

## Section A

# WHY THE VULNERABLE WOMEN PROGRAM?



This program shows CARE Rwanda's commitment to make lasting change in the lives of vulnerable women. Women are disproportionately affected by poverty and vulnerability, and at the same time have the power to help whole families and entire communities escape poverty. We believe that change is possible. This section explains the background to our commitment.

### CARE International vision

We seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security. CARE International will be a global force and a partner of choice within a worldwide movement dedicated to ending poverty. We will be known everywhere for our unshakable commitment to the dignity of people.

### CARE International mission

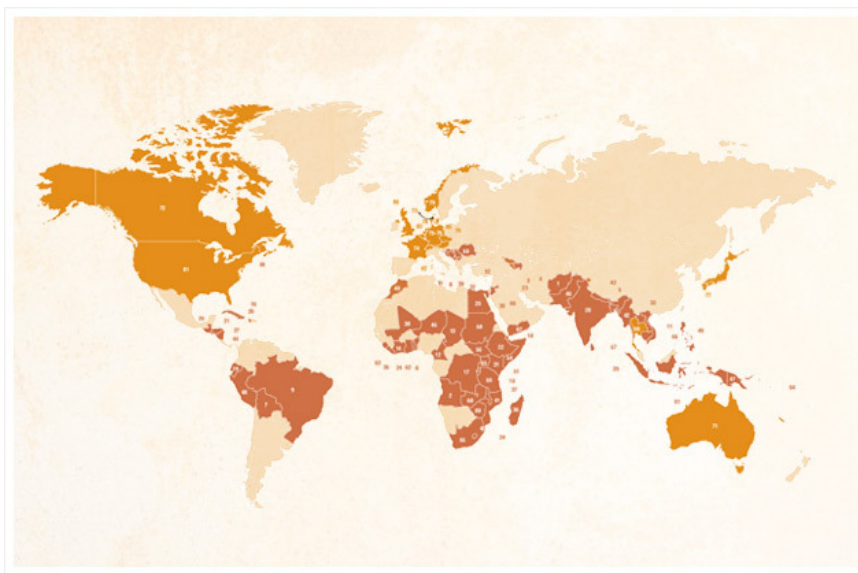
Our mission is to serve individuals and families in the poorest communities in the world. Drawing strength from our global diversity, resources and experience, we promote innovative solutions and are advocates for global responsibility. We facilitate lasting change by:

- Strengthening capacity for self-help
- Providing economic opportunity
- Delivering relief in emergencies
- Influencing policy decisions at all levels
- Addressing discrimination in all its forms

Guided by the aspirations of local communities, we pursue our mission with both excellence and compassion because the people whom we serve deserve nothing less.

### CARE International

In fiscal year 2012<sup>6</sup>, CARE worked in 84 countries around the world, supporting 997 poverty-fighting development and humanitarian aid projects to reach more than 83 million people. 68% of CARE's projects in FY12 addressed women's empowerment and gender equality, facilitating transformative change in gender roles and empowering women and girls. 26% of CARE's projects in FY12 addressed sexual and gender-based violence. More than half of CARE's projects in FY12 helped poor people claim their rights and advocate for policy change at local, national or regional levels. (Source: CARE International Key Figures and Country List for FY12)



CARE Rwanda works closely together with various other country offices in the region, with the East and Central Africa Regional Management Unit and with several CARE members for learning, advocacy, donor liaison, etc.

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<sup>6</sup> July 2011 – June 2012

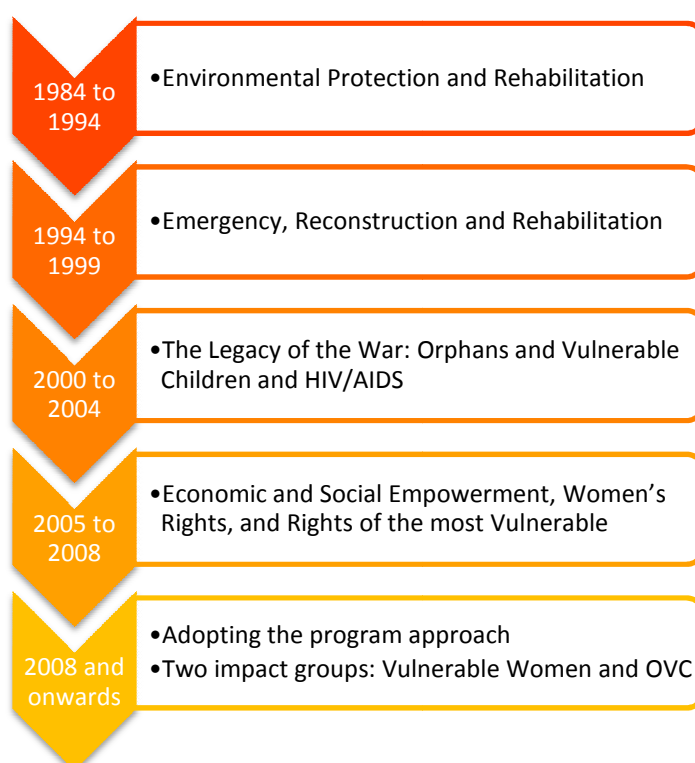
## CARE Rwanda<sup>7</sup>

CARE was formally invited to Rwanda in 1984 by the Government of Rwanda to open an office and establish a comprehensive development program in the country. In the 1980s, even more so than now, the majority of the population was rural and dependent on subsistence agriculture. In addition, Rwanda was at the time hosting many refugees. One of the side effects of this was that forests were being rapidly cut down for energy consumption, thus increasing land erosion and contributing to rapid land degradation. CARE International's first interventions in Rwanda therefore focused on reforestation, agro-forestry and energy conservation. Increasing access to safe water sources was (and still is) another important objective of CARE Rwanda in its early days.

During the genocide against Tutsi, CARE International was forced to evacuate from Rwanda but within one month began emergency relief programming from a new operational base in Kabale, Uganda. CARE Rwanda reopened its Kigali office in mid-August 1994. During this period, CARE Rwanda focused on emergency relief, reconstruction and rehabilitation. Direct support to refugees and internally displaced people, specifically including unaccompanied children, included the distribution of food and non-food items, support to reunite children with their families, outpatient clinics in the Kibeho camp for internally displaced and support for HIV/AIDS prevention.

Another important project CARE focused on, given its previous experience, was land rehabilitation and reforestation of former camps for the internally displaced. CARE sought to ensure that all affected populations would actively participate in the management of their resources. This also had a positive effect in terms of healing and promoting a return to 'normal' life. The same can be said for the introduction of the Village Savings and Loans and the Nkundabana (child mentorship) model: they addressed needs while bringing people together, restoring trust and restoring a sense of normality.

In order to get people back on their feet, CARE started several seed and tools distribution projects aimed at providing sufficient food and seeds for the planting season so that farmers could start to cultivate the land without missing out on the planting season and hopefully generating enough food supplies over the coming months. Other areas that CARE focused on during the rehabilitation phase are rebuilding water infrastructure and shelter.



Six years after 1994, the long-term effects of the war were becoming increasingly more apparent. CARE focused on those most affected: orphans and other vulnerable children (OVC), and people affected by HIV/AIDS. From 2005 onwards, CARE Rwanda started to focus also on women, specifically on their economic and social empowerment and rights protection. When CARE Rwanda the program approach in 2008 (see further down), the continued vulnerability of OVC and vulnerable women in the country inspired the organization to continue to work with these two impact groups. For more information on the development of the program, please see section D7 in 'How the Program is implemented'.

## CARE 2020

In 2012, CARE International developed 'CARE 2020'. This vision looks at who CARE International wants to become in the near future to be able to increase its impact. It identifies CARE's future role as: *"An innovator and catalyst for*

<sup>7</sup> The information in this section comes from: CARE International in Rwanda, 25 Years of Service: 1984-2009; A humbling journey in an extraordinary country, 2010

*transformational change in lives of marginalised women and girls and their communities, and a contributing partner in addressing global poverty and social injustice<sup>8</sup>”.*

In order to play this role, CARE Rwanda is placing more emphasis than before on working in partnership. As committed and capable civil society organizations are beginning to emerge, CARE’s role needs to move away from direct implementation to partnering with these civil society organizations, in order to build on their knowledge while investing in their capacity to become strong, independent organisations that are part of a vibrant, gender sensitive civil society.

While well-tested models are more and more being implemented by and with partners, CARE Rwanda continues to focus on innovation and knowledge creation as well as on advocacy. We use our credibility, our network and the evidence that we and our partners generate through our impact measurement and learning to bring the challenges faced by vulnerable women and OVC in claiming their rights under the attention of policy makers and implementers, and to advocate for the use of our well-tested models by other actors, including duty bearers as well as civil society organizations.

## The Great Lakes Review

Valid questions can be asked about the added value of an international NGO such as CARE in a context like that of Rwanda, in which a strong and functional state provides both a primary channel of service delivery and an effective coordination structure for other development actors, and where civil society is rapidly developing. Indeed, at CARE Rwanda we have been asking ourselves exactly these questions through the structured, CARE International-standard process of the Country Presence Review, implemented in Rwanda in 2011 through the Great Lakes Review, that assessed CARE’s operating model in Rwanda, Burundi, DRC and Uganda.

The conclusion, both amongst stakeholders at country level and elsewhere in CARE International, was that CARE continues to offer significant added value in Rwanda, but that some changes in CARE’s role were necessary to fully exploit it. These changes are in line with those described above, ensuring CARE Rwanda’s move towards CARE 2020. For more information on how this influences CARE’s role in Rwanda, please refer to section D3 on CARE’s role in ‘How the Program is implemented’.

## The program approach

CARE International defines a program as “a coherent set of initiatives by CARE and our allies that involves a long term commitment to specific marginalized and vulnerable groups to achieve lasting impact at broad scale on underlying causes of poverty and social injustice. This goes beyond the scope of projects to achieve positive changes in human conditions, in social positions and in the enabling environment.” A program includes eight key characteristics<sup>9</sup>:

- A clearly defined goal for impact on the lives of a specific group, realized at broad scale.
- A thorough analysis of underlying causes of poverty and social injustice at multiple levels with multiple stakeholders.
- An explicit theory of change that is rigorously tested and adapted to reflect ongoing learning.
- A coherent set of initiatives that enable CARE and our partners to contribute significantly to the transformation articulated in the theory of change.
- Ability to promote organizational and social learning, to generate knowledge and evidence of impact.
- Contribution to broad movements for social change through our work with and strengthening of partners, networks and alliances.
- A strategy to leverage and influence the use and allocation of financial and other resources within society for maximizing change at a broader scale.
- Accountability systems to internal and external stakeholders

In April 2008, CARE International started to make the so-called P2P-shift: a shift from a project-approach to a program-approach. The realization had grown that in order to change underlying causes of poverty and vulnerability,

<sup>8</sup> Wakana, B., CARE Great Lakes operating model review, Draft report 2011

<sup>9</sup> CARE International, Programmatic Approach at CARE, <http://p-shift.care2share.wikispaces.net/What+is+a+Program%3F>, cited 26 March 2013



we needed a long-term commitment that would go beyond that of projects, which are per definition relatively short-term.

As the definition above shows, CARE's programs are not based on geographical boundaries or thematic sectors, but on a specific poverty-affected and vulnerable impact group. We believe that a long-term commitment towards a certain impact group, to improve their lives by addressing underlying causes of poverty and vulnerability helps us to increase impact, to align different projects and initiatives so that they reinforce each other rather than risk to work independently, and to learn across projects and initiatives to continuously improve the quality of our work.

Please refer to section D7 in 'How the Program is implemented' to read how CARE Rwanda has made the shift from a project-based to a program-based approach.

## Why focus on women?

Through this program, CARE Rwanda and its partners support vulnerable women to claim their rights and take their place as active, empowered citizens. Our situation analysis (see section A2 in 'Why the Vulnerable Women Program?') has shown that women in Rwanda are more likely than men to be poor or otherwise vulnerable. For this reason, CARE Rwanda has decided to adopt the objective to improve women's lives, to ensure that women can live in dignity and enjoy their rights.

But there is more. We believe that the answer to development at the community level lies with women. Evidence from a number of sources, as well as CARE's analysis of the underlying causes of poverty across its programs around the world, overwhelmingly demonstrates that gender discrimination - or the denial of women's basic human rights - is one of the major causes of poverty<sup>10</sup>. CARE International's report 'Strong Women, Strong Communities' (2010) says: "Women's empowerment can help overcome global poverty. Poverty is the result of powerful social structures that marginalize and exclude entire groups of people. CARE is part of the growing consensus – along with practitioners, governments and academics – that believes increased, and better targeted, investments in women and girls will advance the effort to end global poverty." This is shown by for example the following linkages:

- The effect of a mother's education on her child's health and nutrition is so significant that each extra year of maternal education reduces the rate of mortality for children under the age of five by between five and 10 percent, according to a review of extensive evidence from the developing world.<sup>11</sup>
- Repayment rates in CARE's women's savings and loan programs are nearly 100 percent, and women use their financial resources to improve the lives and health of their families.<sup>12</sup>

For the above reasons, CARE International explicitly commits itself to support gender equality throughout all its work, as expressed through the CI Gender Policy<sup>13</sup>. CARE Rwanda focuses on women as one of its impact groups, because we believe that improving women's lives and overcoming poverty go hand in hand, and one cannot be achieved without the other.



<sup>10</sup> CARE International Gender Network, Explanatory Note on CARE's Gender Focus, July 2012.

<sup>11</sup> UNICEF, State of the World's Children Report, 2004 (pg 19) <http://www.unicef.org/sowc04/files/Chapter2.pdf>, cited 26 March 2013

<sup>12</sup> CARE USA Newsroom, This is our Moment, 2007 [http://www.care.org/newsroom/articles/2007/11/20071128\\_speech\\_moment.asp](http://www.care.org/newsroom/articles/2007/11/20071128_speech_moment.asp), cited 26 March 2013

<sup>13</sup> CARE International Gender Policy, 2009.

The rationale of choosing vulnerable women as our impact group is based on the fact that in Rwanda, women are more often poor and vulnerable than men. This section provides a general country context of Rwanda, highlights the key manifestations of poverty and vulnerability of women and explains the underlying causes that CARE Rwanda has identified and aims to address through its programming.

## Summary

Since the human, social and economic catastrophe of the 1994 genocide against Tutsi, Rwanda has made remarkable progress towards recovery, characterized by improvements to the country's infrastructure, a business-friendly environment and the absence of widespread or systematic corruption, and strong economic growth. The legal framework is generally strong and includes attention for gender equality.

Nevertheless, many challenges remain. With a Human Development Index of 0.434, Rwanda ranks 167th out of 187 countries<sup>14</sup> and is still one of the least developed countries in the world. The combination of an extremely high population density (395 inhabitants/km<sup>2</sup> in 2010)<sup>15</sup> and 72% of the population depending on subsistence agriculture<sup>16</sup> creates very high pressure on land resources. Rwanda's recent economic growth has largely bypassed the rural poor. The poorest 10% of the population accesses 2.1% of the country's total income, while the richest 10% access 43.2%.<sup>17</sup> In 2012, 28.1% of adults were still financially excluded.<sup>18</sup> Life expectancy stands at 55 years and is, although increased over the last years, still lower than the average of the countries in the lowest quartile of the Human Development Index (59.1 years<sup>19</sup>) and only slightly higher than the average of Sub-Saharan Africa (54 years<sup>20</sup>).

Economic and social indicators for women are generally lower than for men. Despite Rwanda's strong legal framework recognizing the importance of gender equality, a major 'implementation gap' remains between the rights that Rwandan women in theory enjoy, and those they are able to claim in practice. Women are on average poorer than men, lower educated and more often illiterate. Female headed households represent one third of all households in Rwanda and 60.2% of those households are poor.<sup>21</sup> Maternal mortality in Rwanda is 476 per 100,000 live births, a 50% reduction since 2000, but still high by global standards. 41.2% of women in Rwanda have experienced physical violence since the age of 15.<sup>22</sup>

Underlying causes for women's poverty and vulnerability include economic and social factors and factors related to the legal and policy framework. Poverty limits women's access to basic services and socio-economic opportunities. Patriarchy results in limited decision-making power for women regarding SRH, family planning, the household's finances, etc. and leaves them vulnerable to GBV. A strong link exists between poverty and women's social position: women's lower income and access to resources is both a consequence and a cause of their lower social position. Lastly, insufficient awareness, capacities and accountability mechanisms prevent the effective implementation of the generally strong legal and policy framework. This contributes among others to higher vulnerability to GBV and women being unable to exercise their rights related to access to and inheritance of land.



United Nations. Rwanda. no.3717. Rev. 10 June 2008

<sup>14</sup> UNDP, Human Development Report, 2013 (data from 2012)

<sup>15</sup> Rwanda DHS 2010.

<sup>16</sup> FinScope, Financial Inclusion in Rwanda 2008-2012.

<sup>17</sup> CIA, World Factbook, 2013 (data are 2011 estimates).

<sup>18</sup> FinScope, Financial Inclusion in Rwanda 2008-2012.

<sup>19</sup> UNDP, Human Development Report, 2013 (data from 2012).

<sup>20</sup> World Bank, World Development Indicators, 2012 (data from 2010)

<sup>21</sup> MoH Rwanda, 2009; Interim DHS 2007-2008; MIGEPROF: Gender Profile 2005-2007 in Rwanda.

<sup>22</sup> Rwanda DHS, 2010.

## General country context

### Positive development

Since the human, social and economic catastrophe of the 1994 genocide against Tutsi, Rwanda has made remarkable progress towards recovery, characterized by improvements to the country's infrastructure, a business-friendly environment and the absence of widespread or systematic corruption, and strong economic growth. For example, life expectancy has risen from 47 in 2000 to 55 in 2011<sup>23</sup>. Poverty has dropped from 56.7% in 2006 to 44.9% in 2011<sup>24</sup>. The legal framework is recognized to be generally strong and includes attention for gender equality (see section A3 in 'Why the Vulnerable Women Program?' for more information on the Government of Rwanda's legal and policy framework). Since 1 July 2009, Rwanda is a member of the East African Community (EAC)<sup>25</sup>, together with Kenya, Uganda, Tanzania and Burundi. Rwanda's membership has amongst others lead to increased trade with EAC partners<sup>26</sup>.

### Human Development Index

Nevertheless, many challenges remain. With a HDI of 0.434, Rwanda ranks 167<sup>th</sup> out of 187 countries. Although it leaves 19 other African countries behind it, it is still one of the least developed countries in the world. Its HDI is slightly lower than the HDI for Sub-Saharan Africa as a whole, which stands at 0.475<sup>27</sup>.

### Regional unrest

Although Rwanda itself is a stable country, it is situated in a less stable region, characterized by recurrent and in some areas chronic conflict. Violent clashes fuelled by ethnic tensions and conflicts over land in the DRC's North and South Kivu provinces at the start of 2012 had by September of that year pushed some 20,000 new refugees into Rwanda. In addition to the new arrivals, Rwanda hosts another 43,000 refugees, more than 99 per cent of whom are also from the DRC<sup>28</sup>.

Rwanda is a member of the International Conference on the Great Lakes Region (ICGLR), an inter-governmental organization of eleven countries that aims to bring all the countries of the region together in dialogue, to agree on strategies to bring peace and prosperity to the region. The ICGLR is based on UN Security Council Resolutions 1291 and 1304 that called for an International Conference on peace, security, democracy and development in the Great Lakes region. The ICGLR Executive Secretariat celebrated its inauguration in May 2007 at its headquarters in Bujumbura, Burundi. Its responsibility is to coordinate, facilitate, monitor and thereby ensure the implementation of the Pact in order to attain peace, security, political stability and development in the Great Lakes Region<sup>29</sup>.



### Land pressure, climate change and food security

Rwanda is a small, landlocked country. With an estimated total population of 11 million<sup>30</sup> in 2012 and a surface area of 26,338 square kilometers, Rwanda is the most densely populated country in sub-Saharan Africa<sup>31</sup> (with a population density of approximately 395 inhabitants/km<sup>2</sup> in 2010)<sup>32</sup>. At the same time, the population is overwhelmingly rural and despite a reduction, still 72% of the population depends on subsistence agriculture<sup>33</sup>, creating high pressure on cultivatable land and leaving a significant percentage of the population unable to access land. The country's mountainous geography make it highly vulnerable to erosion and land degradation in general. Effects of climate change, including

<sup>23</sup> World Bank, World Development Indicators, 2012

<sup>24</sup> USAID, Rwanda, 2013, <http://www.usaid.gov/where-we-work/africa/rwanda>, cited 26 March 2013.

<sup>25</sup> East African Community, History of the EAC, 2011, [http://www.eac.int/index.php?option=com\\_content&view=article&id=44&Itemid=54](http://www.eac.int/index.php?option=com_content&view=article&id=44&Itemid=54), cited 25 June 2013

<sup>26</sup> New Times, Five years on, Rwanda exports to EAC surge, 2012, <http://www.newtimes.co.rw/news/index.php?i=15139&a=59258>, cited 25 June 2013

<sup>27</sup> UNDP, Human Development Report, 2013 (data from 2012).

<sup>28</sup> UNHCR, Country operations profile – Rwanda, 2013, <http://www.unhcr.org/pages/49e45c576.html>, cited 25 June 2013

<sup>29</sup> ICGLR, Who we are, 2010, <https://icglr.org/spip.php?article1>, cited 25 June 2013

<sup>30</sup> National Institute of Statistics in Rwanda, How many are we in Rwanda?, 2012. <http://www.statistics.gov.rw/publications/article/how-many-are-we-rwanda>, cited 26 March 2013.

<sup>31</sup> World Bank, World Development Indicators, 2012.

[http://data.worldbank.org/indicator/EN.POP.DNST?order=wbapi\\_data\\_value\\_2010+wbapi\\_data\\_value+wbapi\\_data\\_value-last&sort=asc](http://data.worldbank.org/indicator/EN.POP.DNST?order=wbapi_data_value_2010+wbapi_data_value+wbapi_data_value-last&sort=asc), cited 26 March 2013.

<sup>32</sup> Rwanda DHS 2010.

<sup>33</sup> FinScope, Financial Inclusion in Rwanda 2008-2012.

temperature rise, floods and prolonged drought are already observable in Rwanda. Continued changes are expected to have large negative effects on food production, but also on for example the prevalence of malaria<sup>34</sup>.

22% of Rwandan households are food insecure, while another 24% are highly vulnerable to food insecurity.<sup>35</sup> Markets provide, on average, 65% of the food consumed by a household with own production contributing an average of 30%. Almost half (45%) of Rwanda's population faces the prospect of losing a major part of their livelihoods and becoming food insecure if confronted with moderate or severe rainfall deficits. If a major rainfall deficit were to affect the East (which happens every 4-5 years) an additional 170,000 households would become food insecure.<sup>36</sup>

#### Economic indicators<sup>37</sup>

GNI per capita (USD)	570
GNI per capita PPP (international dollars) <sup>38</sup>	1,270
GDP growth (annual %)	8.3
Poverty headcount ratio at national poverty line (% of population)	44.9
Income share held by lowest 20%	5.2
Agriculture, value added (% of GDP)	32
Industry, value added (% of GDP)	16
Services, etc., value added (% of GDP)	52

#### Inequality

Rwanda's legal framework recognizes the need to allow the more vulnerable to participate in and benefit fully from the country's development. For example, the constitution stipulates the equal rights of each Rwandan and prohibits any kind of discrimination. Nevertheless, the promising economic growth rate hides growing inequalities between social classes, regions and gender. Rwanda's recent growth has largely bypassed the rural poor, leading to a concentration of wealth at the top of the income distribution, and has so far come almost exclusively from the service and manufacturing sectors, while agricultural performance has remained highly volatile and dependent on rainfall. The income of the poorest 10% of the population equals 2% of the country's total, while the richest 10% access 43%<sup>39</sup>.

#### Financial sector

In the last decade, like most other countries in Sub-Saharan Africa, Rwanda has followed an economic liberalization program, privatized the financial sector to reduce financial repression, encouraged market determined prices of financial services, encouraged entry of international players and enhanced market competition. The IMF notes that since 2005, "significant progress has been made in restructuring and modernizing the financial sector and its legislative and regulatory framework"<sup>40</sup>. In 2012, 28.1% of adults were financially excluded (accessing neither formal nor information financial services), compared to 52.4% in 2008. More women than men are financially excluded: 32.2% compared to 22.4%. Formal services are used by 42.1% of adults, while 57.5% use informal services<sup>41</sup>.

On the service provision at the grassroots level, the IMF states: "While the core banking system has been stabilized and strengthened, new risks are emerging at the periphery. To accelerate the intermediation in the rural areas, the authorities have recently established savings and credit cooperatives in each of the 416 geographically defined sectors of Rwanda—Umurenge Savings and Credit Cooperatives (SACCOs). This created a significant void and to address it, the BNR (National Bank of Rwanda) is in the process of recruiting supervisors for these SACCOs at the district level. However, not only will these supervisors need to be trained in the near term, the BNR will also need to quickly address the challenge of supervising institutions which themselves lack capacity and essential skills in small-scale banking and managing risk. Furthermore, experience in other countries has shown that - to be successful - such bank cooperatives require ownership and trust among the people for whom they were created."<sup>42</sup>

<sup>34</sup> Rwanda Environment Management Authority, Guidelines for Mainstreaming Climate Change Adaptation and Mitigation in the Health Sector, 2011.

<sup>35</sup> WFP, [www.wfp.org/countries/rwanda/overview](http://www.wfp.org/countries/rwanda/overview), quoted February 2013

<sup>36</sup> CFSVA and Nutrition Survey, 2012

<sup>37</sup> All data in this table from World Bank, World Development Indicators, 2012 (data from 2011)

<sup>38</sup> PPP or purchasing power parity takes into account differences in the relative prices of goods and services, particularly non-tradables, and therefore provide a better overall measure of the real value of output produced by an economy compared to other economies. An international dollar has the same purchasing power over GNI as a U.S. dollar has in the United States.

<sup>39</sup> CIA, World Factbook, 2013 (data are 2011 estimates).

<sup>40</sup> IMF, Rwanda: Financial System Stability Assessment, 2011.

<sup>41</sup> FinScope, Financial Inclusion in Rwanda 2008-2012.

<sup>42</sup> IMF, Rwanda: Financial System Stability Assessment, 2011.



### Health indicators<sup>43</sup>

Life expectancy at birth, total (years)	55
Fertility rate, total (births per woman)	5.3
Contraceptive prevalence (% of women ages 15-49)	52 (2010 data)
Births attended by skilled health staff (% of total)	69 (2010 data)
Mortality rate, under-5 (per 1,000 live births)	54
Access to improved source of drinking water (% of households) <sup>44</sup>	74
Access to improved, non-shared sanitation facility (% of households) <sup>45</sup>	55

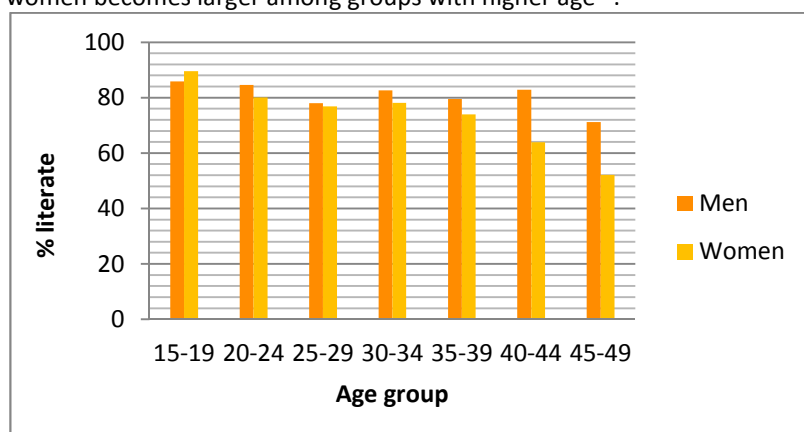
All of the above indicators have been improving over the past years (only for access to improved, non-shared sanitation facilities this could not be identified). Rwanda's life expectancy, although increased over the last years, is however still lower than the average of the countries in the lowest quartile of the Human Development Index (which stands at 59.1 years<sup>46</sup>) and only slightly higher than the average of Sub-Saharan Africa (54 years<sup>47</sup>). The fertility rate of women in Rwanda is higher than the Sub-Saharan African average, at 5.3 compared to 4.9<sup>48</sup>. This is especially worrisome given the already extremely high population density of the country.

Contraceptive prevalence, percentage of births attended by skilled health staff and under-5 mortality rate all compare positively to the average for Sub-Saharan Africa, which reports 22%, 46% and 109 deaths per 1,000 live births on these indicators respectively<sup>49</sup>.

Poor hygiene and sanitation is linked to 80% of the country's disease burden. Diarrhea is the second cause of death amongst children under 5 years of age. 90% of all diarrhea-caused deaths is directly attributed to poor water, sanitation and hygiene.<sup>50</sup> Rwanda loses RWF 32 billion (US\$54 million) annually due to poor sanitation. Open defecation costs Rwanda US\$3.9 million per year.<sup>51</sup>

### Literacy

In 2010, literacy among Rwandans stands at 77% for women and 80% for men. The difference between men and women becomes larger among groups with higher age<sup>52</sup>:



### Corruption

Rwanda is among the top 10 least corrupt countries in the African continent and the least corrupt in the East African Community according to Transparency International's Corruption Perceptions Index 2010 (CPI), an indicator which measures the degree to which corruption among public officials and politicians is perceived to exist. Rwanda is ranked at 66th out of 178 countries worldwide, with an increase of over 20 ranking positions from 2009 and a steady improvement in the last 4 years. This is to a great extent due to the political will of the Government in this field. However corruption does still exist in the country: 62.6% of men and 58.2% of women believe that the phenomenon is

<sup>43</sup> World Bank, World Development Indicators, 2012 (data from 2011), unless otherwise indicated

<sup>44</sup> Rwanda DHS 2010

<sup>45</sup> Rwanda DHS 2010

<sup>46</sup> UNDP, Human Development Report, 2013 (data from 2012).

<sup>47</sup> World Bank, World Development Indicators, 2012 (data from 2010)

<sup>48</sup> World Bank, World Development Indicators, 2012 (data from 2010)

<sup>49</sup> World Bank, World Development Indicators, 2012 (data from 2010, 2010 and 2011 respectively)

<sup>50</sup> UNICEF, [www.unicef.org/rwanda](http://www.unicef.org/rwanda), quoted December 2012

<sup>51</sup> WSP, Economic Impacts of Poor Sanitation in Africa, 2012

<sup>52</sup> Rwanda DHS 2010

present, particularly at local level. National Police and procurement units are the most affected institutions, though with relatively low levels of corruption<sup>53</sup>.

## Manifestations of poverty and vulnerability among women

Rwandan women face many challenges in claiming their rights, resulting in their poverty and vulnerability, which is manifested by the following:

- *High fertility rate*: the total fertility rate in Rwanda is estimated at 5.3<sup>54</sup>, an indicator of women's limited access to SRH and FP services. 52% of Rwandan women use some form of contraceptive method.<sup>55</sup> Modern contraceptive prevalence increases with women's level of education, varying from 19% among women with no education, to 29% among those with a primary education, to 43% among women with a secondary or higher education.<sup>56</sup>
- *Maternal health*: the proportion of women giving birth at home is high, especially in rural areas (30.8% in rural areas and 16.2% in urban areas). The incidence of home births is highest among older women (between 35 and 49 years old (40.3%), women who did not receive antenatal care (83%), among women who have never been to school (41.1%), and among women living in households in the lowest wealth quintile (over 36.1%).

Maternal mortality in Rwanda is 476 per 100,000 live births. This represents a 50% reduction since 2000, but is still high by global standards.<sup>57</sup> 17.3% of women of reproductive age suffer of anemia, which is a common manifestation of iron deficiency and an important cause of maternal mortality and low birth weight.<sup>58</sup>

Although there is a lack of data in this area, anecdotal evidence suggests that maternal health outcomes are significantly poorer amongst women from the Historically Marginalized People (HMP) than in the general population.

- *Economic hardships*: 24% of men are in the richest wealth quintile, compared to 21% of women. 15% of women are in the lowest wealth quintile, compared to 12% of men. Female headed households represent one third of all households in Rwanda and 60.2% of households led by women are poor<sup>59</sup>.

Of those women who are between 15 and 49, married and receive cash earnings for employment, 66.6% earns less than her husband. 81.2% of employed women are paid at least some of their earnings in-kind and not in cash, compared to 63.8% of men.<sup>60</sup>

Women head 42% of Rwandan enterprises, and 58% of enterprises in the informal sector, which accounts for 30% of Rwandan GDP. Most women's businesses are in the retail sector (82%), and services (16%). Women's businesses report lower average earnings than men's businesses, with a difference in monthly earnings of about US\$12.75 in men's favor<sup>61</sup>. More women than men do not access any kind of formal or informal financial service: 32.2% compared to 22.4%.<sup>62</sup>

Economic hardships pushes some women into prostitution. They are at high risk of unwanted pregnancy, sexually transmittable infections, gender based violence and stigmatization<sup>63</sup>.

- *High rates of violence against women*: 41.2% of women in Rwanda have experienced physical violence since the age of 15, with significantly higher rates among divorced, separated or widowed women (69.7%). The percentage is also higher among women who are employed for cash (47.3%) than among women who are employed but not for cash (38.3%) or not employed at all (26.7%). Among those women married, 95.4%



<sup>53</sup> All data from this paragraph is from Transparency Rwanda, "Governance and corruption in Rwanda" (2009)

<sup>54</sup> World Bank, World Development Indicators, 2012 (data from 2011)

<sup>55</sup> Rwanda DHS 2010.

<sup>56</sup> MoH Rwanda, 2009; Interim DHS 2007-2008.

<sup>57</sup> Rwanda DHS 2010.

<sup>58</sup> Rwanda DHS, 2010.

<sup>59</sup> MoH Rwanda, 2009; Interim DHS 2007-2008; MIGEPROF: Gender Profile 2005-2007 in Rwanda.

<sup>60</sup> Rwanda DHS, 2010

<sup>61</sup> IFC/Chamber of Women Entrepreneurs, Voices of Women Entrepreneurs in Rwanda, 2008

<sup>62</sup> FinScope, Financial Inclusion in Rwanda 2008-2012.

<sup>63</sup> Faith Victory Association, Quick Assessment of the Feasibility of Implementing Village Savings and Loans (VSL) Methodology among Female Sex Workers, 2013

identify the current husband or partner as (one of) the perpetrator(s). Among women who have never been married, the most commonly identified perpetrators are a neighbor/community member (21.9%), a sister/brother (16.8%), the father/stepfather (15.6%), the mother/stepmother (14.1%) and a teacher (13.1%)<sup>64</sup>. A recent report by Transparency Rwanda shows that gender inequality at the workplace leads among others to differences in pay and gender based corruption, specifically among women looking for employment and female secretaries<sup>65</sup>.

- *Education*: A higher proportion of women than men have no education (22.0% vs. 15.5%). Women in urban areas have a higher educational attainment rate compared to women in rural areas (87.7% vs. 76.5%). The older a woman is, the higher the chance of her having received no education. For example, among women aged 25-29, 14.4% has received no education, among women aged 40-44 this is 32.7% and among women 65+, 79.4% has never received any education. The effect of age on likelihood of education is much stronger among women than it is among men. This indicates that, if current practices are sustained, the difference between men and women in educational level will decrease in the coming years.<sup>66</sup>

## Underlying causes limiting women to exercise their rights

Below, three kind of factors that limit women's capacity to claim and enjoy their rights are explained: economic factors, social and cultural factors and factors related to the legal and political framework. Please note that many factors are linked, and that manifestations of poverty and vulnerability among can be causes of a further inability to exercise rights at the same time. The separation should thus not be seen as a strict one.

### Economic factors

Poverty is probably the main factor limiting women to exercise their rights. It limits their access to basic services, socio-economic opportunities, and has a negative effect on their position in society, including their opportunities to participate in decision-making, access to information, etc. For example, women's limited financial capacity to afford available health services restricts their access to available health services. Women's limited (cash) income makes them less able to pay for medical coverage or cover the costs for needed medication. But women are often also unable to physically access existing services as a result of the often large distances to the nearest health centers and hospitals, and the resulting costs in terms of time and money to travel to these services.

As shown above, poverty rates in Rwanda are higher among women than among men. Reasons for this include:

- Although 88% of women participate in the labor force (a slightly higher rate than for men), these jobs are overwhelmingly in the agricultural and animal husbandry sectors. Women find it difficult to find the off-farm employment opportunities which are associated with lower levels of poverty.<sup>67</sup>
- Women's educational and literacy levels are lower than those of men. As shown above, a higher number of women than have never accessed education (22.0% vs. 15.5%). Comparing women and men who have accessed education, the proportion of men having accessed at least some years of secondary school is higher than the same proportion of women, while women more often than men followed (some years of) primary school only. 76.9% of women (15-49) is literate<sup>68</sup> compared to 81.9% of men (same age). In urban areas, the difference is negligible, but more pronounced in rural areas.<sup>69</sup>
- Women have lower access to/control over capital and other resources within the household. As stated above, among married women (15-49) who receive cash earnings for employment, 66.6% earns less than her husband. 18.3% of women in this group state that it is mainly the wife who decides how she spends the



<sup>64</sup> Rwanda DHS, 2010.

<sup>65</sup> Transparency Rwanda, Gender Based Corruption in Workplaces in Rwanda, 2010

<sup>66</sup> Rwanda DHS, 2010.

<sup>67</sup> Rwanda Social Demographic Indicators, Labour Market Information System (LMIS) Report, 2011

<sup>68</sup> Referring to individuals who attended secondary school or higher and individuals who can read a whole sentence or part of a sentence.

<sup>69</sup> All data in this paragraph from Rwanda DHS, 2010.



income, 66.0% states that she decides together with her husband, and according to 14.7% it is mainly the husband who decides how his wife's income is spent.<sup>70</sup>

- More women than men do not access financial services (32.2% compared to 22.4%). Women are underrepresented as users of all kinds of financial services, except for informal savings groups.<sup>71</sup> Some of the key constraints that hinder women from fully benefiting from the available micro-credit loans are: (i) many women still see taking credit as a risk; (ii) women's lack of control (decision-making power) on intra-household resources in general, and the use of the micro-credit loans in particular, increases their risk; (iii) lack of collateral; (iv) low capacity of Micro Finance Institutions in developing flexible products designed to meet women's needs; (v) the low status of women in society and the cultural burden that discourages their economic ambitions; and (vi) a preference to get grants, an attitude that stems from post-conflict grant programs.<sup>72</sup>
- Another constraint to the growth of women entrepreneurs is lack of access to product markets. Various factors (premises, location, quality of products and services, transportation and information) affect an enterprise's access to markets. As many of the women micro-enterprises are operated from home, they lack the necessary access to attract customers. In Rwanda women-owned microenterprises tend to target the local market only.
- Contribution to social security is compulsory only for salaried workers in the formal sector, which represent only 10% of the employed population. The Social Security Fund covers pension and occupational risks but it is estimated that women account for only 14% of the total members.<sup>73</sup>
- Women's lower economic status has implications in terms of their ability to exercise their social and political rights. It makes them more susceptible to financial and material dependence on men, which in turn renders them more vulnerable to GBV, and limits their capacity to take part in decisions that affect their lives. Women's limited access to SRH services and low use of modern contraceptive (due to social and cultural norms - see below - but also to the limited geographic distribution of health centers) lead to high fertility rate and this can ultimately have implications on women's income earning capacity.



Many of the above factors are related to negative social gender norms. Women's lower income and access to (financial) resources is both a consequence and a cause of their lower social position. Therefore, this section needs to be read in combination with the section below on social factors contributing to women's poverty and vulnerability.

#### Social and cultural factors

A powerful driver that inhibits Rwandan women to exercise their rights is patriarchy. A man is assumed to automatically be the head of his household. The general perception is that their role as protectors and bosses of the family automatically gives them the right to control and dominate their wife.<sup>74</sup> According to the Rwandan female ideal, the best female partner is one who is submissive to the male, while the so called 'dominant' women are seen as contributing to unhappiness in the family.<sup>75</sup>

A Rwandese woman generally does not feel free to discuss issues of family planning with her husband, as it goes against culture.<sup>76</sup> Combined with rumors surrounding side-effects of contraceptives and their influence on the male partner's sexual enjoyment and a social preference for boys, this leads to women being

<sup>70</sup> Rwanda DHS, 2010

<sup>71</sup> FinScope, Financial Inclusion in Rwanda 2008-2012.

<sup>72</sup> African Development Bank Group: Rwanda Gender Assessment - Progress Towards Improving Women's Economic Status, 2008

<sup>73</sup> African Development Bank Group: Rwanda Gender Assessment - Progress Towards Improving Women's Economic Status, 2008

<sup>74</sup> Rwamrec, Masculinity and Gender Based Violence in Rwanda, 2010

<sup>75</sup> Muramutsa, F, 2007; Knowledge-Sharing on Socio-Cultural Factors Affecting Family Planning Practice in Rwanda

<sup>76</sup> Muramutsa, F, 2007; Knowledge-Sharing on Socio-Cultural Factors Affecting Family Planning Practice in Rwanda



unable to decide when, where and how to have sex, family size, etc. Around issues of gender and women's rights, the approach of religious leaders – both from the major Christian churches and from Rwanda's significant Muslim minority community – has traditionally been conservative. However CARE and its partners have had success working with individual religious leaders at the local level to address issues around gender and family planning.

The low status of women leaves many women and girls vulnerable. Social factors inhibit girls to complete their secondary education, leading to lower education levels for women. In some areas, relatives of a male who has died, been imprisoned or left the country, will expect to be able to have sexual relations with his female partner<sup>77</sup>. 25% of men think a husband is justified in beating his wife in certain circumstances, such as burning food or leaving the house without permission, and an astonishing 50% of women hold the same view.<sup>78</sup> Likely, this difference is the consequence of many men knowing what is socially acceptable, and as such being reluctant to be open about their actual behavior. Rape is often not reported or prosecuted. Some causes are related to the legal framework, but cultural and social obstacles, including fear of stigmatization, do also play a clear role.<sup>79</sup>

Culturally men are trained to be breadwinners, and they often find it hard to accept women's earning capacities since it challenges their power.<sup>80</sup> This is likely to be one of the factors explaining why women employed for cash experience physical violence more often than women employed but not for cash or women not employed (47.3%, 38.3% and 26.7% respectively). Women's roles are much more associated with reproductive roles and not with productive roles. Even if a woman is economically active, she is in many cases still expected to take full responsibility for taking care of the children and the household. Women also still face multiple challenges in asserting their rights to inherit and own land, despite the recognition of those rights in the law. Challenges include stigma and fear of societal repercussions, disapproval by the family or community, loss of dignity and at worst, physical violence<sup>81</sup>.

In Rwanda, more women than men are infected with HIV. The difference is especially remarkable among women between 35-39 years old<sup>82</sup>, which is likely a result of the genocide against Tutsi, at which time these women were between 19-23 years old. Apart from health challenges, these women face the social stigma that is related with HIV/AIDS: 47% of women and 34% of men are not fully accepting people with HIV/Aids<sup>83</sup>.

The status of the average Rwandan women is low, but certain categories of women are even more affected by their low social status, including Historically Marginalized Groups, rape survivors, commercial sex workers and widows. Demeaning attitudes exhibited toward women who have been raped are not exclusive to men: several women have been humiliated and tormented by female community members or even by their own daughters following their rape<sup>84</sup>. Commercial sex workers as well are perceived as a source of social insecurity by other women and therefore excluded at multiple levels.<sup>85</sup> Children from marginalized women, such as informally married women or sex workers, often face issues of recognition and are therefore vulnerable.

#### Legal and policy framework

The rights of women to be equal partners in the development of their communities and their country are broadly recognized across Rwanda's legal and policy framework, for example in:

- the National Gender Law and Policy,
- the National Policy on Violence Against Women and Children,
- the National GBV Law,
- as well as other laws which are not specifically gender-related but do provide an improved protection for women, such as the succession law.

In addition, Rwanda is signatory to different international commitments and treatments, such as CEDAW. See section A3 in 'Why the Vulnerable Women Program?' for more information on the content of Rwanda's laws and policies related to gender equality.

There appears to be genuine political will to address gender injustice and support the empowerment of women at policy level. The Ministry for Gender and Family Promotion (MIGEPROF) works across government from within the office of the Prime Minister; the National Council of Women, a constitutional body, has been established to promote

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<sup>77</sup> Amnesty International, *Marked for Death*, 2004

<sup>78</sup> Rwanda DHS 2010

<sup>79</sup> Human Rights Watch, *Struggling to Survive*, 2004

<sup>80</sup> UN, *Country Assessment on Violence Against Women Rwanda*, 2008

<sup>81</sup> Rwanda Women's Network Policy Brief 2011

<sup>82</sup> Rwanda DHS 2010

<sup>83</sup> Ibid.

<sup>84</sup> Amnesty International, *Marked for Death*, 2004

<sup>85</sup> Leuschner, *Engaging Local Female Sex Workers to Identify Strategies for Promoting Safer Sexual Behavior in Rwanda*, 2007

equal opportunities; and a Gender Monitoring Office is in place to monitor compliance with gender indicators. As is well known, Rwanda has the highest percentage of woman parliamentarians in the world (>50%). Women parliamentarians played a critical role in ensuring the new constitution (4th June 2003) was highly gender responsive.<sup>86</sup> Internationally, Rwanda is signatory to a number of important international commitments enshrining the rights of women.

The constitution includes the obligation that women are awarded at least 30% of all elected positions, providing a great potential for women's participation in public decision-making.<sup>87</sup> At the level of high decision making organs gender equality is improving— women make up above 40 % of Ministry Permanent Secretaries and Supreme Court Judges and above 30% of Senators and Deputies Chairing Standing Committees. However positions traditionally occupied by men are still male dominated; for example 90 % of all District Mayors are men and 83.3 % of Vice Mayors of Economic Affairs as well, while 83.3 % of all Vice Mayors of Social Affairs are women.<sup>88</sup>



Despite the existence of a generally strong legal framework that protects women, challenges remain. Partly, these are related to some gaps in the laws and policies themselves, but the main issues are at the level of implementation. Main causes include a lack of awareness of women's rights on the part of women, the communities in which they live and duty bearers whose role it is to uphold those rights; a lack of capacity and resources within key institutions; and a lack of accountability mechanisms through which women, their communities and the civil society organizations that represent them, can hold to account those who should bear responsibility for rights violations when they occur.

Women are 12%-16% less likely than men to be informed of government policies and laws. Women are significantly more likely than men to report that their voices are ignored in the JADF (decentralized Joint Action and Development Forums) and are less likely to contact most local institutions to voice concerns. Women are more likely to feel unable to hold their sector leaders to account.<sup>89</sup>

An often cited example of the gap between women's rights in the law and their implementation in practice considers women's access to and inheritance of land. Rwandan law recognizes and protects women's rights to own and inherit land. Relevant laws include the Law on Matrimonial Regimes, Liberalities and Successions (1999) and the Organic Law Determining the Use and Management of Land in Rwanda (2005). There are indications of increasing awareness of land rights among women, however, they still suffer a number of challenges in asserting these rights, including stigma and fear of societal repercussions, disapproval by the family or community, loss of dignity and at worst, physical violence.<sup>90</sup> Customary systems continue to govern over family and land matters and often discriminate against women's direct rights to property and inheritance, especially of land.<sup>91</sup> A study on the implementation of the Law on Matrimonial Regimes, Donations, Succession and Liberalities indicated that although 76% of the population knew about the law, at most only 40% understand it<sup>92</sup>. Polygamy, although forbidden under Rwandese law, does happen, albeit not extensively. Informal relationships & multiple sex partners are becoming

<sup>86</sup> Mutamba, J., Strategies for Women's Participation in Government a case study of Rwanda, 2005

<sup>87</sup> The Constitution of the Republic of Rwanda, 2003

<sup>88</sup> National Institute of Statistics of Rwanda, Gender Monitoring Office & UN Women, Gender Statistics; Achieving MDG-3: Gender Equality; The Public Sector in Rwanda, 2011

<sup>89</sup> PPIMA Project KAP Baseline Study, 2010

<sup>90</sup> Rwanda Women's Network Policy Brief 2011

<sup>91</sup> Chronic Poverty Research Centre, Policy Notes, 2011

<sup>92</sup> HAGURUKA: An Evaluation Study on the Implementation of the Law on Matrimonial Regimes, Donations and Succession and Liberalities, 2006

increasingly common<sup>93</sup>. Women in such relationships face increased vulnerability, as their rights as wives are not recognized.

Another example is that of prevention of and response to GBV. At the national level, the Rwandan GBV Law of 2009 demonstrates the government's commitment to tackle GBV and promote gender equality. However, CARE's and partners' work at the grassroots level shows that GBV is still widespread and victims do often not have sufficient access to the services they need. Again, as mentioned above, main issues lie at the level of awareness, capacities and accountability that prevent effective implementation of the legal framework. This is leading among others to impunity, lack of coordination between services, inadequate protection to mitigate stigmatization and re-traumatization of victims, insufficient equipment and skilled staff at health centers, and insufficient budget allocated to GBV prevention and response. Inefficiency of mechanisms in turn discourages victims to report cases of GBV, contributing to impunity.<sup>94</sup>

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<sup>93</sup> Muramutsa, Knowledge Sharing Family Planning, 2007

<sup>94</sup> CARE International in Rwanda, Sexual and Gender-Based Violence Advocacy Strategy 2009-2013, 2009 and Human Rights Watch, Struggling to Survive, 2004

CARE Rwanda's work is informed by the Government of Rwanda's policy context. Rwanda's policy context is known to be gender-sensitive. CARE wants to build upon this existing strength and at the same time align its work with existing efforts, to help the Government of Rwanda to achieve its ambitious objectives related to gender.

This section outlines a number of policy documents that are key to the VW program. Other laws, policies and strategies that are relevant to specific pathways, are referred to in the respective pathway.

### Constitution

Rwanda's current constitution was adopted on 4<sup>th</sup> Jul 2003 and last amended in 2013. Women parliamentarians played a critical role in ensuring that the constitution was highly gender responsive.<sup>95</sup> Article 10 of the preamble mentions the country's commitment "to ensuring equal rights between Rwandans and between women and men (...)". Specific articles to promote this equality include the provision that women should hold at least 30% of all elected positions in the government, the obligation of political organizations to reflect gender equality, and the set up of the National Council of Women as well as the Gender Monitoring Office.<sup>96</sup>

### Vision 2020

Vision 2020, adopted in the year 2000, sets ambitious objectives for Rwanda's development, including that Rwanda should be a middle-income country by 2020. In order to achieve this, the vision identifies a number of pillars for development, i.e.:

- Reconstruction of the nation and its social capital anchored on good governance, underpinned by a capable state;
- Transformation of agriculture into a productive, high value, market oriented sector, with forward linkages to other sectors;
- Development of an efficient private sector spearheaded by competitiveness and entrepreneurship;
- Comprehensive human resources development, encompassing education, health, and ICT skills. aimed at public sector, private sector and civil society. To be integrated with demographic, health and gender issues;
- Infrastructural development, entailing improved transport links, energy and water supplies and ICT networks;
- Promotion of regional economic integration and cooperation.

Gender equality is identified as the cross-cutting issues, together with sustainable environmental and natural resource management. The Vision states that "In order to achieve gender equality and equity, Rwanda will continuously update and adapt its laws on gender. It will support education for all, eradicate all forms of discrimination, fight against poverty and practice a positive discrimination policy in favour of women. Gender will be integrated as a cross-cutting issue in all development policies and strategies."<sup>97</sup>

### Economic Development and Poverty Reduction Strategy (EDPRS) II

In order to implement Vision 2020, it was translated into medium-term strategies. The EDPRS II is the third of such strategies and covers the period 2013-2018. It was approved in May 2013 after a highly participatory process.

<sup>95</sup> Mutamba, J., 2005; Strategies for Women's Participation in Government a case study of Rwanda

<sup>96</sup> Constitution of the Republic of Rwanda, 2003

<sup>97</sup> Republic of Rwanda, MINECOFIN, Rwanda Vision 2020, 200.



The EDPRS II contains four thematic area priorities:

- Economic transformation,
- Rural development,
- Productivity and youth employment, and
- Accountable governance.

‘Family and gender’ is identified as one of the cross-cutting issues. The document states that “Improving the economic status of men and women requires a holistic and multi-sectoral approach. EDPRS II will focus on sector strategies that enable women and men to participate, access, control and benefit equally from growth processes in a way that recognizes their different needs. This will enhance access to economic resources and opportunities in terms of jobs (especially off-farm), financial services, and property ownership, skills development and market information.” Besides, it recognizes the need to continue working towards political participation of women as well as improved GBV prevention and response.<sup>98</sup>

In fact, Vision 2020 and the EDPRS II are primarily ambitious economic development plans that focus on drivers for growth rather than social development objectives. Still, both documents acknowledge the importance of pro-poor growth and of ensuring that vulnerable groups are able to exercise their rights and share in the benefits of a wealthier, more productive society and economy.

### **Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)**

The Government of Rwanda is signatory to several international conventions, including CEDAW which it ratified in 1981. Article 2 of the Convention calls Rwanda to embody the principle of equality of men and women in the national constitution and to adopt appropriate legislative and other measures prohibiting all discrimination against women. In its approach, the Convention covers three dimensions of the situation of women. Civil rights and the legal status of women are dealt with in great detail. In addition, and unlike other human rights treaties, the Convention is also concerned with the dimension of human reproduction as well as with the impact of cultural factors on gender relations.

### **UNSC resolution 1325**

With resolution 1325, adopted unanimously on 31 October 2000, the Council called for the adoption of a gender perspective that included the special needs of women and girls during repatriation and resettlement, rehabilitation, reintegration and post-conflict reconstruction<sup>99</sup>. In 2010, Rwanda adopted an action plan for its implementation of the commitments as set out in UNSC resolution 1325. The action plan contains five priorities:

- Prevention of gender based violence;
- Protection and rehabilitation of victims’ dignity;
- Participation and representation;
- Women and gender promotion;
- Coordination, monitoring and evaluation of the activities.

The action plan officially ended in 2012, and the Ministry of Gender and Family Promotion has started the process to develop its successor.

### **The National Gender Policy**

The current National Gender Policy was adopted by MIGEPROF in July 2010, being a revision of the 2004 policy. It highlights principal guidelines on which sectoral policies and programs will base to integrate gender issues in their respective social, cultural, economic and political planning and programming.

In order to achieve its vision, to set Rwandan society free from all forms of gender based discrimination and see both men and women participate fully and enjoy equitably from development processes, the policy promotes four main approaches, including:

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<sup>98</sup> Republic of Rwanda, Economic Development & Poverty Reduction Strategy 2013 – 2018, 2013.

<sup>99</sup> United Nations, Press Release SC/6942, 2000

- A gender mainstreaming approach, aiming at integrating gender issues into the policies, programmes, activities and budgets in all sectors and at all levels;
- Affirmative actions approach that aims at correcting the huge gender imbalances existing in the various development sectors;
- Institutional capacity development of different gender machineries and stakeholders in the implementation of the national gender policy;
- Involvement of men in addressing gender issues.

Especially the last two points show a strong link with CARE Rwanda's programming, in which capacity building of duty bearers on gender and related topics as well as engaging men in the promotion of women's rights are two main elements.

## **The National Social Protection Policy**

MINALOC put in place the National Social Protection Policy in 2005, recognizing the need for special measurements to advance vulnerable people living below the poverty line, and exposed to risks with fewer possibilities to resort to appropriate risk management instruments. Certain strategies specifically refer to the need to include women, e.g. the strategies to increase functional literacy and women's participation in decision-making processes and productive processes. The policy calls upon civil society organizations to not limit themselves to short-term actions, but to integrate with the larger scale process of decreasing vulnerability by providing training, conducting sensitization campaigns, and helping the population to develop self-promotion project proposals to expedite change.<sup>100</sup>

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<sup>100</sup> MINALOC, National Social Protection Policy, 2005