

**Proven
Solution**

Ending Gender-Based Violence



HeForShe

Rwanda

Achieving holistic services for victims of GBV and child abuse

Global Context

Globally, an estimated 736m women – almost one in three – have been subjected to intimate partner violence, non-partner sexual violence, or both at least once in their lives. More than 640m women have been subjected to intimate partner violence.

In Rwanda, 14% of women and 11% of men aged 15 to 49 had experienced physical violence within the 12 months preceding the survey, and 22% of women and 5% of men reported having experienced sexual violence at least once in their lifetime.

In a bid to effectively and efficiently manage the vice, Rwanda set up the Isange One Stop Center (IOSC) model in 2009 to complement other existing initiatives. Isange means “feel at home”. The centers aim at

providing timely, affordable, multidisciplinary and free services to victims of GBV and child abuse including medical, legal, investigation, counselling, and accommodation services under one roof.

Currently, 44 IOSCs are operational across the country and over 44,282 GBV victims, of whom 39,992 were female, received services from 2016 to September 2019.

“If we don’t work together to end these crimes, we risk undermining our work to entrench good governance and development. When gender-based violence is left unchallenged, it diminishes the nation as a whole. Women are our mothers, our daughters, our wives; what debate is there in treating them as decently as we have to? Violence against women and girls is a violation of rights, a crime and a threat to progress in Africa and around the world. Perpetrators must be held accountable and those who protect them must be shamed.”

**H.E. Paul Kagame,
President of the Republic of Rwanda**



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Key Stages of Implementation

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Step 1 Defining the problem

This initial phase of the program focused on stakeholder consultations to define the problem and agree on policy options. The discussions were driven by issues faced by victims of GBV and child abuse where some victims claimed not to seek services because of long distances, fragmented services which sometime cause stigma due to many different interviews located in different places. As a result, there were issues of tainted evidence and possible re-victimisation. This informed the discussion and the need to establish centers that provide free and comprehensive services on a 24/7 basis under one roof.

The fragmented services and long distances for GBV victims resulted in issues of tainted evidence and possible re-victimisation.

Step 2 Running the pilot

This learning phase lasted for six years from 2009 to April 2014. The main objective was to pilot the concept of IOSC with the goal of informing the development of a long-term program. During this phase, nine Isange One Stop Centers were set up in district hospitals across the country and received over 10,456 victims, averaging 1,750 victims per year each. This phase shaped and gave a clear vision for the IOSC program, providing key details for the development of an ambitious IOSC national scale-up strategy.

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Step 3 Rolling out nationwide

Upon successful implementation of the pilot phase, Ministry of Gender and Family Promotion worked closely with stakeholders to design a national scale-up strategy. The strategy was mainly driven by the needs of IOSC beneficiaries and the findings from the evaluation report 2009-2012. The findings included but were not limited to the relevance of the IOSCs in the community, issues of funding, and the roles and responsibilities of multi-sectorial institutions.

In partnership with the One UN Rwanda, the Government of Rwanda (GoR) secured funding from the Royal Netherlands Embassy in Rwanda to support effective implementation of the national IOSC scale-up strategy which brought the IOSC model closer to the community. Based on the registered achievements, the GoR also secured a loan from the World Bank to further support the model. Subsequently, 44 IOSCs were rolled out in all the 30

districts across the country. Additionally, four temporary safe shelters were set up in four districts.

In 2020 after the closure of the World Bank project, the GoR took up full responsibility and incorporated all the IOSCs costs in its national Budget.

Step 4 Community awareness, coordination and institutional capacity building

To increase community awareness with IOSC services, a national joint communication and awareness action plan was developed and implemented. The awareness campaign involved mass media organisations, gender and GBV community outreach accountability days, and GBV clinics as well as the use of GBV mobile vans to provide IOSC services to the community. Community structures including but not limited to friends of family, evening forums of families, national women councils at community level levels were

trained to handle GBV and child abuse issues and make referrals to the nearest IOSCs.

In order to enhance the quality of services offered by IOSCs, the government in collaboration with its partners embarked on capacity building of frontline staff and GBV service providers using the Multidisciplinary Investigation and Intervention Team model.

To enhance effective coordination, the Ministry of Gender and Family Promotion is overseeing the policy implementation through the National SGBV Steering Committee and the operational level is under the responsibility of the Rwanda Investigation Bureau and Health facilities. A user-friendly and robust web based GBV Management Information System (GBV-MIS) was developed to facilitate GBV data collection across all IOSCs and inform policy making.

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The impact of the IOSC is felt widely and its approach has been judged to be an effective response mechanism in the movement against gender-based violence.

Step 5 Ensuring sustainability and consolidating gains

Previous GBV prevention and response mechanisms were largely donor-driven and momentum was lost when donor support ended. To avoid this, we created a national sustainability program which included the integration of GBV related costs in existing national action plans and budgets, covering staff, future rehabilitation and construction, and capacity building of IOSC staff. The impact of the IOSC is felt widely and its approach has been judged to be an effective response mechanism in the movement against gender-based

violence. Our approach is now considered a model of excellence and was adopted by different regional organizations including the EAPCCO¹, KICD² and INTERPOL during the 84th General Assembly. The IOSC has taken on the identity of a global learning center. Delegations from different countries including very high government officials, representative of International Agencies and civil society groups have visited the Center with the interest of learning the experience and observing first-hand positive stories from the beneficiaries.

1 EAPCCO stands for Eastern Africa Police Chiefs Cooperation Organization

2 KICD stands for Kigali International Conference Declaration to end Violence Against Women and Girls

Resources

Resources were mainly allocated to two key components of prevention and response to GBV and child abuse as well as strengthen institutional frameworks. Over \$16m was allocated to support the scale up and operationalisation of the model. Specifically, \$15m supported the prevention and response to GBV victims including but not limited to IOSC service delivery, development and disseminate communication material, community awareness campaigns among others. The remaining supported project coordination.

Contact

The Ministry of Gender and Family Promotion is responsible for overall coordination and implementation of the National Anti GBV policy: info@migeprof.gov.rw

The Rwanda Investigation Bureau is in charge of coordinating the operationalization of IOSCs model, investigating all GBV and child abuse cases, and establishing mechanisms to apprehend perpetrators as well as building the capacity of investigators: info@rib.gov.rw.

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