 5                             | 16.8                  | 0.4               | 20.9  | 100          |
| 25-34                 | 1,240        | 49.7                   | 2.7                           | 10                    | 2.3               | 35.2  | 100          |
| 35-44                 | 1,272        | 49.1                   | 2                             | 3.4                   | 1.9               | 43.6  | 100          |
| 45+                   | 1,453        | 38.2                   | 1.4                           | 2.9                   | 1.5               | 56  | 100          |
| <b>Total</b>          | <b>4,623</b> | <b>47.3</b>            | <b>2.5</b>                    | <b>6.7</b>            | <b>1.7</b>        | <b>41.9</b>                                     | <b>100</b>   |
| <b>Marital Status</b> |              |                        |                               |                       |                   |   |              |
| Married               | 3,340        | 47.7                   | 2                             | 4.3                   | 1.7               | 44.3  | 100          |
| Single                | 873          | 52.8                   | 5.3                           | 17.5                  | 1.7               | 22.7  | 100          |
| Widow/er              | 281          | 27                     | 0.4                           | 1.8                   | 0.7               | 70.1  | 100          |
| Divorced              | 129          | 42.6                   | 0                             | 5.4                   | 2.3               | 49.6  | 100          |
| <b>Total</b>          | <b>4,623</b> | <b>47.3</b>            | <b>2.5</b>                    | <b>6.7</b>            | <b>1.7</b>        | <b>41.9</b>                                     | <b>100</b>   |

82 percent of the respondents stated they were “Employed”<sup>27</sup>, while 15.6 percent gave their status as unemployed. More females were unemployed (18.5% percent) than males (12.2 percent). Youth were more likely to be unemployed than older respondents. Only 9 percent of

<sup>27</sup>The concepts employment and unemployment used in this report are based on self-reporting status by the respondents. They do not correspond to the international concepts.

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married respondents were unemployed while the corresponding proportion among singles was 39 percent.

**Table 4: Distribution of respondent by employment status**

| Characteristics                    | n            | Unemployed  | Employed    | Other (%)  |
|------------------------------------|--------------|-------------|-------------|------------|
| <b>Sex</b>                         |              |             |             |            |
| Male                               | 2,110        | 12.2        | 84.7        | 3          |
| Female                             | 2,513        | 18.5        | 79.6        | 1.9        |
| <b>Total</b>                       | <b>4,623</b> | <b>15.6</b> | <b>81.9</b> | <b>2.4</b> |
| <b>Age group</b>                   |              |             |             |            |
| 15-17                              | 121          | 60.3        | 20.7        | 19         |
| 18-24                              | 537          | 36.7        | 55.5        | 7.8        |
| 25-34                              | 1,240        | 15.2        | 83.1        | 1.7        |
| 35-44                              | 1,272        | 8.3         | 90.7        | 1          |
| 45+                                | 1,453        | 10.9        | 88.1        | 1          |
| <b>Total</b>                       | <b>4,623</b> | <b>15.6</b> | <b>81.9</b> | <b>2.4</b> |
| <b>Marital Status</b>              |              |             |             |            |
| Married                            | 3,340        | 9.2         | 89.7        | 1.1        |
| Single                             | 873          | 38.6        | 53.2        | 8.2        |
| Widow/er                           | 281          | 19.9        | 79          | 1.1        |
| Divorced                           | 129          | 17.1        | 82.2        | 0.8        |
| <b>Total</b>                       | <b>4,623</b> | <b>15.6</b> | <b>81.9</b> | <b>2.4</b> |
| <b>Level of education attained</b> |              |             |             |            |
| Primary only                       | 2,185        | 14.9        | 82.8        | 2.2        |
| Vocational training                | 114          | 20.2        | 76.3        | 3.5        |
| Secondary only                     | 309          | 35          | 57.3        | 7.8        |
| University                         | 77           | 20.8        | 72.7        | 6.5        |
| No education                       | 1,938        | 12.8        | 85.6        | 1.6        |
| <b>Total</b>                       | <b>4,623</b> | <b>15.6</b> | <b>81.9</b> | <b>2.4</b> |

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| Characteristics | n | Unemployed | Employed | Other (%) |
|-----------------|---|------------|----------|-----------|
|-----------------|---|------------|----------|-----------|

The analysis of monthly income of respondents in respect of their demographic and social characteristics is presented in Table 5 below. The results show that about 97 percent of respondents had a monthly income of less than 70,000 Frw. Further, males are more likely to earn more than females and adults more than youth. In the same vein, married persons tend to have higher incomes than others. The results confirm that the higher the level of education the higher the monthly income. The proportion of university graduates receiving a monthly income of 70,000 Frw or above is around 30 times the proportion of those not having completed any level of education.

**Table 5: Distribution of respondents by monthly Income categories**

| Characteristics       | n            | Less<br>70000<br>Rfw/Month (%) | 70000<br>Rfw<br>above/Month (%) | or<br>Total (%) |
|-----------------------|--------------|--------------------------------|---------------------------------|-----------------|
| <b>Sex</b>            |              |                                |                                 |                 |
| Male                  | 2,110        | 95.3                           | 4.7                             | 100             |
| Female                | 2,513        | 97.7                           | 2.3                             | 100             |
| <b>Total</b>          | <b>4,623</b> | <b>96.6</b>                    | <b>3.4</b>                      | <b>100</b>      |
| <b>Age group</b>      |              |                                |                                 |                 |
| 15-17                 | 121          | 99.2                           | 0.8                             | 100             |
| 18-24                 | 537          | 98                             | 2                               | 100             |
| 25-34                 | 1,240        | 97.2                           | 2.8                             | 100             |
| 35-44                 | 1,272        | 95.8                           | 4.2                             | 100             |
| 45+                   | 1,453        | 96.1                           | 3.9                             | 100             |
| <b>Total</b>          | <b>4,623</b> | <b>96.6</b>                    | <b>3.4</b>                      | <b>100</b>      |
| <b>Marital Status</b> |              |                                |                                 |                 |
| Married               | 3,340        | 96.3                           | 3.7                             | 100             |
| Single                | 873          | 96.9                           | 3.1                             | 100             |

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| Characteristics | n            | Less<br>Rfw/Month (%) | 70000<br>above/Month (%) | 70000<br>Rfw or<br>Total (%) |
|-----------------|--------------|-----------------------|--------------------------|------------------------------|
| Widow/er        | 281          | 97.9                  | 2.1                      | 100                          |
| Divorced        | 129          | 99.2                  | 0.8                      | 100                          |
| <b>Total</b>    | <b>4,623</b> | <b>96.6</b>           | <b>3.4</b>               | <b>100</b>                   |

| Level of education<br>attained/ | n            | Less<br>Rfw/Month (%) | 70000<br>above/Month (%) | 70000<br>Rfw or<br>Total (%) |
|---------------------------------|--------------|-----------------------|--------------------------|------------------------------|
| Primary only                    | 2,185        | 97.8                  | 2.2                      | 100                          |
| Vocational<br>training          | 114          | 92.1                  | 7.9                      | 100                          |
| Secondary only                  | 309          | 86.4                  | 13.6                     | 100                          |
| University                      | 77           | 59.7                  | 40.3                     | 100                          |
| No education                    | 1,938        | 98.7                  | 1.3                      | 100                          |
| <b>Total</b>                    | <b>4,623</b> | <b>96.6</b>           | <b>3.4</b>               | <b>100</b>                   |

### SECTION 4.2: COMMUNITY KNOWLEDGE, ATTITUDES AND PRACTICES TOWARDS GBV

This section presents key components of the study on overall understanding of GBV, knowledge about GBV law, community attitudes and practices towards GBV.

#### 4.2.1. Knowledge about GBV

##### 4.2.1.1. Overall understanding of GBV

The question on understanding of GBV aimed at exploring the extent to which respondents understood the term, and their level of knowledge on its occurrence in their communities. Table 7 below presents two levels of understanding of GBV: limited knowledge and advanced knowledge. A person was classified as having limited knowledge if he/she was not able to identify forms of GBV as such, and having advanced knowledge of GBV if he/she was able to define all forms of GBV.

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According to the results as presented in Table 7, it was found that females were more likely to be knowledgeable about GBV than males. In fact, 55.6 percent of females reported that they knew about GBV while the corresponding proportion for males was 49.4 percent. The knowledge of GBV is higher among females than males for almost all age groups except for the lowest (15-17 years old) in which 52.8 percent of males know about GBV compared to 42,6 percent of their female counterparts.

The results show that advanced knowledge about GBV is highest among the category of divorced females (61 percent) and married males (51 percent). Regardless of marital status, the proportion of females having advanced knowledge about GBV is higher than that of males.

In general, the results reveal that there is no clear relationship between the level of education and the level of GBV knowledge except among male university graduates (61.2 percent) who were the most aware of GBV as compared to other educational categories. Among female graduates' knowledge of GBV was at (46.4 percent). Apart from university graduates, females generally have a much higher knowledge of GBV than males in all other levels of education.

Consultations with teenagers, local leaders and key informants on knowledge about GBV suggested that at this age (15-17 years) boys are more exposed both as victims and witnesses to GBV (especially physical violence) as result of their socialization process (manning up). They participate in discussions seeking to transform them into future 'real' men (e.g. being hardened, less emotional, less whiny, etc.). While boys in the above age bracket experience physical violence as a form of GBV more than their female counterparts, consultations with the different resource persons highlighted that males in other age groups are more likely to experience physical violence in and of itself.

Between the age bracket of 18-45, females are more knowledgeable about GBV than males. Key informants at central and decentralized levels and female focus group discussions stressed that at this age females tend to be active in the public arena (college, work place, cooperatives, etc) or married and taking care of husbands, children, community, etc. Men, on the other hand, are comfortable under the care of their wives and less interested in understanding GBV.

Consultations with key informants at central levels highlighted that male students are the majority at university level and are more engaged on different social issues, including GBV



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through platforms such as clubs, movements and guild councils. This exposes them more to the issues of GBV thus raising their knowledge levels. That is not always the case for female students and this could explain the knowledge variation levels.

**Table 6: Distribution of respondents by level of GBV knowledge, according to sex**

| Characteristics           | Men          |                       |                        |            | Women        |                       |                        |            |
|---------------------------|--------------|-----------------------|------------------------|------------|--------------|-----------------------|------------------------|------------|
|                           | count        | Limited Knowledge (%) | Advanced Knowledge (%) | Total (%)  | count        | Limited Knowledge (%) | Advanced Knowledge (%) | Total (%)  |
| <b>Age group</b>          |              |                       |                        |            |              |                       |                        |            |
| 15-17.                    | 53           | 47.2                  | 52.8                   | 100        | 68           | 57.4                  | 42.6                   | 100        |
| 18-24                     | 251          | 57.4                  | 42.6                   | 100        | 286          | 52.1                  | 47.9                   | 100        |
| 25-34                     | 543          | 52.1                  | 47.9                   | 100        | 697          | 41.8                  | 58.2                   | 100        |
| 35-44                     | 602          | 48.8                  | 51.2                   | 100        | 670          | 43.4                  | 56.6                   | 100        |
| 45+                       | 661          | 48.7                  | 51.3                   | 100        | 792          | 43.7                  | 56.3                   | 100        |
| <b>Total</b>              | <b>2,110</b> | <b>50.6</b>           | <b>49.4</b>            | <b>100</b> | <b>2,513</b> | <b>44.4</b>           | <b>55.6</b>            | <b>100</b> |
| <b>Marital Status</b>     |              |                       |                        |            |              |                       |                        |            |
| Married                   | 1,613        | 49.1                  | 50.9                   | 100        | 1,727        | 42.6                  | 57.4                   | 100        |
| Single                    | 431          | 55.2                  | 44.8                   | 100        | 442          | 51.6                  | 48.4                   | 100        |
| Widow/er                  | 29           | 65.5                  | 34.5                   | 100        | 252          | 46                    | 54                     | 100        |
| Divorced                  | 37           | 51.4                  | 48.6                   | 100        | 92           | 39.1                  | 60.9                   | 100        |
| <b>Total</b>              | <b>2,110</b> | <b>50.6</b>           | <b>49.4</b>            | <b>100</b> | <b>2,513</b> | <b>44.4</b>           | <b>55.6</b>            | <b>100</b> |
| <b>Level of education</b> |              |                       |                        |            |              |                       |                        |            |
| Primary only              | 1,026        | 52                    | 48                     | 100        | 1,159        | 43.1                  | 56.9                   | 100        |
| Vocational training       | 65           | 56.9                  | 43.1                   | 100        | 49           | 49                    | 51                     | 100        |
| Secondary                 | 149          | 45.6                  | 54.4                   | 100        | 160          | 42.5                  | 57.5                   | 100        |

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| Characteristics   | Men          |                       |                        |            | Women        |                       |                        |            |
|-------------------|--------------|-----------------------|------------------------|------------|--------------|-----------------------|------------------------|------------|
|                   | count        | Limited Knowledge (%) | Advanced Knowledge (%) | Total (%)  | count        | Limited Knowledge (%) | Advanced Knowledge (%) | Total (%)  |
| only              |              |                       |                        |            |              |                       |                        |            |
| University        | 49           | 38.8                  | 61.2                   | 100        | 28           | 53.6                  | 46.4                   | 100        |
| No education      | 821          | 49.9                  | 50.1                   | 100        | 1,117        | 45.6                  | 54.4                   | 100        |
| <b>Total</b>      | <b>2,110</b> | <b>50.6</b>           | <b>49.4</b>            | <b>100</b> | <b>2,513</b> | <b>44.4</b>           | <b>55.6</b>            | <b>100</b> |
| <b>Employment</b> |              |                       |                        |            |              |                       |                        |            |
| Unemployed        | 258          | 41.9                  | 58.1                   | 100        | 464          | 38.8                  | 61.2                   | 100        |
| Employed          | 1,788        | 51.7                  | 48.3                   | 100        | 2,000        | 45.3                  | 54.8                   | 100        |
| other             | 64           | 54.7                  | 45.3                   | 100        | 49           | 63.3                  | 36.7                   | 100        |
| <b>Total</b>      | <b>2,110</b> | <b>50.6</b>           | <b>49.4</b>            | <b>100</b> | <b>2,513</b> | <b>44.4</b>           | <b>55.6</b>            | <b>100</b> |

For the City of Kigali and across urban and rural areas, females have a much higher knowledge of GBV than their male counterparts. About 49% of the urban and rural male population has knowledge of GBV whereas that figure is 65 percent for female urban dwellers and 54.3 percent for females in rural areas. In the City of Kigali, the knowledge level on GBV is higher than in other provinces yet again with females displaying a level of 20 or more percentage points higher than for females living in other provinces, as indicated in Table 7 below.

**Table 7: Percentage of respondents with GBV knowledge by sex, area of residence and province**

| Residence                | GBV knowledge |         |
|--------------------------|---------------|---------|
|                          | Males         | Females |
| <b>Area of residence</b> |               |         |
| Urban                    | 48.7          | 64.8    |

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|                 |      |      |
|-----------------|------|------|
| Rural           | 49.5 | 54.3 |
| <b>Province</b> |      |      |
| Kigali city     | 68   | 76.5 |
| Southern        | 47.7 | 52.3 |
| Western         | 49.6 | 48.7 |
| Northern        | 44.4 | 57.4 |
| Eastern         | 48.3 | 55.2 |

At district level, the districts of Rwamagana and Kicukiro emerge with higher levels of knowledge compared to the rest of the districts countrywide with a percentage ranging between 81% -100%. The level of knowledge about GBV for the majority of districts is between 41% - 60% as shown in the map below.



With regard to the understanding of GBV, majority of respondents define GBV as any sexual intercourse without consent from both parties. In the case of inmate partner relations, respondents were almost unanimous that initiating sex is within the male domain and women have no option but to consent. The male ‘power over’ females in intimate partner relations may lead to forced sexual relations among married couples. Some of these respondents concur that GBV, could occur in matrimony or other intimate relationships.

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This demonstration of male power in intimate relations is verified in other contexts where controlling behavior by a husband/partner significantly increases the likelihood of physical and sexual IPV. In Nigeria for example, women who reported controlling behavior by husband/partner had a higher likelihood of experiencing physical and sexual violence<sup>28</sup>.

GBV was also defined as sexual abuse against children and as synonymous to rape committed against children. On the age of consent to sexual intercourse, participants in FGDs had varied opinions depending on the context or geographical location in the country. In some parts of the country, early marriage for girls before the legal age for consent is explained away by the fact that the age of consent is when the reproductive parts of a girl are fully grown. The consensus among almost all FGDs was that the age of consent should be between 17 to 18 years of age. In some of the sectors where FGDs took place, early marriages were common, for example, in Kaniga in Gicumbi District, Shyira in Nyabihu District and Nyakarenzo in Rusizi District.

Some FGDs defined GBV as the mismanagement of household's resources. Further discussions on this, indicated that more males mismanaged family resources than their female counterparts. This happened mostly during harvest season where the males sold all the produce without consent from their female partners and used the money to buy alcohol or get concubines. Also land and other household properties were said to be sold or mismanaged by mostly males even though a few cases of females with similar conduct were cited. All in all, it was found that female participants in FGDs were more knowledgeable about GBV than their counterparts males which correlates with the quantitative findings. Participants were also able to cite some causes of GBV. Access to money during harvest, for example, was seen as increasing the likelihood of GBV.

The analysis of the question on the existence of GBV in the community raised some interesting perspectives on fact and perception. There was no significant difference between the perception of males and females concerning the existence of GBV in their community. A comparison between rural and urban areas revealed that a higher percentage of respondents living in rural areas (34 percent) recognized the existence of GBV as compared to those living in urban areas

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<sup>28</sup>Controlling behavior, power relations within intimate relationships and intimate partner physical and sexual violence against women in Nigeria. © 2011 BioMed Central Ltd. Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>).

## GBV root causes and IOSC services delivery

(24.5) Respondents living in Southern Province (38 percent) record the highest recognition of the existence of GBV as compared to other provinces. Divorced respondents (38%) as well as those under the regime of limited community of acquisition (45%) have relatively higher proportions recognizing the existence of GBV in the community.

**Table 8: Distribution of respondents by awareness of the presence of GBV in their community, according to sex, marital status and type of union**

| Demographic Characteristics                | <u>GBV in community</u> |       |       |
|--|-------------------------|-------|-------|
|  | Yes(%)                  | No(%) | Don't |
| <b>Sex</b>                                 |                         |       |       |
| Male                                       | 31.9                    | 63.4  | 4.7   |
| Female                                     | 33.7                    | 60.8  | 5.5   |
| <b>Marital Status</b>                      |                         |       |       |
| Married                                    | 33.3                    | 61.6  | 5.1   |
| Single                                     | 31.5                    | 63.1  | 5.4   |
| Widower                                    | 29.9                    | 64.4  | 5.7   |
| Divorced                                   | 38                      | 57.4  | 4.7   |
| <b>Type of union</b>                       |                         |       |       |
| Legally married                            | 33.3                    | 61.9  | 4.9   |
| Not legally married                        | 33.3                    | 61.1  | 5.6   |
| <b>Choice of matrimonial regime</b>        |                         |       |       |
| Regime of community of property            | 32.6                    | 62.6  | 4.8   |
| Regime of limited community of acquisition | 45                      | 55    | 0     |
| Regime of separation of property           | 41.8                    | 51.5  | 6.7   |

**Table 9: Distribution of respondents by awareness of the presence of GBV in their community, according to area of residence and province**

| Demographic Characteristics | <u>GBV in community</u> |         |                 |
|-----------------------------|-------------------------|---------|-----------------|
|                             | Yes<br>%                | No<br>% | Don't know<br>% |
| <b>Residence</b>            |                         |         |                 |
| Urban                       | 24.5                    | 66.9    | 8.6             |
| Rural                       | 34                      | 61.3    | 4.7             |

## GBV root causes and IOSC services delivery

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| Province    |      |      |     |
|-------------|------|------|-----|
| Kigali city | 28.4 | 65.8 | 5.8 |
| Southern    | 38.4 | 57.9 | 3.7 |
| Western     | 31.1 | 62.9 | 6.1 |
| Northern    | 27.5 | 67.3 | 5.2 |
| Eastern     | 34.3 | 60.2 | 5.5 |

On whether respondents have ever heard of or met a GBV survivor in their communities, 55 percent of males and 53 percent of females answered affirmatively. Of these, 85 percent of males and 93 percent of females responded further that survivors were females. With respect to the marital status of the respondents, more than 50 percent of married, single or divorced had heard of or met a GBV survivor in their community while only 43 percent of widower confirmed to have met or heard of a survivor. The majority of respondents, regardless of marital status, reported that the survivor was female.

Further analysis of different aspects of GBV knowledge on the basis of type of union of the respondents shows that 53 percent of legally married and 55 percent of not legally married had heard of or met a GBV survivor and that for 89 percent of them, the survivor was female. As per matrimonial regimes, a higher proportion of respondents under the regime of separation of property have met or heard of GBV survivors in their community compared to other regimes. Half of the respondents under the regime of limited community of property regime<sup>29</sup> report having met or heard of a GBV survivor and 22 percent further report that the survivor was male.

The analysis according to the religion of respondents showed significant differences in the proportion of respondents although one must also take note of the differences in the sample sizes. 61.1 percent of the Muslims are more likely to have met or heard of a GBV survivor while those belonging to other religions record a lower proportion of 36.6 percent. Regardless of the religion, around 90 percent of respondents confirmed that the survivor was female.

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<sup>29</sup>Limited community of property regime is a contract by which spouses agree to pool their respective properties owned from the day of marriage celebration, as well as the property acquired during marriage by a common or separate activity, donation or succession. Source: Law N°27/2016 of 08/07/2016 Governing Matrimonial Regimes, Donations and Successions in Rwanda.

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**Table 10: Distribution of respondents by whether they heard of or met a GBV survivor, according to sex and age groups**

| Demographic Characteristics                | Have you ever heard or met a GBV survivor in your community |      | Was it a female or a male? |             |
|--|---|------|----------------------------|-------------|
|  | yes   | no   | A female<br>%              | A male<br>% |
| <b>Sex</b>                                 |   |      |                            |             |
| Male                                       | 55.1  | 44.9 | 85                         | 15          |
| Female                                     | 53.4  | 46.6 | 93                         | 7           |
| <b>Marital Status</b>                      |   |      |                            |             |
| Married                                    | 53.6  | 46.4 | 88.8                       | 11.2        |
| Single                                     | 58.7  | 41.3 | 93.1                       | 6.9         |
| Widower                                    | 43  | 57   | 90.7                       | 9.3         |
| Divorced                                   | 61.8  | 38.2 | 79.4                       | 20.6        |
| <b>Type of union</b>                       |   |      |                            |             |
| Legally married                            | 53.1  | 46.9 | 88.7                       | 11.3        |
| Not legally married                        | 54.7  | 45.3 | 88.9                       | 11.1        |
| <b>Choice of matrimonial regime</b>        |   |      |                            |             |
| Regime of community of property            | 52.6  | 47.4 | 88.6                       | 11.4        |
| Regime of limited community of acquisition | 50  | 50   | 77.8                       | 22.2        |
| Regime of separation of property           | 60  | 40   | 92.3                       | 7.7         |
| <b>Religion</b>                            |   |      |                            |             |
| Christian                                  | 54.9  | 45.1 | 89.3                       | 10.7        |
| Muslim                                     | 61.1  | 38.9 | 90.9                       | 9.1         |
| Others                                     | 36.6  | 63.4 | 90                         | 10          |

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Respondents living in urban areas are less likely to have met or heard of a GBV survivor in their community as compared to those living in rural areas. 50 percent or less of respondents living in Western Province and Northern Province had never met or heard of a GBV survivor in their community; while the highest proportion of those who heard of or met a GBV survivor were found in Southern Province (62.4 percent) and the City of Kigali (62.2 percent).

**Table 11: Distribution of respondents by whether they heard of or met a GBV survivor, according to area of residence and province**

| <b>Residence</b> | <b>Have you ever heard or met a GBV survivor in your community</b> |           | <b>Was the survivor female or a male?</b> |                     |
|------------------|--|-----------|---|---------------------|
|                  | <b>yes</b>   | <b>no</b> | <b>A female<br/>%</b>                     | <b>A male<br/>%</b> |
| Urban            | 46.9   | 53.1      | 94  | 6                   |
| Rural            | 55   | 45        | 89  | 11                  |
| <b>Province</b>  |  |           |   |                     |
| Kigali city      | 62.2   | 37.8      | 89.1                                      | 10.9                |
| Southern         | 62.4   | 37.6      | 91.6                                      | 8.4                 |
| Western          | 46.1   | 53.9      | 88.2                                      | 11.8                |
| Northern         | 49   | 51        | 85  | 15                  |
| Eastern          | 52.4   | 47.6      | 89.8                                      | 10.2                |

More than half of the respondents, regardless of level of education, confirm having met or heard of a GBV survivor. Again, about 90 percent of respondents report that the survivor was female with marginal differences across educational categories.



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**Table 12: Distribution of respondents by whether they heard or met a GBV survivor, according to level of education**

|                                    | Have you ever heard or met a GBV survivor in your community |      | Was the survivor female or male? |             |
|------------------------------------|---|------|----------------------------------|-------------|
|                                    | yes   | no   | A female<br>%                    | A male<br>% |
| <b>Level of education attained</b> |   |      |                                  |             |
| Primary Only                       | 54.5  | 45.5 | 87.6                             | 12.4        |
| Vocational training                | 58.2  | 41.8 | 96.9                             | 3.1         |
| Secondary Only                     | 55.9  | 44.1 | 91.9                             | 8.1         |
| University                         | 58.3  | 41.7 | 92.9                             | 7.1         |
| None level completed               | 53  | 47   | 90.3                             | 9.7         |

The survey assessed also the level of community discussions on GBV issues. Respondents were asked if they had ever attended any community discussion on GBV. Results in Table 13 show that 63 percent of respondents had attended such discussions. The proportion of males who attended the discussion on GBV (64.5 percent) is slightly higher than that of females (61 percent).

The lowest proportion of respondents who attended community discussions was found in single marital status (44 percent). The results show that 68 percent of married persons attended community meetings on GBV with a higher proportion among legally married (69 percent) than non-legally married (65.5 percent). Furthermore, those in regime of community of property are less likely to be involved in GBV community meetings than those in other matrimonial regimes.

Muslims are less likely to be involved in GBV community discussions than Christians or other religions. The proportion of Muslims who attended such discussions is 48 percent while the corresponding proportion among Christians and other religions is 63 percent and 64 percent respectively.

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**Table 13: Distribution of respondents by status of attendance in community Meeting on GBV**

| Demographic characteristics | Attendance of community Meeting on GBV |        |       |          |
|-----------------------------|--|--------|-------|----------|
|                             | n                                      | Yes(%) | No(%) | Total(%) |
| <b>Gender</b>               |  |        |       |          |
| Male                        | 2,110                                  | 64.5   | 35.5  | 100      |
| Female                      | 2,513                                  | 61.3   | 38.7  | 100      |
| Total                       | 4,623                                  | 62.8   | 37.2  | 100      |
| <b>Age Group</b>            |  |        |       |          |
| 15-17                       | 121                                    | 28.9   | 71.1  | 100      |
| 18-24                       | 537                                    | 46     | 54    | 100      |
| 25-29                       | 569                                    | 61.7   | 38.3  | 100      |
| 30-34                       | 671                                    | 61.8   | 38.2  | 100      |
| 35-39                       | 743                                    | 67.3   | 32.7  | 100      |
| 40-44                       | 529                                    | 69.2   | 30.8  | 100      |
| 45-49                       | 433                                    | 72.5   | 27.5  | 100      |
| 50-54                       | 571                                    | 68.5   | 31.5  | 100      |
| 60+                         | 449                                    | 63     | 37    | 100      |
| Total                       | 4,623                                  | 62.8   | 37.2  | 100      |
| <b>Marital Status</b>       |  |        |       |          |
| Married                     | 3,340                                  | 67.9   | 32.1  | 100      |
| Single                      | 873                                    | 43.6   | 56.4  | 100      |
| Widow/er                    | 281                                    | 60.1   | 39.9  | 100      |
| Divorced                    | 129                                    | 64.3   | 35.7  | 100      |
| Total                       | 4,623                                  | 62.8   | 37.2  | 100      |
| <b>Type of union</b>        |  |        |       |          |
| Legally married             | 2,404                                  | 68.9   | 31.1  | 100      |
| Not legally married         | 936                                    | 65.5   | 34.5  | 100      |
| Total                       | 3,340                                  | 67.9   | 32.1  | 100      |

## GBV root causes and IOSC services delivery

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### **Matrimonial regime**

|  |       |      |      |     |
|--|-------|------|------|-----|
| Regime of community of property        | 2,230 | 68.3 | 31.7 | 100 |
| Regime of limited community of acquest | 40    | 75   | 25   | 100 |
| Regime of separation of property       | 134   | 76.1 | 23.9 | 100 |
| Total                                  | 2,404 | 68.9 | 31.1 | 100 |

### **Level of education attained/**

|                     |       |      |      |     |
|---------------------|-------|------|------|-----|
| Primary only        | 2,185 | 63.1 | 36.9 | 100 |
| Vocational training | 114   | 59.6 | 40.4 | 100 |
| Secondary only      | 309   | 51.1 | 48.9 | 100 |
| University          | 77    | 64.9 | 35.1 | 100 |
| No education        | 1,938 | 64.3 | 35.7 | 100 |
| Total               | 4,623 | 62.8 | 37.2 | 100 |

### **Religion**

|           |       |      |      |     |
|-----------|-------|------|------|-----|
| Christian | 4,283 | 63   | 37   | 100 |
| Muslim    | 92    | 47.8 | 52.2 | 100 |
| Other     | 248   | 63.7 | 36.3 | 100 |
| Total     | 4,623 | 62.8 | 37.2 | 100 |

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According to the results in Table 14 below, respondents living in urban areas are less likely to be involved in GBV community discussion than those living in rural areas. While 65 percent of respondents living in rural areas reported that they attended discussion on GBV in their community, in urban areas the attendance was 45 percent only. In the same way, the proportion of those living in Kigali who attended the discussions on GBV in their community was only 28 percent while the corresponding proportion was 57 percent in Southern province and 71 percent in Eastern Province. Consultations indicated that the limited attendance at GBV discussions in urban areas was caused by the fact that the community activities where GBV is discussed such as Umuganda, Umugoroba w'ababyeyi, Inshuti z'Umuryango among others have lower attendance rates in urban areas than rural areas.

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**Table 14: Percentage of respondents who attended a community discussion meeting on GBV according to areas of residence**

| <b>Demographic characteristics</b> | <b>Attendance of community Meeting on GBV</b> |           |
|------------------------------------|---|-----------|
|                                    | <b>Yes</b>                                    | <b>No</b> |
| <b>Residence</b>                   |   |           |
| Urban                              | 44.8  | 55.2      |
| Rural                              | 65.1  | 34.9      |
| Total                              | 62.8  | 37.2      |
| <b>Province</b>                    |   |           |
| Kigali city                        | 38.1  | 61.9      |
| South                              | 57  | 43        |
| West                               | 66.3  | 33.7      |
| North                              | 68.3  | 31.7      |
| East                               | 70.7  | 29.3      |
| Total                              | 62.8  | 37.2      |

On knowledge of existence of community-based structures that work on the prevention of GBV, 59 percent of respondents answered that they know at least one such structure. Knowledge of those structures was higher among males (61.5 percent) than females (57 percent).

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**Table 15: Distribution of respondents by their awareness status of the presence of GBV structure, according to demographic characteristics**

| <b>Demographic characteristics</b>     | <b>Awareness of the presence of GBV structure</b> |           |
|--|---|-----------|
|  | <b>yes</b>  | <b>no</b> |
|  | <b>%</b>  | <b>%</b>  |
| <b>Sex</b>                             |   |           |
| Male                                   | 61.5  | 38.5      |
| Female                                 | 57  | 43        |
| Total                                  | 59.1  | 40.9      |
| <b>Marital Status</b>                  |   |           |
| Married                                | 61  | 39        |
| Single                                 | 52.5  | 47.5      |
| Widow/er                               | 54.8  | 45.2      |
| Divorced                               | 63.6  | 36.4      |
| Total                                  | 59.1  | 40.9      |
| <b>Type of union</b>                   |   |           |
| Legally married                        | 62.1  | 37.9      |
| Not legally married                    | 58  | 42        |
| Total                                  | 61  | 39        |
| <b>Matrimonial regime</b>              |   |           |
| Regime of community of property        | 61.3  | 38.7      |
| Regime of limited community of acquest | 75  | 25        |
| Regime of separation of property       | 71.6  | 28.4      |
| Total                                  | 62.1  | 37.9      |
| <b>Religion</b>                        |   |           |
| Christian                              | 58.7  | 41.3      |
| Muslim                                 | 55.4  | 44.6      |
| Other                                  | 66.5  | 33.5      |
| Total                                  | 59.1  | 40.9      |

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Respondents living in urban areas are less informed about the existence of community-based GBV prevention structures than respondents living in rural areas. The results show that only 38 percent of respondents living in urban areas are aware of the existence of those community structures, while the corresponding proportion in rural areas is 62 percent. The low level of knowledge on the existence of community-based structure on GBV prevention was also found among respondents living in the City of Kigali as compared to those living in other Provinces. In Kigali, only 26 percent of respondents are informed about the existence of those structures while the corresponding proportions are 64 percent in the South and 68 percent in Eastern Province.

**Table 16: Distribution of respondents by their awareness on the presence of GBV structure, according to area of residence**

| <b>Demographic characteristics</b> | <b>Awareness of the presence of GBV structure</b> |              |
|------------------------------------|---|--------------|
|                                    | <b>Yes(%)</b>                                     | <b>No(%)</b> |
| <b>Residence</b>                   |   |              |
| urban                              | 37.8  | 62.2         |
| Rural                              | 61.8  | 38.2         |
| Total                              | 59.1  | 40.9         |
| <b>Province</b>                    |   |              |
| Kigali city                        | 26.1  | 73.9         |
| South                              | 63.9  | 36.1         |
| West                               | 57  | 43           |
| North                              | 58.9  | 41.1         |
| East                               | 68.3  | 31.7         |
| Total                              | 59.1  | 40.9         |

Respondents with secondary (50 percent) and university level of education (48 percent) are less likely to have information on the existence of community-based structures on GBV prevention while at lower levels of education, the figure ranges from 59 percent to 61 percent. The FGDs revealed that people with lower levels of education are more involved in community related programs, hence more informed about community-based structures on GBV.

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### 4.2.1.2. Knowledge on forms of GBV

On knowledge about different forms of GBV, Sexual violence was reported to be known as GBV by 80.3 percent of respondents, of whom, 81.5 percent were females and 79 percent males. Physical violence was reported to be known as GBV by 68 percent of respondents, of whom, 65 percent are males and 70 percent are females. Psychological and economic violence were reported to be known by 73 percent and 72 percent of respondents respectively as shown in Table 17 below.

**Table 17: Percentage of respondent with GBV knowledge by forms of GBV and sex**

| <b>Knowledge by forms of GBV</b> | <b>n</b>     | <b>Male (%)</b> | <b>Female (%)</b> | <b>Total (%)</b> |
|----------------------------------|--------------|-----------------|-------------------|------------------|
| <b>Psychological violence</b>    |              |                 |                   |                  |
| No                               | 1,250        | 30              | 24.6              | 27               |
| Yes                              | 3,373        | 70              | 75.4              | 73               |
| <b>Total</b>                     | <b>4,623</b> | <b>100</b>      | <b>100</b>        | <b>100</b>       |
| <b>Physical violence</b>         |              |                 |                   |                  |
| No                               | 1,475        | 34.5            | 29.8              | 31.9             |
| Yes                              | 3,148        | 65.5            | 70.2              | 68.1             |
| <b>Total</b>                     | <b>4,623</b> | <b>100</b>      | <b>100</b>        | <b>100</b>       |
| <b>Sexual violence</b>           |              |                 |                   |                  |
| No                               | 913          | 21.2            | 18.5              | 19.7             |
| Yes                              | 3,710        | 78.8            | 81.5              | 80.3             |
| <b>Total</b>                     | <b>4,623</b> | <b>100</b>      | <b>100</b>        | <b>100</b>       |
| <b>Economic violence</b>         |              |                 |                   |                  |
| No                               | 1,275        | 31              | 24.7              | 27.6             |
| Yes                              | 3,348        | 69              | 75.3              | 72.4             |
| <b>Total</b>                     | <b>4,623</b> | <b>100</b>      | <b>100</b>        | <b>100</b>       |

The vast majority of FGD participants were aware of the different forms of violence with females proving to be more knowledgeable than males. Consultations from both focus group

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discussions and key informants converged on the view that tangible evidence for psychological violence is difficult to obtain and verify which makes complicates response measures.

### 4.2.1.3. Awareness and knowledge on GBV law and associated penalties

Results show that 65 percent of respondents were aware of the existence of the law on prevention and punishment of GBV in Rwanda. The proportion of males with the knowledge of the law was slightly higher (65 percent) than females (63 percent). The level of awareness on the law dropped among young respondents. Generally, the higher the age of respondents, the higher the level of awareness on the GBV law.

Results further show that divorced respondents are more likely to be informed about the law on prevention and punishment of GBV than other females of a different civil status. Among males, married respondents have the highest awareness of the existence of the law. Around 78 percent of divorced females and 69 percent of married male respondents are aware about the laws while the proportion for singles and widowers is 54 percent and 59 percent respectively.

According to the results as presented in Table 18 below, respondents with secondary level of education are less informed about the existence of the law on prevention and punishment of GBV than respondents at other levels of education.

Regardless of the sex of respondents, employed persons are more likely to be informed about the existence of GBV law in Rwanda than unemployed persons.

**Table 18: Distribution of respondents by whether they heard of the law on the prevention and punishment of GBV**

| Aware of law on the prevention and punishment of GBV in Rwanda |     |         |        |           |       |         |        |           |
|--|-----|---------|--------|-----------|-------|---------|--------|-----------|
| MEN  |     |         |        |           | WOMEN |         |        |           |
| Characteristics  | n   | yes (%) | no (%) | Total (%) | n     | yes (%) | no (%) | Total (%) |
| <b>Age group</b>   |     |         |        |           |       |         |        |           |
| 15-17  | 53  | 43.4    | 56.6   | 100       | 68    | 52.9    | 47.1   | 100       |
| 18-24  | 251 | 51.4    | 48.6   | 100       | 286   | 55.2    | 44.8   | 100       |



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|                           |              |             |             |            |              |             |             |            |
|---------------------------|--------------|-------------|-------------|------------|--------------|-------------|-------------|------------|
| 25-44                     | 1,145        | 66.8        | 33.2        | 100        | 1,367        | 65.3        | 34.7        | 100        |
| 45+                       | 661          | 68.4        | 31.6        | 100        | 792          | 63.9        | 36.1        | 100        |
| <b>Total</b>              | <b>2,110</b> | <b>64.9</b> | <b>35.1</b> | <b>100</b> | <b>2,513</b> | <b>63.4</b> | <b>36.6</b> | <b>100</b> |
| <b>Marital Status</b>     |              |             |             |            |              |             |             |            |
| Married                   | 1,613        | 68.7        | 31.3        | 100        | 1,727        | 65.1        | 34.9        | 100        |
| Single                    | 431          | 53.1        | 46.9        | 100        | 442          | 55.4        | 44.6        | 100        |
| Widow/er                  | 29           | 48.3        | 51.7        | 100        | 252          | 60.3        | 39.7        | 100        |
| Divorced                  | 37           | 48.6        | 51.4        | 100        | 92           | 78.3        | 21.7        | 100        |
| <b>Total</b>              | <b>2,110</b> | <b>64.9</b> | <b>35.1</b> | <b>100</b> | <b>2,513</b> | <b>63.4</b> | <b>36.6</b> | <b>100</b> |
| <b>Level of education</b> |              |             |             |            |              |             |             |            |
| Primary only              | 1,026        | 65.3        | 34.7        | 100        | 1,159        | 63          | 37          | 100        |
| Vocational training       | 65           | 66.2        | 33.8        | 100        | 49           | 73.5        | 26.5        | 100        |
| Secondary only            | 149          | 52.3        | 47.7        | 100        | 160          | 62.5        | 37.5        | 100        |
| University                | 49           | 57.1        | 42.9        | 100        | 28           | 75          | 25          | 100        |
| No education              | 821          | 67          | 33          | 100        | 1,117        | 63.2        | 36.8        | 100        |
| <b>Total</b>              | <b>2,110</b> | <b>64.9</b> | <b>35.1</b> | <b>100</b> | <b>2,513</b> | <b>63.4</b> | <b>36.6</b> | <b>100</b> |
| <b>Occupation</b>         |              |             |             |            |              |             |             |            |
| Unemployed                | 258          | 55.4        | 44.6        | 100        | 464          | 56.7        | 43.3        | 100        |
| Employed                  | 1,788        | 66.8        | 33.2        | 100        | 2,000        | 65          | 35          | 100        |
| other                     | 64           | 48.4        | 51.6        | 100        | 49           | 63.3        | 36.7        | 100        |
| <b>Total</b>              | <b>2,110</b> | <b>64.9</b> | <b>35.1</b> | <b>100</b> | <b>2,513</b> | <b>63.4</b> | <b>36.6</b> | <b>100</b> |

Table 19 presents the distribution of respondents who have heard of the law on prevention and punishment of GBV by level of understanding and appreciation of the different penalties. The combination of ‘high and very high appreciation resulted in 53 percent of the respondents who appreciated different penalties under the GBV law while the combination of low and very low gave a total of 17 percent. 28 percent of respondents fell in the average category. The proportion of those who express low appreciation of those penalties is around 6 percentages points higher among females than among males.

According to the results in Table 19 below, the proportion of respondents who appreciate the penalties at low or very low level is higher among divorced respondents (27 percent) as compared to other marital status (19 percent).

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Christians and Muslims have a low/very low appreciation of penalties under the law while the category of ‘other’ religions demonstrates a very high/high appreciation of these penalties.

**Table 19: Distribution of respondents by their level of appreciation of different penalties under the GBV law, according to sex and age groups.**

| Demographic characteristics          | Appreciation of different penalties under the GBV law. |      |         |      |          |            |
|--------------------------------------|--|------|---------|------|----------|------------|
|                                      | very high  | high | average | low  | very low | don't know |
|                                      | %  | %    | %       | %    | %        | %          |
| <b>Sex</b>                           |  |      |         |      |          |            |
| Male                                 | 27.8   | 26.1 | 30.6    | 12.4 | 2.1      | 1          |
| Female                               | 22.8   | 29.6 | 26.1    | 14.7 | 5.5      | 1.3        |
| Total                                | 25.2   | 27.9 | 28.2    | 13.6 | 3.9      | 1.1        |
| <b>Marital Status</b>                |  |      |         |      |          |            |
| Married                              | 25.8   | 27.6 | 28.1    | 13.7 | 3.7      | 1.3        |
| Single                               | 25.8   | 25.2 | 32.9    | 11.8 | 3.8      | 0.5        |
| Widow/er                             | 19.7   | 36.8 | 23.1    | 12.8 | 6.8      | 0.9        |
| Divorced                             | 18.4   | 35.5 | 17.1    | 22.4 | 5.3      | 1.3        |
| Total                                | 25.2   | 27.9 | 28.2    | 13.6 | 3.9      | 1.1        |
| <b>Type of union</b>                 |  |      |         |      |          |            |
| Legally married                      | 24.7   | 27.8 | 29.1    | 14.1 | 3.2      | 1          |
| Not legally married                  | 28.6   | 26.9 | 25.4    | 12.4 | 4.8      | 1.9        |
| E Total                              | 25.8   | 27.6 | 28.1    | 13.7 | 3.7      | 1.3        |
| <b>Matrimonial regime</b>            |  |      |         |      |          |            |
| Community of property regime         | 23.7   | 27.8 | 29.9    | 14.4 | 3.3      | 1          |
| Limited community of property regime | 43.5   | 17.4 | 21.7    | 13   | 4.3      | 0          |
| Separation of property regime        | 32.5   | 31.3 | 20.5    | 10.8 | 2.4      | 2.4        |
| Total                                | 24.7   | 27.8 | 29.1    | 14.1 | 3.2      | 1          |
| <b>Religion</b>                      |  |      |         |      |          |            |

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| Demographic characteristics | Appreciation of different penalties under the GBV law. |      |         |      |          |            |
|-----------------------------|--|------|---------|------|----------|------------|
|                             | very high  | high | average | low  | very low | don't know |
|                             | %  | %    | %       | %    | %        | %          |
| Christian                   | 24.8   | 28   | 28      | 14   | 3.9      | 1.2        |
| Muslim                      | 15.6   | 34.4 | 25      | 12.5 | 12.5     | 0          |
| Other                       | 38.2   | 23.6 | 33.7    | 3.4  | 1.1      | 0          |
| Total                       | 25.2   | 27.9 | 28.2    | 13.6 | 3.9      | 1.1        |

The results in Table 20 show that while only 35 percent of those living in urban areas appreciate the penalties at very high level, the corresponding proportions of those living in rural areas is 55 percent. The proportion of those living in urban areas with low appreciation of penalties under the GBV law is 31 percent, while the corresponding proportion of those living in rural areas is only 16 percent.

The results further show that in Kigali city, only 17 percent of respondents' appreciation of GBV law is reported to be "very high" or "high", while other provinces ranged from 50 percent in Eastern Province to 64 percent in Northern Province. The proportion of respondents living in Kigali city who reported low appreciation of the law is quite high at 52 percent while in other provinces this ranges between 11 to 20 percent.

**Table 20: Distribution of respondents by their level of appreciation of different penalties under the GBV law, according to area of residence and province.**

| Demographic characteristics | Appreciation of different penalties as provided under the GBV law by area of residence and province |      |         |      |          |            |
|-----------------------------|---|------|---------|------|----------|------------|
|                             | very high   | high | average | low  | very low | don't know |
|                             | %   | %    | %       | %    | %        | %          |
| <b>Residence</b>            |   |      |         |      |          |            |
| urban                       | 15.9  | 19   | 32.8    | 17.9 | 13.8     | 0.5        |
| Rural                       | 26.1  | 28.8 | 27.8    | 13.2 | 3        | 1.2        |

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| Demographic characteristics | Appreciation of different penalties as provided under the GBV law by area of residence and province |      |         |      |          |            |
|-----------------------------|---|------|---------|------|----------|------------|
|                             | very high   | high | average | low  | very low | don't know |
|                             | %   | %    | %       | %    | %        | %          |
| Total                       | 25.2  | 27.9 | 28.2    | 13.6 | 3.9      | 1.1        |
| <b>Province</b>             |   |      |         |      |          |            |
| Kigali city                 | 4   | 12.9 | 30.6    | 27.4 | 25       | 0          |
| South                       | 15.9  | 33.2 | 34.6    | 11.1 | 3.4      | 1.8        |
| West                        | 31.7  | 27.5 | 25.7    | 12.4 | 1.6      | 1.1        |
| North                       | 30.2  | 33.6 | 24.5    | 10.5 | 0.7      | 0.5        |
| East                        | 27  | 22.8 | 27.7    | 16.4 | 4.7      | 1.4        |
| <b>Total</b>                | 25.2  | 27.9 | 28.2    | 13.6 | 3.9      | 1.1        |

Based on the different findings on respondents' knowledge and appreciation of penalties under the GBV law, it is reasonable to deduce that the GBV law is generally known by a variety of respondents. The information gathered from the FGDs and the individual interviews indicates that the communities generally have heard of the GBV<sup>30</sup> law and can appreciate its provisions or penalties on some of the GBV related crimes. Rural areas, on the whole, demonstrate a much higher appreciation of the penalties under the GBV law.

FGDs revealed, however, that the GBV law is confused with the law governing matrimonial regimes, donations and successions.<sup>31</sup> The latter is better known among the communities especially as it addresses inheritance issues that are very sensitive, anchored in tradition and culture and a pillar of patriarchy.

Concerning GBV related penalties, majority of people are not aware of the specific provisions but all of them agree that GBV is a crime. They are, for example, aware that the penalty for

<sup>30</sup>Law N°59/2008 of 10/09/2008 on prevention and punishment of gender- based violence commonly known as GBV law)

<sup>31</sup>Law N° 27/2016 of 08/07/2016 which supplements the code regarding matrimonial regimes, liberalities and succession

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raping a child is 25 years and more in prison. Not many other penalties were specifically mentioned for lack of awareness.

### 4.2.2. Community GBV related attitudes

To assess attitudes towards GBV, respondents were asked to indicate their level of agreement or disagreement on whether a particular situation should be considered as a GBV case or not. The respondents disagreed/strongly disagreed (95 percent) with the two statements that a man who takes joint decisions with his wife should be referred to as *Inganzwa* (always says yes to his wife) and that a ‘woman should not speak on behalf of a group in the presence of one or several men members’. On the statement that ‘girls/women who are harassed deserve it, if they are dressed provocatively’, 80 percent disagree/strongly disagree. The proportion of males who disagree with the statements was 83.7 percent while the corresponding proportion among females was lower at 77 percent. For the remaining two statements: ‘A man has the right to say no to a sex request from his wife’ and ‘A wife has the right to say no to sex request from her husband, the respondents were divided equally, with almost half of them disagreeing or agreeing with the statements, as indicated in Table 21 below.

**Table 21: Distribution of respondents by their level of agreement/disagreement on GVB cases**

| Attitude   | count        | Male       | Female     | Total      |
|--|--------------|------------|------------|------------|
|  |              | (%)        | (%)        | (%)        |
| <b>Girls/women who are harassed deserve it if they are dressed provocatively</b> |              |            |            |            |
| strongly agree   | 252          | 4.5        | 6.2        | 5.5        |
| agree  | 577          | 10.2       | 14.4       | 12.5       |
| neutral  | 83           | 1.6        | 2          | 1.8        |
| disagree   | 2,308        | 50.7       | 49.3       | 49.9       |
| strongly disagree  | 1,403        | 33         | 28.1       | 30.3       |
| <b>Total</b>   | <b>4,623</b> | <b>100</b> | <b>100</b> | <b>100</b> |

**A man has the right to say no to sex request from his wife**

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| <b>Attitude</b>   | <b>count</b> | <b>Male</b> | <b>Female</b> | <b>Total</b> |
|-------------------|--------------|-------------|---------------|--------------|
|                   |              | <b>(%)</b>  | <b>(%)</b>    | <b>(%)</b>   |
| strongly agree    | 413          | 9.4         | 8.6           | 8.9          |
| agree             | 1,628        | 37.5        | 33.3          | 35.2         |
| neutral           | 320          | 6.8         | 7             | 6.9          |
| disagree          | 1,817        | 37.7        | 40.7          | 39.3         |
| strongly disagree | 445          | 8.6         | 10.5          | 9.6          |
| <b>Total</b>      | <b>4,623</b> | <b>100</b>  | <b>100</b>    | <b>100</b>   |

### **A wife has the rights to say no to sex request from her husband/**

|                   |              |            |            |            |
|-------------------|--------------|------------|------------|------------|
| strongly agree    | 425          | 10.1       | 8.4        | 9.2        |
| agree             | 1,672        | 38.5       | 34.2       | 36.2       |
| neutral           | 311          | 6.1        | 7.3        | 6.7        |
| disagree          | 1,780        | 37         | 39.8       | 38.5       |
| strongly disagree | 435          | 8.3        | 10.3       | 9.4        |
| <b>Total</b>      | <b>4,623</b> | <b>100</b> | <b>100</b> | <b>100</b> |

### **A man who takes joint decision with his wife is referred to as Inganzwa?**

|                   |              |            |            |            |
|-------------------|--------------|------------|------------|------------|
| strongly agree    | 62           | 1.2        | 1.5        | 1.3        |
| agree             | 123          | 3.1        | 2.3        | 2.7        |
| neutral           | 57           | 1.4        | 1.1        | 1.2        |
| disagree          | 2,370        | 50.7       | 51.8       | 51.3       |
| strongly disagree | 2,011        | 43.6       | 43.4       | 43.5       |
| <b>Total</b>      | <b>4,623</b> | <b>100</b> | <b>100</b> | <b>100</b> |

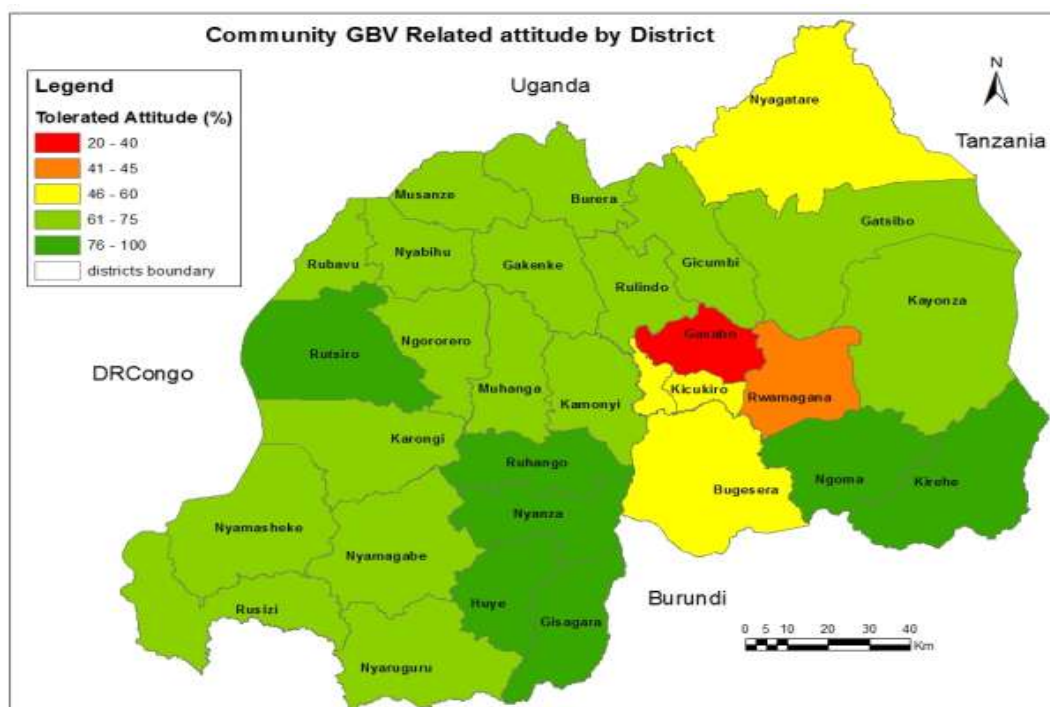
### **A woman does not speak on behalf of a group when there is one or several men in**

|                |     |     |      |      |
|----------------|-----|-----|------|------|
| strongly agree | 324 | 6.6 | 7.3  | 7    |
| agree          | 517 | 9.5 | 12.6 | 11.2 |
| neutral        | 89  | 2.2 | 1.7  | 1.9  |

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| <b>Attitude</b>   | <b>count</b> | <b>Male</b> | <b>Female</b> | <b>Total</b> |
|-------------------|--------------|-------------|---------------|--------------|
|                   |              | <b>(%)</b>  | <b>(%)</b>    | <b>(%)</b>   |
| disagree          | 2,173        | 49.7        | 44.8          | 47           |
| strongly disagree | 1,520        | 32          | 33.6          | 32.9         |
| <b>Total</b>      | <b>4,623</b> | <b>100</b>  | <b>100</b>    | <b>100</b>   |

As shown in the above table, tolerance of GBV is a reality in the country with some districts having higher levels than others. The survey revealed that seven districts (Gisagara, Huye, Nyanza, Ruhango from the Southern Province, Kirehe and Ngoma from the Eastern Province and Rutsiro from the Western Province) have the highest level of tolerance, ranging between 76%-100%; the levels in the majority of districts range between 61%-75%. Gasabo District emerged with the lowest percentage ranging between 20%-40% as shown in the map below.



FGDs were of the opinion that attitudes which contribute to GBV among Rwandan communities are predominantly in the upbringing of children, the relationship between husband and wife, and the relationships between in-laws and the way family resources are managed among others.

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In relation to the upbringing of children, the FGDs of 15-17years old highlighted gender stereotyped roles for boys and girls. Most girls said, when they returned home from school, they were expected to participate in cooking, collection of firewood and supporting their mothers while the boys joined other boys to play, bring goats and cattle home or go to the centers to watch international football. With regard to the relationship between wives and husbands, it was noted that the latter still took the final decision in family matters including in decisions related to sex and that women almost always have no right to deny sex to their husbands.

The in-laws still have a huge influence in the relationship between spouses especially those from the husbands' side. For instance, it was noted that in the case of married couples, GBV was tolerated because a wife could not withstand pressure from the husband's family were an arrest to follow any reporting of GBV. In the case of incarceration, a wife could not sell any of the family property to support her children and family. The in-laws and the community at large do not approve of a wife reporting her husband and she risks being stigmatized and ostracized. In case the husband is the survivor, reporting or help seeking is even less likely because of the perception and socialization of a man as powerful and strong and not succumbing to the wife. Thus, a husband or man who suffers GBV, tends to remain silent to avoid humiliation and the label of a weakling. Such scenarios promote the culture of silence and also favor resolving GBV cases at family level to avoid family disintegration, regardless of the expense to the survivor. FGDs highlighted contributing factors to GBV tolerance and the culture of silence as: economic dependence on the perpetrator/husband, polygamy, misuse of household's resources and *concubinage* or extra-marital relations.

Economic violence as a form of GBV was mostly associated with the level of mismanagement of household's resources, more tolerated for men than women. FGDs and some key informants stated that a man is more likely to decide on how to use large amounts of household money with or without his wife's approval. However, it would be unheard of and almost taboo for a woman to unilaterally decide on how to use a large amount of household resources without the husband's approval, even for good reason.



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### 4.2.3. Community GBV related practices

Respondents who reported having seen or heard of GBV survivors were asked to indicate where the GBV case happened. Out of 1,141 respondents, 838 corresponding to 73 percent reported that it happened at home. 175 respondents corresponding to 15 percent stated that it took place on the streets. Other places such as school, workplace and hospitals were reported by around four percent of respondents. The remaining seven percent of respondents did not identify where the GBV cases happened.

Also, respondents were asked to report who was the perpetrator of GBV case they have seen or heard about. The majority of respondents (72 percent) reported that the perpetrator was the husband. Wife was reported as perpetrator by 13 percent of respondents while a neighbor was reported by eight percent of respondents. **This result combined with the finding on where GBV occurs reveals that domestic violence or intimate partner violence may perhaps be the biggest form of GBV in Rwanda.**

**Table 22: Distribution of respondents by reported perpetrator of GBV**

| Who was the perpetrator? | n            | %          |
|--------------------------|--------------|------------|
| Husband                  | 820          | 71.74      |
| Wife                     | 147          | 12.86      |
| Parent                   | 13           | 1.14       |
| Neighbor                 | 88           | 7.7        |
| Teacher                  | 16           | 1.4        |
| Local authority          | 4            | 0.35       |
| Employer                 | 16           | 1.4        |
| Unknown person           | 39           | 3.41       |
| <b>Total</b>             | <b>1,143</b> | <b>100</b> |

#### 4.2.3.1. GBV causes as perceived by the community

To better understand community perspectives, the potential of GBV occurrence and the likely causes were considered.

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For males, potential causes of GBV included Alcohol abuse 52.2%/; Ignorance: 38.4%; Female attitudes towards men (negative masculinity) 32.1%; Male attitudes of disrespect towards women 31.7%; Power imbalances between males and females 31.4%; Polygamy: 30.7%; Wrong Perceptions of gender equality 30.1% and Dowry 8.8%.

For females, potential causes of GBV included Alcohol abuse, 52.2%; Male attitudes of disrespect towards women, 43.3%; Polygamy, 39.7%; Power imbalances between male and female, 38.9%; Ignorance, 38.4%; Female attitudes of disrespect towards men, 35.5%; Wrong Perceptions of gender equality, 30.1% and Dowry 8.8%. Interesting enough is that both male and female respondent's ranked 'Alcohol abuse' as the highest potential cause of GBV with the same rate of 52.2%. Although males and females graded the level of importance differently, they further concurred on causes such as Ignorance (38.4 %) and 'Wrong Perceptions of gender equality' (30.1%) and 'Dowry' (8.8%).

While Alcohol abuse emerged with the highest rate as a cause of GBV, consultations with different categories of key informants perceived it more as a risk factor than a real cause. The argument was that there are many people who may be inebriated but never use that state to commit GBV leading to their conclusion that alcohol abuse may easily serve as a trigger to GBV but not as a root cause. Table 23 below provides more details.

**Table 23: Distribution of respondents by their level of perception on potential causes of GBV**

| Potential causes of GBV in Community              | count        | Male (%)   | Female (%) | Total (%)  |
|---|--------------|------------|------------|------------|
| <b>Power imbalances between male and female/</b>  |              |            |            |            |
| very high   | 560          | 10.3       | 13.6       | 12.1       |
| high  | 1,081        | 21.1       | 25.3       | 23.4       |
| average   | 1,230        | 29.2       | 24.4       | 26.6       |
| low   | 1,250        | 27         | 27         | 27         |
| very low  | 502          | 12.4       | 9.5        | 10.9       |
| <b>Total</b>                                      | <b>4,623</b> | <b>100</b> | <b>100</b> | <b>100</b> |
| <b>Male attitudes of disrespect towards women</b> |              |            |            |            |

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| <b>Potential causes of GBV in Community</b>        | <b>count</b> | <b>Male (%)</b> | <b>Female (%)</b> | <b>Total (%)</b> |
|--|--------------|-----------------|-------------------|------------------|
| very high  | 498          | 7.7             | 13.4              | 10.8             |
| high   | 1,257        | 24              | 29.9              | 27.2             |
| average  | 1,155        | 26.6            | 23.7              | 25               |
| low  | 1,228        | 29.3            | 24.3              | 26.6             |
| very low   | 485          | 12.6            | 8.8               | 10.5             |
| <b>Total</b>                                       | <b>4,623</b> | <b>100</b>      | <b>100</b>        | <b>100</b>       |
| <b>Adoption of negative masculinity by females</b> |              |                 |                   |                  |
| very high  | 412          | 8.1             | 9.6               | 8.9              |
| high   | 1,156        | 24              | 25.9              | 25               |
| average  | 1,229        | 26.6            | 26.6              | 26.6             |
| low  | 1,310        | 29.1            | 27.7              | 28.3             |
| very low   | 516          | 12.3            | 10.2              | 11.2             |
| <b>Total</b>                                       | <b>4,623</b> | <b>100</b>      | <b>100</b>        | <b>100</b>       |
| <b>polygamy</b>                                    |              |                 |                   |                  |
| very high  | 625          | 11.2            | 15.5              | 13.5             |
| high   | 1,019        | 19.5            | 24.2              | 22               |
| average  | 747          | 18.1            | 14.6              | 16.2             |
| low  | 1,473        | 32.4            | 31.4              | 31.9             |
| very low   | 759          | 18.9            | 14.4              | 16.4             |
| <b>Total</b>                                       | <b>4,623</b> | <b>100</b>      | <b>100</b>        | <b>100</b>       |
| <b>Alcohol abuse</b>                               |              |                 |                   |                  |
| very high  | 947          | 20.5            | 20.5              | 20.5             |
| high   | 1465         | 31.7            | 31.7              | 31.7             |
| average  | 870          | 18.8            | 18.8              | 18.8             |
| low  | 1038         | 22.4            | 22.5              | 22.5             |
| very low   | 303          | 6.6             | 6.6               | 6.6              |
| <b>Total</b>                                       | <b>4623</b>  | <b>100.0</b>    | <b>100.0</b>      | <b>100.0</b>     |
| <b>Ignorance</b>                                   |              |                 |                   |                  |
| very high  | 481          | 10.4            | 10.4              | 10.4             |
| high   | 1294         | 28.0            | 28.0              | 28.0             |

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| Potential causes of GBV in Community        | count       | Male (%)     | Female (%)   | Total (%)    |
|---|-------------|--------------|--------------|--------------|
| average                                     | 918         | 19.9         | 19.8         | 19.9         |
| low   | 1296        | 28.0         | 28.0         | 28.0         |
| very low                                    | 634         | 13.7         | 13.7         | 13.7         |
| <b>Total</b>                                | <b>4623</b> | <b>100.0</b> | <b>100.0</b> | <b>100.0</b> |
| <b>Dowry</b>                                |             |              |              |              |
| very high                                   | 48          | 1.0          | 1.0          | 1.0          |
| high  | 362         | 7.8          | 7.8          | 7.8          |
| average                                     | 588         | 12.7         | 12.7         | 12.7         |
| low   | 2051        | 44.3         | 44.4         | 44.4         |
| very low                                    | 1574        | 34.0         | 34.1         | 34.0         |
| <b>Total</b>                                | <b>4623</b> | <b>100.0</b> | <b>100.0</b> | <b>100.0</b> |
| <b>Wrong Perceptions of gender equality</b> |             |              |              |              |
| very high                                   | 422         | 9.1          | 9.1          | 9.1          |
| high  | 972         | 21.0         | 21.0         | 21.0         |
| average                                     | 1034        | 22.3         | 22.4         | 22.4         |
| low   | 1411        | 30.5         | 30.5         | 30.5         |
| very low                                    | 784         | 16.9         | 17.0         | 17.0         |
| <b>Total</b>                                | <b>4623</b> | <b>100.0</b> | <b>100.0</b> | <b>100.0</b> |

Views from both FGDs and interviews with key informants from central and decentralized levels cited the following as other root causes of GBV:

**i) Deeply rooted structural norms.**

*Loss of values conducive to peaceful cohabitation:* views from both FGDs and individual interviews revealed that there is limited trust and honesty among couples which passes on children and younger generations. There is a deficit, among couples, of values such as honesty, asking for forgiveness and pardoning those who seek forgiveness. This deficit can result in tension and violence.

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***-Unequal power relations:*** Socially there is a higher value placed on males which gives them certain advantages and power over females. While this *per se* cannot explain GBV, the inability to accept empowered women can lead to GBV. With a demonstrably progressive, legal and policy regime for gender equality, the attitude towards and the actual acceptance of increasingly empowered women may merit some attention in cases of intimate partner violence.

The current GBV law, inheritance law and land laws are among legal measures that challenge traditional and cultural norms on gendered roles and powers. Respondents stressed that their implementation is a factor in GBV due to both resistance and misunderstanding of these laws.

***Traditional and Cultural Distribution of roles and responsibilities:*** The socially and culturally ascribed roles and responsibilities for males and females are increasingly challenged by modernization and the changing gender roles. The tendency previously, was to have a neat division of roles and responsibilities, with higher values both socially and economically ascribed to males. Those with perceived low value including domestic chores and most other unpaid work were ascribed to females. This naturally led to unequal decision-making power with males having the upper hand. This traditional power imbalance is at odds with advances in gender equality aimed at treating both men and women equally. The discomfort and resistance can erupt into violence.

**Misinterpretation of the gender policy:** The Government of Rwanda promotes gender equality in national policies and development programs by, taking into account, the rights and needs of both men and women. It emerges, however, that the concept of gender equality has been misunderstood. Some believe that gender equality has come to reduce the power of men or has given women an opportunity to behave like males. This misconception of gender can lead to tension with potential for violence.

**Historical background:** Discussions indicated that the background and the environment in which one grows up can pre-dispose one to GBV. For instance, it was suggested that children from families that have experienced conflict and violence have a tendency towards violence. For example, a boy who grew up in a family where the father used to beat the mother is more likely to beat his wife when he grows up. Focus group discussions also indicated that the influence of the 1994 genocide against Tutsis is still visible in the behavior of some GBV perpetrators. Such behavior reflects the genocidal approach in which perpetrators torture and

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kill the GBV survivors in the same way as happened in 1994. In this regard, the following statements and sentiments are instructive:

- *“Umuntu wakoze amaraso, ntacyo aba agitinya”, “someone who poured blood isn’t afraid to do anything bad”.*

*“If someone killed more than four people during the Genocide in some cases their own wives and children, how can they have fear to kill their partners, or any other members of the community? Rwandans have gone so far from not thinking as human beings due to the effects of genocide”.*

### **Extra-marital Relations**

Focus group discussions indicated that extra-marital sex was a root cause of GBV among households as spouses, both men and women, engage in extra-marital sexual affairs.

### **Ignorance**

Many people expressed the view that ignorance is another root cause of GBV. It was suggested that some people may engage in GBV because they think it is the right to do. For example, some men believe that wife beating is normal.

### **The size of the Rwandan Family**

Some consultations suggested that the big size of the Rwanda family averaging 4.5 children per family can cause economic stress especially to the man/father of family who is culturally supposed to provide for the well-being of the family.

Strained financial and economic capacity can cause a man to abandon the family in search of greener pastures. His departure is very likely to increase poverty in the family and open doors for gender-based violence for economic want. This situation can trigger other forms of violence among members of the family.

### **Women’s economic dependence on men**

Women are more involved in unpaid work compared to men which increases their financial vulnerability and exposure to GBV. The study finds that economic dependence is a significant

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factor on exposure to GBV. During the discussions, participants said that majority of families experiencing GBV are poor families.

*“Abasangiye Ubusa, bitanaibisambo”, “when you have nothing to share, you call each other greedy”.*

**Limited understanding and implementation of gender related laws:** consultations indicated that limited understanding and implementation of gender related laws including GBV law, inheritance law and land law among others contribute in fueling GBV among married couples. The following provide examples:

***Limited knowledge about the contents of gender related laws:*** discussions indicated that very few people know the contents of gender and GBV laws. This was illustrated by an example of a husband selling households property, misusing the money on other women and alcohol. When asked by the wife why he was selling off the property, the husband replied:

*“Uzajye kuburana ibyo kwa so, aha si iwanyu”* literally translating *“You go back and inherit property from your father’s home, this isn’t your home”.*

The observance of such happenings among couples who have chosen community of property as the matrimonial regime to govern their marriage demonstrates a clear lack of understanding of the community of property matrimonial regime.

***Silent resistance especially among men:*** discussions revealed that there are men who know the contents of gender related laws but resist them just because they do not want to relinquish their power as the decision makers and custodians of household resources.

***Manipulation using the laws:*** contrary to silent resistance, there are also women and men who know the contents of the laws and use them as tools to access wealth. This was exemplified by cases of young women who get married and prefer community of property as their matrimonial regime yet their intention is to divorce and thereafter to inherit properties they did not invest in. It was highlighted that this applies also to men who marry rich women for the same intention.

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Interviews with perpetrators of GBV, both males and females, raised the following as major causes of GBV:

-Misuse of household's resources mostly by males who hold the position that the income they earn belongs to them alone,

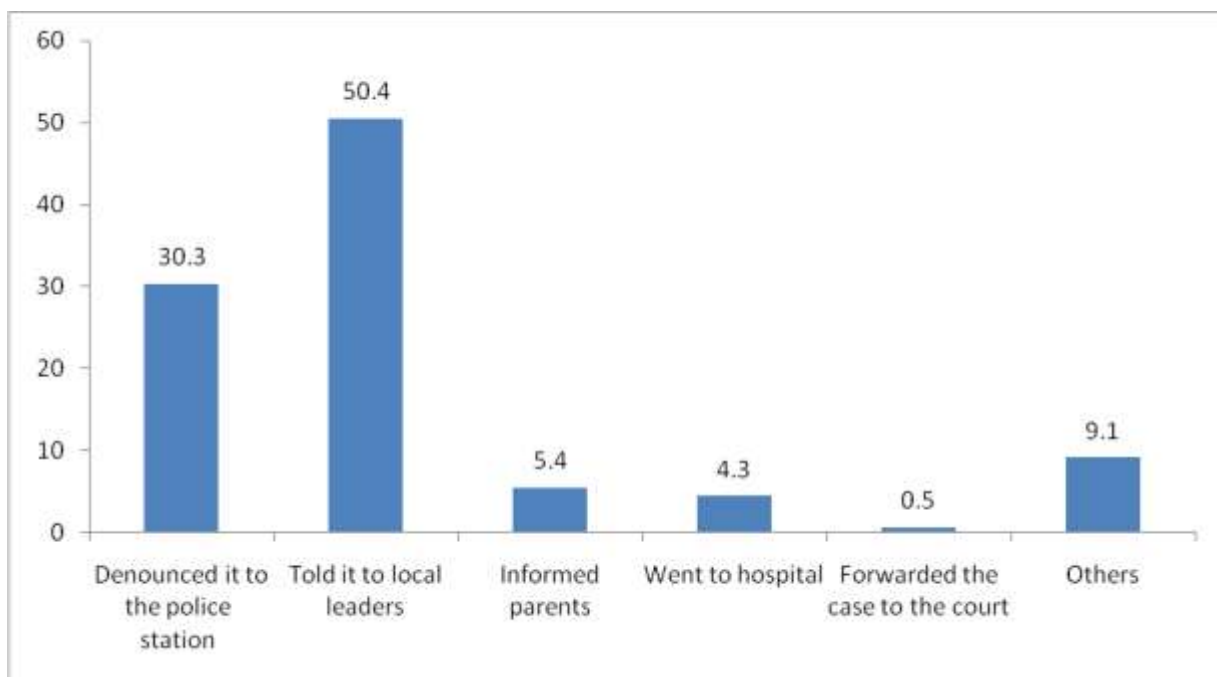
-limited joint management of household resources among spouses;

-Interference in family decision-making by in-laws from both sides;

-Wrong interpretation of gender concept for some women who behave in a way that tells men that they should submit to them, which triggers violent retaliation from men;

-Progressive loss of some cultural GBV preventive and response practices: traditionally married couples lived within an extended family network which could exercise a certain level of influence on them in preventing or responding to GBV. The disappearance of these networks leaves a vacuum in family relations and power and money take precedence with less room for tolerance, humility and respect.

**Figure 1: Distribution of respondents on reported reactions by GBV survivors**





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Respondents were asked to report on the action taken by the GBV survivor they met or heard of. The majority of survivors (50.4 percent) reported their cases to local leaders as compared to 30.3 percent who informed the nearest police station, as shown in Figure 1 above.

### 4.2.3.2. Factors contributing to GBV as perceived by community

During the survey, respondents were asked to give their opinion on factors contributing to GBV in their community. A higher proportion of the respondents (32 percent) reported limited knowledge of law against GBV as a key factor. 28 percent of respondents attributed this to more than one factor, as indicated in Table 24 below.

**Table 24: Distribution of respondents by reported factors contributing to GBV**

| <b>Factors contributing to GBV in Community</b>    | <b>Coun<br/>t</b> | <b>Male<br/>(%)</b> | <b>Female<br/>(%)</b> | <b>Total<br/>(%)</b> |
|--|-------------------|---------------------|-----------------------|----------------------|
| Limited knowledge of law against GBV               | 1,454             | 30.9                | 32.6                  | 31.8                 |
| Persistence of negative cultural norms and beliefs | 115               | 2.2                 | 2.8                   | 2.5                  |
| Dependence of women on men                         | 127               | 2.7                 | 2.8                   | 2.8                  |
| Empowerment of women                               | 53                | 1.1                 | 1.2                   | 1.2                  |
| Poor GBV prevention mechanisms                     | 124               | 2.3                 | 3.1                   | 2.7                  |
| Poor responses to GBV cases                        | 87                | 1.8                 | 2.0                   | 1.9                  |
| Negative masculinity                               | 179               | 3.7                 | 4.1                   | 3.9                  |
| Other  | 1,158             | 25.9                | 24.9                  | 25.3                 |
| More than one                                      | 1,273             | 29.2                | 26.7                  | 27.9                 |
| <b>Total</b>                                       | <b>4,570</b>      | 100.0               | 100.0                 | 100.0                |
|  |                   | 2084                | 2486                  | 4570                 |

On what is done in response to a GBV case that takes place in a community, most of the respondents were of the view that the bulk of GBV cases are variously handled among spouses, family and community members:

**Among spouses:** GBV cases at household level are kept under a lid for long until the suffering becomes unbearable. If it is a case between a wife and a husband, it will be first reported to in-

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laws, brothers, sisters and then to close friends of the couple. In case violence continues, then the case is reported to one of the existing community or administrative structures such as Inshuti z'Umuryango, Head of Village, Umuganda, Police, Sector Social Affairs Officer, Sector Executive Secretary and court. At each of these levels, priority is given to efforts for reconciliation.

**Family Members:** consultations with both key informants and FGDs revealed that the major four forms of GBV including physical violence, sexual violence, economic and psychological violence are experienced among family members. It was indicated that silence around these forms of violence is also used as a coping strategy. It was found that when the survivor can no longer bear with the kind of violence he/she is experiencing then he/she seeks assistance from a trustworthy family member. When the family member fails to assist, the survivor can take her/his case before existing structures such as *Inshuti z'umuryango*, head of village, police, among others.

**Community members:** consultations with the different resource persons highlighted that rape is the most commonly experienced form of GBV among community members. This occurs in various places such as bars, on roads from schools, markets, churches, firewood collection, among others. Discussions indicated that cases of rape are immediately reported to nearby relevant structures such as police, health workers, health centers and hospitals. Communities are encouraged to immediately report cases of rape to nearby health centers where survivors are provided with prophylaxis to avoid unwanted pregnancies, sexually transmitted diseases including HIV/AIDS and also to facilitate the timely gathering of relevant evidence.

It is well known that GBV does not affect women alone, though they remain the vast majority among the survivors. Nonetheless, very few men report their cases as culture does not encourage them to do so as illustrated by some of the sayings like: “*Amarira y'umugabo atemba ajya munda*” and “*Umugabo ni myugariro*” literally translating that men's tears should flow towards their stomachs and man is the strength. In other words, men are culturally encouraged to suffer in silence. For a husband, the situation is worsened if the wife is the perpetrator of GBV. This is especially so as culturally a real man should not be beaten by a woman and least of all a wife, who is expected to submit to the husband. In this cultural context, a man is ill placed to report his

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case for fear of being regarded by other men as a coward and a failure in upholding the ‘manly character’.

Other practices that sustain GBV include polygamy, silence around GBV, and misuse of household’s resources, *concubinage* or extra-marital sex among others. These practices are inspired by proverbs or sayings such as “*Impfizi ntiyimirwa*”, “*Amazi iyo abaye make aharirwa impfizi*” and “*niko zubwkwa*” literally translating “the bull is allowed to do everything”, “the little amount of water available is given to the bull alone”, “women should suffer in silence to avoid family destruction” .

### 4.2.3.3. Factors limiting community to report GBV and services seeking

On factors limiting community reporting of GBV cases, the majority of respondents (46 percent) attributed this to multiple factors while close to 14 percent attributed GBV non-reporting to dependence on the perpetrator. Stigma was reported to be a hindrance by 7.7 percent of respondents of which 10 percent were females and 6 percent were males.

**Table 25: Distribution of respondents by factors limiting community to report GBV**

| Factors limiting community to report GBV       | count | Male (%) | Female (%) | Total (%) |
|--|-------|----------|------------|-----------|
| Dependence on the perpetrator                  | 38    | 13.2     | 14.4       | 13.9      |
| Ignorance of reporting/denunciation mechanisms | 9     | 5.8      | 1.3        | 3.3       |
| Stigma   | 21    | 9.9      | 5.9        | 7.7       |
| Arrangement between families                   | 18    | 7.4      | 5.9        | 6.6       |
| Insignificance of the case of violence         | 4     | 2.5      | 0.7        | 1.5       |
| Lack of evidence                               | 7     | 0.0      | 4.6        | 2.6       |
| Feeling that denunciation will change nothing  | 14    | 6.6      | 3.9        | 5.1       |
| Fear for security reasons                      | 23    | 8.3      | 8.5        | 8.4       |
| Fear of destroying marriage                    | 14    | 5.8      | 4.6        | 5.1       |
| More than one of the above                     | 126   | 40.5     | 50.4       | 46.0      |
| <b>Total</b>                                   | 274   | 100.0    | 100.0      | 100.0     |

On the question of assessing community barriers to service-seeking behavior, the following were highlighted during focus group discussions with males, females and local leaders:

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### **Socio-cultural barriers**

Domestic violence is still perceived as internal business among married couples. FGDs indicated for example that when a man beats his wife, neighbors are reluctant to intervene because they think that this would be interference in internal matters of the concerned household. Even when neighbors do intervene, such cases of physical gender-based violence are rarely reported to relevant authorities because the general understanding among community members is that the man was punishing his wife and hence doing the right thing. Besides, for such cases of gender-based violence, community members are more inclined to preserve privacy and opt more for reconciliation between the survivor and perpetrator rather than reporting them.

**Sex negotiation:** As women are not culturally allowed to initiate sex, they are not in a position to refuse sexual demands from their husbands. Most cases of marital rape registered in the country are due to differences on this issue. Besides women are in a vulnerable position when it comes to negotiate sex because some men choose to perpetuate the myth that a woman's 'No' in sexual matters, should be interpreted as a 'veiled Yes' and force or coercion are thus in order! Again marital rape is not widely recognized or even culturally acknowledged so reporting is becomes a difficult option!

### **Poverty & Access to Justice**

For some, the low percentage of reporting GBV cases may be related to poverty. The qualitative data suggests that knowledge of justice systems is critical for both reporting and service-seeking. The data reveals that the lower the economic status, the lower the knowledge of justice systems and therefore the lower the reporting which in the end compromises service seeking. Again, people of a lower economic status shun tribunals and similar organs, because access to their services cost money and time both of which translate into losses for them.

### **Women's dependence on men**

Respondents also indicated that women's economic dependence on men is closely correlated with the low proportion of GBV cases reported to security organs. In households where men are the sole breadwinners, women and children may be abused and choose to keep silent, because if the abuser is put in jail, their means of livelihood would be jeopardized. Respondents mentioned that, many such cases are negotiated in secrecy at family or village level.

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### **Fear of stigma**

Stigmatization was also cited as a barrier to service seeking from GBV survivors as both men and women detest being the subject of community gossip. In such a context, despite awareness that keeping silent on GBV issues may end in divorce, maiming or even killings, the violence is rarely reported, not even to security organs services.

### **Need to keep families together**

Respondents mentioned the desire to keep families together as one factor of low service seeking in case of domestic violence. Several testimonies of respondents supported that point of view. The explanation was that reporting cases of violence is likely to send someone to prison or result in fines, both undesirable for family finances. Reporting is also seen as washing dirty linen in public which entails frustration and humiliation and could lead to destabilization in the family which in turn fuels feelings of guilt. As a result, several cases of domestic violence remain unreported.

### **Absence of Parental Guidance on GBV**

There is a perception that parents are too busy in their careers and businesses and thus have little time to take care of their children. As a result, they are not able to detect problems early enough or even to identify when violence is taking place against their children and to respond. Parents do not discuss enough with their children in order to provide them with useful information about GBV, especially in terms of prevention and response. Besides parents do not know enough about gender-based violence, the related laws and services which handle GBV cases.

### **Limited knowledge to preserve GBV evidence**

IOSC personnel and heads of health centers mentioned the issue of lack of knowledge on preservation of GBV evidence, necessary for medical examination reports for GBV survivors. As a result, ensuing medical reports have insufficient evidence for effective GBV prosecution.

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### **Delayed reporting of GBV cases due to survivors' manipulation by perpetrators**

Some GBV survivors, especially teenagers report the case when they are pregnant or after delivery. This delay is partly caused by the fact that the perpetrator manipulates the survivor to avoid reporting and the penalties that could accrue. IOSCs state that in such cases of delayed reporting, they are not able to provide support to such survivors.

### **Limited knowledge on evidence for psychological and economic forms of GBV**

From FGDs and interviews with key informants, cases related to economic and psychological GBV are common in communities but a large part of the survivors are unable to provide evidence.

#### **4.2.3.4. Help and service seeking response**

For GBV survivors who reported their cases, the study finds the response rating to be good for both male and female respondents. 56.7 of females and 43.3% of males state that the perpetrator was punished. For 54.9 per cent of females and 45.1% of males, a second good outcome was that families went through a mediation process. A good number of respondents however felt that nothing happened. Despite these varied responses, FGDs with local leaders and other community members still preferred settlement between families of GBV survivors and perpetrators than reporting GBV cases.

With regards to services received, all female respondents (100%) mentioned the combination of health care, social support, legal aid and counseling. The responses are largely attributed to IOSCs as they are the ones with the capacity to provide that combination of services.

**Table 26: Outcomes of seeking help and services received**

| <b>Outcome of seeking help</b>            | <b>n</b> | <b>Male (%)</b> | <b>Female (%)</b> | <b>Total</b> |
|---|----------|-----------------|-------------------|--------------|
| The perpetrator was punished              | 591      | 43.3            | 56.7              | 100          |
| Families went through a mediation process | 142      | 45.1            | 54.9              | 100          |
| Nothing happened                          | 180      | 50              | 50                | 100          |
| Don't know                                | 107      | 54.2            | 45.8              | 100          |

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|              |              |             |             |            |
|--------------|--------------|-------------|-------------|------------|
| Others       | 123          | 39.8        | 60.2        | 100        |
| <b>Total</b> | <b>1,143</b> | <b>45.2</b> | <b>54.8</b> | <b>100</b> |

| <b>Services received by the survivor</b>           | <b>n</b>     | <b>Male (%)</b> | <b>Female (%)</b> | <b>Total</b> |
|--|--------------|-----------------|-------------------|--------------|
| Health care  | 410          | 47.1            | 52.9              | 100          |
| Social support                                     | 115          | 60              | 40                | 100          |
| Legal aid  | 117          | 45.3            | 54.7              | 100          |
| Counseling   | 18           | 33.3            | 66.7              | 100          |
| Security   | 31           | 51.6            | 48.4              | 100          |
| Other  | 175          | 42.9            | 57.1              | 100          |
| Health care and Social support                     | 40           | 22.5            | 77.5              | 100          |
| Health care, Social support and Legal aid          | 18           | 50              | 50                | 100          |
| Health care, Social support, Legal aid, counseling | 1            | 0               | 100               | 100          |
| Health care and legal aid                          | 81           | 35.8            | 64.2              | 100          |
| Health care, legal aid and security                | 3            | 0               | 100               | 100          |
| Combination not stated above                       | 125          | 44.8            | 55.2              | 100          |
| <b>Total</b>                                       | <b>1,134</b> | <b>45.4</b>     | <b>54.6</b>       | <b>100</b>   |

### SECTION 4.3: ISANGE ONE STOP CENTER AND SERVICE DELIVERY

#### 4.3.1. Community awareness and knowledge on IOSC

Only 16 percent of respondents reported that they were aware of the existence of IOSCs. The proportion of awareness of IOSCs among males was higher (19 percent) than females (14 percent). Results on awareness of IOSC in the hospitals by age group show that awareness was higher among young females than young males on one hand, and higher among adult males than adult females on the other.

Widow/er and divorced are less likely to have information about the existence of IOSC in hospital. Only six percent of widow/er and 10 percent of divorced are aware of the existence of

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IOSC in the hospitals while the corresponding proportions for married and singles are at 16 percent and 19 percent respectively. On the whole, there are lower levels of awareness on IOSCs among females than males

The results presented in Table 27 below reveal that the more people are educated, the more they are aware of the existence of IOSC in hospitals. Among holders of university level of education, knowledge about IOSC is 52 percent while for holders of primary level education, it is 18 percent and 9 percent for those with no formal education. Among the 52 percent university degree holders who have knowledge about IOSC, 57 percent were females and 49 percent were males respectively. Level of knowledge decreases to 7.8 percent and 9.9 percent respectively for males and females who have not completed any level of education.

Farmers and unemployed respondents are less likely to be aware of the presence of IOSC in hospitals than respondents of other occupations. While the proportion of farmers and unemployed who are aware of the existence of IOSC was 14 percent and 16 percent respectively, the corresponding percentages in others categories was between 20 and 44.5 percent. This pattern was the same for both males and females. The lowest level of awareness was found among female farmers with only 11.6 percent being aware of IOSC existence.

The results suggest that civil servants are more likely to be aware of the existence of IOSC than respondents in other categories for both males and females. The proportion of male and female civil servants being aware of the existence of IOSC was 48 percent and 38 percent respectively.

**Table 27: Distribution of respondents by their awareness of the existence of IOSC, according to demographic characteristics**

| Characteristics  | MEN   |         |        | WOMEN     |       |         |        |           |
|------------------|-------|---------|--------|-----------|-------|---------|--------|-----------|
|                  | count | Yes (%) | No (%) | Total (%) | count | Yes (%) | No (%) | Total (%) |
| <b>Age group</b> |       |         |        |           |       |         |        |           |
| 15-17            | 53    | 3.8     | 96.2   | 100       | 68    | 16.2    | 83.8   | 100       |
| 18-24            | 251   | 14.3    | 85.7   | 100       | 286   | 18.2    | 81.8   | 100       |
| 25-34            | 543   | 22.8    | 77.2   | 100       | 697   | 14.9    | 85.1   | 100       |



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|                        |              |             |             |            |              |             |             |            |
|------------------------|--------------|-------------|-------------|------------|--------------|-------------|-------------|------------|
| 35-44                  | 602          | 19.6        | 80.4        | 100        | 670          | 14.8        | 85.2        | 100        |
| 45+                    | 661          | 17.1        | 82.9        | 100        | 792          | 9.7         | 90.3        | 100        |
| <b>Total</b>           | <b>2,110</b> | <b>18.6</b> | <b>81.4</b> | <b>100</b> | <b>2,513</b> | <b>13.6</b> | <b>86.4</b> | <b>100</b> |
| <b>Marital status</b>  |              |             |             |            |              |             |             |            |
| Married                | 1,613        | 18.8        | 81.2        | 100        | 1,727        | 13.7        | 86.3        | 100        |
| Single                 | 431          | 18.8        | 81.2        | 100        | 442          | 19.2        | 80.8        | 100        |
| Widow/er               | 29           | 13.8        | 86.2        | 100        | 252          | 4.8         | 95.2        | 100        |
| Divorced               | 37           | 10.8        | 89.2        | 100        | 92           | 9.8         | 90.2        | 100        |
| <b>Total</b>           | <b>2,110</b> | <b>18.6</b> | <b>81.4</b> | <b>100</b> | <b>2,513</b> | <b>13.6</b> | <b>86.4</b> | <b>100</b> |
| <b>Level Education</b> |              |             |             |            |              |             |             |            |
| Primary                | 1,026        | 20.6        | 79.4        | 100        | 1,159        | 15.4        | 84.6        | 100        |
| Vocational             | 65           | 26.2        | 73.8        | 100        | 49           | 26.5        | 73.5        | 100        |
| Secondary              | 149          | 40.3        | 59.7        | 100        | 160          | 30          | 70          | 100        |
| University             | 49           | 49          | 51          | 100        | 28           | 57.1        | 42.9        | 100        |
| No Education           | 821          | 9.9         | 90.1        | 100        | 1,117        | 7.8         | 92.2        | 100        |
| <b>Total</b>           | <b>2,110</b> | <b>18.6</b> | <b>81.4</b> | <b>100</b> | <b>2,513</b> | <b>13.6</b> | <b>86.4</b> | <b>100</b> |
| <b>Occupation</b>      |              |             |             |            |              |             |             |            |
| Unemployed             | 258          | 18.2        | 81.8        | 100        | 464          | 15.3        | 84.7        | 100        |
| Farmer                 | 1,471        | 16.2        | 83.8        | 100        | 1,831        | 11.6        | 88.4        | 100        |
| Public Servant         | 54           | 48.1        | 51.9        | 100        | 29           | 37.9        | 62.1        | 100        |
| Employed CSO/PS        | 60           | 23.3        | 76.7        | 100        | 21           | 19          | 81          | 100        |
| Self employed          | 203          | 27.6        | 72.4        | 100        | 119          | 22.7        | 77.3        | 100        |
| other                  | 64           | 18.8        | 81.3        | 100        | 49           | 36.7        | 63.3        | 100        |
| <b>Total</b>           | <b>2,110</b> | <b>18.6</b> | <b>81.4</b> | <b>100</b> | <b>2,513</b> | <b>13.6</b> | <b>86.4</b> | <b>100</b> |

**Table 28: Distribution of respondents by their awareness of the existence of IOSC by residence and province**

| Characteristics | Do you know GBV services unity<br>in Hospital called IOSC? |     |    |       |
|-----------------|--|-----|----|-------|
|                 | n  | yes | no | Total |

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|                  |              | %           | %           | %          |
|------------------|--------------|-------------|-------------|------------|
| <b>Residence</b> |              |             |             |            |
| urban            | 534          | 25.5        | 74.5        | 100        |
| Rural            | 4,089        | 14.7        | 85.3        | 100        |
| <b>Total</b>     | <b>4,623</b> | <b>15.9</b> | <b>84.1</b> | <b>100</b> |
| <b>Province</b>  |              |             |             |            |
| Kigali city      | 433          | 17.3        | 82.7        | 100        |
| South            | 1,181        | 14.8        | 85.2        | 100        |
| West             | 1,040        | 18.9        | 81.1        | 100        |
| North            | 793          | 11.6        | 88.4        | 100        |
| East             | 1,176        | 16.8        | 83.2        | 100        |
| <b>Total</b>     | <b>4,623</b> | <b>15.9</b> | <b>84.1</b> | <b>100</b> |

Table 28 above shows that residents of rural areas (25.5%) are more aware of the existence of IOSCs in hospitals than those from urban areas (14.7%). The Southern Province has the highest rate of awareness of the existence of IOSCs (18.9%) in hospitals followed by Kigali City (17.3%) and the Eastern Province (16.8%).

### 4.3.2. Accessibility of IOSC services

Respondents who answered that they are aware of the existence of GVB services at hospitals were asked further questions on IOSC service delivery.

Table 29 presents the distribution of respondents on the level of community access to IOSC, according to different social and demographic characteristics. The results show that only 10.4 percent of respondents reported that there is a high access of the community to IOSC, while the majority (89.6 percent) reported that there is low access to IOSC by the community. A higher number of respondents in lower age groups reported “low access”.

Among respondents with university level of education, 73 percent stated that community access to IOSC is at “low level”. Within this group, however, the views differed among males and females on the community access to IOSC. The proportion of females who reported that the

## GBV root causes and IOSC services delivery

community has a high-level access to IOSC was 46 percent, while only 16 percent of males held that view.

Among civil servants, 22 percent of males and 27 percent of females reported a high level of access to IOSC by the community.

**Table 29: Distribution of respondents by reported level of access to IOSC, according to demographic characteristics**

| Characteristics       | MEN          |                     |                      |            | WOMEN        |                     |                      |            |
|-----------------------|--------------|---------------------|----------------------|------------|--------------|---------------------|----------------------|------------|
|                       | count        | Low level of access | High level of access | Total      | count        | Low level of access | High level of access | Total      |
| <b>Age group</b>      |              |                     |                      |            |              |                     |                      |            |
| 15-17                 | 53           | 100                 | 0                    | 100        | 68           | 94.1                | 5.9                  | 100        |
| 18-24                 | 251          | 91.2                | 8.8                  | 100        | 286          | 90.6                | 9.4                  | 100        |
| 25-34                 | 543          | 87.5                | 12.5                 | 100        | 697          | 89                  | 11                   | 100        |
| 35-44                 | 602          | 89.2                | 10.8                 | 100        | 670          | 88.8                | 11.2                 | 100        |
| 45+                   | 661          | 88                  | 12                   | 100        | 792          | 91.2                | 8.8                  | 100        |
| <b>Total</b>          | <b>2,110</b> | <b>88.9</b>         | <b>11.1</b>          | <b>100</b> | <b>2,513</b> | <b>89.9</b>         | <b>10.1</b>          | <b>100</b> |
| <b>Marital Status</b> |              |                     |                      |            |              |                     |                      |            |
| Married               | 1,613        | 88.5                | 11.5                 | 100        | 1,727        | 88.9                | 11.1                 | 100        |
| Single                | 431          | 90.3                | 9.7                  | 100        | 442          | 91.4                | 8.6                  | 100        |
| Widow/er              | 29           | 89.7                | 10.3                 | 100        | 252          | 95.2                | 4.8                  | 100        |
| Divorced              | 37           | 91.9                | 8.1                  | 100        | 92           | 88                  | 12                   | 100        |
| <b>Total</b>          | <b>2,110</b> | <b>88.9</b>         | <b>11.1</b>          | <b>100</b> | <b>2,513</b> | <b>89.9</b>         | <b>10.1</b>          | <b>100</b> |
| <b>Education</b>      |              |                     |                      |            |              |                     |                      |            |
| Primary               | 1,026        | 87.8                | 12.2                 | 100        | 1,159        | 89.6                | 10.4                 | 100        |
| Vocational            | 65           | 87.7                | 12.3                 | 100        | 49           | 89.8                | 10.2                 | 100        |
| Secondary             | 149          | 78.5                | 21.5                 | 100        | 160          | 83.1                | 16.9                 | 100        |
| University            | 49           | 83.7                | 16.3                 | 100        | 28           | 53.6                | 46.4                 | 100        |

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| Characteristics   | MEN          |                     |                      |            | WOMEN        |                     |                      |            |
|-------------------|--------------|---------------------|----------------------|------------|--------------|---------------------|----------------------|------------|
|                   | count        | Low level of access | High level of access | Total      | count        | Low level of access | High level of access | Total      |
| No Education      | 821          | 92.6                | 7.4                  | 100        | 1,117        | 92.1                | 7.9                  | 100        |
| <b>Total</b>      | <b>2,110</b> | <b>88.9</b>         | <b>11.1</b>          | <b>100</b> | <b>2,513</b> | <b>89.9</b>         | <b>10.1</b>          | <b>100</b> |
| <b>Employment</b> |              |                     |                      |            |              |                     |                      |            |
| Unemployed        | 258          | 88.4                | 11.6                 | 100        | 464          | 91.6                | 8.4                  | 100        |
| Farmer            | 1,471        | 89.4                | 10.6                 | 100        | 1,831        | 90.4                | 9.6                  | 100        |
| Civil servant     | 54           | 77.8                | 22.2                 | 100        | 29           | 72.4                | 27.6                 | 100        |
| Employed          |              |                     |                      |            |              |                     |                      |            |
| CSO/PS            | 60           | 93.3                | 6.7                  | 100        | 21           | 85.7                | 14.3                 | 100        |
| Self-Employed     | 203          | 89.2                | 10.8                 | 100        | 119          | 84.9                | 15.1                 | 100        |
| other             | 64           | 84.4                | 15.6                 | 100        | 49           | 81.6                | 18.4                 | 100        |
| <b>Total</b>      | <b>2,110</b> | <b>88.9</b>         | <b>11.1</b>          | <b>100</b> | <b>2,513</b> | <b>89.9</b>         | <b>10.1</b>          | <b>100</b> |

### 4.3.3. Motivation and demotivation of reporting GBV cases at IOSC

37 percent of respondents stated that health care was the main motivator, of which males constituted 40 percent and females, 34 percent. Only 16 percent of total respondents were motivated by legal support while 15.7 percent were motivated by security. The table below shows other motivating factors and also distribution of respondents by sex

**Table 30: Motivation for Reporting GBV: Distribution of respondent by sex**

| Motivation to report GBV to IOSC | n   | Male(%) | Female(%) | Total(%) |
|----------------------------------|-----|---------|-----------|----------|
| Security                         | 111 | 19.0    | 12.5      | 15.7     |
| Confidentiality                  | 80  | 8.6     | 13.9      | 11.3     |
| Health care                      | 262 | 33.7    | 40.4      | 37.1     |
| Legal support                    | 113 | 17.9    | 14.2      | 16.0     |
| Social                           | 69  | 10.4    | 9.2       | 9.8      |
| Economic                         | 11  | 1.4     | 1.7       | 1.6      |

## GBV root causes and IOSC services delivery

|              |            |              |              |              |
|--------------|------------|--------------|--------------|--------------|
| Other        | 60         | 8.9          | 8.1          | 8.5          |
| <b>Total</b> | <b>706</b> | <b>100.0</b> | <b>100.0</b> | <b>100.0</b> |
|              |            | 347          | 359          | 706          |

On the barriers to reporting GBV to IOSC, 33 percent of respondents, stated that the main obstacle is the limited knowledge on IOSC. The second obstacle was distance from the community (14.9%) and the third obstacle was stigma (13.3%).

**Table 31: Barriers to Reporting GBV according to sex**

| Demotivation to report GBV to IOSC  | n          | Male (%) | Female (%) | Total (%) |
|-------------------------------------|------------|----------|------------|-----------|
| Distance from the community         | 104        | 16.3     | 13.5       | 14.9      |
| Limited knowledge on IOSC           | 231        | 31.2     | 34.7       | 33.0      |
| Limited trust of IOSC staff         | 13         | 1.5      | 2.2        | 1.9       |
| Lack of confidentiality             | 55         | 7.3      | 8.4        | 7.9       |
| Stigma                              | 93         | 12.8     | 13.7       | 13.3      |
| Fear of reprisals from perpetrators | 54         | 8.8      | 6.7        | 7.7       |
| GBV is a norm by culture            | 27         | 3.8      | 3.9        | 3.9       |
| Others                              | 123        | 18.4     | 16.8       | 17.6      |
| <b>Total</b>                        | <b>700</b> | 100.0    | 100.0      | 100.0     |
|                                     |            | 343      | 357        | 700       |

According to FGDs and key informants, other obstacles hampering GBV reporting include fear and a desire to protect the name and unity of the family and to some extent to avoid economic difficulties that may arise from a father or a husband's imprisonment. Perceived impunity by GBV perpetrators discourages reporting as survivors feel it is a waste of time. The patriarchal system, gender inequalities, socio-cultural norms, unequal distribution of resources and power combined with social institutions that sustain gender inequality all contribute significantly to limiting GBV reporting.

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### 4.3.4. Communities and institutional trust on GBV

Respondents were requested to report the structure which is most trusted by GBV survivors. The results in the table below reveal that the majority of respondents (67.4 percent) with males and females representing 69 percent and 66 percent respectively mentioned police station. Isange One Stop Center was reported by 12 percent of respondents as the most trusted structure.

**Table 32: Distribution of respondents by structures most trusted by GBV survivors**

| Structure most trusted by GBV Survivors | n   | Male(%) | Female(%) | Total(%) |
|---|-----|---------|-----------|----------|
| IOSC/Isange                             | 87  | 13.2    | 11.3      | 12.2     |
| Police station                          | 479 | 68.7    | 66.0      | 67.4     |
| Local authorities                       | 90  | 10.6    | 14.6      | 12.7     |
| Church                                  | 4   | 0.3     | 0.8       | 0.6      |
| Schools                                 | 1   | 0.3     | 0.0       | 0.1      |
| Families                                | 3   | 0.6     | 0.3       | 0.4      |
| Hospitals                               | 31  | 3.7     | 5.0       | 4.4      |
| NWC                                     | 1   | 0.0     | 0.3       | 0.1      |
| Others                                  | 15  | 2.6     | 1.7       | 2.1      |
| Total                                   | 711 | 100.0   | 100.0     | 100.0    |
|   |     | 349     | 362       | 711      |

Out of 711 respondents, 356 corresponding to 50 percent replied that those services are not accessible. Around 60 percent of respondent reported that IOSC services are not well known by the community and 18 percent reported that IOSCs are far from the community. There is no significant difference between answers provided by males and females.

**Table 33: Reasons underlying limited accessibility to IOSC**

| Reason behind limited accessibility to IOSC       | count | Male% | Female% | Total% |
|---|-------|-------|---------|--------|
| IOSC services are not well known by the community | 213   | 60.7  | 59.0    | 59.8   |
| IOSCs are far from the community                  | 64    | 18.0  | 18.0    | 18.0   |

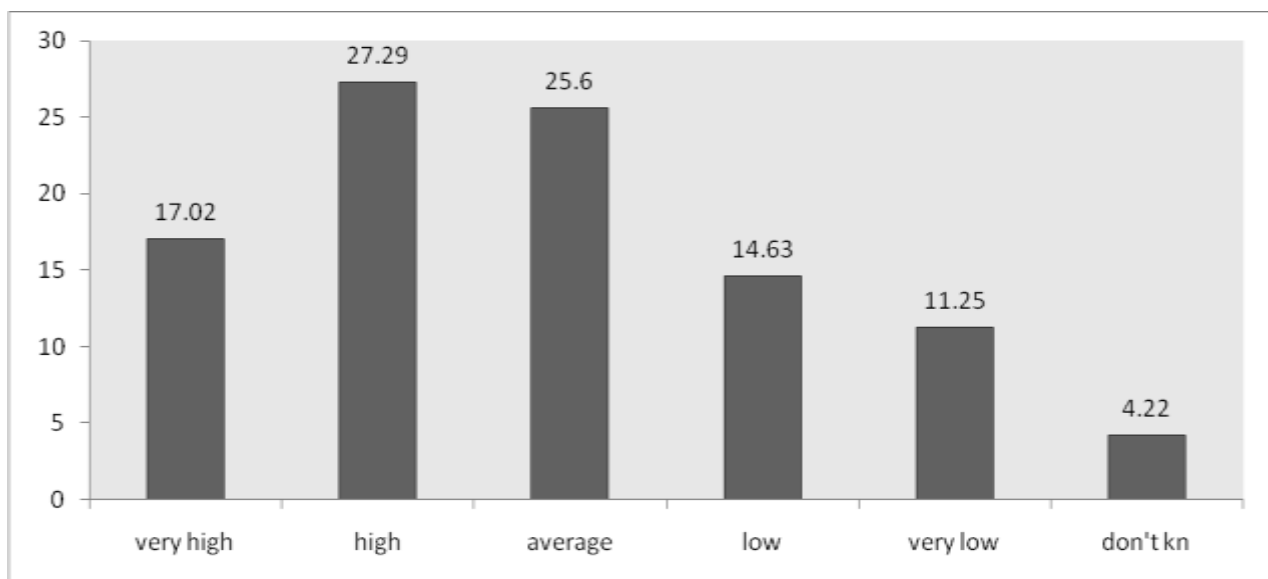
## GBV root causes and IOSC services delivery

|  |            |              |              |              |
|--|------------|--------------|--------------|--------------|
| Community don't really trust the confidentiality of staff working in IOSCs | 5          | 2.2          | 0.6          | 1.4          |
| Fear of stigma   | 15         | 4.5          | 3.9          | 4.2          |
| Fear to expose your self   | 13         | 4.5          | 2.8          | 3.7          |
| Dependency of the survivor to the perpetrator                              | 7          | 1.7          | 2.2          | 2.0          |
| Others   | 39         | 8.4          | 13.5         | 11.0         |
| <b>Total</b>   | <b>356</b> | <b>100.0</b> | <b>100.0</b> | <b>100.0</b> |
|  |            | <b>178</b>   | <b>178</b>   | <b>356</b>   |

FGDs confirmed the above key findings as the major barriers: limited knowledge on IOSC, long distance, stigma, and fear to expose yourself. Additionally, the limited knowledge among GBV survivors on how to preserve evidence was cited as a major challenge to service delivery by IOSC. Equally important is the issue of limited staff in various IOSCs, including the absence of a legal officer. The frustrating element of this situation, both for the IOSC and the GBV survivor is the difficulty of putting together a solid case for prosecution. Survivors and communities interpret this as an inability to punish perpetrators and are discouraged from reporting.

Nonetheless the finding show that 71 percent of respondents appreciate or highly appreciate the services offered by IOSC. Figure 2 below provides further details.

**Figure 2: Distribution of respondents by the level of appreciation of IOSC services**



## GBV root causes and IOSC services delivery

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Despite the respondents' expression of confidence in the high quality of IOSC services, certain operational issues at the IOSC may translate into demotivating factors. These include limited budget which impacts negatively on some services such as home visits and prevention campaigns; operating hours: IOSC do not open at night, a time when most survivors may wish to seek their services; limited number of staff (some staff members have to play double roles to provide survivors with needed services) and limited collaboration with other structures involved in addressing GBV.

### **4.3.5. Operationalization of the existing Standard Operating Procedures (SOPS).**

The Isange One Stop Center standard operating procedures are inspired by the Multidisciplinary Investigative and Intervention Team Model (MDIITM). The MDIITM indicates that four areas of response should be available for the GBV survivor at an IOSC: medical, psychosocial, police and legal. The MDIITM shows that the Social worker is the first person to receive the GBV case and then refers him/her to the right professional depending on the nature of the case. Consultations with both the IOSC management and staff revealed that in most cases, there is no social worker, as this position has been replaced by the GBV officer who is a staff member in the hosting hospital. This is an internal arrangement due to limited budget.

Budgetary limitations affect the recruitment of a legal person at IOSC. To facilitate GBV survivors' access to justice, IOSC collaborates with MAJ (Maison d'accès à la Justice/Office for Access to Justice), a structure of the Ministry of Justice. This structure is generally hosted outside IOSC but in some cases the person in charge of GBV under MAJ may be accommodated within IOSC to fill in for the legal person.

Although the IOSC SOPs, stress the issue of prevention, the 'neglect' of this issues could explain why very few people are aware of the existence of IOSC. IOSC management indicates that prevention related activities are constrained by budget allocations. Social reintegration is another important aspect that has not been given sufficient attention in the IOSC SOPs. Social reintegration interventions have been limited to occasional home visits in support of GBV survivors, and constitute mostly in organizing meetings with community members to address stigma. The most striking finding from consultations with IOSCs management and staff was that IOSC is not integrated within the hosting hospital's structure. This may significantly explain all the constraints highlighted above.



## SECTION 4.4: COMMUNITY PERCEPTIONS ABOUT CHILD ABUSE

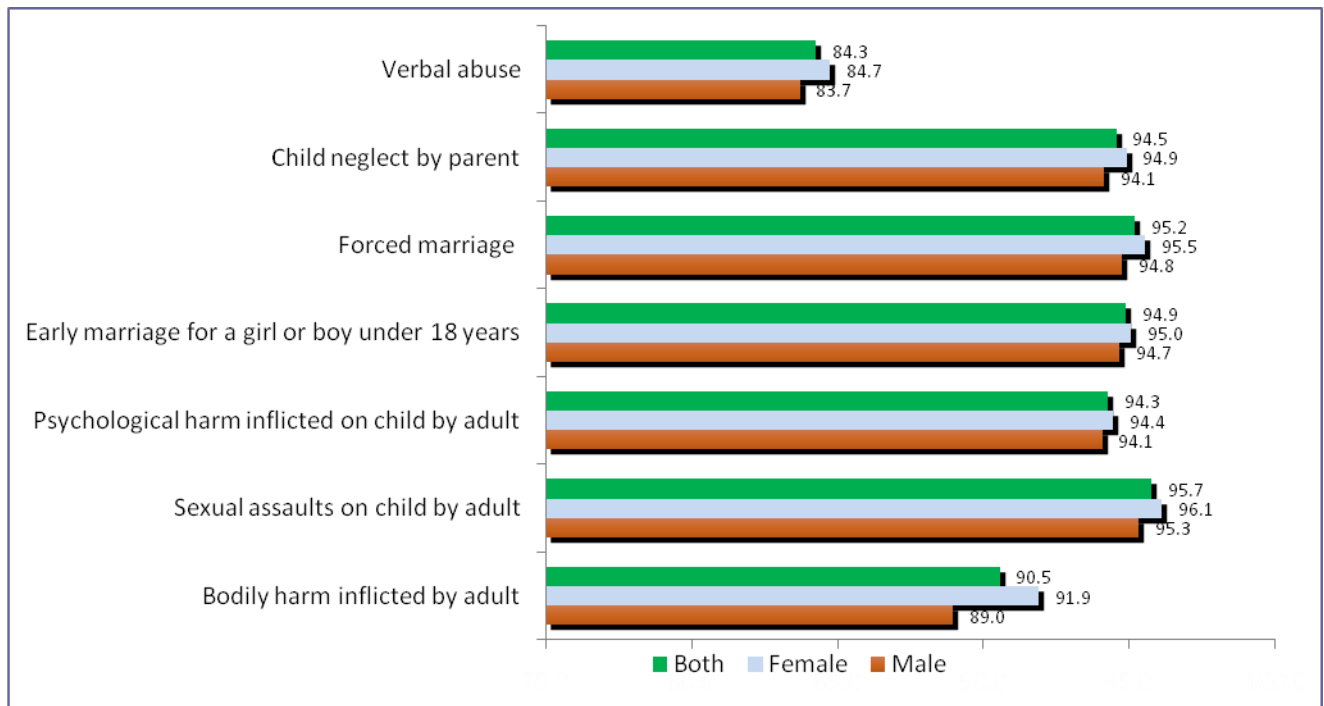
This section discusses different aspects of community perceptions about child abuse. It looks at the knowledge that community has about child abuse, how child abuse cases are managed, trusted structures for reporting child abuse, causes of child abuse and barriers to reporting child abuse. Some quantitative findings are supplemented by qualitative information gathered from consultations with resource persons.

### 4.4.1. Knowledge on child abuse

Seven categories of child abuse were identified and for each category, the respondent was asked whether he/she considers it as child abuse or not.

Figure 3 below shows that more than 90 percent of respondents were able to identify child abuse. Verbal abuse was reported as child abuse by 84 percent of the total sample. Bodily harm inflicted by an adult was also reported as child abuse by 89 percent of males while the corresponding proportion among females was 92 percent.

**Figure 3: Percentage of respondents who acknowledge the displayed issues as child abuse.**



## GBV root causes and IOSC services delivery

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### 4.4.2. Community perception on the level of child abuse

Respondents who recognized existence of child abuse in their communities were asked to give their perception on the level of different types of child abuse that are likely to occur in their communities. To analyze responses, levels were combined: very high and high and very low and low. The results show that in general, child abuse cases are less frequent in the community with a third or less reporting high presence (9.6 percent to 33.3 percent) while the proportion of low presence ranges from 60.3 percent to 76.1 percent.

The presence of different types of child abuse in the community starting from the most frequent based on the perception of the respondents is as follows: Hitting, insult and intimidation, sexual abuse, early marriage, deprivation of health care, deprivation of food and forced marriage. The ranking based on perception of males is the following order: Hitting, insult and intimidation, Sexual abuse, Early marriage, Deprivation of health care, Forced marriage and Deprivation of food; while for females the order is as follows: Hitting, insults and intimidation, Sexual abuse, Early marriage, Deprivation of health care, deprivation of food and forced marriage. The two last types of child abuse (deprivation of food and forced marriage) are rated equally by males and females and are put at the lowest end of the scale.

**Table 34: Distribution of respondent by their perception on the level of the presence of child abuse in the community**

| How do you perceive its level with the following types child abuse? | n            | Male (%)   | Female (%) | Total (%)  |
|---|--------------|------------|------------|------------|
| <b>hitting</b>  |              |            |            |            |
| very high   | 185          | 14.4       | 12         | 13.2       |
| high  | 282          | 18.8       | 21.2       | 20.1       |
| low   | 511          | 35.8       | 36.8       | 36.3       |
| very low  | 337          | 24.9       | 23.2       | 24         |
| don't know  | 91           | 6.1        | 6.8        | 6.5        |
| <b>Total</b>  | <b>1,406</b> | <b>100</b> | <b>100</b> | <b>100</b> |

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|                                   |                     |            |            |            |
|-----------------------------------|---------------------|------------|------------|------------|
| <b>Insult and intimidations</b>   |                     |            |            |            |
| very high                         | 94                  | 6.5        | 6.8        | 6.7        |
| high                              | 305                 | 19.7       | 23.4       | 21.7       |
| low                               | 464                 | 33.1       | 32.9       | 33         |
| very low                          | 443                 | 33.7       | 29.6       | 31.5       |
| don't know                        | 100                 | 7          | 7.2        | 7.1        |
| <b>Total</b>                      | <b>1,406</b>        | <b>100</b> | <b>100</b> | <b>100</b> |
| <b>Sexual abuse</b>               |                     |            |            |            |
| very high                         | 90                  | 6.1        | 6.7        | 6.4        |
| high                              | 200                 | 11.8       | 16.3       | 14.2       |
| low                               | 466                 | 33.5       | 32.8       | 33.1       |
| very low                          | 494                 | 38.2       | 32.4       | 35.1       |
| don't know                        | 156                 | 10.3       | 11.8       | 11.1       |
| <b>Total</b>                      | <b>1,406</b>        | <b>100</b> | <b>100</b> | <b>100</b> |
| <b>Deprivation from food</b>      |                     |            |            |            |
| very high                         | 60                  | 3.8        | 4.7        | 4.3        |
| high                              | 115                 | 6.4        | 9.8        | 8.2        |
| low                               | 439                 | 32.9       | 29.7       | 31.2       |
| very low                          | 601                 | 43.2       | 42.3       | 42.7       |
| don't know                        | 191                 | 13.7       | 13.5       | 13.6       |
| <b>Total</b>                      | <b>1,406</b>        | <b>100</b> | <b>100</b> | <b>100</b> |
| <b>Deprivation of health care</b> |                     |            |            |            |
| very high                         | 38                  | 2          | 3.3        | 2.7        |
| high                              | 171                 | 11.4       | 12.9       | 12.2       |
| low                               | 481                 | 34.7       | 33.7       | 34.2       |
| very low                          | 565                 | 40.8       | 39.6       | 40.2       |
| don't know                        | 151                 | 11.1       | 10.4       | 10.7       |
| <b>Total</b>                      | <b>1,406</b>        | <b>100</b> | <b>100</b> | <b>100</b> |
| <b>Early marriage</b>             |                     |            |            |            |
|                                   | for girls under 18/ |            |            |            |
| very high                         | 91                  | 6.7        | 6.3        | 6.5        |
| high                              | 128                 | 8.2        | 9.9        | 9.1        |

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|                        |              |            |            |            |
|------------------------|--------------|------------|------------|------------|
| low                    | 414          | 30.7       | 28.4       | 29.4       |
| very low               | 606          | 42.3       | 43.8       | 43.1       |
| don't know             | 167          | 12.1       | 11.6       | 11.9       |
| <b>Total</b>           | <b>1,406</b> | <b>100</b> | <b>100</b> | <b>100</b> |
| <b>Forced marriage</b> |              |            |            |            |
| very high              | 56           | 4.2        | 3.7        | 4          |
| high                   | 79           | 5.6        | 5.6        | 5.6        |
| low                    | 393          | 27.8       | 28.1       | 28         |
| very low               | 676          | 47.6       | 48.5       | 48.1       |
| don't know             | 202          | 14.7       | 14.1       | 14.4       |
| <b>Total</b>           | <b>1,406</b> | <b>100</b> | <b>100</b> | <b>100</b> |
| <b>others</b>          |              |            |            |            |
| very high              | 31           | 2.9        | 1.6        | 2.2        |
| high                   | 76           | 4.6        | 6.2        | 5.4        |
| low                    | 180          | 12.6       | 13         | 12.8       |
| very low               | 246          | 19.4       | 15.8       | 17.5       |
| don't know             | 873          | 60.5       | 63.5       | 62.1       |
| <b>Total</b>           | <b>1,406</b> | <b>100</b> | <b>100</b> | <b>100</b> |

### 4.4.3. Management of Child Abuse Cases

On action against child abuse, most respondents (73.8 percent) inform local authorities and that response is the same for males and females. Respondents who inform the police represent around 10 percent.

**Table 35: Distribution of respondents by the reported action taken in the case of child abuse**

| What do you do when you encounter a case of a child abuse in your community | n | Male (%) | Female (%) | Total (%) |
|---|---|----------|------------|-----------|
|   |   |          |            |           |

## GBV root causes and IOSC services delivery

|                          |              |            |            |            |
|--------------------------|--------------|------------|------------|------------|
| Inform local authorities | 3,411        | 73.6       | 73.9       | 73.8       |
| Take actions myself      | 61           | 1.4        | 1.2        | 1.3        |
| Inform child parents     | 217          | 4.3        | 5          | 4.7        |
| nothing                  | 53           | 1          | 1.2        | 1.1        |
| Inform Police/           | 453          | 10.2       | 9.4        | 9.8        |
| others                   | 428          | 9.3        | 9.2        | 9.3        |
| <b>Total</b>             | <b>4,623</b> | <b>100</b> | <b>100</b> | <b>100</b> |

### 4.4.4. Trusted community-based structures on prevention of and response to child abuse

Respondents were asked if they know any community-based mechanism that works on prevention or response of child abuse in their community and to name the structure. The results presented in the table below reveal that 43 percent of respondents named “village committee, umudugudu” as the structure preventing child abuse in the community. 18 percent of the respondents said “family friend”; 13 percent said Police while around 10 percent cited NWC. Consultations revealed that the village committee is the most trusted structure in cases of child abuse because it is perceived as the eye of the government, closest to the survivor. The bulk of cases of child abuse remain unreported as they are handled at family level through internal arrangements between the two families of the survivor and perpetrator. Sustaining good neighborliness and fear of stigma were among the major reasons underlying the limited reporting of child abuse.

**Table 36: Distribution of respondents & community-based structure working on child abuse**

| Community-based structure that works on prevention or response of child abuse. | n     | Male (%) | Female (%) | Total (%) |
|--|-------|----------|------------|-----------|
| National Women Council (NWC)   | 242   | 8        | 11.3       | 9.7       |
| Community Policing   | 192   | 7.4      | 8          | 7.7       |
| Isange One Stop Centre (IOSC)  | 32    | 1.6      | 1          | 1.3       |
| National Police  | 315   | 13.2     | 12.1       | 12.7      |
| Village committee  | 1,063 | 42       | 43.3       | 42.7      |
| Family friends   | 453   | 19.7     | 16.8       | 18.2      |

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|              |                |            |            |            |
|--------------|----------------|------------|------------|------------|
| Others       | 193            | 7.9        | 7.6        | 7.8        |
| <b>Total</b> | <b>n=2,490</b> | <b>100</b> | <b>100</b> | <b>100</b> |

### 4.4.5. Extent of community perceived causes of child abuse

Respondents were requested to rate the severity of causes of child abuse. The results of this analysis show the following order of gravity: Alcohol and drug abuse, Ignorance, Parents irresponsibility, Parents negative behaviors, Child's negative behaviors and Degradation of cultural values. Interestingly, while females consider degradation of cultural values as worse than child's negative behavior, males think otherwise.

**Table 37: Extent of community perceived causes of child abuse**

| cause of a child abuse            | n            | Male (%)    | Female (%)  | Total (%)  |
|-----------------------------------|--------------|-------------|-------------|------------|
| <b>Parents negative behaviors</b> |              |             |             |            |
| very high                         | 548          | 45.8        | 54.2        | 100        |
| high                              | 1,047        | 38.5        | 61.5        | 100        |
| average                           | 1,227        | 48          | 52          | 100        |
| low                               | 1,360        | 46.3        | 53.8        | 100        |
| very low                          | 441          | 54          | 46          | 100        |
| <b>Total</b>                      | <b>4,623</b> | <b>45.6</b> | <b>54.4</b> | <b>100</b> |
| <b>Parents irresponsibility's</b> |              |             |             |            |
| very high                         | 575          | 44          | 56          | 100        |
| high                              | 1,089        | 41.5        | 58.5        | 100        |
| average                           | 1,143        | 46.8        | 53.2        | 100        |
| low                               | 1,359        | 45.8        | 54.2        | 100        |
| very low                          | 457          | 54.3        | 45.7        | 100        |
| <b>Total</b>                      | <b>4,623</b> | <b>45.6</b> | <b>54.4</b> | <b>100</b> |

## GBV root causes and IOSC services delivery

|                                      |              |             |             |            |
|--------------------------------------|--------------|-------------|-------------|------------|
| <b>Child negative behavior</b>       |              |             |             |            |
| very high                            | 341          | 42.8        | 57.2        | 100        |
| high                                 | 1,030        | 42.8        | 57.2        | 100        |
| average                              | 1,139        | 45.8        | 54.2        | 100        |
| low                                  | 1,518        | 45.3        | 54.7        | 100        |
| very low                             | 595          | 52.6        | 47.4        | 100        |
| <b>Total</b>                         | <b>4,623</b> | <b>45.6</b> | <b>54.4</b> | <b>100</b> |
| <b>Degradation of culture values</b> |              |             |             |            |
| very high                            | 282          | 41.8        | 58.2        | 100        |
| high                                 | 1,053        | 41.9        | 58.1        | 100        |
| average                              | 1,252        | 44.9        | 55.1        | 100        |
| low                                  | 1,433        | 46.1        | 53.9        | 100        |
| very low                             | 603          | 54.6        | 45.4        | 100        |
| <b>Total</b>                         | <b>4,623</b> | <b>45.6</b> | <b>54.4</b> | <b>100</b> |
| <b>Alcohol and drugs</b>             |              |             |             |            |
| very high                            | 815          | 41.6        | 58.4        | 100        |
| high                                 | 1,128        | 40.5        | 59.5        | 100        |
| average                              | 941          | 53.2        | 46.8        | 100        |
| low                                  | 1,278        | 45.5        | 54.5        | 100        |
| very low                             | 461          | 50.3        | 49.7        | 100        |
| <b>Total</b>                         | <b>4,623</b> | <b>45.6</b> | <b>54.4</b> | <b>100</b> |
| <b>Ignorance</b>                     |              |             |             |            |
| very high                            | 497          | 47.3        | 52.7        | 100        |
| high                                 | 1,180        | 41.5        | 58.5        | 100        |
| average                              | 856          | 45.6        | 54.4        | 100        |
| low                                  | 1,430        | 44.3        | 55.7        | 100        |
| very low                             | 660          | 54.7        | 45.3        | 100        |
| <b>Total</b>                         | <b>4,623</b> | <b>45.6</b> | <b>54.4</b> | <b>100</b> |

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Other of child abuse causes discussed in FGDs were:

### **Physical abuse**

History of being abused or neglected as a child; physical or mental illness, such as depression or post-traumatic stress disorder (PTSD); family crisis or stress, including domestic violence; other marital conflicts. FGD participants opined that such abuse occurs in family contexts where parents or guardians have had little social support or exposure to positive parental models.

### **Sexual abuse**

**-Vengeance & Wickedness associated with sexual abuse of children of** under 10 years and below. Two examples were provided to illustrate this: 1) a man may sexually abuse a child because he wants to make the child's family suffer in revenge for something bad that the family may have done; 2) HIV positive persons with the ill intention of infecting others, target children because they are defenseless and easy to manipulate.

**-Ignorance:** some men abuse children sexually because they have been told by witchdoctors that their problem will be resolved if they have sexual intercourse with a child; Again, the myth that an HIV/AIDS infected person will be cured upon sexual relations with a child of 4 years of age or below.

**-Mental problems:** some GBV perpetrators especially those assaulting children and teens are believed to have mental problems. Consultations recommended that medical examinations be conducted for every arrested perpetrator to establish the mental status.

### **Early marriage**

According to Law N° 32/2016 of 28/08/2016 Governing Persons and Family, the age of majority is eighteen (18) years, but the minimum legal age for marriage is twenty-one (21) years. Early or forced marriage remains a crime that is punishable by a minimum of 2 years imprisonment. Consultations indicated the following as the major causes of early marriage:

**-Poverty:** To reduce economic stress in the family, some parents or guardians give their teenage daughters in marriage because of lack of funds to cover their educational requirements.



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**-Avoiding unwanted pregnancies:** some parents fear stigma in case of unwanted pregnancies of their teens daughters and prefer to marry them off.

**-Greed:** in the context of relatives or guardians who would like to confiscate property belonging to orphans under their care. Once married, the orphans are said to focus more on their new homes, which leaves room for the relatives or guardians to dispossess them of the properties left behind by their parents.

### 4.4.6. Perceived community barriers to reporting child abuse

21 percent of respondents reported that ‘dependence of the survivor on the perpetrator’ was the most frequent barrier to reporting child abuse. Stigma and family arrangements were reported by 13 percent and 11.4 percent of respondents respectively.

**Table 38: Major barriers to report child abuse in your community**

| Major barriers to report child abuse in your community | n            | Male (%)   | Female (%) | Total (%)  |
|--|--------------|------------|------------|------------|
| Dependence of survivor on perpetrator                  | 979          | 22.6       | 20         | 21.2       |
| Ignorance of reporting/denunciation mechanisms         | 466          | 9.9        | 10.3       | 10.1       |
| Stigma   | 610          | 11.7       | 14.5       | 13.2       |
| Arrangement between family                             | 527          | 12.1       | 10.8       | 11.4       |
| Lack of will to report                                 | 281          | 5.7        | 6.4        | 6.1        |
| Lack of evidence                                       | 319          | 7.2        | 6.6        | 6.9        |
| Feeling that denunciation will change nothing          | 270          | 6.1        | 5.7        | 5.8        |
| Perpetrator is more influential in the community       | 117          | 2.8        | 2.3        | 2.5        |
| Other specify  | 1,054        | 22         | 23.5       | 22.8       |
| <b>Total</b>   | <b>4,623</b> | <b>100</b> | <b>100</b> | <b>100</b> |

*i) Arrangements between families of survivors and perpetrators:* Two major reasons underlie this internal arrangement: firstly, families do it to sustain good neighbourliness and secondly, they want to avoid penalties that they deem too heavy for the perpetrator if convicted. For example for a case of child rape, the penalty is life imprisonment.

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*ii) Stigma:* Reporting cases of child sexual abuse becomes difficult may lead to stigma that affects the family of the child and more importantly the child. In the case of a girl, the abused child is likely to not get married, when she becomes adult, if it is known that she was raped.

### CHAPTER V: CONCLUSION AND RECOMMENDATIONS

This chapter progresses from key findings to provide deeper insights, conclusions and recommendations on the basis of both quantitative and qualitative data. The discussion draws a link between major findings and how they align to the objectives of the study.

#### 5.1. Discussions

##### 5.1.1. Alignment with the objectives of the study

*Objective 1: To analyze the Rwanda DHS 2014/15 data from the Gender-based Violence Module on the Prevalence of GBV, risk factors that increase the probability of GBV in Rwanda, Health and children's education differentials between survivors and non-survivors of GBV and service seeking behavior*

According to the DHS 2015 the following were found to be the major risk factors for physical gender-based violence (see other forms in Annex 1):

**Age:** while GBV is generally more prevalent among females than males, physical violence was more prevalent among males than females in the age category of (15 -19). In the latter part of the teenage years, more males (40.5%) experience physical violence than their female counterparts (34.5%).

**Household's wealth:** Poor households are more exposed to gender-based violence as revealed by DHS 2015. For example, physical violence is more experienced in poor households (44%) compared to 32% elsewhere. Across all forms of GBV, poor households have a higher prevalence as indicated in Annex 1.

**Employment status:** Women who are paid in cash are more exposed to physical violence than women who are paid in kind. This is particularly the case for intimate partner violence.

**Husband's level of education:** There is less physical violence in households where the husband has a high level of education as compared to those where husbands have a low level of education.

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Consultations with local leaders and key informants at decentralized levels indicated that some of the risk factors that contribute to GBV are deeply entrenched gender norms and stereotyping, degeneration of morals and a culture of silence among others.

The level of knowledge of GBV and IOSC does not necessarily influence service seeking behavior if the level of tolerance of GBV is very high. The level of knowledge of GBV was generally found to be at 69.9% while the level of tolerance of GBV on the other hand was also at the same level of 69.9%. This high level of tolerance of GBV is one of the key factors that hinder service seeking behavior. This tolerance level is sustained, at the societal level, by a set beliefs, standards and social norms that tend to incriminate the victim of GBV rather than the perpetrator. At the relationship level, there is fear of being abandoned especially the spouse and family. At the individual level, there is fear of stigma and reprisals should the matter be exposed in the community or family. In summary, the factors that sustain tolerance conspire against the victim/survivor who in turns opts for silence.

### ***Objective 2: To identify which groups are at greater risk of becoming GBV-survivors and – perpetrators***

In terms of groups that are at greater risk of becoming GBV survivors, DHS 2015 indicates that males between 15 -19 years are at greater risk of facing physical violence ( 28% ) compared to their female counterparts within the same age bracket (24 % ). Consultations with local leaders suggested that more males aged between 15-19 face physical violence because it is a period of growing into and meeting the cultural expectations of being a man. After that age bracket, males become beneficiaries of gender socialization and cultural norms which make them less prone to GBV compared to females.

Women empowered by employment status or education are also exposed to GBV. Among employed women, those paid in cash are more exposed to GBV (50%) compared to those paid in kind (39%). Surprisingly however those not earning any income still suffer a GBV exposure of 35%. Consultations with key informants and FGDs suggest that men feel threatened by women who are economically empowered. To sustain their power, men resort to violence to enforce continued submission from their female partners. Women who have attained higher levels of education are also more at risk of physical violence (40%) compared to (36.9%) of their male counterparts of the same level of education. FGDs also indicated that employment and education

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contributed to females being more at risk of GBV because females who have achieved a certain level of education become aware of their rights and start to challenge cultural norms and gendered power relations which could result in violent retaliation from males.

Women from poor households were also found to be at greater risk of GBV than those from better off households. FGDs indicated that women from poor households tend to be economically dependent on their husbands which increases economic stress on their husbands which might manifest in violent reactions.

Other groups at risk of GBV would be young girls/children, susceptible to rape by those who erroneously believe that they will be cured from HIV and Aids; mentally retarded who are taken advantage of as they are not in control of their faculties and children who are unsuspecting of the ill intentions of relatives or adults.

### ***Objective 3: To identify levels of knowledge and knowledge gaps on GBV and their links with service seeking behavior***

The study findings are consistent with the dominant view that GBV is mostly targeted at women and girls but that men are also survivors. Over 50 per cent of the respondents, regardless of level of education, confirm having heard of or met a GBV survivor. About 90 percent of respondents report that the survivor is female with marginal differences for different educational categories.

When it comes to age groups, the study finds that the levels of knowledge on GBV are quite high across age groups, with females having slightly higher awareness than males except for the age group of 15-17 years where more males have higher levels of understanding of GBV than females. The qualitative explanation of this exception is that males of this age category are more exposed to scenarios of GBV than females. The seemingly high knowledge levels on the basis of age groups, if contrasted with the occurrence levels of GBV, lead to the conclusion that knowledge has some explanatory power for GBV but is likely to be significant only in combination with other factors, for example, the understanding of GBV and its penalties.

The study finds an interesting contrast in levels of knowledge and interest in community discussions between rural and urban areas. In Kigali, for example, only 26 percent of respondents know about the existence of those discussions while the corresponding proportions

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is 64 percent in the South and 68 percent in Eastern Province. As a whole, rural areas manifest a much higher interest in community discussions on GBV than urban areas yet there is a much higher knowledge of GBV in urban areas than in rural areas. This almost contradictory result calls for some interrogation of the content and methodology of GBV discussions.

While communities generally have limited knowledge on the GBV law and its provisions, they nonetheless demonstrate a fairly high level of knowledge of the law governing matrimonial regimes, donations and successions. It is assumed that this law perhaps has the strongest link to issues close to community and for which they see a direct connection with practice. For example, the law directly challenges cultural and traditional practices of inheritance by removing gender discrimination. The knowledge, in this context, is in no way interpreted to mean a total embrace of the law but most likely, a desire to understand the content and implementation.

Findings on reporting GBV cases show that 50% of survivors report to local leaders and 30% to police. These proportions fade in importance given that the bulk of GBV cases are handled within families. The study finds that the factors limiting reporting and service seeking, in order of significance, are, *inter alia*, dependence on the perpetrator, fear, stigma, family arrangements, a feeling that nothing will change and pressure to preserve the marriage. The subtle message from this discussion is that knowledge about GBV remains an important factor for service seeking but the cultural and economic factors surrounding it need to be addressed for effective reporting or service seeking. Knowledge alone has limited influence on service seeking.

### ***Objective 4: To identify beliefs, perceptions and behavioral patterns that facilitate or hinder help/service seeking behavior***

Among the most critical factors for going to IOSC is health care (33.7% for males and 40.4% for females) which far outweighs all other concerns. Legal support (17.9% for males and 14.2% for females), security (19% for males and 12.5% for females) and confidentiality (8.6% for males and 13.9% for females) follow in that order.

As earlier explained, the majority of GBV cases remain unreported. The study shows, for example, that domestic violence is still perceived as internal business among married couples. FGDs indicated that when a man beats his wife, neighbors are reluctant to intervene because they

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think that this would be interference in internal matters for the concerned household. Even when neighbors intervene, it is not for purposes of reporting or seeking help elsewhere but for interests of protecting community, good neighborliness and family relations. At any rate wife beating is generally taken as a man punishing his wife and is accepted as doing the right thing.

Discussions with local leaders stressed that whenever there is a case of GBV among spouses, the primary interest is consider the possibility for reconciliation between the survivor and perpetrator rather than reporting them as this would be perceived as violation of household privacy.

Women's dependence on men may also hinder service seeking. As, in several households, men are the sole breadwinners, women and children opt for silence so as not to jeopardize their means of livelihood. FGDs reveal that even where communities are aware or neighbors intervene, secrecy is maintained and justified as the right thing to do.

Other perceptions or behavioral patterns hindering service seeking stem from the deep belief that reporting GBV is a violation of family privacy, it increases the potential for ruining relationships and damaging community wellbeing and that it goes against accepted cultural norms. These all combine to hinder service seeking which is dependent on reporting.

Limited knowledge on preserving GBV evidence also compromises both medical response and effective prosecution of perpetrators. The net effect is the erroneous conclusion that perpetrators are not or cannot be punished, which in turn discourages future reporting and service seeking. It is perhaps this cycle of events and perceptions that most needs to be broken in order to raise reporting levels and encourage service seeking. While poverty eradication is longer term, other short term measures must seek to break this cycle. In the immediate, some measures could include sensitization to break the culture of silence; awareness raising on reporting; education on and greater exposure of response measures available at IOSCs and advocacy to eliminate erroneous assumptions on handling of perpetrators. Interventions aimed at reducing women's dependence on men, empowering girls and communities with knowledge and information on GBV and awareness raising on measures put in place by Government would go a long way to address reporting and service seeking. Ultimately men and women who are champions of gender equality should be facilitated to reach out to communities where GBV is known to be

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particularly prevalent. The study has highlighted some of the areas where the prevalence and incidence of GBV are particularly high. A particular focus should be placed on these areas.

***Objective 5: To analyze the interaction between knowledge, attitudes and practices as well as their influence on service delivery***

The study has provided insights into the interaction between knowledge, attitude, practice and their influence on service delivery. The study revealed that females were more likely to be knowledgeable about GBV than males yet they are more at risk of GBV than males. In fact, 55.6 percent of females reported that they know about GBV while the corresponding proportion for males was 49.4 percent. The knowledge of GBV is higher among females than males for almost all age groups except for the lowest (15-17 years old) in which 52.8 percent of males know about GBV compared to 42,6 percent of their female counterparts.

Tolerance towards GBV was found to be 67% across the country, which is high by any standard. The survey revealed that seven districts (Gisagara, Huye, Nyanza, Ruhango from the Southern Province, Kirehe and Ngoma from the Eastern Province and Rutsiro from the Western Province) have the highest level of tolerance ranging between 76%-100%; the majority of districts range between 61%-75%. Gasabo District emerged with the lowest percentage ranging between 20%-40%. These figures leave no doubt that the Rwandan population, both males and females have a high level of tolerance towards GBV. The high level of tolerance towards GBV makes limited reporting more of the norm than the exception. Measures seeking to significantly reduce these levels of tolerance will be crucial in dealing with the root causes of GBV.

Among the respondents who rated the service delivery of IOSC, 46% have GBV knowledge and 67% have an attitude of tolerance towards GBV. There appears to be a disconnect between levels of knowledge of GBV and the high tolerance levels although these have been sufficiently discussed in the study. Reporting was at only 5% among the 201 who knew of or were GBV survivors. Out of 711 respondents, 50 percent judge IOSC services as not accessible, 60 percent believe IOSC services are not well known by the community and 18 percent find IOSCs to be located far from the community. The results indicate that there are misconceptions, inadequate knowledge of IOSCs and internal challenges which influence service seeking/delivery from IOSCs. These need to be addressed for IOSCs to fully meet their mandate.



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### ***Objective 6: To assess or interrogate IOSC service delivery***

To interrogate IOSC service delivery, this section considers mainly three aspects: level of awareness on existence of IOSC among intended beneficiaries, accessibility to IOSC services and views from IOSC professionals. The study reveals that only 16 percent of respondents were aware of the existence of IOSC. This very low level of awareness on existence of IOSC among intended beneficiaries constitutes a challenge to service delivery by IOSC as it cannot be effective if intended beneficiaries do not know about it. Getting the ‘IOSC message’ out to the people is an imperative! This can be done through awareness raising campaigns, information clinics or other publicity platforms.

On access to IOSC services, only 10.4 percent of respondents reported that there is a high access of the community to IOSC, while the majority (89.6 percent) reported that there is low access to IOSC by the community. The study shows that limited knowledge about IOSC representing 33% (with 31.2% for males and 34.7% for females) followed by distance from the community (14.9%: 16.3% for males and 13.5% for females) and stigma (13.3%: 12.8% for males and 13.7% for females) were found to be the major obstacles hindering access to IOSC services. This calls again for increased awareness raising interventions, continued scale up of IOSC and engaging communities and households with interventions aimed at reducing stigma on GBV survivors. This result needs to be contrasted with the reasons people seek services from IOSC which include, *inter alia*, health, legal and social support. The latter can be better packaged for communities if reporting and service seeking are to be improved.

While IOSC professionals see their major strength as being able to help every GBV survivor who seeks their services and this through a comprehensive approach covering medical, legal, social and psychological aspects, they lament that the structures are not integrated within the hosting hospitals’ structures, which in turn gives rise other weaknesses. To improve reporting and service seeking, more attention needs to be paid to a survivor centered approach that takes into account prevention and social reintegration of GBV survivors.

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*Objective 7: To assess the operationalization of the existing Standard Operating Procedures (SOPs).*

The Isange One Stop Center standard operating procedures are inspired by the Multidisciplinary Investigative and Intervention Team Model (MDIITM).<sup>32</sup> However, most IOSCs visited did not have professional social workers and instead GBV officers from the hosting hospitals were assigned that role. IOSCs also did not have legal officers and were instead working with GBV officers under MAJ. Limited budget was advanced as the main reason for inadequate professional personnel. Inadequate staff compliments mean that IOSCs are strained in delivering the comprehensive response under the SOPs. Services such as transport for GBV survivors who come seek their assistance, home visits, among others are unavailable due to budgetary constraints. The fact that IOSC are not open for 24 hours is a handicap for those who need their services at night.

More efforts are needed to increase IOSC resources both human and financial for better service delivery both for prevention and response and also for full compliance with the SOPs.

**5.1.2. Child abuse as another face of GBV:** the findings revealed that the Rwandan population is well aware of cases of child abuse. Different forms of child abuse were discussed and the underlying causes identified. Similar to cases of GBV among adults, child abuse reporting faces major barriers including Dependence of survivor's family on perpetrator; Stigma and Settlement between families. These three barriers combine to form a very strong obstacle to reporting child abuse. The net result is that reporting barriers become facilitating and sustaining factors of child abuse with little or no service sought for medical, legal, psychological and social interventions. Working closely with the most trusted structures addressing child abuse including Village Committees, National Police and National Women Councils would help to end the cycle of child abuse wrapped around silence and non-reporting.

**5.1.3. Teenage pregnancy:** the issue of teenage pregnancy raised serious concerns during focus group discussions. Discussions were mostly concerned by causes of teenage pregnancy and effectively dealing with perpetrators. Perpetrators were said to be mostly married men who were

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<sup>32</sup>The MDIIT, which inspires IOSC SOPs, lists four areas that must be available to a GBV survivor: medical, psychosocial, police and legal. The social worker is the first port of call before referral to the next relevant professional.

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obsessed with having sexual intercourse with teenagers. They lure teenagers with material gifts, take advantage of them sexually and then abandon them if pregnancy results. It was indicated that while family planning methods including contraceptives are available at hospital and health centers, young girls feel ashamed to go and ask for them, opting instead to take the risk of unprotected sex. A multi-pronged approach involving different stakeholders is called for. It should include working with the youth to strengthen prevention, facilitating access to relevant information and contraceptive methods and sustaining enforcement of the law to address impunity.

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### 5.2.2. Recommendations for identified root causes

Identified root causes were classified according to the ecological framework of addressing GBV. It categorizes root causes and contributing factors to GBV into three levels: the ecology of violence at individual level, community level and society level, as shown in the table below.

**Table 39: Some Perceived Root Causes and Associated Recommendations**

| S/N | ROOT CAUSE  | CONTRIBUTING FACTOR  | RECOMMENDATION  |
|-----|---|--|---|
| 1   | <b>Gender inequality, discrimination and deeply embedded patriarchal norms and values</b> | Power imbalances between males and females leading to male control of wealth and decision-making within the family | <p>To consider gender and gender roles as one of the core subjects within national curricula at pre-primary, primary, secondary and university levels;</p> <p>Organize sensitization campaigns for communities on gender sensitive upbringing of children to encourage roles and responsibility sharing.</p> <p>Strengthen empowerment programs (economic, political and social) that target both men and women through gender transformative approaches.</p> <p>Support men engage approach and training on social</p> |

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|   |   |   |  |
|---|---|---|--|
|   |   |   | deconstruction of gender among families, schools and communities at large.   |
|   |   | Dowry   | Enforce the law that makes dowry optional to ensure it does not become a burden to families  |
| 2 | <b>History of family violence</b>                             | Culture of Impunity/tolerance/acceptance of violence  | <p>Integrate IOSC into hospital's structure and thus address issues of coordination, budget and staffing;</p> <p>Sensitization on existence of IOSCs and their services as an effective response to GBV;</p> <p>Continue to upscale IOSCs up to health center level and equip them with required resources for effective implementation of programs; create linkages with relevant players for prevention/awareness and social reintegration.</p> <p>Put in place relevant mechanisms to facilitate evidence-based prosecution and rehabilitate of perpetrators (e.g.: scaling up DNA services at national level).</p> |
| 3 | <b>Wrong interpretation of the concept of gender equality</b> | Adoption of negative masculinities, like taking of excessive alcohol just to be equal to men who behave in the same way | Education and sensitization using a multi-pronged approaches, trainings, social media, TV and Radio discussions, umugoroba w'ababyeyi, etc   |

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|   |   |   |  |
|---|---|---|--|
|   |   | <p>Silent resistance against gender equality especially among men</p>   | <p>Strengthen a Men engage approach for role modeling, awareness raising and education of men at all levels (community, schools etc)</p> <p>Put in place a joint GBV programme to be supported and implemented by different stakeholders based on their area of expertise in this area with a strong component on resource mobilization</p>  |
|   |   | <p>Limited knowledge about the contents of gender related laws</p>  | <p>Sensitization and awareness at different levels of community, family, school curricula, churches, itorero, ingando, community meetings- inteko z'abaturatione.</p>  |
| 4 | <p><b>Degeneration of Values &amp; Breakdown of Community support Systems</b></p> | <p>Misuse of household's resources mostly by males coupled with limited joint management of the household resources among spouses</p> | <p>Strengthen existing community structures on GBV. Put in place a family enrichment program to accompany couples at all level (pre- marriage, during marriage and during distress) and equip it with appropriate programs to address issues affecting families GBV included.</p> <p>Strengthen the family department in the Ministry of Gender and family promotion to coordinate all the GBV interventions</p> <p>Incorporate faith-based actors in the family enrichment and value based programs</p> |
|   |   | <p>Break down of community and family support systems</p>   |  |
|   |   | <p>Limited use of some values that are conducive to peaceful cohabitation</p>   |  |
|   |   | <p>Progressive loss of some cultural</p>  |  |

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|  |  |   |  |
|--|--|---|--|
|  |  | GBV preventive and response mechanisms.                     |  |
|  |  | Extra-marital sex/Illegal unions                            |  |
|  |  | Interference by in-laws from both the male and female sides |  |

### 5.3. Conclusion

This study aimed at exploring the current status of GBV in Rwanda with the focus on identification of its root causes, assessment of knowledge, attitude and practices and how these interact with service seeking behavior. This study complements earlier studies in Rwanda but also goes beyond numbers to unearth the reality behind numbers and to get to the roots of GBV. Through the extensive and intensive survey across the country, the data collected and analyzed brings out the facts, the contradictions, the fears, the prospects and challenges for eliminating GBV. The study recognizes the diversity and relevance of initiatives by the Government of Rwanda and the strong commitment to address and to the extent possible, eliminate GBV in the country. The analyses, conclusions and recommendations give hope on knowledge as levels are significantly high, assess attitudes and practices and demonstrate where challenges still exist and expose practices that are both progressive and stuck in culture and tradition. The recommendations are provided through a context of transformational change, a hallmark for Rwanda as a nation. With the commitment demonstrated by Rwanda, the vice of GBV can, in time, be relegated to a minor issue in the annals of history!

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## GBV root causes and IOSC services delivery

### Annexes

#### Annex 1: Table on Risk Factors Contributing to GBV

**Table 1: Physical Violence, DHS 2015**

| Background characteristics | Woman<br>(n=2,679) |      |       | Man (n=2,118) |      |       |
|----------------------------|--------------------|------|-------|---------------|------|-------|
|                            | No                 | Yes  | Total | No            | Yes  | Total |
|                            | %                  | %    | %     | %             | %    | %     |
| <b>Age Group</b>           |                    |      |       |               |      |       |
| 15-19                      | 75.6               | 24.4 | 100   | 71.8          | 28.2 | 100   |
| 20-29                      | 68.4               | 31.6 | 100   | 58.2          | 41.8 | 100   |
| 30-39                      | 60.4               | 39.6 | 100   | 60.3          | 39.7 | 100   |
| 40-49                      | 56.6               | 43.4 | 100   | 51.6          | 48.4 | 100   |
| 50-59                      |                    |      |       | 51.6          | 48.4 | 100   |
| <b>Total</b>               | 65.5               | 34.5 | 100   | 59.5          | 40.5 | 100   |
| <b>Household residence</b> |                    |      |       |               |      |       |
| Urban                      | 65                 | 35   | 100   | 59.3          | 40.7 | 100   |
| Rural                      | 65.6               | 34.4 | 100   | 59.6          | 40.4 | 100   |
| <b>Total</b>               | 65.5               | 34.5 | 100   | 59.5          | 40.5 | 100   |
| <b>Province</b>            |                    |      |       |               |      |       |
| Kigali City                | 64.2               | 35.8 | 100   | 58            | 42   | 100   |
| South                      | 67.8               | 32.2 | 100   | 59.5          | 40.5 | 100   |
| West                       | 66.4               | 33.6 | 100   | 56.8          | 43.2 | 100   |
| North                      | 62.7               | 37.3 | 100   | 66.6          | 33.4 | 100   |
| East                       | 64.8               | 35.2 | 100   | 58.4          | 41.6 | 100   |
| <b>Total</b>               | 65.5               | 34.5 | 100   | 59.5          | 40.5 | 100   |

## GBV root causes and IOSC services delivery

|  |      |      |     |      |      |     |
|--|------|------|-----|------|------|-----|
| <b>Employment</b>                        |      |      |     |      |      |     |
| Paid in Cash                             | 59.9 | 40.1 | 100 | 56.2 | 43.8 | 100 |
| Not paid and in kind                     | 67   | 33   | 100 | 67   | 33   | 100 |
| Not paid                                 | 76.5 | 23.5 | 100 | 71.3 | 28.7 | 100 |
| <b>Total</b>                             | 65.4 | 34.6 | 100 | 59.6 | 40.4 | 100 |
| <b>Education</b>                         |      |      |     |      |      |     |
| No school                                | 59.5 | 40.5 | 100 | 57.7 | 42.3 | 100 |
| Primary                                  | 63.8 | 36.2 | 100 | 57.8 | 42.2 | 100 |
| Secondary+                               | 73.6 | 26.4 | 100 | 65.9 | 34.1 | 100 |
| <b>Total</b>                             | 65.5 | 34.5 | 100 | 59.5 | 40.5 | 100 |
| <b>Husband/Partner's Education Level</b> |      |      |     |      |      |     |
| No Education                             | 52.5 | 47.5 | 100 |      |      |     |
| Primary                                  | 59.3 | 40.7 | 100 |      |      |     |
| Secondary                                | 57.9 | 42.1 | 100 |      |      |     |
| Higher                                   | 76   | 24   | 100 |      |      |     |
| Don't Know                               | 42.7 | 57.3 | 100 |      |      |     |
| <b>Total</b>                             | 58.4 | 41.6 | 100 |      |      |     |
| <b>Religion</b>                          |      |      |     |      |      |     |
| Catholic                                 | 63   | 37   | 100 | 61.9 | 38.1 | 100 |
| Protestant                               | 65.8 | 34.2 | 100 | 58.3 | 41.7 | 100 |
| Adventist                                | 71   | 29   | 100 | 56.8 | 43.2 | 100 |
| Muslim                                   | 69.4 | 30.6 | 100 | 50.1 | 49.9 | 100 |
| Other                                    | 73.2 | 26.8 | 100 | 53.6 | 46.4 | 100 |
| <b>Total (n=2,679)</b>                   | 65.4 | 34.6 | 100 | 59.5 | 40.5 | 100 |
| <b>Household wealth</b>                  |      |      |     |      |      |     |
| Not poor (top 4 quintiles)               | 67.6 | 32.4 | 100 | 59.8 | 40.2 | 100 |

## GBV root causes and IOSC services delivery

|                          |      |      |     |      |      |     |
|--------------------------|------|------|-----|------|------|-----|
| Poor (lowest 1 quintile) | 56.3 | 43.7 | 100 | 58.2 | 41.8 | 100 |
| Total                    | 65.5 | 34.5 | 100 | 59.5 | 40.5 | 100 |
| <b>Polygynous couple</b> |      |      |     |      |      |     |
| No                       | 61.9 | 38.1 | 100 | 57.3 | 42.7 | 100 |
| Yes                      | 45.9 | 54.1 | 100 | 44.5 | 55.5 | 100 |
| <b>Total</b>             | 60.9 | 39.1 | 100 | 56.9 | 43.1 | 100 |
| <b>Woman has sons</b>    |      |      |     |      |      |     |
| Has no children          | 76.7 | 23.3 | 100 |      |      |     |
| Has daughters only       | 59.8 | 40.2 | 100 |      |      |     |
| Has at least one son     | 59.6 | 40.4 | 100 |      |      |     |
| <b>Total</b>             | 65.5 | 34.5 | 100 |      |      |     |

**Table 2: Sexual Violence, DHS 2015**

| Background characteristics | Woman (n=2,679) |      |       | Man (n=2,118) |     |       |
|----------------------------|-----------------|------|-------|---------------|-----|-------|
|                            | No              | Yes  | Total | No            | Yes | Total |
|                            | %               | %    | %     | %             | %   | %     |
| <b>Age Group</b>           |                 |      |       |               |     |       |
| 15-19                      | 85.5            | 14.5 | 100   | 97.2          | 2.8 | 100   |
| 20-29                      | 76.4            | 23.6 | 100   | 92.8          | 7.2 | 100   |
| 30-39                      | 76.1            | 23.9 | 100   | 95            | 5   | 100   |
| 40-49                      | 73.7            | 26.3 | 100   | 96.7          | 3.3 | 100   |
| 50-59                      |                 |      |       | 96.1          | 3.9 | 100   |
| <b>Total</b>               | 77.6            | 22.4 | 100   | 95.1          | 4.9 | 100   |
| <b>Household residence</b> |                 |      |       |               |     |       |
| Urban                      | 72              | 28   | 100   | 92.1          | 7.9 | 100   |

## GBV root causes and IOSC services delivery

|  |      |      |     |      |     |     |
|--|------|------|-----|------|-----|-----|
| Rural                                    | 78.9 | 21.1 | 100 | 95.7 | 4.3 | 100 |
| <b>Total</b>                             | 77.6 | 22.4 | 100 | 95.1 | 4.9 | 100 |
| <b>Province</b>                          |      |      |     |      |     |     |
| Kigali City                              | 74.4 | 25.6 | 100 | 93.3 | 6.7 | 100 |
| South                                    | 77.8 | 22.2 | 100 | 95.9 | 4.1 | 100 |
| West                                     | 76.8 | 23.2 | 100 | 95.3 | 4.7 | 100 |
| North                                    | 80.3 | 19.7 | 100 | 93.8 | 6.2 | 100 |
| East                                     | 77.9 | 22.1 | 100 | 95.7 | 4.3 | 100 |
| <b>Total</b>                             | 77.6 | 22.4 | 100 | 95.1 | 4.9 | 100 |
| <b>Employment</b>                        |      |      |     |      |     |     |
| Paid in Cash                             | 74.8 | 25.2 | 100 | 94.4 | 5.6 | 100 |
| Not paid and in kind                     | 81.9 | 18.1 | 100 | 95.7 | 4.3 | 100 |
| Not paid                                 | 78.9 | 21.1 | 100 | 98.3 | 1.7 | 100 |
| <b>Total</b>                             | 77.5 | 22.5 | 100 | 95   | 5   | 100 |
| <b>Education</b>                         |      |      |     |      |     |     |
| No school                                | 81.8 | 18.2 | 100 | 95.8 | 4.2 | 100 |
| Primary                                  | 77.1 | 22.9 | 100 | 95.1 | 4.9 | 100 |
| Secondary+                               | 76.4 | 23.6 | 100 | 94.4 | 5.6 | 100 |
| <b>Total</b>                             | 77.6 | 22.4 | 100 | 95.1 | 4.9 | 100 |
| <b>Husband/Partner's Education Level</b> |      |      |     |      |     |     |
| No Education                             | 77.7 | 22.3 | 100 |      |     |     |
| Primary                                  | 76.4 | 23.6 | 100 |      |     |     |
| Secondary                                | 68.1 | 31.9 | 100 |      |     |     |
| Higher                                   | 65.4 | 34.6 | 100 |      |     |     |
| Don't Know                               | 87.2 | 12.8 | 100 |      |     |     |
| <b>Total</b>                             | 75.5 | 24.5 | 100 |      |     |     |
| <b>Religion</b>                          |      |      |     |      |     |     |
| Catholic                                 | 78.2 | 21.8 | 100 | 95.1 | 4.9 | 100 |

## GBV root causes and IOSC services delivery

|                            |             |             |            |             |            |            |
|----------------------------|-------------|-------------|------------|-------------|------------|------------|
| Protestant                 | 77.6        | 22.4        | 100        | 95          | 5          | 100        |
| Adventist                  | 76.5        | 23.5        | 100        | 95.4        | 4.6        | 100        |
| Muslim                     | 75.4        | 24.6        | 100        | 93          | 7          | 100        |
| Other                      | 70.6        | 29.4        | 100        | 93          | 7          | 100        |
| <b>Total</b>               | <b>77.6</b> | <b>22.4</b> | <b>100</b> | <b>95</b>   | <b>5</b>   | <b>100</b> |
| <b>Household wealth</b>    |             |             |            |             |            |            |
| Not poor (top 4 quintiles) | 77.7        | 22.3        | 100        | 95          | 5          | 100        |
| Poor (lowest 1 quintile)   | 77          | 23          | 100        | 95.1        | 4.9        | 100        |
| <b>Total</b>               | <b>77.6</b> | <b>22.4</b> | <b>100</b> | <b>95.1</b> | <b>4.9</b> | <b>100</b> |
| <b>Polygamous couple</b>   |             |             |            |             |            |            |
| No                         | 77.4        | 22.6        | 100        | 95.4        | 4.6        | 100        |
| Yes                        | 71.5        | 28.5        | 100        | 94.5        | 5.5        | 100        |
| <b>Total</b>               | <b>77</b>   | <b>23.0</b> | <b>100</b> | <b>95.3</b> | <b>4.7</b> | <b>100</b> |
| <b>Woman has sons</b>      |             |             |            |             |            |            |
| Has no children            | 83.2        | 16.8        | 100        |             |            |            |
| Has daughters only         | 74          | 26          | 100        |             |            |            |
| Has at least one son       | 74.8        | 25.2        | 100        |             |            |            |
| <b>Total</b>               | <b>77.6</b> | <b>22.4</b> | <b>100</b> |             |            |            |

**Table 3: Sexual or Physical Violence**

| Background characteristics | Woman(n=2,679) |      |       | Man(n=2,118) |      |       |
|----------------------------|----------------|------|-------|--------------|------|-------|
|                            | No             | Yes  | Total | No           | Yes  | Total |
|                            | %              | %    | %     | %            | %    | %     |
| <b>Age Group</b>           |                |      |       |              |      |       |
| 15-19                      | 67.4           | 32.6 | 100   | 70.8         | 29.2 | 100   |



## GBV root causes and IOSC services delivery

|                            |      |      |     |      |      |     |
|----------------------------|------|------|-----|------|------|-----|
| 20-29                      | 55.8 | 44.2 | 100 | 55.9 | 44.1 | 100 |
| 30-39                      | 53   | 47   | 100 | 58.8 | 41.2 | 100 |
| 40-49                      | 49.2 | 50.8 | 100 | 50.3 | 49.7 | 100 |
| 50-59                      |      |      |     | 50.1 | 49.9 | 100 |
| <b>Total</b>               | 56.1 | 43.9 | 100 | 57.9 | 42.1 | 100 |
| <b>Household residence</b> |      |      |     |      |      |     |
| Urban                      | 52.1 | 47.9 | 100 | 56.3 | 43.7 | 100 |
| Rural                      | 57   | 43   | 100 | 58.3 | 41.7 | 100 |
| <b>Total</b>               | 56.1 | 43.9 | 100 | 57.9 | 42.1 | 100 |
| <b>Province</b>            |      |      |     |      |      |     |
| Kigali City                | 53.1 | 46.9 | 100 | 56.4 | 43.6 | 100 |
| South                      | 56.7 | 43.3 | 100 | 58.8 | 41.2 | 100 |
| West                       | 56   | 44   | 100 | 55.3 | 44.7 | 100 |
| North                      | 56   | 44   | 100 | 63.7 | 36.3 | 100 |
| East                       | 57.3 | 42.7 | 100 | 56.5 | 43.5 | 100 |
| <b>Total</b>               | 56.1 | 43.9 | 100 | 57.9 | 42.1 | 100 |
| <b>Employment</b>          |      |      |     |      |      |     |
| Paid in Cash               | 50   | 50   | 100 | 54.3 | 45.7 | 100 |
| Not paid and in kind       | 61   | 39   | 100 | 65.7 | 34.3 | 100 |
| Not paid                   | 64.4 | 35.6 | 100 | 70.4 | 29.6 | 100 |
| <b>Total</b>               | 56   | 44   | 100 | 58   | 42   | 100 |
| <b>Education</b>           |      |      |     |      |      |     |
| No school                  | 55.1 | 44.9 | 100 | 55.4 | 44.6 | 100 |
| Primary                    | 54.9 | 45.1 | 100 | 56.6 | 43.4 | 100 |
| Secondary+                 | 60   | 40   | 100 | 63.1 | 36.9 | 100 |
| <b>Total</b>               | 56.1 | 43.9 | 100 | 57.9 | 42.1 | 100 |

## GBV root causes and IOSC services delivery

|  |             |             |            |             |             |            |
|--|-------------|-------------|------------|-------------|-------------|------------|
| <b>husband/partner's education level</b> |             |             |            |             |             |            |
| No Education                             | 46.4        | 53.6        | 100        |             |             |            |
| Primary                                  | 52.2        | 47.8        | 100        |             |             |            |
| Secondary                                | 43.9        | 56.1        | 100        |             |             |            |
| Higher                                   | 60          | 40          | 100        |             |             |            |
| Don't Know                               | 42.7        | 57.3        | 100        |             |             |            |
| <b>Total</b>                             | <b>50.5</b> | <b>49.5</b> | <b>100</b> |             |             |            |
| <b>Religion</b>                          |             |             |            |             |             |            |
| Catholic                                 | 54.6        | 45.4        | 100        | 60.7        | 39.3        | 100        |
| Protestant                               | 56.6        | 43.4        | 100        | 56.3        | 43.7        | 100        |
| Adventist                                | 61.8        | 38.2        | 100        | 54.9        | 45.1        | 100        |
| Muslim                                   | 49.5        | 50.5        | 100        | 50.1        | 49.9        | 100        |
| Other                                    | 47.7        | 52.3        | 100        | 50.1        | 49.9        | 100        |
| <b>Total</b>                             | <b>56.1</b> | <b>43.9</b> | <b>100</b> | <b>57.8</b> | <b>42.2</b> | <b>100</b> |
| <b>Household wealth</b>                  |             |             |            |             |             |            |
| Not poor (top 4 quintiles)               | 57.6        | 42.4        | 100        | 58          | 42          | 100        |
| Poor (lowest 1 quintile)                 | 49.4        | 50.6        | 100        | 57.5        | 42.5        | 100        |
| <b>Total</b>                             | <b>56.1</b> | <b>43.9</b> | <b>100</b> | <b>57.9</b> | <b>42.1</b> | <b>100</b> |
| <b>Polygamous couple</b>                 |             |             |            |             |             |            |
| No                                       | 53.2        | 46.8        | 100        | 55.8        | 44.2        | 100        |
| Yes                                      | 38.7        | 61.3        | 100        | 42.3        | 57.7        | 100        |
| <b>Total</b>                             | <b>52.2</b> | <b>47.8</b> | <b>100</b> | <b>55.4</b> | <b>44.6</b> | <b>100</b> |
| <b>Woman has sons</b>                    |             |             |            |             |             |            |
| Has no children                          | 67.2        | 32.8        | 100        |             |             |            |
| Has daughters only                       | 47.7        | 52.3        | 100        |             |             |            |
| Has at least one son                     | 51          | 49          | 100        |             |             |            |

## GBV root causes and IOSC services delivery

|              |      |      |     |  |
|--------------|------|------|-----|--|
| <b>Total</b> | 56.1 | 43.9 | 100 |  |
|--------------|------|------|-----|--|

**Table 4: Experienced any emotional violence**

| Background characteristics | Woman(n=2,679) |      |       | Man(1388) |      |       |
|----------------------------|----------------|------|-------|-----------|------|-------|
|                            | No             | Yes  | Total | No        | Yes  | Total |
|                            | %              | %    | %     | %         | %    | %     |
| <b>Age Group</b>           |                |      |       |           |      |       |
| 15-19                      | 57.7           | 42.3 | 100   | 100       | 0    | 100   |
| 20-29                      | 77.8           | 22.2 | 100   | 83.7      | 16.3 | 100   |
| 30-39                      | 71.3           | 28.7 | 100   | 81.5      | 18.5 | 100   |
| 40-49                      | 71.7           | 28.3 | 100   | 86.1      | 13.9 | 100   |
| 50-59                      |                |      |       | 80.3      | 19.7 | 100   |
| <b>Total</b>               | 73.3           | 26.7 | 100   | 82.8      | 17.2 | 100   |
| <b>Household residence</b> |                |      |       |           |      |       |
| Urban                      | 79.4           | 20.6 | 100   | 82.4      | 17.6 | 100   |
| Rural                      | 72.1           | 27.9 | 100   | 82.8      | 17.2 | 100   |
| <b>Total</b>               | 73.3           | 26.7 | 100   | 82.8      | 17.2 | 100   |
| <b>Province</b>            |                |      |       |           |      |       |
| Kigali City                | 76.3           | 23.7 | 100   | 85.2      | 14.8 | 100   |
| South                      | 72.6           | 27.4 | 100   | 82.1      | 17.9 | 100   |
| West                       | 73.8           | 26.2 | 100   | 81.6      | 18.4 | 100   |
| North                      | 74.1           | 25.9 | 100   | 84.8      | 15.2 | 100   |
| East                       | 71.9           | 28.1 | 100   | 81.9      | 18.1 | 100   |
| <b>Total</b>               | 73.3           | 26.7 | 100   | 82.8      | 17.2 | 100   |

## GBV root causes and IOSC services delivery

|  |             |             |            |             |             |            |
|--|-------------|-------------|------------|-------------|-------------|------------|
| <b>Employment</b>                        |             |             |            |             |             |            |
| Paid in Cash                             | 69.3        | 30.7        | 100        | 82.7        | 17.3        | 100        |
| Not paid and in kind                     | 79.1        | 20.9        | 100        | 82.1        | 17.9        | 100        |
| Not paid                                 | 80.2        | 19.8        | 100        | 86.2        | 13.8        | 100        |
| <b>Total</b>                             | <b>73.3</b> | <b>26.7</b> | <b>100</b> | <b>82.7</b> | <b>17.3</b> | <b>100</b> |
| <b>Education</b>                         |             |             |            |             |             |            |
| No school                                | 72.6        | 27.4        | 100        | 76.1        | 23.9        | 100        |
| Primary                                  | 72.3        | 27.7        | 100        | 83.6        | 16.4        | 100        |
| Secondary+                               | 80.8        | 19.2        | 100        | 89.3        | 10.7        | 100        |
| <b>Total</b>                             | <b>73.3</b> | <b>26.7</b> | <b>100</b> | <b>82.8</b> | <b>17.2</b> | <b>100</b> |
| <b>Husband/Partner's Education Level</b> |             |             |            |             |             |            |
| No Education                             | 62.6        | 37.4        | 100        |             |             |            |
| Primary                                  | 75          | 25          | 100        |             |             |            |
| Secondary                                | 75.7        | 24.3        | 100        |             |             |            |
| Higher                                   | 92.2        | 7.8         | 100        |             |             |            |
| Don't Know                               | 68          | 32          | 100        |             |             |            |
| <b>Total</b>                             | <b>73.4</b> | <b>26.6</b> | <b>100</b> |             |             |            |
| <b>Religion</b>                          |             |             |            |             |             |            |
| Catholic                                 | 71.7        | 28.3        | 100        | 82.6        | 17.4        | 100        |
| Protestant                               | 72.8        | 27.2        | 100        | 85.2        | 14.8        | 100        |
| Adventist                                | 79.4        | 20.6        | 100        | 77.7        | 22.3        | 100        |
| Muslim                                   | 81.7        | 18.3        | 100        | 83.2        | 16.8        | 100        |
| Other                                    | 65.3        | 34.7        | 100        | 72.3        | 27.7        | 100        |
| <b>Total</b>                             | <b>73.3</b> | <b>26.7</b> | <b>100</b> | <b>82.7</b> | <b>17.3</b> | <b>100</b> |
| <b>Household wealth</b>                  |             |             |            |             |             |            |
| Not poor (top 4 quintiles)               | 76.1        | 23.9        | 100        | 84.3        | 15.7        | 100        |

## GBV root causes and IOSC services delivery

|                          |      |      |     |      |      |     |
|--------------------------|------|------|-----|------|------|-----|
| Poor (lowest 1 quintile) | 63   | 37   | 100 | 75.7 | 24.3 | 100 |
| <b>Total</b>             | 73.3 | 26.7 | 100 | 82.8 | 17.2 | 100 |
| <b>Polygamous couple</b> |      |      |     |      |      |     |
| No                       | 79.2 | 20.8 | 100 | 85.3 | 14.7 | 100 |
| Yes                      | 52.2 | 47.8 | 100 | 64.9 | 35.1 | 100 |
| <b>Total</b>             | 77.5 | 22.5 | 100 | 84.6 | 15.4 | 100 |
| <b>Woman has sons</b>    |      |      |     |      |      |     |
| Has no children          | 72.5 | 27.5 | 100 |      |      |     |
| Has daughters only       | 74.7 | 25.3 | 100 |      |      |     |
| Has at least one son     | 73.1 | 26.9 | 100 |      |      |     |
| <b>Total</b>             | 73.3 | 26.7 | 100 |      |      |     |

**Table 5: Physical or Sexual or emotional violence (composite indicator)**

| <u>Background characteristics</u> | <u>Woman(2,679)</u> |             |              | <u>Man(2,118)</u> |             |              |
|-----------------------------------|---------------------|-------------|--------------|-------------------|-------------|--------------|
|                                   | <u>No</u>           | <u>Yes</u>  | <u>Total</u> | <u>No</u>         | <u>Yes</u>  | <u>Total</u> |
|                                   | <u>%</u>            | <u>%</u>    | <u>%</u>     | <u>%</u>          | <u>%</u>    | <u>%</u>     |
| <b><u>Age Group</u></b>           | -                   | -           | -            | -                 | -           | -            |
| <u>15-19</u>                      | <u>67.4</u>         | <u>32.6</u> | <u>100</u>   | <u>70.8</u>       | <u>29.2</u> | <u>100</u>   |
| <u>20-29</u>                      | <u>54.1</u>         | <u>45.9</u> | <u>100</u>   | <u>54.3</u>       | <u>45.7</u> | <u>100</u>   |
| <u>30-39</u>                      | <u>49.8</u>         | <u>50.2</u> | <u>100</u>   | <u>53.6</u>       | <u>46.4</u> | <u>100</u>   |
| <u>40-49</u>                      | <u>45.8</u>         | <u>54.2</u> | <u>100</u>   | <u>47.8</u>       | <u>52.2</u> | <u>100</u>   |
| <u>50-59</u>                      | -                   | -           | -            | <u>46.7</u>       | <u>53.3</u> | <u>100</u>   |
| <b><u>Total</u></b>               | <u>54</u>           | <u>46</u>   | <u>100</u>   | <u>55.4</u>       | <u>44.6</u> | <u>100</u>   |
| <b><u>Household residence</u></b> | -                   | -           | -            | -                 | -           | -            |
| <u>Urban</u>                      | <u>50.9</u>         | <u>49.1</u> | <u>100</u>   | <u>54.9</u>       | <u>45.1</u> | <u>100</u>   |
| <u>Rural</u>                      | <u>54.7</u>         | <u>45.3</u> | <u>100</u>   | <u>55.5</u>       | <u>44.5</u> | <u>100</u>   |

## GBV root causes and IOSC services delivery

|   |             |             |            |             |             |            |
|---|-------------|-------------|------------|-------------|-------------|------------|
| <b><u>Total</u></b>                             | <u>54</u>   | <u>46</u>   | <u>100</u> | <u>55.4</u> | <u>44.6</u> | <u>100</u> |
| <b><u>Province</u></b>                          | -           | -           | -          | -           | -           | -          |
| <u>Kigali City</u>                              | <u>52.2</u> | <u>47.8</u> | <u>100</u> | <u>55.5</u> | <u>44.5</u> | <u>100</u> |
| <u>South</u>                                    | <u>54.9</u> | <u>45.1</u> | <u>100</u> | <u>56.1</u> | <u>43.9</u> | <u>100</u> |
| <u>West</u>                                     | <u>53.3</u> | <u>46.7</u> | <u>100</u> | <u>52</u>   | <u>48</u>   | <u>100</u> |
| <u>North</u>                                    | <u>54.6</u> | <u>45.4</u> | <u>100</u> | <u>61.4</u> | <u>38.6</u> | <u>100</u> |
| <u>East</u>                                     | <u>54.2</u> | <u>45.8</u> | <u>100</u> | <u>53.8</u> | <u>46.2</u> | <u>100</u> |
| <b><u>Total</u></b>                             | <u>54</u>   | <u>46</u>   | <u>100</u> | <u>55.4</u> | <u>44.6</u> | <u>100</u> |
| <b><u>Employment</u></b>                        | -           | -           | -          | -           | -           | -          |
| <u>Paid in Cash</u>                             | <u>47.5</u> | <u>52.5</u> | <u>100</u> | <u>51.5</u> | <u>48.5</u> | <u>100</u> |
| <u>Not paid and in kind</u>                     | <u>58.7</u> | <u>41.3</u> | <u>100</u> | <u>62.9</u> | <u>37.1</u> | <u>100</u> |
| <u>Not paid</u>                                 | <u>63.3</u> | <u>36.7</u> | <u>100</u> | <u>70.1</u> | <u>29.9</u> | <u>100</u> |
| <b><u>Total</u></b>                             | <u>53.9</u> | <u>46.1</u> | <u>100</u> | <u>55.4</u> | <u>44.6</u> | <u>100</u> |
| <b><u>Education</u></b>                         | -           | -           | -          | -           | -           | -          |
| <u>No school</u>                                | <u>51.7</u> | <u>48.3</u> | <u>100</u> | <u>49.7</u> | <u>50.3</u> | <u>100</u> |
| <u>Primary</u>                                  | <u>52.5</u> | <u>47.5</u> | <u>100</u> | <u>53.9</u> | <u>46.1</u> | <u>100</u> |
| <u>Secondary+</u>                               | <u>59.6</u> | <u>40.4</u> | <u>100</u> | <u>63</u>   | <u>37</u>   | <u>100</u> |
| <b><u>Total</u></b>                             | <u>54</u>   | <u>46</u>   | <u>100</u> | <u>55.4</u> | <u>44.6</u> | <u>100</u> |
| <b><u>Husband/Partner's Education Level</u></b> | -           | -           | -          | -           | -           | -          |
| <u>No Education</u>                             | <u>40.9</u> | <u>59.1</u> | <u>100</u> | -           | -           | -          |
| <u>Primary</u>                                  | <u>49.2</u> | <u>50.8</u> | <u>100</u> | -           | -           | -          |
| <u>Secondary</u>                                | <u>41.1</u> | <u>58.9</u> | <u>100</u> | -           | -           | -          |
| <u>Higher</u>                                   | <u>59.1</u> | <u>40.9</u> | <u>100</u> | -           | -           | -          |
| <u>Don't Know</u>                               | <u>42.7</u> | <u>57.3</u> | <u>100</u> | -           | -           | -          |
| <b><u>Total</u></b>                             | <u>47.2</u> | <u>52.8</u> | <u>100</u> | -           | -           | -          |
| <b><u>Religion</u></b>                          | -           | -           | -          | -           | -           | -          |

## GBV root causes and IOSC services delivery

|                                   |                    |                    |                   |                    |                    |                   |
|-----------------------------------|--------------------|--------------------|-------------------|--------------------|--------------------|-------------------|
| <u>Catholic</u>                   | <u>52.2</u>        | <u>47.8</u>        | <u>100</u>        | <u>58</u>          | <u>42</u>          | <u>100</u>        |
| <u>Protestant</u>                 | <u>54.7</u>        | <u>45.3</u>        | <u>100</u>        | <u>54</u>          | <u>46</u>          | <u>100</u>        |
| <u>Adventist</u>                  | <u>59.3</u>        | <u>40.7</u>        | <u>100</u>        | <u>50.8</u>        | <u>49.2</u>        | <u>100</u>        |
| <u>Muslim</u>                     | <u>47.9</u>        | <u>52.1</u>        | <u>100</u>        | <u>49.8</u>        | <u>50.2</u>        | <u>100</u>        |
| <u>Other</u>                      | <u>44.7</u>        | <u>55.3</u>        | <u>100</u>        | <u>50.1</u>        | <u>49.9</u>        | <u>100</u>        |
| <b><u>Total</u></b>               | <b><u>54</u></b>   | <b><u>46</u></b>   | <b><u>100</u></b> | <b><u>55.3</u></b> | <b><u>44.7</u></b> | <b><u>100</u></b> |
| <b><u>Household wealth</u></b>    | -                  | -                  | -                 | -                  | -                  | -                 |
| <u>Not poor (top 4 quintiles)</u> | <u>55.6</u>        | <u>44.4</u>        | <u>100</u>        | <u>55.9</u>        | <u>44.1</u>        | <u>100</u>        |
| <u>Poor (lowest 1 quintile)</u>   | <u>46.8</u>        | <u>53.2</u>        | <u>100</u>        | <u>52.3</u>        | <u>47.7</u>        | <u>100</u>        |
| <b><u>Total</u></b>               | <b><u>54</u></b>   | <b><u>46</u></b>   | <b><u>100</u></b> | <b><u>55.4</u></b> | <b><u>44.6</u></b> | <b><u>100</u></b> |
| <b><u>Polygamous couple</u></b>   | -                  | -                  | -                 | -                  | -                  | -                 |
| <u>No</u>                         | <u>50.4</u>        | <u>49.6</u>        | <u>100</u>        | <u>51.7</u>        | <u>48.3</u>        | <u>100</u>        |
| <u>Yes</u>                        | <u>32.9</u>        | <u>67.1</u>        | <u>100</u>        | <u>36.1</u>        | <u>63.9</u>        | <u>100</u>        |
| <b><u>Total</u></b>               | <b><u>49.3</u></b> | <b><u>50.7</u></b> | <b><u>100</u></b> | <b><u>51.1</u></b> | <b><u>48.9</u></b> | <b><u>100</u></b> |
| <b><u>Woman has sons</u></b>      | -                  | -                  | -                 | -                  | -                  | -                 |
| <u>Has no children</u>            | <u>66.9</u>        | <u>33.1</u>        | <u>100</u>        | -                  | -                  | -                 |
| <u>Has daughters only</u>         | <u>45</u>          | <u>55</u>          | <u>100</u>        | -                  | -                  | -                 |
| <u>Has at least one son</u>       | <u>47.9</u>        | <u>52.1</u>        | <u>100</u>        | -                  | -                  | -                 |
| <b><u>Total</u></b>               | <b><u>54</u></b>   | <b><u>46</u></b>   | <b><u>100</u></b> | -                  | -                  | -                 |

**Table 6. GBV by District**

| <b>District</b> | <b>Physical violence (%)</b> | <b>sexual violence (%)</b> | <b>sexual or physical (%)</b> | <b>Sexual or Physical or Emotional Violence (%)</b> |
|-----------------|------------------------------|----------------------------|-------------------------------|---|
| Nyarugenge      | 1.55                         | 1.29                       | 1.93                          | 1.99  |

## GBV root causes and IOSC services delivery

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|           |      |      |      |      |
|-----------|------|------|------|------|
| Gasabo    | 1.99 | 1.39 | 2.71 | 2.71 |
| Kicukiro  | 1.25 | 0.75 | 1.64 | 1.7  |
| Nyanza    | 1.02 | 0.46 | 1.23 | 1.23 |
| Gisagara  | 1.19 | 0.42 | 1.53 | 1.62 |
| Nyarugur  | 0.81 | 0.53 | 1.04 | 1.09 |
| Huye      | 1.21 | 1.38 | 1.97 | 2    |
| Nyamagab  | 0.73 | 0.51 | 0.88 | 0.93 |
| Ruhango   | 1    | 0.52 | 1.29 | 1.29 |
| Muhanga   | 0.82 | 0.69 | 1.19 | 1.3  |
| Kamonyi   | 0.92 | 0.77 | 1.19 | 1.28 |
| Karongi   | 1.07 | 0.92 | 1.33 | 1.39 |
| Rutsiro   | 1.17 | 0.65 | 1.29 | 1.29 |
| Rubavu    | 0.97 | 0.73 | 1.43 | 1.49 |
| Nyabihu   | 0.51 | 0.17 | 0.58 | 0.6  |
| Ngororero | 0.79 | 0.73 | 1.3  | 1.42 |
| Rusizi    | 1.33 | 1.08 | 2    | 2.28 |
| Nyamashe  | 1.68 | 0.92 | 1.92 | 1.98 |
| Rulindo   | 1.01 | 0.66 | 1.26 | 1.32 |
| Gakenke   | 1.48 | 1.11 | 1.96 | 1.99 |
| Musanze   | 1.43 | 0.65 | 1.66 | 1.72 |
| Burera    | 1.14 | 0.55 | 1.2  | 1.23 |
| Gicumbi   | 0.97 | 0.21 | 1.03 | 1.09 |
| Rwamagan  | 1.31 | 0.68 | 1.47 | 1.56 |
| Nyagatare | 1.67 | 1.03 | 1.9  | 2.03 |
| Gatsibo   | 1.19 | 0.95 | 1.7  | 1.76 |
| Kayanza   | 1    | 0.55 | 1.11 | 1.24 |



## GBV root causes and IOSC services delivery

|              |              |              |             |              |
|--------------|--------------|--------------|-------------|--------------|
| Kirehe       | 1.23         | 0.57         | 1.33        | 1.44         |
| Ngoma        | 1.47         | 1.2          | 2.06        | 2.12         |
| Bugesera     | 0.64         | 0.36         | 0.79        | 0.92         |
| <b>Total</b> | <b>34.54</b> | <b>22.43</b> | <b>43.9</b> | <b>46.02</b> |

**Table 7: Physical violence risk factors associated**

| Physical Violence                        | ml   |                 |       |         |
|--|------|-----------------|-------|---------|
| Covariates                               | OR   | 95% CI<br>lower | upper | p-value |
| <b>Age category</b>                      |      |                 |       |         |
| 15-19 (ref)                              |      |                 |       |         |
| 20-29                                    | 0.38 | 0.15            | 0.97  | 0.043   |
| 30-39                                    | 0.45 | 0.18            | 1.15  | 0.095   |
| 40-49                                    | 0.49 | 0.19            | 1.30  | 0.152   |
| 50-59                                    | 0.94 | 0.68            | 1.31  | 0.731   |
| <b>Employment</b>                        |      |                 |       |         |
| Paid in Cash(ref)                        |      |                 |       |         |
| Not paid and in kind                     | 0.71 | 0.56            | 0.89  | 0.004   |
| Not paid                                 | 0.67 | 0.47            | 0.95  | 0.027   |
| <b>Education</b>                         |      |                 |       |         |
| No school                                |      |                 |       |         |
| Primary                                  | 1.12 | 0.82            | 1.52  | 0.483   |
| Secondary+                               | 1.09 | 0.68            | 1.75  | 0.722   |
| <b>Husband/Partner's Education Level</b> |      |                 |       |         |
| No Education                             |      |                 |       |         |

## GBV root causes and IOSC services delivery

|                            |      |      |      |       |
|----------------------------|------|------|------|-------|
| Primary                    | 0.84 | 0.64 | 1.11 | 0.216 |
| Secondary                  | 0.97 | 0.61 | 1.55 | 0.909 |
| Higher                     | 0.41 | 0.19 | 0.90 | 0.027 |
| Don't Know                 | 1.10 | 0.21 | 5.65 | 0.912 |
| <b>Religion</b>            |      |      |      |       |
| Catholic                   |      |      |      |       |
| Protestant                 | 0.90 | 0.72 | 1.13 | 0.360 |
| Adventist                  | 0.56 | 0.39 | 0.81 | 0.002 |
| Muslim                     | 0.61 | 0.28 | 1.31 | 0.207 |
| Other                      | 0.50 | 0.21 | 1.19 | 0.118 |
| <b>Household wealth</b>    |      |      |      |       |
| Not poor (top 4 quintiles) |      |      |      |       |
| Poor (lowest 1 quintile)   | 1.51 | 1.17 | 1.96 | 0.002 |
| <b>province</b>            |      |      |      |       |
| Kigali City                |      |      |      |       |
| South                      |      |      |      |       |
| West                       |      |      |      |       |
| North                      |      |      |      |       |
| East                       |      |      |      |       |
| Observations               | 1906 |      |      |       |

**Table 8: Sexual violence risk factors associated**

| Sexual violence | m2 |                 |       |         |
|-----------------|----|-----------------|-------|---------|
| Covariates      | OR | 95% CI<br>lower | upper | p-value |

## GBV root causes and IOSC services delivery

|  |      |      |      |       |
|--|------|------|------|-------|
| <b>Age category</b>                      |      |      |      |       |
| 15-19 (ref)                              |      |      |      |       |
| 20-29                                    | 1.83 | 1.17 | 2.88 | 0.009 |
| 30-39                                    | 1.96 | 1.20 | 3.20 | 0.007 |
| 40-49                                    | 2.43 | 1.47 | 4.02 | 0.001 |
| 50-59                                    | 0.74 | 0.53 | 1.02 | 0.067 |
| <b>Employment</b>                        |      |      |      |       |
| Paid in Cash(ref)                        |      |      |      |       |
| Not paid and in kind                     | 0.74 | 0.56 | 0.98 | 0.033 |
| Not paid                                 | 0.91 | 0.66 | 1.25 | 0.564 |
| <b>Education</b>                         |      |      |      |       |
| No school                                |      |      |      |       |
| Primary                                  | 1.57 | 1.12 | 2.20 | 0.009 |
| Secondary+                               | 1.83 | 1.18 | 2.84 | 0.007 |
| <b>husband/partner's education level</b> |      |      |      |       |
| No Education                             |      |      |      |       |
| Primary                                  |      |      |      |       |
| Secondary                                |      |      |      |       |
| Higher                                   |      |      |      |       |
| Don't Know                               |      |      |      |       |
| <b>Religion</b>                          |      |      |      |       |
| Catholic                                 |      |      |      |       |
| Protestant                               |      |      |      |       |
| Adventist                                |      |      |      |       |
| Muslim                                   |      |      |      |       |
| Other                                    |      |      |      |       |

## GBV root causes and IOSC services delivery

|                            |      |      |      |       |
|----------------------------|------|------|------|-------|
| <b>Household wealth</b>    |      |      |      |       |
| Not poor (top 4 quintiles) |      |      |      |       |
| Poor (lowest 1 quintile)   | 1.17 | 0.89 | 1.55 | 0.257 |
| <b>Province</b>            |      |      |      |       |
| Kigali City                |      |      |      |       |
| South                      |      |      |      |       |
| West                       |      |      |      |       |
| North                      |      |      |      |       |
| East                       |      |      |      |       |
| Observations               | 2676 |      |      |       |

**Table 9: Experienced any emotional violence risk factors associated**

| Experienced any emotional violence | m3   |              |       |         |
|------------------------------------|------|--------------|-------|---------|
| Covariates                         | OR   | 95% CI lower | upper | p-value |
| <b>Age category</b>                |      |              |       |         |
| 15-19 (ref)                        |      |              |       |         |
| 20-29                              | 0.31 | 0.13         | 0.76  | 0.011   |
| 30-39                              | 0.45 | 0.18         | 1.11  | 0.081   |
| 40-49                              | 0.42 | 0.17         | 1.08  | 0.073   |
| 50-59                              | 1.26 | 0.88         | 1.82  | 0.210   |
| <b>Employment</b>                  |      |              |       |         |
| Paid in Cash(ref)                  |      |              |       |         |
| Not paid and in kind               | 0.60 | 0.46         | 0.79  | 0.000   |
| Not paid                           | 0.62 | 0.42         | 0.93  | 0.022   |

## GBV root causes and IOSC services delivery

|  |      |      |      |       |
|--|------|------|------|-------|
| <b>Education</b>                         |      |      |      |       |
| No school                                |      |      |      |       |
| Primary                                  | 1.26 | 0.88 | 1.79 | 0.204 |
| Secondary+                               | 1.10 | 0.59 | 2.05 | 0.762 |
| <b>Husband/Partner's Education Level</b> |      |      |      |       |
| No Education                             |      |      |      |       |
| Primary                                  | 0.62 | 0.46 | 0.83 | 0.001 |
| Secondary                                | 0.69 | 0.41 | 1.16 | 0.162 |
| Higher                                   | 0.21 | 0.05 | 0.83 | 0.026 |
| Don't Know                               | 0.50 | 0.12 | 2.15 | 0.352 |
| <b>Religion</b>                          |      |      |      |       |
| Catholic                                 |      |      |      |       |
| Protestant                               | 0.95 | 0.73 | 1.22 | 0.664 |
| Adventist                                | 0.69 | 0.46 | 1.03 | 0.067 |
| Muslim                                   | 0.70 | 0.30 | 1.61 | 0.396 |
| Other                                    | 1.57 | 0.63 | 3.94 | 0.335 |
| <b>Household wealth</b>                  |      |      |      |       |
| Not poor (top 4 quintiles)               |      |      |      |       |
| Poor (lowest 1 quintile)                 | 1.70 | 1.27 | 2.29 | 0.000 |
| <b>Province</b>                          |      |      |      |       |
| Kigali City                              |      |      |      |       |
| South                                    | 0.94 | 0.58 | 1.52 | 0.788 |
| West                                     | 0.89 | 0.54 | 1.46 | 0.651 |
| North                                    | 0.91 | 0.54 | 1.53 | 0.715 |
| East                                     | 1.04 | 0.64 | 1.69 | 0.881 |
| Observations                             | 1904 |      |      |       |

## GBV root causes and IOSC services delivery

| <b>Sexual or Physical Violence</b>       | m4        |               |              |                |
|--|-----------|---------------|--------------|----------------|
| <b>Covariates</b>                        | <b>OR</b> | <b>95% CI</b> |              | <b>p-value</b> |
|  |           | <b>lower</b>  | <b>upper</b> |                |
| <b>Age category</b>                      |           |               |              |                |
| 15-19 (ref)                              |           |               |              |                |
| 20-29                                    | 0.37      | 0.14          | 0.96         | 0.042          |
| 30-39                                    | 0.39      | 0.15          | 1.03         | 0.058          |
| 40-49                                    | 0.44      | 0.16          | 1.22         | 0.114          |
| 50-59                                    | 0.84      | 0.61          | 1.17         | 0.302          |
| <b>Employment</b>                        |           |               |              |                |
| Paid in Cash(ref)                        |           |               |              |                |
| Not paid and in kind                     | 0.70      | 0.55          | 0.89         | 0.003          |
| Not paid                                 | 0.74      | 0.54          | 1.03         | 0.077          |
| <b>Education</b>                         |           |               |              |                |
| No school                                |           |               |              |                |
| Primary                                  | 1.27      | 0.92          | 1.74         | 0.141          |
| Secondary+                               | 1.50      | 0.93          | 2.41         | 0.095          |
| <b>Husband/Partner's Education Level</b> |           |               |              |                |
| No Education                             |           |               |              |                |
| Primary                                  | 0.83      | 0.63          | 1.10         | 0.193          |
| Secondary                                | 1.09      | 0.69          | 1.72         | 0.714          |
| Higher                                   | 0.49      | 0.23          | 1.05         | 0.068          |
| Don't Know                               | 0.90      | 0.18          | 4.43         | 0.893          |
| <b>Religion</b>                          |           |               |              |                |
| Catholic                                 |           |               |              |                |
| Protestant                               | 0.97      | 0.78          | 1.20         | 0.748          |

## GBV root causes and IOSC services delivery

|                            |      |      |      |       |
|----------------------------|------|------|------|-------|
| Adventist                  | 0.61 | 0.44 | 0.86 | 0.004 |
| Muslim                     | 0.98 | 0.43 | 2.24 | 0.963 |
| Other                      | 0.84 | 0.36 | 1.97 | 0.689 |
| <b>Household wealth</b>    |      |      |      |       |
| Not poor (top 4 quintiles) |      |      |      |       |
| Poor (lowest 1 quintile)   | 1.46 | 1.12 | 1.90 | 0.006 |
| <b>Province</b>            |      |      |      |       |
| Kigali City                |      |      |      |       |
| South                      | 1.28 | 0.85 | 1.92 | 0.238 |
| West                       | 1.04 | 0.67 | 1.61 | 0.857 |
| North                      | 1.23 | 0.80 | 1.89 | 0.339 |
| East                       | 1.04 | 0.70 | 1.56 | 0.841 |
| Observations               | 1906 |      |      |       |

| Emotional, Physical and sexual | m5   |        |       |         |
|--------------------------------|------|--------|-------|---------|
| Covariates                     | OR   | 95% CI |       | p-value |
|                                |      | lower  | upper |         |
| <b>Age category</b>            |      |        |       |         |
| 15-19 (ref)                    |      |        |       |         |
| 20-29                          | 0.42 | 0.16   | 1.10  | 0.077   |
| 30-39                          | 0.47 | 0.18   | 1.23  | 0.124   |
| 40-49                          | 0.52 | 0.19   | 1.43  | 0.206   |
| 50-59                          | 0.92 | 0.68   | 1.24  | 0.567   |
| <b>Employment</b>              |      |        |       |         |
| Paid in Cash(ref)              |      |        |       |         |

## GBV root causes and IOSC services delivery

|  |      |      |      |       |
|--|------|------|------|-------|
| Not paid and in kind                     | 0.71 | 0.56 | 0.91 | 0.007 |
| Not paid                                 | 0.73 | 0.52 | 1.01 | 0.059 |
| <b>Education</b>                         |      |      |      |       |
| No school                                |      |      |      |       |
| Primary                                  | 1.28 | 0.94 | 1.75 | 0.120 |
| Secondary+                               | 1.40 | 0.86 | 2.28 | 0.173 |
| <b>Husband/Partner's Education Level</b> |      |      |      |       |
| No Education                             |      |      |      |       |
| Primary                                  | 0.75 | 0.56 | 1.00 | 0.054 |
| Secondary                                | 1.02 | 0.65 | 1.61 | 0.926 |
| Higher                                   | 0.45 | 0.22 | 0.94 | 0.033 |
| Don't Know                               | 0.70 | 0.14 | 3.44 | 0.662 |
| <b>Religion</b>                          |      |      |      |       |
| Catholic                                 |      |      |      |       |
| Protestant                               | 0.90 | 0.73 | 1.12 | 0.343 |
| Adventist                                | 0.61 | 0.43 | 0.85 | 0.004 |
| Muslim                                   | 0.88 | 0.38 | 2.01 | 0.757 |
| Other                                    | 0.86 | 0.37 | 2.01 | 0.722 |
| <b>Household Wealth</b>                  |      |      |      |       |
| Not Poor (Top 4 Quintiles)               |      |      |      |       |
| Poor (Lowest 1 Quintile)                 | 1.45 | 1.10 | 1.91 | 0.008 |
| <b>Province</b>                          |      |      |      |       |
| Kigali City                              |      |      |      |       |
| South                                    |      |      |      |       |
| West                                     |      |      |      |       |
| North                                    |      |      |      |       |



## GBV root causes and IOSC services delivery

|              |      |
|--------------|------|
| East         |      |
| Observations | 1906 |

| <b>Combined GBV</b>                      | m6        |               |              |                |
|--|-----------|---------------|--------------|----------------|
| <b>Covariates</b>                        | <b>OR</b> | <b>95% CI</b> |              | <b>p-value</b> |
|  |           | <b>lower</b>  | <b>upper</b> |                |
| <b>Age category</b>                      |           |               |              |                |
| 15-19 (ref)                              |           |               |              |                |
| 20-29                                    | 5.83      | 2.08          | 16.37        | 0.001          |
| 30-39                                    | 14.9      | 5.24          | 42.29        | 0.000          |
| 40-49                                    | 14.1      | 4.92          | 40.66        | 0.000          |
| 50-59                                    | 1.02      | 0.64          | 1.60         | 0.944          |
| <b>Employment</b>                        |           |               |              |                |
| Paid in Cash(ref)                        |           |               |              |                |
| Not paid and in kind                     | 0.71      | 0.49          | 1.05         | 0.088          |
| Not paid                                 | 0.57      | 0.32          | 1.03         | 0.062          |
| <b>Education</b>                         |           |               |              |                |
| No school                                |           |               |              |                |
| Primary                                  |           |               |              |                |
| Secondary+                               |           |               |              |                |
| <b>Husband/Partner's Education Level</b> |           |               |              |                |
| No Education                             |           |               |              |                |
| Primary                                  |           |               |              |                |
| Secondary                                |           |               |              |                |
| Higher                                   |           |               |              |                |
| Don't Know                               |           |               |              |                |

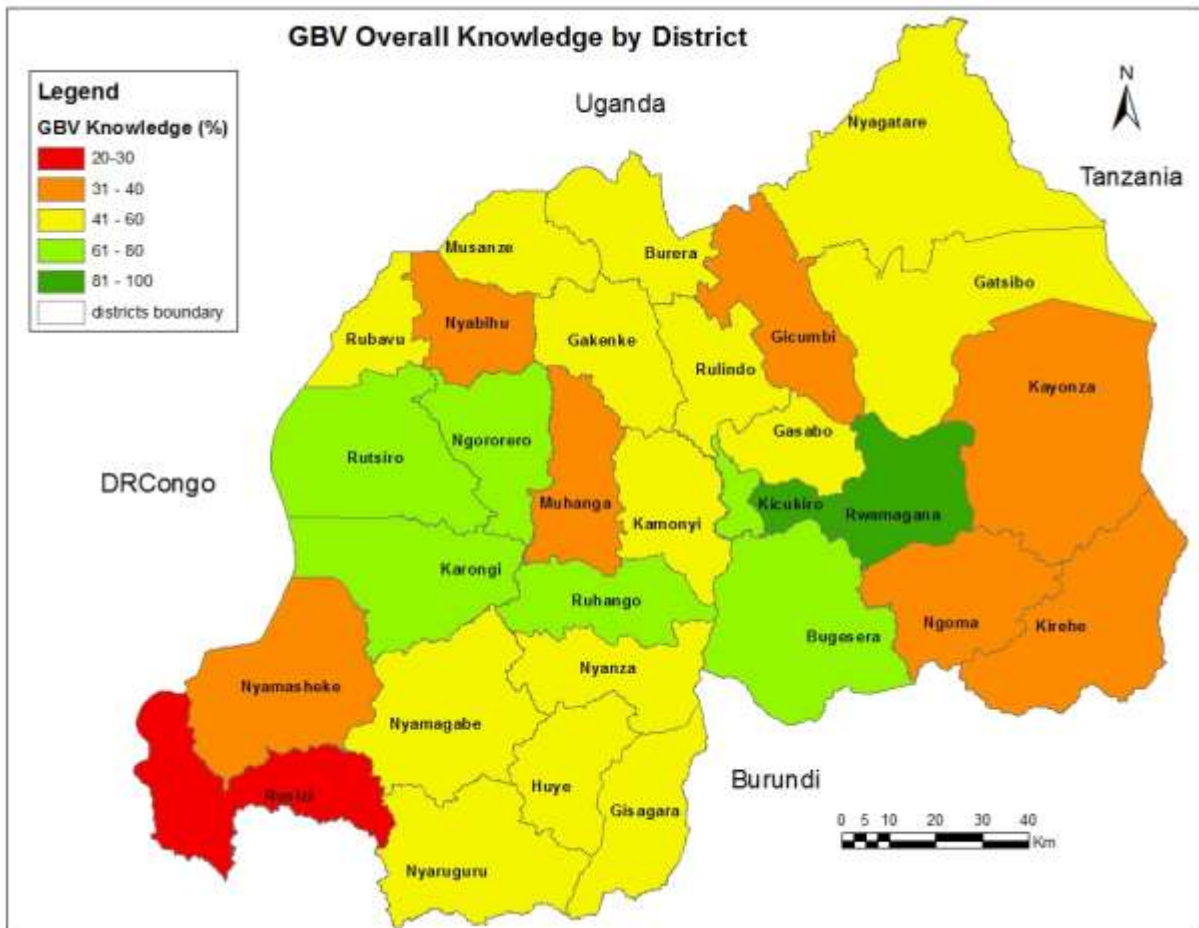
## GBV root causes and IOSC services delivery

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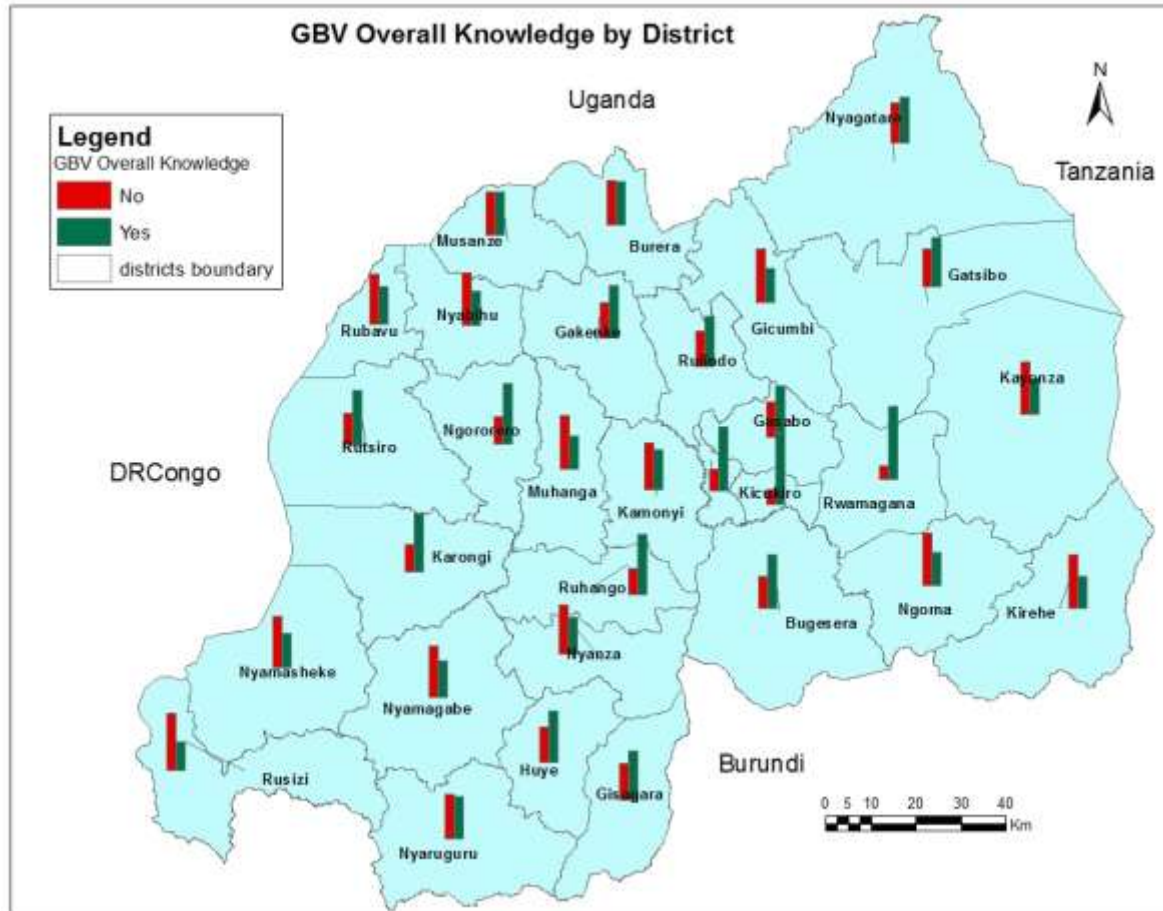
|                            |      |      |      |       |
|----------------------------|------|------|------|-------|
| <b>Religion</b>            |      |      |      |       |
| Catholic                   |      |      |      |       |
| Protestant                 |      |      |      |       |
| Adventist                  |      |      |      |       |
| Muslim                     |      |      |      |       |
| Other                      |      |      |      |       |
| <b>Household wealth</b>    |      |      |      |       |
| Not poor (top 4 quintiles) |      |      |      |       |
| Poor (lowest 1 quintile)   | 1.70 | 1.16 | 2.47 | 0.006 |
| <b>Province</b>            |      |      |      |       |
| Kigali City                |      |      |      |       |
| South                      |      |      |      |       |
| West                       |      |      |      |       |
| North                      |      |      |      |       |
| East                       |      |      |      |       |
| Observations               | 2676 |      |      |       |

# GBV root causes and IOSC services delivery

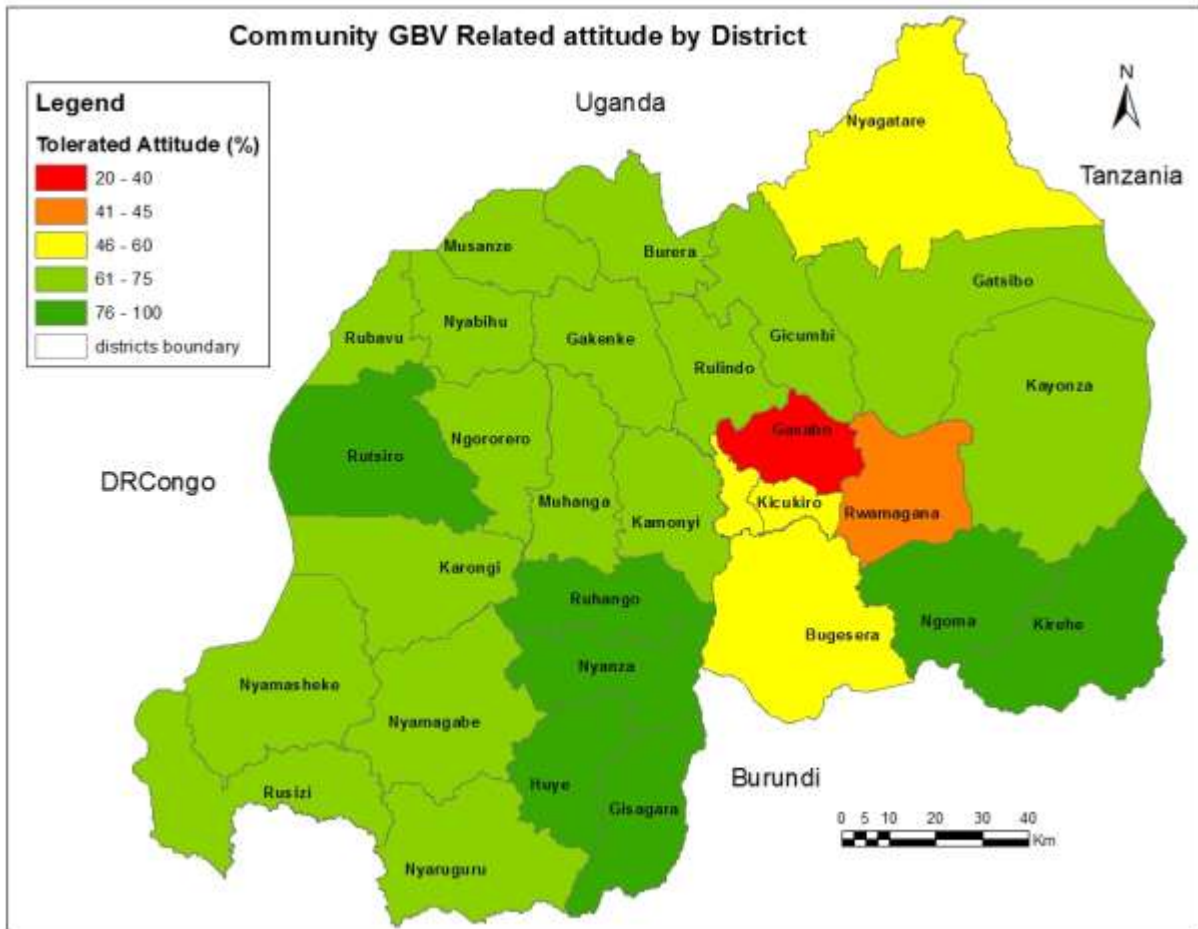
## Annex 2: Maps on knowledge and attitude about GBV



# GBV root causes and IOSC services delivery



# GBV root causes and IOSC services delivery





## GBV root causes and IOSC services delivery

### Annex 3: List of Consulted Resource Persons

#### I. Central Level:

| Date              | Institution                             | Persons consulted  |
|-------------------|---|--|
| February 12, 2019 | Ministry of Justice                     | Johnston Busingye, Honourable Minister   |
|                   | World Bank                              | Harald Hinkel  |
|                   | Rwanda Women's Network                  | Mary Balikungeri, Director   |
| February 13, 2019 | Rwanda Investigation Bureau             | Shafiga Murebwayire, Head of GBV and Child Protection Division<br>Jeanne d' Arc Mukandahiro, IOSC Director |
|                   | Pro-Femmes / twese hamwe                | Jeanne d'Arc Kanakuze, Chairperson   |
|                   | National Women Council                  | Jackline Kamanzi Masabo, Executive Secretary   |
|                   | Hagaruka                                | Ninette Umurerwa, National Executive Secretary   |
| February 14, 2019 | Ministry of Gender and Family Promotion | Solina Nyarahabimana, Minister<br>Alex Twahirwa<br>Alice Buhinja   |
|                   | Ministry of Health                      | Diana Gashumba, Minister   |
|                   | Kacyiru Hospital                        | Daniel Nyamwasa, Director  |
|                   | Rwanda Governance Board                 | Usta Kaitesi, acting CEO   |
|                   | Gender Monitoring Office                | Rose Rwabuhiri, Chief Gender Monitor<br>Annick Kaneza, Director GBV  |
| February 15, 2019 | UNWOMEN                                 | Emma Carine Uwantege, EAW & Humanitarian Programmes Coordinator  |
|                   | Rwanda Men Resource Centre              | Fidele Rutayisire, Executive Director  |

## GBV root causes and IOSC services delivery

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### II. NGOMA DISTRICT

#### 1. List of Key Informants

| No. | Names                   | Position                                     | Phone no.  |
|-----|-------------------------|--|------------|
| 1.  | Musafiri Firmin         | Director of Good Governance, Ngoma district  | 0788420379 |
| 2.  | Mukamizero Bellancila   | Gender and family promotion                  | 0788860349 |
| 3.  | Mukarutesi Chantal      | Coordinator of National Women Council        | 0788467995 |
| 4.  | Rutagengwa J. Bosco     | Coordinator of National Youth Council        | 0788471884 |
| 5.  | Gasana J. de Dieu       | Representative of PLWDs                      | 0788524525 |
| 6.  | Dr. Namanya William     | Director of Kibungo, hospital district- IOSC | 0788690461 |
| 7.  | Rutembesa Yannick       | RIB Investigator, IOSC                       | 0783833416 |
| 8.  | Habiyaremye Jean Hubert | GBV officer at MAJ                           | 0788766355 |
| 9.  | Bishop Mukasa Joseph    | Representative of FBOs                       | 0788412243 |
| 10. | Hakuzwimana Gedeon      | Representative of CSOs                       | 0788617611 |
| 11. | Haguma Felicien         | Police commander, Kibungo sector             | 0788311273 |
| 12. | Ngenda Mathias          | Es, Mutenderi Sector                         | 0788565290 |
| 13. | Kanzayire Concolee      | Es, Kibungo Sector                           | 0788492776 |
| 14. | Hakizimana Alexis       | Social Affairs, Mutenderi Sector             | 0783071318 |
| 15. | Uwera Nandrada          | Social Affairs, Kibungo Sector               | 0788407137 |
| 16. | Kamanzi John            | Head of Mutenderi Health Center              | 0788643560 |
| 17. | Gashanana Rafiki Ephrem | Head of Kibungo, Health sector               | 0788475779 |
| 18. | Rutagengwa Aloys        | Male (GBV victim)                            | 0788891859 |
| 19. | Nyiraneza Grace         | Female (GBV Victim)                          | 078626345  |
| 20. | Irafasha Emelyne        | Female (GBV victim)                          | -          |



## GBV root causes and IOSC services delivery

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### 2. FGDs for Child, Adolescent and Youth (15- 17 Years)

#### 1. Male: Group Scolaire Kibungo

| No. | Names                      | Class | Age |
|-----|----------------------------|-------|-----|
| 1.  | Ahumuza Brian              | S 2 B | 16  |
| 2.  | MANISHIMWE Elie            | S 3 A | 17  |
| 3.  | Baraka Ivan                | S 3 b | 16  |
| 4.  | Bandetse Didier            | S 3 b | 17  |
| 5.  | Ruzindana Fiacre           | S 3 b | 16  |
| 6.  | Rutagengwa David           | S 2 b | 16  |
| 7.  | Nduwayezu Diogene          | S 2 a | 16  |
| 8.  | Niyonkuru Award            | S 3 a | 17  |
| 9.  | Manzi Remy                 | S 1 a | 16  |
| 10. | Kwizera Ivan               | S 2 b | 15  |
| 11. | Irakoze Patrick            | S 2 a | 16  |
| 12. | Manzi Kirenga Yvcia        | S 3 b | 17  |
| 13. | Manzi Byiringiro Arnaud    | S 3 b | 16  |
| 14. | Ruhumuriza Herve           | S 2 b | 15  |
| 15. | Byiringiro Gislain Tribert | S 3 A | 16  |
| 16. | Kwibuka Peter              | S 3 B | 15  |

#### 2. Female: Group Scolaire Kibungo

| No. | Names             | Class | Age |
|-----|-------------------|-------|-----|
| 1.  | Uwase Parfaite    | S 3 A | 17  |
| 2.  | Ishimwe Nicole    | S 1 A | 17  |
| 3.  | Akakaza M. Divine | S 2 A | 15  |
| 4.  | Umurerwa Rehema   | S 2 A | 15  |
| 5.  | Uwase Rebecca     | S 1 A | 15  |
| 6.  | Dukundimana Annet | S 3 A | 16  |
| 7.  | Ikirezi Nadine    | S 3 B | 15  |
| 8.  | Gatesi Benitha    | S 3 B | 15  |

## GBV root causes and IOSC services delivery

|    |                             |       |    |
|----|-----------------------------|-------|----|
| 9. | Mukire Beatrice             | S 3 A | 16 |
| 10 | Tumaine Tabitha             | S 3 B | 16 |
| 11 | Uwase Germaine              | S 2 B | 16 |
| 12 | Ineza Nelly Josiane         | S 3 A | 16 |
| 13 | Mukabarisa Joselyne         | S 3 A | 17 |
| 14 | Umunyurwa Butera Princesses | S 3 A | 16 |
| 15 | Kayitesi Sandrine           | S 3 A | 16 |
| 16 | Umurerwa Assoumpta          | S 3 A | 17 |
| 17 | Mumararungu Anet            | S 2 A | 16 |
| 18 | Umuratwa Sharon             | S 2 A | 15 |

### 3. Female: TVET Mutenderi

| No. | Names                      | Class    | Age |
|-----|----------------------------|----------|-----|
| 1.  | Muhoza Hadja               | L3 TOR B | 17  |
| 2.  | Niyogisubizo M. Providence | L3 TOR B | 17  |
| 3.  | Uwanyirigira Gisele        | L3 TOR B | 17  |
| 4.  | Gihozo Paola               | L3 TOR B | 16  |
| 5.  | Uwineza Faustine           | L3 TOR B | 15  |
| 6.  | Bamurigire Blandine        | L3 TOR B | 17  |
| 7.  | Ikirezi Clemence           | L3 TOR B | 16  |
| 8.  | Tuyishimire Shemssa        | L3 TOR B | 16  |
| 9.  | Uwase Nelly                | L3 TOR B | 16  |
| 10. | Mukanyandwi Olive          | L3 TOR B | 17  |
| 11. | Niyibizi Benigne           | L3 TOR B | 15  |
| 12. | Ishimwe Belse              | L3 TOR B | 16  |

### 4. Male: TVET Mutenderi

| No. | Names           | Class | Age |
|-----|-----------------|-------|-----|
| 1.  | Mugambage Levis | L 3   | 17  |

## GBV root causes and IOSC services delivery

|    |                     |     |    |
|----|---------------------|-----|----|
| 2. | Bihezande Omar      | L 3 | 17 |
| 3. | Byiringiro Samuel   | L 3 | 17 |
| 4. | Shyaka George       | L 3 | 15 |
| 5. | Nisingizwe Jacques  | L 3 | 15 |
| 6. | Habaguhirwa Samuel  | L 3 | 16 |
| 7. | Nkundimana Emmanuel | L 3 | 15 |

### 5. FGDs for Male, Mutenderi Sector

| No. | Names                   | Position                       | Age |
|-----|-------------------------|--------------------------------|-----|
| 1.  | Hagenimana Emmanuel     | Teacher                        | 33  |
| 2.  | Ndayishimiye Christophe | Business person                | 29  |
| 3.  | Ruzindana Laurent       | Evening sessions for parents   | 60  |
| 4.  | Kwibuka Jenins          | Representative of FBOs         | 47  |
| 5.  | Nzeyima Isidore         | Representative of Cooperatives | 52  |
| 6.  | Kayinamura J. Baptiste  | Representative of PSF          | 38  |
| 7.  | Tumusifu Frederick      | Inshuti z'Umuryango            | 64  |
| 8.  | Musafiri Theoneste      | Representative of CSOs         | 41  |
| 9.  | Turimaso J. Baptiste    | Farmer                         | 54  |

### 6. FGDs for Female, Mutenderi Sector

| No. | Names                 | Position                       | Age |
|-----|-----------------------|--------------------------------|-----|
| 1.  | Dushimiyimana Adeline | Business person                | 32  |
| 2.  | Mukantwali Esperance  | CNF Coordinator                | 54  |
| 3.  | Nishimwe Noella       | Youth representative           | 35  |
| 4.  | Mukamana Vestine      | Representative of cooperatives | 47  |
| 5.  | Iragena Annonciata    | Inshuti z'umuryango            | 50  |
| 6.  | Siwemubi Mediatrice   | A farmer                       | 58  |

## GBV root causes and IOSC services delivery

|     |                            |                              |    |
|-----|----------------------------|------------------------------|----|
| 7.  | Mukandayizeye Marie Louise | Evening sessions for parents | 43 |
| 8.  | Mukeshimana                | Religious representative     | 33 |
| 9.  | Mukadiama Clemantine       | CSOs representative          | 42 |
| 10. | Uwamariya Christine        | Youth representative         | 23 |

### 7. FGDs for Female, Kibungo Sector

| No. | Names               | Position                          | Age |
|-----|---------------------|-----------------------------------|-----|
| 1.  | Uwimbabazi Adeline  | Youth representative              | 27  |
| 2.  | Muhimana Tharcille  | Inshuti<br>z'Umuryango            | 40  |
| 3.  | Uwamahoro Olonella  | Councilor                         | 25  |
| 4.  | Kantengwa Virginie  | Evening parents<br>session        | 52  |
| 5.  | Mukaruziwa Joselyne | Inshuti<br>Z'umuryango            | 38  |
| 6.  | Namwami Nadia       | Business                          | 49  |
| 7.  | Umubyeyi Tidjala    | CNF                               | 38  |
| 8.  | Mwonkana Adiodette  | Representative of<br>Cooperatives | 65  |
| 9.  | Muhawinimana Neema  | CNF                               | 38  |
| 10. | Uwimbabazi Josiane  | CNF                               | 37  |
| 11. | Gasengayire Chemusa | A farmer                          | 33  |

### 8. FGDs for Male, Kibungo Sector

| No. | Names                     | Position            | Age |
|-----|---------------------------|---------------------|-----|
| 1.  | Sibomana Jean Pierre      | Health work         | 41  |
| 2.  | Uwihoreye Egide           | PSF, Representative | 33  |
| 3.  | Habanabakize Jean de Dieu | A farmer            | 38  |
| 4.  | Karema Jean Claude        | Inshuti z'Umuryango | 41  |

## GBV root causes and IOSC services delivery

### 9. FGDs- Local leaders (Heads of village), Mutenderi Sector

| No. | Names                       | Village    | Age |
|-----|-----------------------------|------------|-----|
| 1.  | Hakizimana Ildephonse       | Agatonde   | 46  |
| 2.  | Nsabimana Paul              | Mukikura   | 41  |
| 3.  | Gasore J. Claude            | Rwankamba  | 40  |
| 4.  | Nsengiyumva J.M.V           | Nyamugari  | 54  |
| 5.  | Havugimana Elysee           | Gatonde    | 51  |
| 6.  | Habyarimana Pierre Celestin | Akalimbu   | 39  |
| 7.  | Uwamahoro Emmanuel          | Shyagashya | 46  |
| 8.  | Habanabakize Thomas         | Cyanano    | 35  |
| 9.  | Magera Ignasi               | Tonero     | 40  |
| 10. | Gwiza Musa                  | Meraneza   | 36  |

### 10. FGDs- Local leaders (Heads of village), Kibungo sector

| No. | Names                  | Name of village | Age |
|-----|------------------------|-----------------|-----|
| 1.  | Mukamvagano Laurence   | Isangano        | 51  |
| 2.  | Rugazura Redon         | Kabeza          | 42  |
| 3.  | Mpatswenumagabo Daniel | Gatoro          | 32  |
| 4.  | Uwanyirigira Sabine    | Ihiriro         | 42  |

## III. HUYE

### 1. LIST OF INTERVIEW PARTICIPANTS.

| No | Institution      | Names                        | Position                                |
|----|------------------|------------------------------|---|
| 1  | Huye District    | Anonciata Kankesha           | Vice Mayor Social Affairs               |
| 2  | Huye District    | Jean Baptiste                | Director of Good Governance             |
| 3  | Huye District    | Ange Mazimpaka               | Director of Health                      |
| 4  | Huye District    | Kayitare                     | Acting youth Officer                    |
| 5  | Huye District    | Marie Helene<br>Uwanyiligira | Coordinator of national Women's Council |
| 6  | Rwandan National | Ruzigana                     | DPC                                     |

## GBV root causes and IOSC services delivery

| No | Institution                            | Names                    | Position                                      |
|----|--|--------------------------|---|
|    | Police                                 |                          |   |
| 7  | Kabutare Hospital                      | Dr. Nsanzimana Bosco     | Director General of the Hospital              |
| 8  | Isange One Stop Center (IOSC)          | Claudine Muribonge       | GBV Coordinator                               |
| 9  | Isange One Stop Center (IOSC)          | Yvonne Habiyambere       | Social Worker                                 |
| 10 | Kabutare Hospital                      |                          | Director of Kabutare Hospital                 |
| 11 | Kabutare Hospital (IOSC)               | Jean Claude Hategikimana | Clinical Director                             |
| 12 | Rwanda Investigation Bureau (IOSC)     | Dariah Kantengwa         | Legal Investigator                            |
| 13 | Isange One Stop Center (IOSC)          | Javas Bugingo            | Psychologist                                  |
| 14 | Isange One Stop Center (IOSC)          | Mukakamali Josephine     | Head of mental health                         |
| 15 | Isange One Stop Center (IOSC)          | Alianne Mukapesa         | Intern  |
| 16 | Sector Ngoma                           | Alphonse Mutsindashaka   | Executive Secretary                           |
| 17 | Sector Ngoma                           | Anathalie Mukakarengera  | Social affairs                                |
| 18 | Sector Rusatira                        | Constantin Kalisa        | Executive Secretary                           |
| 19 | Rwanda National Police Sector Rusatira | Innocent Mwiseneza       | Commander of Police (AIP)                     |
| 20 | Sector Rusatira                        | Francoise Mukase         | Social Affairs                                |
| 21 | Never Again Rwanda                     | Emmanuel Iyamuremye      | Vice coordinator in charge of good governance |
| 22 | High Court (MAJ)                       | Alphonsine Ufitinema     | In charge of finalizing court cases           |
| 23 | High Court (MAJ)                       | Christine Kayirangwa     | In charge of GBV cases                        |

### 2: LIST OF LOCAL/VILLAGE LEADERS RUSATIRA SECTOR

| No. | NAMES                | SEX | DISTRICT | SECTOR   | CELL     | VILLAGE   |
|-----|----------------------|-----|----------|----------|----------|-----------|
| 1   | NSENGIMANA ELDEGALD  | M   | HUYE     | RUSATIRA | KIMIREHE | NYARUTOVU |
| 2   | MISAGO CLAUDE        | M   | HUYE     | RUSATIRA | KIMIREHE | KAVUMU    |
| 3   | KAYIHURA APPOLINAIRE | M   | HUYE     | RUSATIRA | GAFUMBA  | KIGARAMA  |
| 4   | MACUMU AFFORDIS      | M   | HUYE     | RUSATIRA | KIMUNA   | BUSHIKIRI |
| 5   | RUGAMBAGE INNOCENT   | M   | HUYE     | RUSATIRA | KIMUNA   | KAMABUYE  |
| 6   | KABURA MECHAQUE      | M   | HUYE     | RUSATIRA | BUHIMBA  | /         |
| 7   | HABIMANA EUGENE      | M   | HUYE     | RUSATIRA | MUGOGWE  | MUBUGA    |
| 8   | NSABIMANA VALENCE    | M   | HUYE     | RUSATIRA | BUHIMBA  | MUCUNDA   |
| 9   | MUNYENGABE INNOCENT  | M   | HUYE     | RUSATIRA | KIMUNA   | TUMA      |

## GBV root causes and IOSC services delivery

|    |                      |   |      |          |          |          |
|----|----------------------|---|------|----------|----------|----------|
| 10 | UWIZEYE GORETH       | F | HUYE | RUSATIRA | BUHIMBA  | AGASHARU |
| 11 | MUKAMURIGO ANASTASIE | F | HUYE | RUSATIRA | KIRUHURA | NYAMUKO  |

### 3: FGD FOR MALES IN RUSATIRASECTOR

| NO | NAMES                 | SEX | DISTRICT | SECTOR   | CELL     | VILLAGE      | MOBILE NO  |
|----|-----------------------|-----|----------|----------|----------|--------------|------------|
| 1  | JMV MATABARO          | M   | HUYE     | RUSATIA  | BUHIMBA  | IMPINGA      | 0783005147 |
| 2  | MURENZI J.PIERRE      | M   | HUYE     | RUSATIA  | BUHIMBA  | MUCUNDA      | 078400911  |
| 3  | HABIMANA EMMANUEL     | M   | HUYE     | RUSATIA  | BUHIMBA  | KIMICANGA    | 0783121501 |
| 4  | NTAKIRUTIMANA FELIX   | M   | HUYE     | RUSATIA  | BUHIMBA  | MUCUNDA      | 0783888690 |
| 5  | MURWANASHYAKA VEDASTE | M   | HUYE     | RUSATIRA | BUHIMBA  | KANYIRANKUBA | 0783261484 |
| 6  | NSENGIYUMVA ALEXANDRE | M   | HUYE     | RUSATIRA | MUGOGWE  | MURAMBI      |            |
| 7  | NDAYISENGA .A         | M   | HUYE     | RUSATIRA | KIMIREHE | /            | 0723883815 |

### 4: FGDS FOR FEMALES IN RUSATIRA SECTOR

| NO | NAMES                   | SEX | DISTRICT | SECTOR   | CELL     | VILLAGE   | MOBILE NO  |
|----|-------------------------|-----|----------|----------|----------|-----------|------------|
| 1  | KANGABE JACQUELINE      | F   | HUYE     | RUSATIRA | BUHIMBA  | RUGARAMA  | 0728460538 |
| 2  | KAYITESI JEANNETTE      | F   | HUYE     | RUSATIRA | KIRUHURA | RUGARAMA  | 0783170296 |
| 3  | MIRWEGO DROCELLA        | F   | HUYE     | RUSATIRA | BUHIMBA  | AGASHARU  |            |
| 4  | MUSANA MARIE JOSEE      | F   | HUYE     | RUSATIRA | BUHIMBA  | KARUBONA  | 078821052  |
| 5  | NYIRAMANA CLAUDINE      | F   | HUYE     | RUSATIRA | BUHIMBA  | RUCUNDA   |            |
| 6  | BYUKUSENGE GRACE        | F   | HUYE     | RUSATIRA | MUGOGWE  | MURAMBI   |            |
| 7  | GAHONGAYIRE FLORENCE    | F   | HUYE     | RUSATIRA | KIRUHURA | NYAMUKO   |            |
| 8  | UWIRINGIYIMANA BIRMAINE | F   | HUYE     | RUSATIRA | KIRUHURA | NYAGASOZI |            |

### 5: FGDS FOR LOCAL/VILLAGE LEADERS IN NGOMA SECTOR

| NO | NAMES                 | SEX | DISTRICT | SECTOR | CELL    | VILLAGE  | MOBILE NO  |
|----|-----------------------|-----|----------|--------|---------|----------|------------|
| 1  | KAYONGA MAC           | M   | HUYE     | NGOMA  | MATYAZO | RUKIZO   | 0786630841 |
| 2  | TWAGIRUMUKIZA VALENS  | M   | HUYE     | NGOMA  | MATYAZO | RUREEMBO | 0788616907 |
| 3  | BARAKAGIRA J.BAPTISTE | M   | HUYE     | NGOMA  | MATYAZO | GAFURWE  | 0782393218 |

## GBV root causes and IOSC services delivery

|    |                           |   |      |       |             |             |            |
|----|---------------------------|---|------|-------|-------------|-------------|------------|
| 4  | NYIRIMANA PHILIPPE        | M | HUYE | NGOMA | KABUREMER A | NYAGAPFIZ I | 0728850442 |
| 5  | NYIRABANYIGIN YA FRANCINE | F | HUYE | NGOMA | KABUREMER A | RUGARAM A   | 0786830809 |
| 6  | MUKAMPINYUZA CLEMENTINE   | F | HUYE | NGOMA | KABUREMER A | KARAMBI     | 0727475277 |
| 7  | KAGINA THARCISSE          | M | HUYE | NGOMA | MATYAZO     | NYABITAKE   | 0786830843 |
| 8  | UWONKUNDA GORETH          | F | HUYE | NGOMA | NGOMA       | NGOMA       | 0783701329 |
| 9  | NYIRABAGENI ALICE         | F | HUYE | NGOMA | NGOMA       | NGOMA       | 0786830831 |
| 10 | UWONKUNDA .K              | F | HUYE | NGOMA | KABUREMER A | KAGUHA      | 0786830795 |

### 6: FGD FOR FEMALES IN NGOMA SECTOR

| NO | NAMES                  | SEX | DISTRICT | SECTOR | CELL       | VILLAGE   |
|----|------------------------|-----|----------|--------|------------|-----------|
| 1  | TWAGIRAMARIYA M.LOUISE | F   | HUYE     | NGOMA  | KABUREMERA | NYABUBARE |
| 2  | MUKANDAMAGE IMMACULEE  | F   | HUYE     | NGOMA  | KABUREMERA | NYABUBARE |
| 3  | MUKAMURANGWA HAMIDA    | F   | HUYE     | NGOMA  | MATYAZO    | KAMUCUZI  |
| 4  | MUSABYEMARIYA FAITH    | F   | HUYE     | NGOMA  | MATYAZO    | GAFURWE   |
| 5  | MUKAMUDENGE IMMACULEE  | F   | HUYE     | NGOMA  | MATYAZO    | RWENDA    |
| 6  | UZARAMA EPIPHANIE      | F   | HUYE     | NGOMA  | MATYAZO    | GAFURWE   |
| 7  | MUKABASHUGI M.CHANTAL  | F   | HUYE     | NGOMA  | MATYAZO    | KABEZA    |
| 8  | NYIRAMANA MEDIATRICE   | F   | HUYE     | NGOMA  | KABUREMERA | NYABUBARE |

### 7: FGD FOR MALES IN NGOMA SECTOR

| NO | NAMES                  | SEX | DISTRICT | SECTOR | VILLAGE |
|----|------------------------|-----|----------|--------|---------|
| 1  | HISHAMUNDA NEPO        | M   | HUYE     | NGOMA  | KAGUHA  |
| 2  | MINANI EMMANUEL        | M   | HUYE     | NGOMA  | KAGUHA  |
| 3  | RUBAGABIGWI ALPHONSE   | M   | HUYE     | NGOMA  | GATOKI  |
| 4  | MBONYI RWISUNGA        | M   | HUYE     | NGOMA  | GAFURWE |
| 5  | NKERAMUGABA J.BAPTSITE | M   | HUYE     | NGOMA  | KABEZA  |
| 6  | SELANA YEBU            | M   | HUYE     | NGOMA  | KAGUHA  |
| 7  | MBARUBUKEYE JUSTIN     | M   | HUYE     | NGOMA  | GAFURWE |
| 8  | RWASAMARERE JANVIER    | M   | HUYE     | NGOMA  | GATOKI  |
| 9  | RUSANGANWA ANDRE       | M   | HUYE     | NGOMA  | RUNGA   |



## GBV root causes and IOSC services delivery

### 8: FGD NGOMA SECTOR: TEENAGE GIRLS WHO DROPPED OUT OF SCHOOL BECAUSE OF UNWANTED PREGNANCIES

| No. | NAMES                | DISTRICT | SECTOR | CELL    |
|-----|----------------------|----------|--------|---------|
| 1   | YANKURIJE<br>GORETH  | HUYE     | NGOMA  | MATYAZO |
| 2   | MWAVITA LOUIS        | HUYE     | NGOMA  | MATYAZO |
| 3   | MUKANTWARI<br>ROSINE | HUYE     | NGOMA  | MATYAZO |
| 4   | UWASE CADEAU         | HUYE     | NGOMA  | MATYAZO |

### 9: LIST OF FEMALE STUDENTS AT GROUPE SCHOLAIRE GATAGARA IN HUYE DISTRICT, NGOMA SECTOR

1. NishimweJanviere
2. Mbabazi Marie Ange
3. IngabireVivine
4. Ikirezi Mona
5. ImanirafashaMarcienne
6. ButoyaIngabireAngella
7. NibasengeScovia
8. Mugwaneza Alice
9. NashimweKanelly
10. UmugwanezaCaline
11. UmutoniNiyonzima Gloria
12. Tuyisingize Lucie
13. Uwimana Marie Claire
14. Uwase Clementine

### 10: LIST OF MALE STUDENTS AT GROUPE SCHOLAIRE GATAGARA IN HUYE DISTRICT, NGOMA SECTOR

1. Ishimwe Borah
2. IshimweMucyo James
3. TuyizereAime
4. InezaYannick Victor
5. NshimiyumukizaJolan
6. Byiringiro Joseph
7. Uwizeyimana Christian
8. Sana GanzaLeandre
9. NzayinambahoFabrice
10. Kamana Gilbert
11. MucoHentier
12. Nzamwizera Emmanuel
13. Shema Regis

## GBV root causes and IOSC services delivery

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14. Havugimana Gael
15. IradukundaKajyibwamiAime
16. Igihozo Irene Robert
- 17.

### **11: LIST OF FEMALE STUDENTS AT SAINT MARY'S SECONDARY SCHOOL IN HUYE DISTRICT, RUSATIRA SECTOR**

1. UmutoniJoselyne
2. Igiraneza Ernestine
3. Uwirora Adeline
4. Uwamahoro Esperance
5. Umugabekazi Regina
6. UwiduhayeAmina
7. Uwikunze Olga
8. KanzayireMbuguje Marie Pascale
9. Bahati Bore Divine
10. Uwitonze Adeline
11. IshimweAnitha

### **12: LIST OF MALE STUDENTS AT GROUPE SCHOLAIRE GATAGARA IN HUYE DISTRICT, NGOMA SECTOR**

1. Irakoze Lionceau
2. Ishimwe Ineza Selim
3. Harerimana Adolphe
4. Nyangezi Egide Kevin
5. Shema Blaise
6. Niyongabo Etienne
7. Murara Rugamba
8. Nindorera Joe Freeman

### **13: LIST OF GBV VICTIMS INTERVIEWED**

1. Ingabire Joyeuse
2. Anastasia Musabyimana
3. Hakorimana Anastase

## GBV root causes and IOSC services delivery

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### IV. GICUMBI

#### 1.1 KEY INFORMANTS INTERVIEWED AT DECENTRALISED LEVEL

| No. | Names                     | Position   | Telephone  |
|-----|---------------------------|--|------------|
| 1   | MUJAWAMARIYA Elisabeth    | Vice Mayor in charge of Social Affairs                   | 0788658382 |
| 2   | MUNYEZAMU Joseph          | Director of Good Governance                              | 0788862677 |
| 3   | AHISHAKIYE Jean Damascène | Coordinator of National Youth Council                    | 0783258498 |
| 4   | RIBERAKURORA Boniface     | Representative of PLWDs                                  | 0788456590 |
| 5   | Dr NTIHABOSE Corneille    | District Hospital Director                               | 0788600997 |
| 6   | UWAMARIYA Janet           | GBV Officer at IOSC                                      | 0784845130 |
| 7   | UWAMURERA Alice           | RIB Investigator Officer at IOSC                         | 0784845128 |
| 8   | MUHIMPUNDU Thérèse        | Psychologist at IOSC                                     |            |
| 9   | Dr BURAMBU Adelin         | Medical Doctor at District Hospital                      |            |
| 10  | UMUGWANEZA Alice          | GBV Officer at MAJ                                       | 0738496513 |
| 11  | Mgr NGENDA HAYO Emmanuel  | Representative of FBOs                                   | 0788417655 |
| 12  | Pastor MUTABAZI Claude    | Representative of CSOs                                   | 0788518330 |
| 13  | NSHIMIYIMANA Valence      | Administration and Finance acting Executive Secretary in | 0783081922 |

## GBV root causes and IOSC services delivery

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|    |                              |   |            |
|----|------------------------------|---|------------|
|    |                              | Byumba Sector   |            |
| 14 | BANGIRANA Jean Marie Vianney | Kaniga Sector Executive Secretary                                   | 0783332418 |
| 15 | HABINSHUTI Robert            | Byumba Sector person in charge of social affairs                    | 0788587609 |
| 16 | BIMENYIMANA Pierre Célestin  | Kaniga Sector person in charge of Social Affairs                    |            |
| 17 | BAMURANGE Chantal            | Head Administrator of Byumba Sector Health Center                   |            |
| 18 | UWIMANA Marie Chantal        | Deputy Head Administrator of Mulindi Health Center in Kaniga Sector |            |

### 1.2 GBV survivors

- UWUMUKIZA Vestine
- NYIRANDINABO Monique

### LISTS OF PARTICIPANTS IN FOCUS GROUP DISCUSSIONS

#### 2.1 Byumba Sector: Heads of Villages' group

- 1 FAYIDA Théoneste
- 2 GASHUMBA Yves Fabrice
- 3 HABİYAKARE Jean Marie Vianney
- 4 HAKUZIMANA Jean Marie Vianney
- 5 HAVUGIMANA John
- 6 MAZIMPAKA Patrick
- 7 NIYONZIMA Martin
- 8 NZABAMWITA Titien
- 9 RANGIRA Théoneste
- 10 SANDE Emmanuel

#### 2.2 Byumba Sector: Men's group

- 1 BIHABWIMANA Jean Bosco
- 2 GAHUTU Diogène
- 3 HARELIMANA Eugène
- 4 KAGABO Anastase
- 5 MINANI Fabien
- 6 MUNYANDAMUTSA André
- 7 NKESHIMANA Jean de Dieu
- 8 NSANZUMUHIRE Alexis
- 9 RUKIRUMURAME Claver
- 10 UWIMANA Jean Bosco

#### 2.3 Byumba Sector: Women's group

- 1 BAMPIRE Alphonsine
- 2 BANTEGEYE Marceline

## GBV root causes and IOSC services delivery

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- 3 KANKUNDIYE Marianne
- 4 MUKANZABONIMANA Vestine
- 5 MUSABYEMARIYA Vestine
- 6 NYIRAMBARUSHIMANA Drocella
- 7 NYIRANSENGIYAREMYE Madeleine
- 8 PACIFIQUE Chantal
- 9 TUYISENGE Justine
- 10 UWINEZA Charlotte

### **2.4 Byumba Sector: Female students' group (Groupe Scolaire INYANGE)**

- 1 AHIBONEYE Marie Claire
- 2 IRANZI Esther
- 3 MUKESHIMANA Claudine
- 4 MWAMIKAZI Sounath
- 5 NIWERUGERO Sandrine
- 6 NIYOBYOSE Ruth
- 7 NYINAWUMUNTU Gabriella
- 8 UMUTANGAMPUNDU Josiane
- 9 UMUTESIWASE Fridouth
- 10 UMUTESIWASE Sarama

### **2.5 Byumba Sector: Male students' group (Groupe Scolaire INYANGE)**

- 1 BYOSENIO Arthur
- 2 HIRWA Fulgence
- 3 IGIRANEZA Thierry
- 4 MUGISHA Kenneth
- 5 MUREKEZI Benon
- 6 NIYIBIZI Déogratias

## GBV root causes and IOSC services delivery

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- 7 SERUGO Hertier
- 8 SHEMA Clément

### **2.6 Kaniga Sector: Heads of Villages group**

- 1 BAGARAGAZA Alexis
- 2 BIZIMUNGU Gilbert
- 3 HARELIMANA Patrick
- 4 KAYIJUKA Jean Damascène
- 5 MANIRAGUHA Emmanuel
- 6 MUNYAZESA Jackson
- 7 MUSABYEMARIYA Philomène
- 8 NDAYAMBAJE Jean Paul
- 9 NYIRABWICARO Violette
- 10 UFITABE Bernard

### **2.7 Kaniga Sector: Men's group**

- 1 HABUCILIRO Jean Baptiste
- 2 HALINDIMANA Jean Baptiste
- 3 KWIZERA Jean Baptiste
- 4 MAZIMPAKA Emmanuel
- 5 MBABAZI LéONARD
- 6 MWUMVANEZA Emmanuel
- 7 NGABITSINZE Célestin
- 8 NIYITEGEK CéLESTIN
- 9 NTEZIRYAYO Théoneste
- 10 RUKEJAKARE Evariste

### **2.8 Kaniga Sector: Women's group**

## GBV root causes and IOSC services delivery

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- 1 BAZERWE Sharon
- 2 CYOMUKAMA Mary
- 3 MUHAWIMANA Béatrice
- 4 MUJAWAMARIYA Alphonsine
- 5 MUJAWIMANA Domina
- 6 MUKAGAKURU Immaculée
- 7 MUKAKOMITE Marie Chantal
- 8 NSABUWERA Emaus
- 9 UZAYISENGA Béatrice
- 10 VUMILIYA Joyeuse

### **2.9 Kaniga Sector: Female students' group**

- 1 ILIBAGIZA Providence
- 2 IRAFASHA Ernestine
- 3 IZABAYO Janvière
- 4 MUKAMUHIZI Candide
- 5 NATUKUNDA Anysia
- 6 TUKAMUHABWA Denyse
- 7 UWIMBABAZI Devota
- 8 UWIMBABAZI Sophanie
- 9 UWIRAGIYE Denyse
- 10 UWITUZE Marie Claire

### **2.10 Kaniga Sector: Male students' group**

- 1 AHORUKOMEYE Albert
- 2 ASIMWE Frank
- 3 BIGIRANKANA Oscar
- 4 ISHIMWE Frank
- 5 MANISHIMWE Alexandre
- 6 NDAYISABA Yves



## GBV root causes and IOSC services delivery

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- 7 NDAYISHIMIYE Emmanuel
- 8 NIWEMWUNGERI Jacob
- 9 RUKUNDO Jean Pierre
- 10 UZABUKIRIHO Olivier

## GBV root causes and IOSC services delivery

### V. NYABIHU

#### KEY INFORMANTS INTERVIEWS AT DECENTRALISED LEVEL

| S/N | NAMES                        | POSITION  |
|-----|------------------------------|---|
| 1   | SIMPENZWE Pascal             | V/M Social Affairs,                                       |
| 2   | DUSENGE Pierre               | Director of health,                                       |
| 3   | NSENGIMANA J. Claude         | Director of Good Governance                               |
| 4   | KARAMBIZI Benjamin           | Gender and Family Promotion Officer,                      |
| 5   | NIKUZE valentine             | Coordinator of National Women Council,                    |
| 6   | MWISENEZA Eric               | Coordinator National Youth Council,                       |
| 7   | GASIRIMU Olivier             | Representative of PLWDs                                   |
| 8   | Dr BALIMAZIKI Theogene       | Clinical Director in place of District Hospital Director, |
| 9   | MUKANKURUNZIZA Rosine        | GBV officer at IOSC,                                      |
| 10  | BUTARE Seleman               | RIB Investigator Officer ( IOSC )                         |
| 11  | HITIMANA Telespore           | Psychologist at IOSC,                                     |
| 12  | Dr MUHINDO Ildephonse        | Medical doctor  |
| 13  | KABANDANA Janvier            | GBV Officer at MAJ,                                       |
| 14  | TWIZERIMANA Ildephonse       | Representative of FBOs                                    |
| 15  | D/P Prosper KABURAME         | Police, station JENDA                                     |
| 16  | C/SGT TWAGIRAYESU Jean       | POLICE SHYIRA SECTOR                                      |
| 17  | NIYIBIZI RWIGIMBA Louis      | Shyira Sector Executive Secretary                         |
| 18  | NIYONZIMA Innocent           | Acting Sector Executive Secretary<br>BIGOGWE Sector       |
| 19  | MUKABERA leoncie             | Social Affairs Bigogwe sector                             |
| 20  | MUGABUSHAKA Pierre<br>Claver | Social Affairs Shyira sector                              |
| 21  | TUYISENYES Ernestine         | GBV victims females at selected sector within IOSC,       |
| 22  | MURAGIJIMANA Claudine        | GBV victims females at selected sector within IOSC,       |
| 23  | BAHIGIRA JMV                 | GBV victims male at selected sector within IOSC,          |
| 24  | NDAYAMBAJE Phocas            | Head of SHYIRA Sector Health center.                      |
| 25  | HIGIRO Jean                  | Head of BIGOBWE Sector Health center.                     |

#### FGD for females, SHYIRA Sector

| S/N | NAMES             | PHONE Number |
|-----|-------------------|--------------|
| 1   | BENIHIRWE Caritas | 0788556112   |

## GBV root causes and IOSC services delivery

|   |                          |            |
|---|--------------------------|------------|
| 2 | BAYAVUGE Jeannette       | 0789506879 |
| 3 | AKAYESU Aline            | 0785204445 |
| 4 | UWIMANA Dafrose          | 0785151812 |
| 5 | MUKAMUNANA Jeanne        | 0783297048 |
| 6 | MUKAMULIGO Donathile     | 0783842832 |
| 7 | NYIRAHABINEZA Anonciatha | 0782932852 |
| 8 | NYIRANTIRYERA Immacule   | 0786412862 |
| 9 | MUKAYOBOKA Patricie      | 0788820488 |

### FGD for males, SHYIRA sector

| S/N | NAMES                   | PHONE Number |
|-----|-------------------------|--------------|
| 1   | RUBANZABIGWI Charles    | 0785450574   |
| 2   | TWAGIRISHUTI Geremie    | 0782096682   |
| 3   | MANISHIMWE Jean Claude  | 0784098324   |
| 4   | NTAWURUHUNGA Deogratias | 0785893719   |
| 5   | HABIYAMBERE Emmanuel    | 0782932816   |
| 6   | NIYIGENA Alfred         | 0783061765   |
| 7   | KWIGIRA Antoine         | 0782409699   |
| 8   | HAGUMIMANA Leopord      | 0783061115   |
| 9   | TUYISHIME Silas         | 0788726943   |

## GBV root causes and IOSC services delivery

### FGD local leaders heads of villages SHYIRA sector

| S/N | NAMES                    | PHONE Number |
|-----|--------------------------|--------------|
| 1   | BYIRINGIRO Olivier       | 0785100488   |
| 2   | NDIMUBANZI Daniel        | 0784756691   |
| 3   | DUKUZUMUREMYI Jean Dosco | 07834255961  |
| 4   | HARERIMANA Jean Baptiste | 0783425995   |
| 5   | NIYONZIMA Albert         | 0782301481   |
| 6   | NKAMABADASHAKA Donatien  | 0783425994   |
| 7   | HITAYESU Jean Claude     | 0786222420   |
| 8   | HAKIZIMANA Jean Baptiste | 0787426424   |
| 9   | MUSBYIMANA Idephonse     | 0789834254   |
| 10  | RUBANANA JMV             | 0786686441   |

### Females Teenagers SHYIRA Sector

1. UWAMBAJIMANA Pascaline
2. UWIMANA Olive
3. NIYONSENGA Anitha
4. MUSHIMIYIMANA Anathari
5. UMUTONI Fillette
6. CYUZUZO olive
7. ISHIMWE Beatha
8. IKUNDABAYO Paoline
9. INGABIRE Jannette
10. NIYOMUGENGA princesse
11. URWIBUTSO Marie Claire
12. UWAMAHORO Sandrine
13. IRAKOZE rusi
14. IRADUKUNDA Sandrine
15. MANIRAGUHA Rachel

## GBV root causes and IOSC services delivery

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### Males Teenagers SHYIRA Sector

1. MICO Temreronce
2. SANO Heritier
3. IHIMBAZWE Divence
4. UWIDUHAYE Issa
5. GASASIRA Theophile
6. MASENGESHA Bonheur
7. HATANGUMURENYI Jonthan
8. MBONIMPA Olivier
9. NDAYISHIMIYE Silac
10. DUKUNDANE Pascal
11. HAKORIMANA Patrick
12. TWIZEYIMANA Aime Didier
13. KWIHANGANA Maurice
14. TUYIZERE Pierre
15. YAMBABARIYE Francois

### FGD for females, BIGOGWE Sector

| S/N | NAMES                   | PHONE Number |
|-----|-------------------------|--------------|
| 1   | KANGABE Leontine        | 0783194508   |
| 2   | NYIRAMAHORO Marceline   | 0783787619   |
| 3   | KANZAYIRE Felicite      | 0783309121   |
| 4   | MUKASINE Eliada         | 0787928439   |
| 5   | NYIRAMAFISHI Beatrice   | 0783212682   |
| 6   | MAOMBI Annuaritte       | 0782295815   |
| 7   | MUHAWENIMANA Donathira  | 0783378699   |
| 8   | MUKASONGA Jeannette     | 0785746965   |
| 9   | MUHAWENIMANA Alphonsine | 07825796467  |
| 10  | UWANYIRIGIRA Henriette  | 0782039252   |

## GBV root causes and IOSC services delivery

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### FGD for males, BIGOGWE sector

| S/N | NAMES                   | PHONE Number |
|-----|-------------------------|--------------|
| 1   | NIYIBIZI Andre          | 0788613957   |
| 2   | NDATIMANA Josue         | 0788430469   |
| 3   | RURINDA Francois        | 0785424050   |
| 4   | KANYAMASORO Emmanuel    | 0788705956   |
| 5   | Pasteur MAGERA Theogene | 0781035137   |
| 6   | MBARUSHIMANA Thomas     | 0787414750   |
| 7   | UWIHOREYE Isaa          | 0788894596   |
| 8   | RUBAYIZA Francois       | 0782931713   |
| 9   | NDAGIJIMANA Theophile   | 0782386805   |
| 10  | HAVUGIMANA Innocent     | 0782931699   |

### FGD local leaders heads of villages BIGOGWE Sector

| S/N | NAMES                         | PHONE Number |
|-----|-------------------------------|--------------|
| 1   | TURAMYUMUKIZA Francois Xavier | 0784369039   |
| 2   | SINGIRANKABO Idrissa          | 0788854521   |
| 3   | BICAMUMPAKA Gaspard           | 0784457276   |
| 4   | SEBUHERERI Jean Paul          | 0783006717   |
| 5   | NIZEYIMANA Valens             | 0783426151   |

## GBV root causes and IOSC services delivery

|    |                        |            |
|----|------------------------|------------|
| 6  | MUREKURA Charles       | 0782068946 |
| 7  | NSHUTIYIMANA Dieudonne | 0783426214 |
| 8  | BARINDA Obiste         | 0788690159 |
| 9  | SETAKO Ephuraim        | 0783010472 |
| 10 | KAREKEZI Innocent      | 0783426808 |

### **Females Teenagers SHYIRA Sector**

1. UWIHIRWE Filomene
2. UMUTONI Emerithe
3. UWIHIRWE Benitha
4. NIYOMURINZI Justine
5. ISHIMWE Marie Sandrine
6. MAHIRWE Alice
7. IRADUKUNDA Aline
8. UWAJENEZA Immaculee
9. UWATOWE Alliance
10. ABINEZA Nshuti Solange
11. DUSHIMIMANA Solange
12. MUHAWENIMANA Florence
13. MUKAMURENZI Feza
14. DUKUNDANE Epiphanie
15. UFITINEMA Seraphine

### **Males Teenagers SHYIRA Sector**

1. NIKIKO Elyse
2. SIBOMANA Theodomir
3. MICOMYIZA Hyacenthe
4. RUKUNDO Justin
5. BYIRINGIRO Frank
6. MUTUNZI Claude
7. IRADUKUNDA Kennedy
8. NISINGIZWE Adrien
9. NKUNDIMANA Theodore

## GBV root causes and IOSC services delivery

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10. RUKUNDO Pacifique
11. NIZEYIMANA Ildephonse
12. TUYISHIMIRE Etienne
13. TUYIZERE Dieudonne
14. ISHIMWE Thierry



## GBV root causes and IOSC services delivery

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### VI. NYAMAGABE

#### KEY INFORMANTS INTERVIEWS AT DECENTRALIZED LEVEL

|    | NAMES                         | Title   | Phone number |
|----|-------------------------------|---|--------------|
| 1  | MUJAWAYEZU Prisca             | V/M Social affairs  | 0788306155   |
| 2  | NIWEMWIZA Marie Chantal       | Gender and Family Promotion Officer<br>& Acting Director of Good Governance |              |
| 3  | KAYIRANGA Calixte             | Director of Health  | 0788559354   |
| 4  | BIMENYIMANA Maurice           | Coordinator National Youth Council CNJ                                      | 0783040430   |
| 5  | MUSABYEMARIYA Gaudence        | Coordinator of National Women Council<br>CNF                                |              |
| 6  | NZABONIMANA Ephrem            | District Hospital Director  |              |
| 7  | BIZIMANA Jean Baptiste        | GBV Officer at IOSC KIGEME Hospital   | 0788540465   |
| 8  | MBONIMANA Steven              | RIB at Gasaka Police station  |              |
| 9  | HABIMANA Tadeyo               | Executif Secretary of Gasaka Secotr   | 0788601031   |
| 10 | NDORIMANA Jean<br>Chrisostome | Executif Secretary of Gasaka Secotr   | 0788834270   |
| 11 | AYINKAMIYE Beatrice           | Social Affffairs at Gasaka Secotr   |              |
| 12 | SIKUBWABO Andre               | Social Affffairs at Gasaka Secotr   |              |
| 13 | NDAYAMBAJE Vincent            | Police station Musebeya   |              |
| 14 | NSABIMANA Jean Baptiste       | Representative of CSOs  | 0788206968   |
| 15 | MUBERA Faustin                | Representative of FBOs  | 0788647214   |
| 16 | MUKAMANA Bety                 | Representative Of PLWDs   |              |
| 17 | BYUKUSENGE Irene              | GBV Officer at MAJ  | 0788752746   |
| 18 | MUKESHIMANA Emma              | Gasaka Health Center  |              |
| 19 | MUSABYIMANA Jean<br>Damascene | Musebeya Health Center  |              |
| 20 | MUTESA Regis                  | RIB at IOSC / Kigeme  |              |
| 21 | UWIZEYIMANA Cedric            | GBV Victim  |              |
| 22 | NKURUNZIZA Mugisha Ruth       | GBV Victim  |              |
| 23 | UMUMARARUNGU Marie<br>Claire  | GBV Victim  |              |

## GBV root causes and IOSC services delivery

### Females Teenagers G.S RUSEKERA /MUSEBEYA Sector

|                 | NAMES                   | TITLE   | Age |
|-----------------|-------------------------|---------|-----|
| 1               | MUTUYIMANA Therese      | Student | 15  |
| 2               | NZARIMENYANKUZE Aline   | //      | 16  |
| 3               | NIYONAMBAZA Clementine  | //      | 15  |
| 4               | NTIRUSHWA Faine         | //      | 15  |
| 5               | NYIRANGIRIMANA Josiane  | //      | 16  |
| 6               | MUKAMUGENZI Rebecca     | //      | 15  |
| 7               | INGABIRE Jeanne         | //      | 16  |
| 8               | MUKESHIMANA Anathalie   | //      | 16  |
| 9               | UZAMUKUNDA Grace        | //      | 15  |
| 10              | BIHOYIKI Dative         | //      | 16  |
| Males Teenagers |                         |         |     |
| 1               | NSHIMYIMFURA Pierre     | Student | 16  |
| 2               | BANGANIRIKI Jean Pierre | //      | 15  |
| 3               | GIRUKWAYO Placide       | //      | 17  |
| 4               | BAYISABE Athanase       | //      | 16  |
| 5               | NZABONIMPA Pascal       | //      | 16  |
| 6               | ISHIMWE David           | //      | 17  |
| 7               | NZARAMYIMANA Alex       | //      | 15  |
| 8               | MANIRAGABA Silas        | //      | 16  |

## GBV root causes and IOSC services delivery

|    |                      |    |    |
|----|----------------------|----|----|
| 9  | HABINSHUTI Theoneste | // | 15 |
| 10 | SHIMWA Placide       | // | 15 |

### Females Teenagers E.S.I NYAMAGABE GASAKA Sector

|    | NAMES                 | TITTLE  | Age |
|----|-----------------------|---------|-----|
| 1  | MUKAMUGEMA Alphonsine | Student | 16  |
| 2  | NKUNDIMANA Idegonde   | //      | 16  |
| 3  | MUKARUKUNDO Adele     | //      | 16  |
| 4  | UWAMAHORO Magnifique  | //      | 17  |
| 5  | UYISABYE Therese      | //      | 16  |
| 6  | ISHIMWE Ruth          | //      | 15  |
| 7  | MUKANYANDWI Florence  | //      | 16  |
| 8  | DUSHIMIMANA Blandine  | //      | 16  |
| 9  | NIYONIZERA Elyse      | //      | 17  |
| 10 | KAMIKAZI Annet        | //      | 16  |

### Males Teenagers

|   |                            |    |    |
|---|----------------------------|----|----|
| 1 | IMANI Gad                  | // | 17 |
| 2 | AHISHAKIYE Pierrot Bertand | // | 15 |
| 3 | KAYITARE Kennedy           | // | 17 |
| 4 | IZERE Mutabaruka Pacifique | // | 16 |
| 5 | RAFIKI Shadrack            | // | 16 |
| 6 | KWIZERA Dwight             | // | 17 |
| 7 | RUKUNDO Japhet             | // | 15 |

## GBV root causes and IOSC services delivery

|    |                   |    |    |
|----|-------------------|----|----|
| 8  | TUYISHIME Kelvin  | // | 16 |
| 9  | NIYONIZEYE Joseph | // | 17 |
| 10 | NISHIMIRWE David  | // | 17 |

### FGD Females MUSEBEYA Sector

|    | NAMES                     | TITLE                    | Sector          |
|----|---------------------------|--------------------------|-----------------|
| 1  | UWIZEYE Christine         | CNF                      | Musebeya Sector |
| 2  | NYIRAHARINDINTWARI Verene | Inshuti zumuryango       | //              |
| 3  | MUSHIMIYIMANA Odette      | Teacher/Primary          | //              |
| 4  | YAMFASHIJE Agnes          | Community health worker  | //              |
| 5  | MUKANDAYISENGA Marceline  | Teacher /Secondary       | //              |
| 6  | KAMPUNDU Therese          | Koperative /abahinzi     | //              |
| 7  | UFITAMAHOHO Francoise     | Business                 | //              |
| 8  | NIBAGWIRE Celine          | Farmer                   | //              |
| 9  | MUSHIMIYIMANA Immaculee   | Umugoroba wababyeyi      | //              |
| 10 | MUKANDUTIYE Francoise     | Religious Representative | //              |

### FGD MALES

|   |                   |                         |                 |
|---|-------------------|-------------------------|-----------------|
| 1 | MUNYEMANA Aloys   | Farmer                  | Musebeya Sector |
| 2 | MUTANGANA Charles | Private Sector          | //              |
| 3 | NIYONSHUTI Xavier | Community health worker | //              |
| 4 | MUNYANEZA Vincent | Teacher Primary         | //              |
| 5 | RWAMBIKA Aphrodis | Teacher/Secondary       | //              |
| 6 | BAHIZI Jean       | Farmer                  | //              |

## GBV root causes and IOSC services delivery

|    |                      |                          |    |
|----|----------------------|--------------------------|----|
| 7  | RWAKIGARAMA Fabien   | Religious Representative | // |
| 8  | NDAYISABYE Pascal    | Agrodealer               | // |
| 9  | RURIBIKIYE Frodouard | Umugoroba wababyeyi      | // |
| 10 | NSHIMIYIMANA Erneste | Inshuti zumuryango       | // |

### FGD Females

|   | NAMES                  | TITTLE                   | Sector        |
|---|------------------------|--------------------------|---------------|
| 1 | INGABIRE Francine      | Private Secotr           | Gasaka Sector |
| 2 | NYIRAHAKIZIMANA Verena | Umugoroba wababyeyi      | ///           |
| 3 | KURADUSENGE Marie Rose | Inshuti zumuryango       | //            |
| 4 | MUKAMURIGO Francine    | Teacher/Primary          | //            |
| 5 | MUKANDOLI Judith       | Farmer                   | //            |
| 6 | MUKANTWARI Anathalie   | Community healthworker   | //            |
| 7 | MUKESHIMANA Marthe     | Religious Representative | //            |
| 8 | UWIZEYE Joselyne       | Teacher/Secondary        | //            |
| 9 | MUKAGAKWANDI Therese   | Farmer                   | //            |

### FGD MALES

|   |                  |                         |               |
|---|------------------|-------------------------|---------------|
| 1 | NZAMUHIMANA Deo  | Community health worker | Gasaka Sector |
| 2 | UWIMANA Desire   | Teacher/Primary         | //            |
| 3 | HARERIMANA Henri | Private Sector          | //            |
| 4 | NSABIMANA Oscar  | Umugoroba wababyeyi     | //            |
| 5 | IRANZI Landry    | Business                | //            |

## GBV root causes and IOSC services delivery

|   |                      |                          |    |
|---|----------------------|--------------------------|----|
| 6 | MBONIGABA Joseph     | Farmer                   | // |
| 7 | BIGIRIMANA Aboubakar | Religious Representative | // |
| 8 | GAKWAYA Juvenal      | Cooperative              | // |
| 9 | MWUNGUZI Francois    | Inshuti zumuryango       | // |

### LOCAL LEADERS MUSEBEYA SECTOR

|    | NAMES                   | TITTLE          | SECTOR          |
|----|-------------------------|-----------------|-----------------|
| 1  | NZABUGIRIRWA Leopold    | Head of Village | Musebeya Sector |
| 2  | NSABYAMAHORO Damien     | //              | //              |
| 3  | HAGANIMANA Jean Paul    | //              | //              |
| 4  | NYIRINGABO Boniface     | //              | //              |
| 5  | HATEGEKIMANA Tadeyo     | //              | //              |
| 6  | SINDABYEMERA Dominique  | //              | //              |
| 7  | NTIBUCYAKUMWE Isdore    | //              | //              |
| 8  | HAKIZIMANA Patrice      | ///             | //              |
| 9  | MURWANASHYAKA Frodouard | //              | //              |
| 10 | AYORIGIRA Fao           | //              | //              |

### LOCAL LEADERS GASAKA SECTOR

|   |                         |                 |                      |
|---|-------------------------|-----------------|----------------------|
| 1 | SEBANANI Amur Xavier    | Head of Village | <b>Gasaka Sector</b> |
| 2 | NIYONZIMA Xavier        | //              | //                   |
| 3 | KANAMUGIRE Innocent     | //              | //                   |
| 4 | MUKAKINANI Agnes        | //              | //                   |
| 5 | MBARUSHIMANA Jean Bosco | //              | //                   |

## GBV root causes and IOSC services delivery

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|   |                  |    |    |
|---|------------------|----|----|
| 6 | MUGEMANA Modeste | // | // |
| 7 | KANGABE Agnes    | // | // |
| 8 | UWIMBABAZI Agnes | // | // |
| 9 | KAYITARE Faustin | // | // |

## GBV root causes and IOSC services delivery

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### VII. RUSIZI

- **Participants list in the interview**

| <b>Number</b> | <b>Names</b>           | <b>Position</b>               |
|---------------|------------------------|-------------------------------|
| 1             | Niyonemera Josephine   | RIB Officer/ Gihundwe IOSC    |
| 2             | MucyoAline             | Psychologist/Gihundwe IOSC    |
| 3             | Dr NshizirunguPlacide  | Gihundwe Hospital Director    |
| 4             | Dr Uzabakiriho Raphael | Clinical Doctor               |
| 5             | Daphrose               | Titulaire Gihundwe            |
| 6             | Niyibizi Vincent       | ES AI/Nyakarenzo Sector       |
| 7             | NiyigenaPeruth         | Social/ Nyakarenzo Sector     |
| 8             | Mbanda Eugene          | Titulaire CSNyakarenzo        |
| 9             | Abdoul Ntahomvukiye    | Social Kamembe                |
| 10            | Jean Bosco Ndabaramiye | ES AI/Kamembe                 |
| 11            | Gatera Egide           | Health Director/District      |
| 12            | Niyibizi Jean de Dieu  | Good Governance/District      |
| 13            | Ruganintwari Callixte  | DPC                           |
| 14            | Emmanuel Nsigaye       | V/M Social                    |
| 15            | Naomi                  | Representative of PLWD        |
| 16            | Antoine Ruboya         | GBV officer at MAJ            |
| 17            | Perpetue Uwizeyimana   | CNF/District                  |
| 18            | Emerance Mukankubito   | CSO/District                  |
| 19            | Past Byamungu Lazarre  | FBO                           |
| 20            | Shakimana Bruce        | Youth Representative/District |



## GBV root causes and IOSC services delivery

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### FGD list

- Kamembe sector chef of villages**

| Number | Names               | Village       |
|--------|---------------------|---------------|
| 1      | Nkundabantu Eugene  | Nkurunziza    |
| 2      | Twagimungu Etienne  | Mont Cyangugu |
| 3      | Sekanyana Athanase  | Munyinya      |
| 4      | Sibomana Dieudonné  | Kabeza        |
| 5      | Mukagakwaya Salama  | Rushakamba    |
| 6      | Niyitegeka Emmanuel | Kamubaji      |
| 7      | Uwihoreye Saidi     | Badura        |
| 8      | Ndayizeye Deo       | Kadashya      |
| 9      | Gahunga Callixte    | Murambi       |
| 10     | Baraka Omar         | Kanyonzo      |

- Nyakarenzo sector chef of villages**

| Number | Names                   | Village   |
|--------|-------------------------|-----------|
| 1      | Nzamwitakuze Dative     | Cyimbogo  |
| 2      | Niyonderera Andre       | Kabayego  |
| 3      | NtakiyimanaAnselme      | Gisovu    |
| 4      | Nsengiyumva Emmanuel    | Nyamugari |
| 5      | Habimana Jean Marie     | Kazuba    |
| 6      | NyirinkindiOreste       | Cyimbogo  |
| 7      | NsengiyumvaTelesphore   | Kabuye    |
| 8      | TwagirumukizaEvariste   | Kabumbwe  |
| 9      | NyiransabimanaMicheline | Kanyovu   |

## GBV root causes and IOSC services delivery

|    |                     |        |
|----|---------------------|--------|
| 10 | Hategekimana Pierre | Gitovu |
|----|---------------------|--------|

- Kamembe sector, female**

| Number | Names                   | Representative      |
|--------|-------------------------|---------------------|
| 1      | MurerwaIlluminée        | CSO                 |
| 2      | UwamurengeyeNusura      | Cooperative         |
| 3      | MurekateteAssina        | Private sector      |
| 4      | Nyiramujyambere Valence | Agriculture         |
| 5      | Uwamahoro Chantal       | Evening dialogue    |
| 6      | MukandayisengaDjamila   | Business            |
| 7      | Vumilya                 | CHW                 |
| 8      | Uwimana Denyse          | Inshuti'y'umuryango |
| 9      | Mukeshimana Vestine     | Teacher             |
| 10     | Mukashyaka Maria        |                     |

- Kamembe sector, male**

| Number | Names               |
|--------|---------------------|
| 1      | Ntihabose Antoine   |
| 2      | ItangaukoishakaIssa |
| 3      | TwagiramunguFaustin |
| 4      | BarakagwiraZacharie |
| 5      | HabimanaHamimu      |
| 6      | Habimana Leopold    |
| 7      | Niyonsaba Samuel    |
| 8      | NiyitangaPacifique  |
| 9      | Ntahomvukiye        |
| 10     | NyandwiAssuman      |

## GBV root causes and IOSC services delivery

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- **Nyakarenzo sector, male**

| Number | Names                       | Representative     |
|--------|-----------------------------|--------------------|
| 1      | Gad                         | Youth              |
| 2      | DushimiyimanaIsaïe          | Private sector     |
| 3      | Ntakirutimana Jean Baptiste | Inshutiy'Umuryango |
| 4      | Ntihinyurwa Anther          | Local leader       |
| 5      | Nsengiyumva Emmanuel        | Agriculture        |
| 6      | KayirangaCallixte           | FBO                |
| 7      | Maniraguha Jean Damascene   | Education          |
| 8      | Karekezi Remy               | CHW                |
| 9      | Niyibizi Vincent            |                    |
| 10     | Bizimana Jean               | CSO                |

- **Nyakarenzo sector, female**

| Number | Names                   | Representative      |
|--------|-------------------------|---------------------|
| 1      | Muragijimana Jacqueline | Education           |
| 2      | Umutesi Hyacinthe       | Agriculture         |
| 3      | Mukandahinyuka Asterie  | Umugorobaw'ababyeyi |
| 4      | Nyirahabimana           | Inshutiy'Umuryango  |
| 5      | Niyonkuru Henriette     | Private sector      |
| 6      | Uwumukiza Jeannette     | Business            |
| 7      | MukamugyemaVirginie     | FBO                 |
| 8      | Uwumukiza Anne          | CHW                 |
| 9      | Uwizeyimana Triphine    | Cooperative         |
| 10     | Mukamugisha Solina      | CSO                 |

## GBV root causes and IOSC services delivery

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### VIII. GAKENKE

**District: Gakenke (Ruli+Rushashi)**

#### Key Informants

| N <sup>0</sup> | NAMES                   | POSITION                              | GAKENKE DISTRICT |
|----------------|-------------------------|---------------------------------------|------------------|
| 1              | UWIMANA Catherine       | V/M SOCIAL AFFAIRES                   | Gakenke District |
| 2              | HAKIZIMANA Juvénal      | DIRECTOR GOOD GOVERNANCE              | Gakenke District |
| 3              | UWAMAHORO M. Therese    | COORDINATOR OF NATIONAL WOMEN COUNSEL | Gakenke District |
| 4              | MPAMBARA Aline          | GENDER AND FAMILY PROMOTION OFFICER   | Gakenke District |
| 5              | IRADUKUNDA Isdore       | CORDINATOR OF NYC                     | Gakenke District |
| 6              | KANEZA Deo              | DISTRICT HOSPITAL DIRECTOR            | Ruli Hospital    |
| 7              | NIYONTEZE Marie Chantal | GBV OFFICER AT IOSC                   | IOSC/Nemba       |
| 8              | NZABIHIMANA Frouard     | RIB INVESTIGATOR OFFICER AT IOSC      | IOSC/Nemba       |
| 9              | YANKURIJE Joselyne      | PSYCHOLOGIST OFFICER AT IOSC          | IOSC/Nemba       |
| 10             | KANEZA Deo              | MEDICAL DOCTOR                        | Ruli Hospital    |
| 11             | SINDUHUNGA Abdon        | SOCIAL AFFAIRES SECTOR LEVEL          | Rushashi Sector  |
| 12             | YANKULIJE Clementine    | GBV VICTIMS (Female)                  | Ruli Hospital    |
| 13             | NIYONAGIRA Solange      | GBV VICTIM (Female)                   | Ruli Hospital    |
| 14             | KANARI Nestori          | GBV VICTIM Male (Perpetrator)         | Ruli Hospital    |

## GBV root causes and IOSC services delivery

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### **FGD FOR FEMALE TEENAGERS/Ruli Sector**

| <b>N<sup>0</sup></b> | <b>NAMES</b>          | <b>SCHOOL</b> | <b>AGE</b> |
|----------------------|-----------------------|---------------|------------|
| 1                    | Muhimpundu divine     | GS KARUNGU    | 15         |
| 2                    | Nyiransengiyumva      | GS KARUNGU    | 17         |
| 3                    | Yangeneye charlotte   | GS KARUNGU    | 16         |
| 4                    | Mukanyandwi Eva       | GS KARUNGU    | 17         |
| 5                    | NiyokwizeraLaetitia   | GS KARUNGU    | 17         |
| 6                    | Nishimwe Florence     | GS KARUNGU    | 16         |
| 7                    | Komezusenge Francoise | GS KARUNGU    | 16         |
| 8                    | MurerereheDelphine    | GS KARUNGU    | 17         |
| 9                    | Uwimpuhwe Clarisse    | GS KARUNGU    | 16         |
| 10                   | NISHIMWE Laetitia     | GS KARUNGU    | 16         |

### **FGD MALE TEENAGERS/Ruli Sector**

| <b>N<sup>0</sup></b> | <b>NAMES</b>           | <b>SCHOOL</b> | <b>AGE</b> |
|----------------------|------------------------|---------------|------------|
| <b>1</b>             | Ukurikiyimana Daddy    | GS KARUNGU    | <b>17</b>  |
| <b>2</b>             | Dusimirimana Dan       | GS KARUNGU    | <b>17</b>  |
| <b>3</b>             | Niyotwizeye J. D'amour | GS KARUNGU    | <b>16</b>  |
| <b>4</b>             | NiyotwiringiyeAimable  | GS KARUNGU    | <b>17</b>  |
| <b>5</b>             | SaidaErneste           | GS KARUNGU    | <b>15</b>  |
| <b>6</b>             | Dukundimana JMV        | GS KARUNGU    | <b>16</b>  |
| <b>7</b>             | Nayituriki Martin      | GS KARUNGU    | <b>15</b>  |
| <b>8</b>             | Dusingizimana David    | GS KARUNGU    | <b>17</b>  |

## GBV root causes and IOSC services delivery

|          |                     |            |           |
|----------|---------------------|------------|-----------|
| <b>9</b> | Niyindoreratheogene | GS KARUNGU | <b>16</b> |
|----------|---------------------|------------|-----------|

### FGD for Females/Ruli

| N <sup>0</sup> | Names                 | Position | Sector |
|----------------|-----------------------|----------|--------|
| 1              | DedeliValerie         |          | Ruli   |
| 2              | BAzubagiraDrocella    |          | Ruli   |
| 3              | MukamberaBellancila   |          | Ruli   |
| 4              | MukamurigoEmerhe      |          | Ruli   |
| 5              | UwimpayeAlphonsine    |          | Ruli   |
| 6              | MukanyirigiraVerdiane |          | Ruli   |
| 7              | MukagasanaEpiphanie   |          | Ruli   |
| 8              | NirereDaphrose        |          | Ruli   |
|                |                       |          |        |

### FGD for Males/Ruli

| N <sup>0</sup> | Names                  | Position | Sector |
|----------------|------------------------|----------|--------|
| 1              | HARIMENSHI Fulgence    |          | Ruli   |
| 2              | SIKUBWABO Damascene    |          | Ruli   |
| 3              | NTIVUGURUZWA Celestin  |          | Ruli   |
| 4              | TUYISENGE Vincent      |          | Ruli   |
| 5              | NTABAJYANA J. Baptiste |          | Ruli   |
| 6              | DUSABUMUREMYI Egide    |          | Ruli   |
| 7              | M. Celestin            |          | Ruli   |
| 8              | GAKIMA J. Baptiste     |          | Ruli   |

## GBV root causes and IOSC services delivery

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### FGD for local leaders/Ruli

| N <sup>o</sup> | Names                 | Position | Sector |
|----------------|-----------------------|----------|--------|
| 1              | NYIRAHABIMANA devotha | Mudugudu | Ruli   |
| 2              | HABARUGIRA Peter      |          | Ruli   |
| 3              | KANYANDEKWE Celestin  |          | Ruli   |
| 4              | GAKWAYA Deo           |          | Ruli   |
| 5              | MUKANKUSI Petronille  |          | Ruli   |
| 6              | KABANO MArtin         |          | Ruli   |
| 7              | HARIMENSHI Fulgence   |          | Ruli   |
| 8              | HARERIMANA Paul       |          | Ruli   |
|                |                       |          |        |

### FGD FOR FEMALE TEENAGERS/Rushashi Sector

| N <sup>o</sup> | NAMES                       | SCHOOL   | AGE |
|----------------|-----------------------------|----------|-----|
| 1              | UWERA Sandrine              | ESP Ruli | 15  |
| 2              | IRADUKUNDA Benitha          | ESP Ruli | 15  |
| 3              | NISHIMWE Solange            | ESP Ruli | 16  |
| 4              | NYIRANSENGIMANA<br>Clarisse | ESP Ruli | 17  |
| 5              | NYIRANSENGIMANA<br>Josiane  | ESP Ruli | 17  |
| 6              | TUYISHIMIRE Diane           | ESP Ruli | 17  |

## GBV root causes and IOSC services delivery

|    |                      |          |    |
|----|----------------------|----------|----|
| 7  | MUYISENGE Liliane    | ESP Ruli | 17 |
| 8  | MUKASETI Dative      | ESP Ruli | 17 |
| 9  | UMUBYEYI Grace       | ESP Ruli | 16 |
| 10 | MUKANDAYISENGA Agnes | ESP Ruli | 16 |

### **FGD FOR FEMALE TEENAGERS/Rushashi Sector**

| N <sup>0</sup> | NAMES                     | SCHOOL   | AGE |
|----------------|---------------------------|----------|-----|
| 1              | TWIRINGIYIMANA Innocent   | ESP Ruli | 16  |
| 2              | AHISHAKIYE Gad            | ESP Ruli | 15  |
| 3              | SHEMA Didier              | ESP Ruli | 16  |
| 4              | NDAYISHIMIYE Pacifique    | ESP Ruli | 16  |
| 5              | ISHIMWE Lazare            | ESP Ruli | 16  |
| 6              | ABAYISENGA J. de la Croix | ESP Ruli | 15  |
| 7              | HABINEZA J. Chrétien      | ESP Ruli | 16  |
| 8              | IRAKOZE Emile             | ESP Ruli | 17  |
| 9              |                           |          |     |
| 10             |                           |          |     |

### **FGD for Females/Rushashi**

| N <sup>0</sup> | Names | Position | Sector |
|----------------|-------|----------|--------|
|----------------|-------|----------|--------|



## GBV root causes and IOSC services delivery

|   |                     |               |      |
|---|---------------------|---------------|------|
| 1 | Mukakanani Epiphane | CNF/Umudugudu | Ruli |
| 2 | Ingabire Alice      | Umurinzi      | Ruli |
| 3 | MUKAGASAN Melanie   | Umurinzi      | Ruli |
| 4 | MUTEZINKA Triphosie | Umucuruzi     | Ruli |
| 5 | UWINEZA Jeanine     | Umucuruzi     | Ruli |
| 6 | UWAMARIA Yudita     | ASC           | Ruli |
| 7 | UWIZEYIMANA Martha  | Umuhizi       | Ruli |
| 8 | MUKAHIGIRO Tacienne | Umuhinzi      | Ruli |
|   |                     |               | Ruli |

### FGD for local leaders/Rushashi

| N <sup>o</sup> | Names                       | Position | Sector          |
|----------------|-----------------------------|----------|-----------------|
| 1              | BARANDONDA Melanie          | Mudugudu | <b>Rushashi</b> |
| 2              | NYAMUCAHAKOMEYE<br>Alphonse | Mudugudu | <b>Rushashi</b> |
| 3              | NDAGIJIMANA Claver          | Mudugudu | <b>Rushashi</b> |
| 4              | HAKUZIMANA Martin           | Mudugudu | <b>Rushashi</b> |
| 5              | HARELIMANA Protais          | Mudugudu | <b>Rushashi</b> |
| 6              | BAKAME Saveliyane           | Mudugudu | <b>Rushashi</b> |
| 7              | UWAMARIA Anastasie          | Mudugudu | <b>Rushashi</b> |
| 8              | GAHAMANYI Thelesphore       | Mudugudu | <b>Rushashi</b> |

### FGD for Males/Rushashi

| N <sup>o</sup> | Names           | Position | Sector          |
|----------------|-----------------|----------|-----------------|
| 1              | KARASIRA Samuel | Umuhinzi | <b>Rushashi</b> |

## GBV root causes and IOSC services delivery

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|   |                           |          |                 |
|---|---------------------------|----------|-----------------|
| 2 | HAGENIMANA Philippe       | Umuhinzi | <b>Rushashi</b> |
| 3 | KAVAMAHANGA JMV           | ASC      | <b>Rushashi</b> |
| 4 | DUSENGIMANA<br>Dieudonnee | -        | <b>Rushashi</b> |
| 5 | HABIYAKARE Faustin        | Business | <b>Rushashi</b> |
| 6 | MANIRIHO Tharcisse        |          | <b>Rushashi</b> |
| 7 | IGIRUKWISHAKA Jean        |          | <b>Rushashi</b> |
| 8 | NIYOMWUNGERI<br>Onesphore |          | <b>Rushashi</b> |

## GBV root causes and IOSC services delivery

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### IX. BUGESERA

#### FGD: Local Leaders

| S/N | Name                   | Village    |
|-----|------------------------|------------|
|     | Nshyimiymana Chooil    | Mwesa      |
|     | Bakabwa Xaviline       | Rutobotobo |
|     | Nyinahabimana Claisse  | Rusagana   |
|     | Butera Jean De Dieu    | Gohemba    |
|     | Umutesi Anitha         | Rwanza     |
|     | Mpagazehe Cedric       | Mukambi    |
|     | Banzubaze Celestin     | Gatare     |
|     | Niyonshimira Leonce    | Nyagatovu  |
|     | Dufitumukiza Theophile | Kayumba    |

#### KEY INFORMANTS INTERVIEWS AT DECENTRALIZED LEVEL

| S/N | NAMES                 | POSITION                                     |
|-----|-----------------------|--|
| 1   | Imanishimwe Yvette    | V/M Social Affairs,                          |
| 2   | Karambizi Francoise   | Director of health,                          |
| 3   | Sebatware Magellan    | Director of Good Governance                  |
| 8   | Rutagengwa William    | District Hospital Director,                  |
| 9   | Uwimana Jackline      | GBV officer at IOSC,                         |
| 10  | Uwimana Allegrie      | RIB Investigator Officer ( IOSC )            |
| 11  | Niyibizi Consolatiile | Psychologist at IOSC,                        |
| 12  | Tuyishime Providence  | Medical doctor –Nyamata Sector Health-Center |

## GBV root causes and IOSC services delivery

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### FGD: Females- Nyamata High School- Nyamata Sector

|                        | NAMES                        | Class | Age |
|------------------------|------------------------------|-------|-----|
| 1                      | Godwin Esther                | S.6   | 17  |
| 2                      | Ingabire Shella Benita       | //    | 17  |
| 3                      | Uwizeye Phiona               | //    | 16  |
| 4                      | Gahima Linda                 | //    | 17  |
| 5                      | Bugingo Vanessa              | //    | 17  |
| 6                      | Mugabarigira Gakuru theodora | //    | 16  |
| 7                      | Cyuzuzo Marie Grace          | //    | 16  |
| 8                      | Mukundwa Sylvia              | S.5   | 16  |
| 9                      | Iradukunda Pelagie           | S.6   | 17  |
| 10                     | Uyisenga Jeannine            | S.5   | 16  |
| 11                     | Abatesi Kelly                | S.3   | 15  |
| 12                     | Muhongerwa Sarah             | S.3   | 15  |
| 13                     | Cyuzuzo Esther               | S.4   | 16  |
| 14                     | Ukeye Kellia                 | S.5   | 17  |
| 15                     | Kayitesi Juliet Musonera     | S.5   | 17  |
| <b>Males Teenagers</b> |                              |       |     |
| 1                      | Uwuhirwe Edmond              | S.4   | 17  |
| 2                      | Muneza Allan                 | //    | //  |
| 3                      | Mushayisa Kennedy            | //    | //  |

## GBV root causes and IOSC services delivery

|    |                      |     |    |
|----|----------------------|-----|----|
| 4  | Rukangira King David | //  | 16 |
| 5  | Muganga Divin        | S.5 | 17 |
| 6  | Subukino Frank       | //  | // |
| 7  | Mahoro Amos          | //  | // |
| 8  | Rukundo John         | //  | // |
| 9  | Karemera Derrick     | //  | // |
| 10 | Nzamwita Jean        | S.4 | // |

### LIST OF GBV VICTIMS INTERVIEWED

#### Females

1. Ntawuguririmana Avestine
2. Mutesi Christella

#### Males

1. Hakizimana Andrew

### FGD Males – Nyamata Sector

| S/N | Name                 | Village    | Responsibility          |
|-----|----------------------|------------|-------------------------|
| 1   | Ahimuvanye Fertuner  | Mwesa      | Businessman             |
| 2.  | Kayimura Jean Claude | Rusagana   | Farmer                  |
| 3.  | Niyonkuru Innocent   | Rutobotobo | Umugoroba<br>Wababyeyi  |
| 4.  | Uwihoreye Claude     | Gatare     | Umujyanama<br>W'ubuzima |
| 5.  | Ntihabose Eduard     | Gatare     | Umugoroba<br>Wababyeyi  |

## GBV root causes and IOSC services delivery

|     |                        |            |                         |
|-----|------------------------|------------|-------------------------|
| 6.  | Twagiramungu Evariste  | Mukambi    | Farmer                  |
| 7.  | Mbanyinshuti Diedonne  | Nyagatovu  | Teacher                 |
| 8.  | Nkundabana Celestin    | Rutobotobo | Umujyanama<br>W'ubuzima |
| 9.  | Dufitumukiza Theophile | Gatare     | Businessman             |
| 10. | Sibomana Evariste      | Nyagatovu  | Inshuti Zumuryango      |

### FGD: Females- G.S. Mareba -Mareba Sector

|    | NAMES                   | Class | Age |
|----|-------------------------|-------|-----|
| 1  | Umubyeyi Alice          | S.1   | 15  |
| 2  | Niwemugeni Vincente     | //    | //  |
| 3  | Tuyizere Marrie Louise  | //    | //  |
| 4  | Uwimana Christine       | //    | //  |
| 5  | Muhawenimana Josee      | //    | //  |
| 6  | Byosimana Claudine      | S.4   | 17  |
| 7  | Kuradusenge Angelique   | //    | 16  |
| 8  | Uwiragiye Jacqueline    | S.5   | 17  |
| 9  | Ingabire Marie Rose     | //    | 16  |
| 10 | Umutoniwase Henriette   | S.3   | //  |
| 11 | Ishimwe Lenatha         | S.3   | //  |
| 12 | Mushimiyimana M. Claire | S.3   | //  |
| 13 | Uwinshuti Jehovanice    | S.2   | 17  |
| 14 | Uwiragiye Claudine      | //    | 17  |
| 15 | Mukashyaka Joselyne     | //    | 16  |

## GBV root causes and IOSC services delivery

| <b>Males Teenagers</b> |                            |     |    |
|------------------------|----------------------------|-----|----|
| 1                      | Tuginama Jean Bosco        | S.2 | 16 |
| 2                      | Rukundo Festus             | S.3 | // |
| 3                      | Niringiyimana Jean De Dieu | S.2 | // |
| 4                      | Dusabeyezu Vital           | S.2 | // |
| 5                      | Manishimwe Pascal          | S.4 | 17 |
| 6                      | Ahishakiye Epimaque        | S.1 | 15 |
| 7                      | Hakizimana Jean De Dieu    | S.4 | 17 |
| 8                      | Nhsyimiyimana Nepomuscene  | S.4 | // |
| 9                      | Ishimwe Claude             | S.4 | 16 |
| 10                     | Tuyisabe Authority         | S.2 | 15 |
| 11                     | Niyomufasha Benjamin       | S.4 | 17 |
| 12                     | Nizeyimana Elyse           |     | 17 |
| 13                     | Yumvagusenga Joseph        | S.4 | 15 |
| 14                     | Bakebeza Antoine           | S.1 | 15 |
| 15                     | Nsengiyumva Emmanuel       | S.1 | 15 |

### **FGD Females – Mareba Sector**

| <b>S/N</b> | <b>Name</b>            | <b>Village</b> | <b>Responsibility</b>  |
|------------|------------------------|----------------|------------------------|
| 1.         | Nyirabagenzi Françoise | Gasagala       | Cooperative            |
| 2          | Umuhiza Eugénie        | Rugarama       | Umugoroba<br>Wababyeyi |

## GBV root causes and IOSC services delivery

|     |                             |          |                         |
|-----|-----------------------------|----------|-------------------------|
| 3   | Dusabemariya Console        | Rutaka   | Cooperative             |
| 4   | Kabayundo Genasita          | Gatare   | Umujyanama<br>W'ubuzima |
| 5   | Uwimana Alexia              | Rutaka   | Umugoroba<br>Wababyeyi  |
| 6   | Mukeshimana Alphonsine      | Rutaka   | Umujyanama<br>Wubuzima  |
| 7   | Musabyimanaa Loruth         | Rugarama | FBO Representative      |
| 8   | Pr. Mukarubayiza Belancille | Rugarama | FBO Representative      |
| 9   | Nyiramanyenzi Console       | Rugarama | Farmar                  |
| 10  | Bihogika Victorie           | Rugarama | C.N.F                   |
| 11. | Uwamariya Germaine          | Mareba   | Umugoroba<br>Wababyeyi  |
| 12. | Baziki Angelique            | Kumurama | C.N.F                   |
| 13. | Mukamana Annoncitta         | Rugarama | Inshuti Zumuryango      |

### FGD Males – Mareba Sector

| S/N | Name                   | Village  | Responsibility   |
|-----|------------------------|----------|------------------|
| 1   | Meziriyayo Strato      | Rugarama | Cooperative      |
| 2   | Nemeyimana Joseph      | Kabeza   | Village Executif |
| 3   | Nsanzimaa Thomas       | Gitega   | P.S.F            |
| 4   | Murwanashyaka emmative | Mareba   | Village Executif |



## GBV root causes and IOSC services delivery

|    |                     |          |                         |
|----|---------------------|----------|-------------------------|
| 5  | Nikombabona Slique  | Bigaga   | Village Executif        |
| 6  | Nsanzimana Baptiste | Kayonza  | Umugoroba w' Ababyeyi   |
| 7  | Gasana Celestin     | Rukoyoyo | Business Representative |
| 8  | Mugemo Athanase     | Rugarama | Farmer                  |
| 9  | Mukerangoma Jean    | Kururama | Farmers' Representative |
| 10 | Habubwira Janviel   | Kayonza  | A. S. C                 |
| 11 | Niyonagize JonasR   | Rugarama | Businessman             |

### Key informants Mareba Sector

| S/N | Name                    | Position             |
|-----|-------------------------|----------------------|
|     | Ntakirutimana Dominique | Coordinator NYC      |
|     | Ndimba Emmanuel         | Representative PLWDs |
|     | Munyampirwa Theogene    | Police/DASSO         |
|     | Nyirabajiji Janvier     | Coordinator NYWC     |
|     | Ndayishimiye Aimable    | Medical Practitioner |
|     | Umurisa Mary Claire     | Executive Secretary  |
|     | Kamariza Kayihura       | Social Affairs       |

### FGD: Local Leaders

## GBV root causes and IOSC services delivery

| S/N | Name                   | Village   |
|-----|------------------------|-----------|
|     | Ntaganira Evariste     | Kamasonga |
|     | Twagiramukiza Bosco    | Bukumba   |
|     | Masyambere Silas       | Ruduha    |
|     | Gasana Celestin        | Rukoyoyo  |
|     | Nemeyimana Joseph      | Kabeza    |
|     | Uwimana Joseph         | Kagogo    |
|     | Ndayambaje Silas       | Runyonza  |
|     | Gakwaya Samuel         | Rususa    |
|     | Ntibiringirwa Atromare | Bushenyi  |
|     | Nsekanabo Maurice      | Muyange   |

### **X. GASABO**

#### **Key Informants: Kacyiru Sector**

| S/N | Name                  | Position                   |
|-----|-----------------------|----------------------------|
|     | Uwizeyimana Solange   | Social Affairs             |
|     | Karamuzi Godfrey      | Executive Sec retary (E.S) |
|     | CIP Uwizeyimana Betty | RIB-Investigator-IOSC      |
|     | Rangira Anacel        | Psychologist-IOSC          |
|     | Hakizimana Xauver     | Doctor-IOSC                |
|     | Mukamwezi Jackline    | GBV Officer                |

## GBV root causes and IOSC services delivery

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|  |                     |                        |
|--|---------------------|------------------------|
|  | Akabanoza Domminnah | Representative of CSOs |
|  | Rwikangura Jean     | Social Development     |

### **FGD: Local Leaders**

1. Sebukwengeri George
2. Jyamubandi J.Claude
3. Kayibanda Augustin
4. Rwabuheka Julienne
5. Butare Emmanuel
6. Ngeruka Jean Baptiste
7. Sibomana Callixte
8. Nkurayija Eduard

### **FGD: Males; Kacyiru Sector**

1. Yampaye Felix
2. Sekanyana Felecian
3. Ntuyenabo Jean Claude
4. Murengeantwari Frecien
5. Habumutima Hassan

### **FGD: Male Teenegers G.S Kacyiru 11**

1. Mugisha Desire
2. Tuyisenge Eric
3. Byiringiro Kerven
4. Irakarama Xaver

## GBV root causes and IOSC services delivery

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5. Baraka Ruzibiza Junior
6. Kayitare Benjamine
7. Ndahayo Micheal
8. Gatabazi Wilson
9. Kayihura Davide
10. Nyirimbabazi Samuel

### **FGD: Females Teenagers G.S Kacyiru 11**

1. Muhawimana Alice
2. Ishimwe Vanessa
3. Mutoniwase Vanessa
4. Ineza Matina
5. Ishimwe Salaphine
6. Mukanyangenzi Angelique
7. Niyomugenga Aliane
8. Niwemukobwa Chantal
9. Nyinawumuntu Claudine
10. Mukamana Christine

### **FDG: Females Kacyiru**

1. Ingabire Marriecella
2. Nyirahabimana Bernadette
3. Mutesi Catherine
4. Uwizeyimana Daphrose
5. Mukobwa Emelyse

## GBV root causes and IOSC services delivery

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6. Musabyimana Rose

7. Mukarugomwa

### **GBV Victims Kacyiru**

Female

1. Mutoni Joy-IOSC Kacyiru

2. Mukarukundo Françoise

Male

3. Hategekimana David-IOSC Kacyiru

### **Females Teenagers Gikomero Sector: G.S Gikomero**

1. Nyirarukundo Beatrice S.6

2. Uwayisenga Claudine S.6

3. Niyigena Rachel S.6

4. Kayirebwa Agnese S.5

5. Murabukirwa Grace S.5

6. Ngayiringiye Adele S.4

7. Umuhuza Leoncie S.4

8. Nzanyineza Angélique S.4

9. Uwayisenga Sophie S.4

10. Umfashije Diane S.5

### **FGD: Males Teenagers Gikomero Sector; G.S Gikomero**

1. Itangishatse Jean Claude S.6

2. Kwihangana Ghad S.5

3. Ishimwe Mukunzi Deogene S.4

4. Twagirimana Diedonna S.5

## GBV root causes and IOSC services delivery

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5. Nshizirungu Benjamin S.6
6. Imanantirandeka Elissa S.5
7. Nkeramugabe Etienne S.5
8. Ndahimana Anastase S.4
9. Habumugisha Felix S.4

Key Informants Gikomero Sector

### **FGD: Village Leaders Gikomero Sector**

1. Kabera Innocent
2. Nyabyenda Callixte
3. Rubayiza F. Xavia
4. Kalisa Calixte
5. Habyarimana Donatien
6. Terimbere Emmanuel
7. Hakizimana Canisius
8. Murindabigwi Theoneste
9. Nkuniyingoma Alphonse
10. Rwabagabo Jean
11. Nshimiyimana Jean Jelia

### **FGD: Males Gikomero Sector**

1. Mutsindashyaka Edric
2. Hakizimana Cyprian
3. Nteziryayo Alphred
4. Bagirigomwa Alphred

## GBV root causes and IOSC services delivery

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5. Mugabowindekwe Michel
6. Barapambirwa Feresienne
7. Sibomana Theoneste
8. Mbonimpa Fabien

### **FGD: Females Gikomero Sector**

1. Mukankubana Christine
2. Nzamwitakuze Pudancienne
3. Ingabire Leonille
4. Mukayisenga Leonille
5. Musabyimana Marita
6. Uwimpemeye Clemantine
7. Musabyemariya M.Josee
8. Uwamurera Yvonne
9. Kampirwe Providance