DATA COLLECTION SURVEY
ON
RESPONCES TO
SEXUAL AND GENDER-BASED
VIOLENCE (SGBV)
IN AFRICAN REGION

FINAL REPORT

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Japan International Cooperation Agency (JICA)

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Data Collection Survey on Responses to Sexual and Gender Based Violence (SGBV) in Africa Region

Final Report

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Location of the Targeted Area

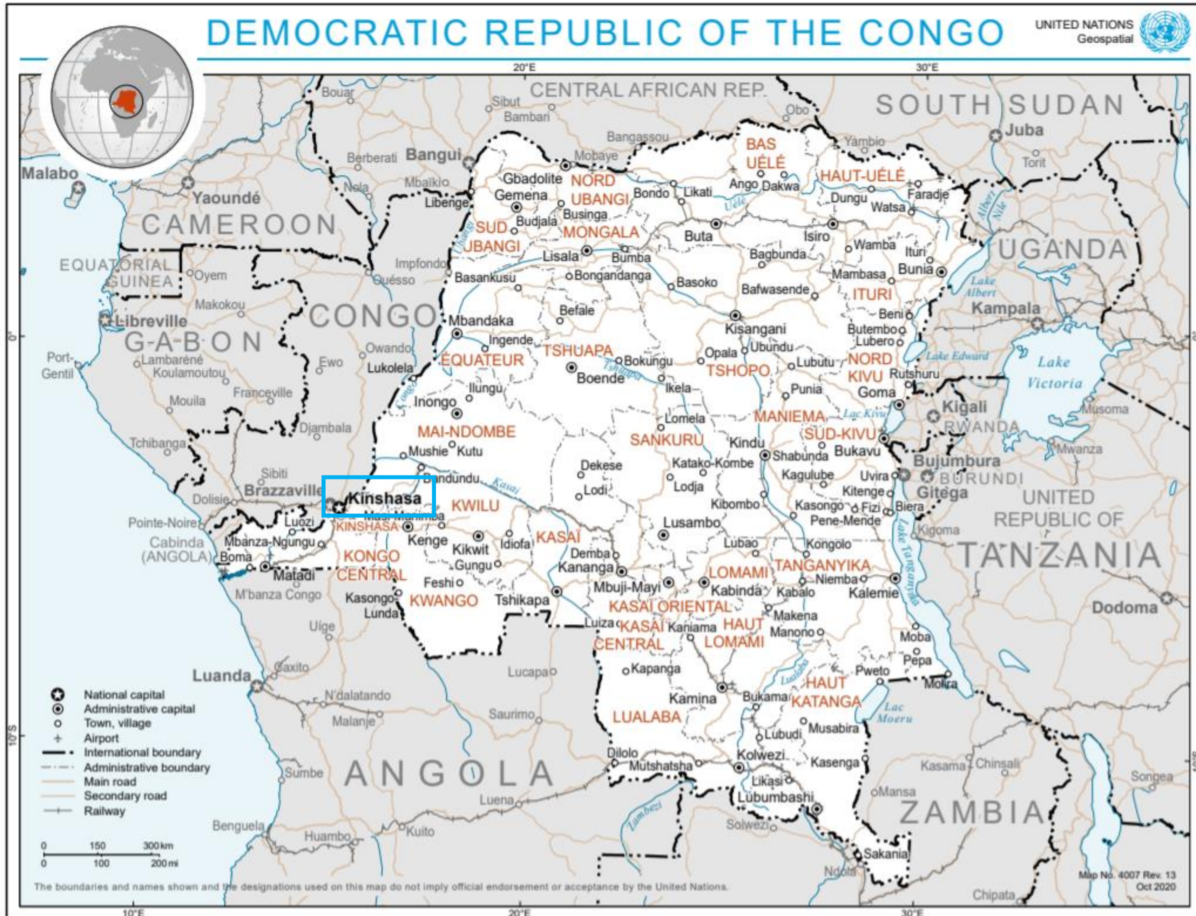
The Republic of Kenya

Source：https://www.un.org/geospatial/content/kenya

The Republic of Kenya (Counties)

Source：https://d-maps.com/carte.php?num_car=239&lang=ja

Democratic Republic of the Congo



Source：https://www.un.org/geospatial/content/democratic-republic-congo-2

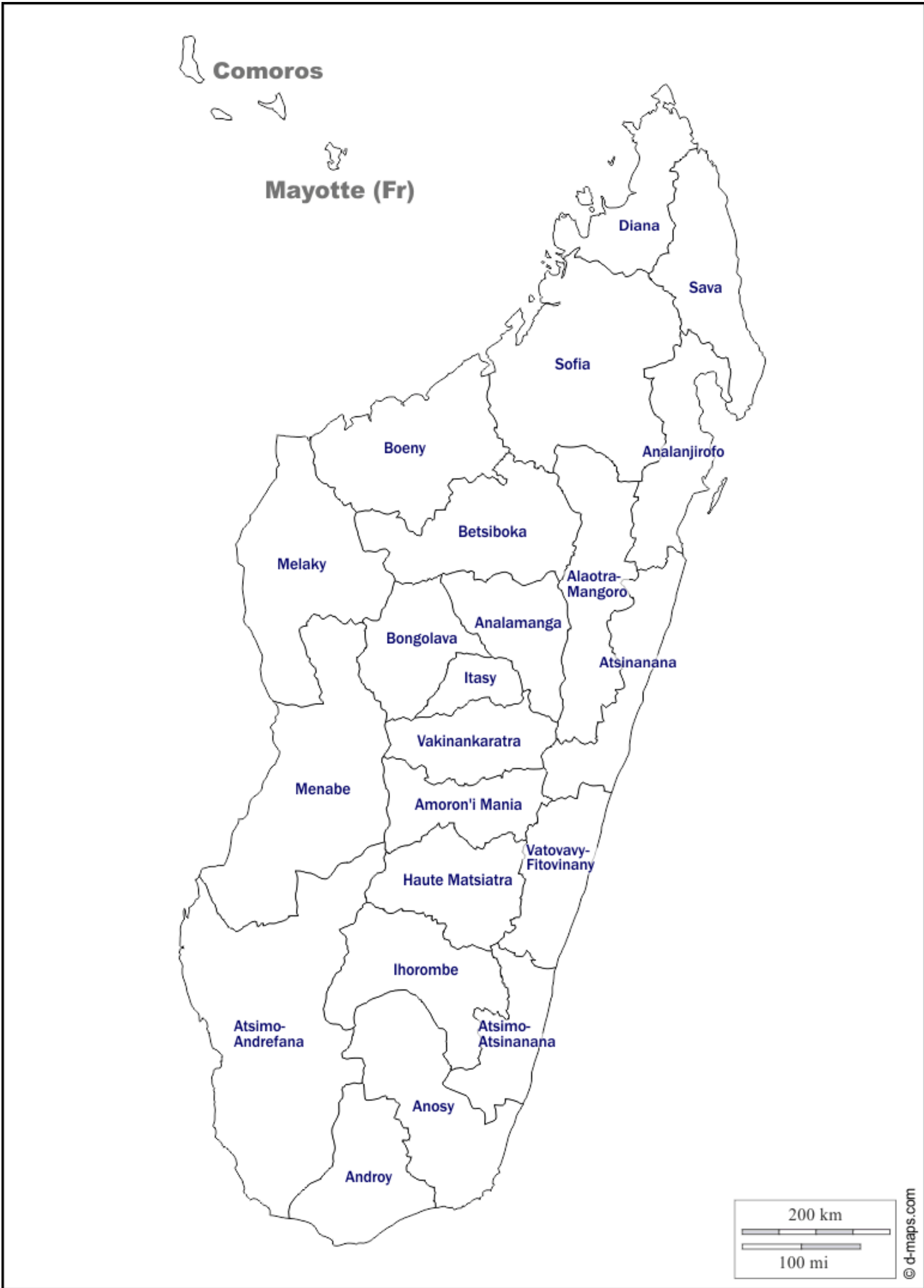
The United Republic of Tanzania

Source：https://www.un.org/geospatial/content/united-republic-tanzania

The Republic of Madagascar

Source： https://www.un.org/geospatial/content/madagascar-0

The Republic of Madagascar (Préfectures)



Source：https://d-maps.com/carte.php?num_car=4755&lang=en

The Republic of Rwanda

Source：https://www.un.org/geospatial/content/rwanda

List of Acronyms and Abbreviations

Common to all targeted countries

Acronyms / Abbreviations	Term
AAAQ	Availability, Accessibility, Acceptability and Quality
AFD	Agence Française de Développement
AU	African Union
CBO	Community Based Organization
CEDAW	Convention of Elimination of All Forms of Discrimination against Women
CERED-GL	Centre Régional de recherche et de documentation sur les Femmes le Genre et la Construction de la Paix dans la région des Grands-Lacs
COMESA	Common Market for Eastern and Southern Africa
COVID-19	Novel Coronavirus Disease
CRRF	Comprehensive Refugee Response Framework
CSE	Comprehensive Sexuality Education
DANIDA	Danish International Development Agency
DHS	Demographic and Health Survey
DV	Domestic Violence
EAC	East African Community
ECCAS	Economic Community of Central African States
FAO	Food and Agriculture Organization of the United Nations
FCDO	Foreign, Commonwealth and Development Office
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
GBV-IMS	Gender-Based Violence Information Management System
GCR	Global Compact on Refugees
GDP	Gross Domestic Product
GGI	Gender Gap Index
GII	Gender Inequality Index
GIZ	Deutshe Geselleschaft fuur Internationale Zusammenarbeit
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
IFAD	International Fund for Agricultural Development
ICGLR	International Conference on the Great Lake Region
IMF	International Monetary Fund
ILO	International Labor Organization
IOM	International Organization for Immigration
IPV	Intimate Partner Violence
JICA	Japan International Cooperation Agency
JOCV	Japan Overseas Cooperation Volunteers
KII	Key Informant Interview
MC	Male Circumcision
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MISP	Minimum Initial Service Package
NAP	National Action Plan
NGO	Non-Governmental Organization
OCHA	United Nations Office for Coordination of Humanitarian Affairs
OHCHR	Office of the United Nations High Commissioner for Human Rights

Acronyms / Abbreviations	Term
PEP	Post Exposure Prophylaxis
PKO	Peace Keeping Operation
PPE	Personal Protective Equipment
PSEA	Protection against Sexual Exploitation and Abuse
PTSD	Post-Traumatic Stress Disorder
SDGs	Sustainable Development Goals
SEA	Sexual Exploitation and Abuse
SGBV	Sexual and Gender Based Violence
SHEP	Smallholder Horticulture Empowerment & Promotion
SIDA	Sweden International Development Agency
SIGI	Social Institutions and Gender Index
SMEs	Small and Medium Enterprises
SNS	Social Networking Service
SOP	Standard Operating Procedure
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health and Rights
STEM	Science, Technology, Engineering and Mathematics
SV	Sexual Violence
UHC	Universal Health Coverage
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	The Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNSCR1325	UN Security Council Resolution 1325
UNSCR1325NAP	National Action Plan on UN Security Council Resolution 1325
USAID	United States Agency for International Development
UNV	United Nations Volunteers
VAC	Violence against Children
VAW	Violence against Women
VAWC	Violence against Women and Children
VAWG	Violence against Women and Girls
WFP	United Nations World Food Programme
WHO	World Health Organization
WPS	Women, Peace and Security

The Republic of Kenya

Acronyms / Abbreviations	Term
BDS	Business Development Services
Card	Coalition for African Rice Development
CHW	Community Health Worker
FEWA	Federation of Women Entrepreneurs Association
GBV-IMS	Gender Based Violence Information Management System
GBVRC	Gender-Based Violence Recovery Centre
GEF	Generation Equality Forum
GMP	Gender Mainstreaming Package

Acronyms / Abbreviations	Term
GVRC	Gender Violence Recovery Centre
ICC	I'laramatak Community Concern
IUD	Inter Uterine Device
JP-GBV	Joint Programme on Prevention and Response to Gender Based Violence
KDHS	Kenya Demographic and Health Survey
KNAP	Kenya National Action Plan for the Advancement of United Nations Security Council Resolution 1325 on Women, Peace and Security
NCRC	National Crime Research Centre
NGAAF	National Government Affirmative Action Fund
NGEC	National Gender and Equality Commission
MDCAs	Ministries/Departments, Counties and Agencies
MPSG	Ministry of Public Services and Gender
SACCOs	Saving and Credit Cooperatives
SDG	State Department for Gender
UTK	Unilever Tea Kenya
WEF	Women Enterprises Fund
WKF	Wangu Kanja Foundation

Democratic Republic of the Congo

Acronyms / Abbreviations	Term
ABA	American Bar Association
ADFL	Alliances des Forces Democratiques pour la Liberation du Congo-Zaïre
ASF	Avocats sans Frontières
AVIFEM	L'Agence Nationale de Lutte Contre les Violences Faites à la Femme, à la Jeune et Petite Fille / National Agency for Combatting violence against women and young and little girls
CISM	Centre Intégré de Services Multisectoriel
CRSV	Conflict-Related Sexual Violence
EDS-RDC	Enquête Démographique et de Santé
EPRPVS	Escadron de Protection de l'Enfant et Prévention des Violences Sexuelles
FARDC	Forces armées de la république démocratique du Congo
FONAFEN	Fonds national pour la protection de l'enfant et de la femme
MINIGEFAE	Ministère du Genre, de la Famille et de l'Enfant
MONUC	Mission of the United Nations in the Democratic Republic of the Congo
MONUSCO	United Nations Organization Stabilization Mission in the Democratic Republic of the Congo
NCC	National Coordination Committee
PCC	Provincial Coordination Committee
PNC	Police Nationale Congoleese
SNIS	Système National d'Information Sanitair / National System of the Sanitation Information
SNVBG	Strategie Mationale de Lutte Contre les Violences Bases sur le Genre
TFPs	Technical and Financial Partners
UNJHRO	United Nations Joint Human Rights Office in the DRC
UNPOL	UN Police

The United Republic of Tanzania

Acronyms / Abbreviations	Term
ASM	Annual Stakeholder's Meeting
CCW	Community Case Worker

Acronyms / Abbreviations	Term
GFP	Gender Focal Points
LMA	Law of Marriage Act
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
NPA-VAWC	National Plan of Action to End Violence Against Women and Children
NPSC	National Protection Steering Committee
NPTC	National Protection Technical Committee
OSC	One Stop Centres
PF3	Police Form No.3
PGCD	Police Gender and Children's Desk
PO-RALG	President's Office – Regional Administration and Local Government
RRH	Regional Referral Hospital
SACCOs	Saving and Credit Cooperatives
SOSPA	Sexual Offences Special Provisions Act
TDHS-MIS	Tanzania Demographic Health Survey and Malaria Indicator Survey
TWGs	Thematic Working Groups
VICOBA	Village Community Bank
WDF	Women Development Fund
WRV	Witchcraft-related Violence

The Republic of Madagascar

Acronyms / Abbreviations	Term
BFP	Brigade Féminine de Proximité
BPMPM	Brigade de la police des moeurs et la protection des mineurs
CECJ	Centres d'Ecoute et de Conseil Juridiques
CPA-VBG	Chaine pénale anti-violences basée sur le genre
CRAN	Cours de Remise à Niveau
MPPSPF	Ministere De La Population, de la Protection Sociale et de la Promotion de la Femme
MSANP	Ministère de la santé publique
PANAGED	Plan d'Action National Genre et Développement
PGE	Politique Générale de l'Etat
PND	Plan National de Developpement
PSE	Plan Sectoriel de l'Education
RPE	Réseaux de protection de l'Enfant

The Republic of Rwanda

Acronyms / Abbreviations	Term
BDF	Business Development Fund
CHWs	Community Health Workers
DAP	Digital Anbossodor Programme
FFRP	Forum des Femmes Rwandaises Parliamentaires
GBV-MIS	Gender-Based Violence Management Infomation System
GMO	Gender Monitoring Office
GMP	Gender Mainstreaming Package
HIMS	Health Management Infomation System
IOSC	Isange One Stop Centre
IRC	Iwawa Rehabilitation Center
JADF	Joint Action Development Forum

Acronyms / Abbreviations	Term
MAJ	Maison d'accès à la Justice
MINAGRI	Ministry of Agriculture and animal Resources
MINICT	Ministry of ICT & Innovation
MIGEPROF	Ministry of Gender and Family Promotion
MOJ	Ministry of Justice
NCDA	National Child Development Agency
NPPA	National Public Prosecution Authority
NSTI	National Strategy for Transformation
NWC	National Women's Council
NYC	National Youth Council
RBA	Rwanda Bar Association
RAB	Rwanda Agriculture and Animal Resources Development Board
RCT	Randomized Controlled Trial
RDHS	Rwanda Demographic and Health Survey
RIB	Rwanda Investigation Bureau
RPF	Rwandan Patriotic Front
SACCOs	Savings and Credit Co-Operative Society
SGBV	Sexual and Gender-Based Violence
SHEP	Smallholder Horticulture Empowerment & Promotion
SRH	Sexual and Reproductive Health
VACYS	Violence against Children and Youth Survey
WAMCAB	Project for Water Management and Capacity Building

Photos

Kenya

Awareness raising activities for combating FGM in the pilot study

Awareness raising activities for combating FGM in the pilot study

Awareness raising activities for combating SGBV in the pilot study

Awareness raising activities for male champions in the pilot study

Distributing agricultural materials in the pilot study

Vegetables grown with agricultural materials distritubed by the pilot study

A girl's dormitory at A.I.C. Boarding School (a school that shelters girls affected by SGBV)

Fish farming facilities provided by the Ministry of Agriculture to secure food for the A.I.C. Boarding School. (Currently not in use due to lack of water)

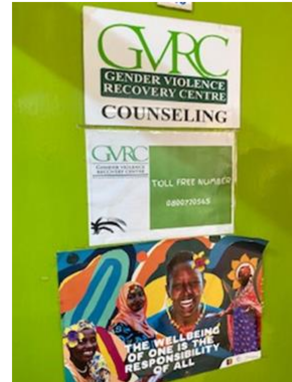
Traditional Maasai accessories made by FGM victims/survivors and former FGM circumcisers

A Maasai woman making a carpet (a former FGM circumcisers)

GBVRC at Kajiado County

GBVRC at Kajiado County

GBVRC at Kajiado County



Counselling room
at Gender Violence Recovery Centre (GVRC)

Counselling room
at Gender Violence Recovery Centre (GVRC)

GBV Hotline 1195

Rwanda

A Women Safe Space run by Rwanda Women's Network

A Women Safe Space run by Rwanda Women's Network

Drama on the theme of SGBV by volunteers at the pilot study

Awareness raising activities at the pilot study

GBV mobile clinic at the pilot study

GBV mobile clinic at the pilot study

IOSC at Rwinkwavu District Hospital
in Kayonza district

IOSC at Rwinkwavu District Hospital
in Kayonza district

IOSC at Kiziguro District Hospital
in Gatsibo district

IOSC at Kiziguro District Hospital
in Gatsibo district

Meeting of a coffee cooperative in Karongi district

Chapter 1 : Background and Outline of the Research

1.1. Background

1.1.1. Sexual and Gender Based Violence: SGBV

Sexual and Gender Based Violence (SGBV)[1] refers to any forms of violence directed against a person's will on the basis of gender, fixed or traditional gender norms or unequal gender relations. The term derives from the 1993 Declaration on the Elimination of Violence against Women, adopted by the United Nations in 1993, which defines violence against women 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'[2]. In the context of international policy, efforts have traditionally been made to eliminate Violence against Women (VAW) or Violence against Women and Girls (VAWG). This is based on the fact that women and girls are more vulnerable to violence and much of the violence recorded was directed at women and girls. The term SGBV has come into widespread use as the need to eliminate violence against not only women and girls, but all people regardless of gender, gender identity, sexual orientation or other concepts, has been recognized as VAW and VAWG prevention and response progresses. In light of the fact that the majority of victims /survivors of SGBV are women and girls, the research refers more to data related to VAW and VAWG.[3]

SGBV is a generic term including various forms of violence, some examples of which are listed below. These are representative of the forms of violence and there are other forms of violence that are not listed here as well. In addition, there is no internationally agreed classification of SGBV, so there are many other classifications used in addition to 1) - 5) listed below.

1) Sexual Violence[4]

Sexual violence means the use of violence or threats to coerce sexual activity or make sexual advances (including attempts), regardless of the relationship with the victim/survivor. For example, coercion of non-consensual sexual activity within marriage or intimate relationships, rape, organized rape in conflict, sexual harassment including requests for unwanted sexual activity, unwanted physical contact, sexual abuse of children, sexual abuse of persons with disabilities, forced marriage, forced cohabitation, refusal to use contraceptives or other measures to prevent sexually transmitted diseases, forced pregnancy, forced abortion, forced prostitution, sexual exploitation, trafficking in persons for the purpose of sexual exploitation, forced taking of sexually explicit photographs or videos and the use or dissemination of such data, etc.

2) Physical Violence[5]

Physical violence means the deliberate use of physical force or weapons that could cause death or injury. This includes assaults such as punching, kicking, pushing or biting, use of weapons such as knives or guns, use of fire, use of chemicals (such as paraffin or sulphuric acid), etc.

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[1] Sexual and Gender Based Violence" is sometimes described as a combination of "Sexual Violence (SV)" and "Gender-Based Violence (GBV)" (see a document below). Given that SV is also a form of GBV, GBV and SGBV are used synonymously in this report, with the term "SGBV" used throughout except in direct reference and nomenclature.
https://www.ohchr.org/documents/issues/women/wrgs/onepagers/sexual_and_gender-based_violence.pdf

[2] UN (1993), Declaration on the Elimination of Violence against Women Proclaimed by General Assembly resolution 48/104 of 20 December 1993, P.2

[3] SGBV against men, boys, and sexual minorities naturally exists, especially in societies where traditional gender norms are strong, making it difficult for men and boys affected by SGBV to report their victimization. If there is any relevant information on the situation of SGBV among men and boys during the research process, it would be included in the analysis as well.

[4] WHO (2002), World report on violence and health Geneva: World Health Organization, Chapter 6, P.149.

[5] https://www.friendsofunfpa.org/what-is-gender-based-violence-gbv/, last accessed on 10 Dec 2020

3) Emotional Violence[6] （also described as ‘Psychological violence’）

Emotional violence means behavioral or verbal violence that may cause psychological disorder, such as anxiety, chronic depression or Post-Traumatic Stress Disorder (PTSD). This includes verbal abuse, threats, psychological manipulation, insults and bullying, etc. Psychological violence is considered the least visible form of SGBV and is often accompanied by other forms of violence (e.g. sexual or physical violence).

4) Socio - Economic Violence

Socio - economic violence means restricting or depriving a person of socio-economic resources or access to them. This includes not giving money for living expenses or children's school fees, depriving the victim/survivor of right to access or control over land, depriving the victim/survivor of inheritance rights, forbidding the victim/survivor to work outside the home, forbidding the victim/survivor to go out, and restricting the victim/survivor's access to relatives and friends, etc. These forms of violence make victims/survivors dependent on their spouse or partner and make it more difficult for them to escape from gender unequal relationships.

5) Harmful Practices[7]

Harmful practices mean violence perpetrated mainly in certain communities and societies as part of widely accepted cultural and traditional practices. It includes Female Genital Mutilation (FGM), child marriage, forced marriage, forced virginity tests, marriages involving the exchange of marital property, honor killings, corporal punishment such as whipping and stoning, infanticide, extreme dietary restrictions (force-feeding, food taboos) including during pregnancy, and violent rites of passage, etc.

1.1.2. The Impact of SGBV

A 2013 World Health Organization (WHO) survey estimated that 35% of women worldwide have experienced physical or sexual ‘Intimate Partner Violence’ (IPV), or sexual violence by someone other than their partner[8]. In particular, the number of women who have experienced IPV is very high, and the various forms of violence by partners, spouses and others is a serious challenge. The study also found that women who experienced these types of violence were at a higher risk of developing depression and contracting HIV/AIDS than women who did not.[9]. In 2017, 15 million women and girls aged 15-19 years were reported to have experienced forced sexual activity[10].

In addition, child marriage and FGM are particularly prevalent among 'harmful traditional practices', and are practiced in many parts of the world: a 2019 UN study found that 20% of women aged 20-24 worldwide were married under the age of 18[11]. FGM is the practice of partially or completely removing a woman's external genitalia for non-medical reasons. It is still practiced in Africa, the Middle East and parts of Asia, despite the fact that it offers no health benefits and imposes a heavy physical and emotional burden on the victim/survivor. It is practiced in a variety of contexts, including as a way of managing girls' sexuality, as a prerequisite for marriage and inheritance, and as a community rite of passage, often against girls under the age of 15. It is often carried out by circumcisers who are non-medical practitioners in unsanitary conditions

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[6] https://www.friendsofunfpa.org/what-is-gender-based-violence-gbv/, last accessed on 10 Dec 2020
[7] OHCHR (2020), Information Series on Sexual and Reproductive Health and Rights: Harmful Practices, P.1
[8] WHO (2013), Global and Regional estimates of Violence against Women, P.2. This figure does not include sexual harassment.
[9] Ibid
[10] UNICEF (2017), A Familiar Face: Violence in the lives of children and adolescents, p. 73, 82
[11] https://unstats.un.org/sdgs/report/2020/goal-05/, last accessed on 10 Dec 2020.

and poses significant health risks, including bleeding, death from infection and serious physical injuries such as birth fistula[12]. A United Nations Children's Fund (UNICEF) study reported that 200 million women and girls in 30 countries have undergone FGM[13].

SGBV is recognized as a serious human rights and public health issue as it violates the rights, dignity and health of victims/survivors, causing not only physical harm but also psychological symptoms such as depression and PTSD, stigma, marginalization from home and community, or social disadvantage such as unwanted pregnancy due to sexual violence and poverty. In addition, the cost of VAW is estimated to be around USD 1.5 trillion, or 2% of global GDP, with significant economic losses incurred by victims/survivors and their families in paying for medical, counselling and judicial services, as well as transport costs and public support[14].

1.1.3. Efforts of the International Community for the Elimination of SGBV

After the adoption of 'Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)' in 1979, awareness of efforts to eliminate VAW increased in the 1980s and 1990s. And 'Vienna Declaration and Programme of Action' was adopted at the UN World Conference on Human Rights in 1993, also '1993 Declaration on the Elimination of Violence against Women' was adopted by the UN General Assembly in 1993. The Declaration was the first international document to focus on the elimination of VAW. This was followed by 'Beijing Declaration and Platform for Action' at the Fourth World Conference on Women in 1995, 'UN Security Council Resolution 1325' in 2000, and other international normative conventions and instruments to further strengthen efforts to eliminate all forms of violence against women and girls. This section provides an overview of representative international conventions and instruments aimed at the elimination of SGBV.

1.1.3.1. Convention on the Elimination of Discrimination against Women (CEDAW)

In 1979, the UN General Assembly adopted 'Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)'. This is an international convention which stipulates necessary measures to achieve gender equality in all fields, including the elimination of stereotypes derived from the predominance of one gender or gender roles, to which 189 countries are currently parties.[15]. The Committee on the Elimination of Discrimination against Women was established to review progress in the implementation of the Convention, to consider reports submitted by States parties, to issue recommendations and to report to the UN General Assembly (it meets three times a year). Although CEDAW was a treaty aiming at the elimination of discrimination against women, at the time of its adoption there was no explicit reference to violence. Later in the 1980s, as the international community became more aware of VAW, the Committee issued its 'General Recommendation No. 12' on violence against women in 1989. In Articles 2, 5, 11, 12 and 16 of the Recommendation, States Parties are explicitly called upon to act to protect women from all forms of violence occurring in the family, at work and in all other areas of social life[16]. In 1992, the Committee issued 'General Recommendation No. 19' on violence against women, stating that "gender-based

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[12] It is a hole between the bladder and the vagina or rectum. It can also be caused by necrosis of tissue in the body due to prolonged difficult labor.

[13] UNCEF (2016), Female Genital Mutilation / Cutting: A Global Concern

[14] https://www.unwomen.org/en/news/stories/2016/9/speech-by-lakshmi-puri-on-economic-costs-of-violence-against-women, last accessed on 20 Dec 2020

[15] https://www.un.org/womenwatch/daw/cedaw/states.htm, last accessed on 20 Dec 2020

[16] CEDAW(1989), General Recommendation No. 12: Violence against Women

violence is a form of discrimination" and that discrimination against women as defined in Article 1 of CEDAW includes gender-based violence against women[17]. This required States parties to position VAW as a form of discrimination and human rights violation and to implement necessary measures to eliminate it. In 2017, 'General recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19' was published. It assesses the efforts of the international community over the past 25 years, but points to the situation where VAW is still prevalent in all countries in various forms. It recommends that States parties develop and implement more concrete measures in seven areas: legislative action; prevention; protection; prosecution and punishment; compensation; coordination, monitoring and data collection; and international cooperation[18]. In order to eliminate discrimination against women, including VAW, States parties are expected to promote a broad multi-sectoral response in these seven areas.

1.1.3.2. Beijing Declaration and Platform for Action

In 1995, at the Fourth World Conference on Women held in Beijing, China, 189 countries adopted 'Beijing Declaration and Platform for Action', an international code of conduct for action on gender equality and women's empowerment. 'Beijing Declaration and Platform for Action' is a document that describes a comprehensive approach to women's human rights and sets out 12 priority areas for action in the agenda on gender equality and women's empowerment. The elimination of VAW listed as one of the 12 priority areas, with strategic goals and measures to be implemented. Every five years since its adoption, progress and challenges in the implementation of each area of action have been reviewed. On October 1, 2020, the 25th anniversary of the adoption of the Platform for Action, a high-level meeting was held at the United Nations General Assembly to discuss "Beijing +25", and it is confirmed that further strengthen efforts on gender equality and women's empowerment has been required. Concerns were also expressed that the pandemic of the new coronavirus infection (COVID-19) could set back previous efforts. On the occasion of the meeting, UN Women and the Inter-Agency Network on Gender Equality (IANWGE) conducted the first review of UN efforts to implement 'Beijing Platform for Action' and 'the 2030 Agenda for Sustainable Development'. The report presents the key actions taken by 51 UN agencies on gender equality and the empowerment of women and girls, identifies priority areas for the next five years, and provides concrete recommendations to accelerate action[19]. During the period under review, UN agencies were most heavily involved in the elimination of violence against women and girls, changing discriminatory norms, improving access to quality education, and expanding women's political participation and women's entrepreneurship. The report analyzed the persistence of discriminatory social structures with regard to VAWC as a major impediment to the elimination of violence, and stressed the need for the active involvement of men and boys in efforts to eliminate VAWC. It was also pointed out that innovative approaches, such as stronger partnerships with the media and the use of ICTs, the Internet and social media, can contribute to the elimination of violence[20].

1.1.3.3. Unite Nations Security Council Resolution 1325 on Women, Peace and Security

UN Security Council Resolution 1325 (UNSCR 1325 on Women, Peace and Security), passed unanimously by the UN Security Council in 2000, is a resolution that refers to women's peace and security.

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[17] CEDAW(1992), General Recommendation No. 19: Violence against Women

[18] CEDAW(2017), General recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19

[19] IANWGE (2020), 25 Years After Beijing: A Review of the Un System's Support for the Implementation of the platform for Action , 2014-2019

[20] Ibid, P.13

The resolution outlines the need to promote women's participation in all processes of peace mediation, conflict resolution, conflict prevention, peacekeeping, peacebuilding, reconstruction and development efforts; to protect vulnerable women and girls, including victims/survivors of SGBV; and to identify and respond to their needs and challenges. To date, nine additional relevant resolutions have been adopted since its adoption , which are UNSC Resolutions 1820, 1888, 1889, 1960, 2106, 2122, 2242, 2467 and 2493, including on sexual violence as a weapon and tactic of conflict, Sexual Exploitation and Abuse (SEA) by UN peacekeeping operations (PKO) personnel, gender mainstreaming in peacebuilding efforts, reintegration of former female soldiers, development of gender-sensitive monitoring systems and budgeting, and implementation of a 'Survivor-centered approach'[21] to prevention and response. To implement this set of resolutions, called as 'the WPS Agenda', the Security Council urges Member States to develop a National Action Plan (NAP) which includes: 1) preventing all forms of violence against women and girls in conflict and post-conflict; 2) involving women on an equal footing with men in decision-making on peace and security at the national, regional and international levels; 3) protecting and promoting the human rights of women and girls in conflict, 4) addressing the specific relief needs of women and girls and strengthening women's capacities in relief and rehabilitation. As of August 2020, 86 Member States have developed NAPs[22].

1.1.3.4. Sustainable Development Goals（SDGs）

The Millennium Development Goals (MDGs), which were set as development goals for the international community to achieve by 2015, did not include a specific target for the elimination of violence, including SGBV, but the Sustainable Development Goals (SDGs), which were newly adopted in 2015, included targets and indicators related to SGBV in Goals 5, 8, 11 and 16 (see Table 1-1). The goal is to eliminate all forms of violence and discrimination against women and girls, including harmful practices (child marriage, FGM, etc.), by 2030. The SDGs are structured in interrelated approach that the 17 goals are interlinkage and influence each other, and even if a goal does not directly refer to SGBV, the achievement of each goal is expected to reduce the risk of SGBV. Addressing SGBV may also contribute to the achievement of other goals and indicators, such as reducing the risk of mental illness and infectious diseases and promoting women's economic and political participation. Therefore, efforts related to the various goals to the elimination of SGBV are

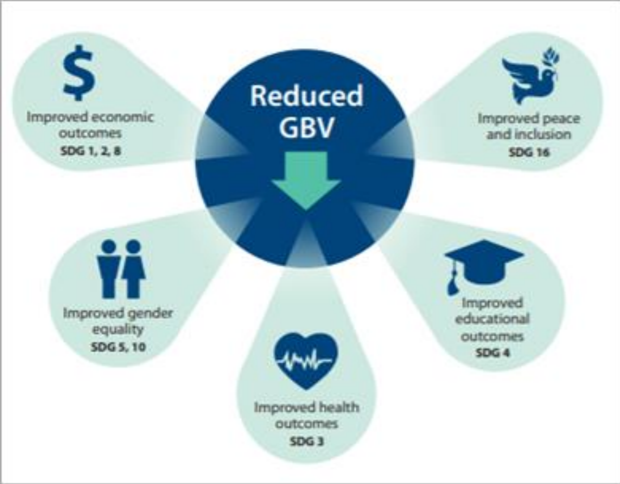

Figure 1-1：The relationship between SGBV and the various goals in the SDGs

Source：United Nations University of International Institute for Global Health (2019), Guidance Note on Planning and Paying for Local Action Plans to Address Gender-Based Violence. P.3

[21] The Survivor-Centered Approach is an approach to victim support in SGBV that prioritises the rights, needs and wishes of the victim/survivor. The emphasis is on providing support tailored to the wishes of the individual victim/survivor, while taking into account the various needs, safety and privacy of the victims/survivor. See below. https://reliefweb.int/sites/reliefweb.int/files/resources/interagency-gbv-case-management-guidelines_final_2017_low-res.pdf

[22] https://www.peacewomen.org/member-states, last accessed on 15 Dec 2020

considered to be effective if they are implemented in collaboration with multiple sectors such as health care, education and industrial development (see Figure 1-1)[23].

The latest report on the progress of the SDGs shows that some achievements have been made, such as the reduction of child marriage and FGM, but the pandemic of COVID-19 has increased the risk of violence against vulnerable groups such as women and girls, and points out the need to further strengthen efforts[24]. Challenges also remain in setting indicators and analyzing data to measure the achievement of the SDG targets and goals. As of December 2020, indicators listed in Table 1 1, 5.2.2 and 11.7.2 lack international agreement on how to measure, and 16.1.3, 16.2.1 and 16.2.3 only collect data on some of the items against the indicators (e.g. 16.1.3 defines "all forms of violence", but only data on IPV is collected)[25]. In addition, due to the difficulties in collecting SGBV-related data, even for indicators with agreed measurement methods, few countries provide data, and many items are not in a position to fully verify their level of achievement. Indicators and measurement methods are regularly reviewed by the UN Inter-Agency and Expert Group on Sustainable Development Goal Indicators (IAEG-SDGs) and other comprehensive review groups, and it is needed to continue to examine the situation in order to achieve the SDGs by 2030.

Table 1-1 ：List of SDG targets and indicators relevant to SGBV prevention and response

Target	Global Indicators
Goal.5 Achieve gender equality and empower all women and girls	
5.1 End all forms of discrimination against all women and girls everywhere	5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex
5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age
	5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence
5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation	5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18
	5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age
5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences	5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care
	5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education
Goal.8 Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	
8.7 Take immediate and effective measures to eradicate forced labor, end modern slavery and human trafficking and secure the prohibition and	8.7.1 Proportion and number of children aged 5-17 years engaged in child labor, by sex and age

[23] United Nations University of International Institute for Global Health (2019), Guidance Note on Planning and Paying for Local Action Plans to Address Gender-Based Violence, P.3
[24] United Nations (2020), The Sustainable Development Goal Report, P.34, 35, 56, 57
[25] https://sdg-tracker.org/, last accessed on 10 Dec 2020

Target	Global Indicators
elimination of the worst forms of child labor, including recruitment and use of child soldiers, and by 2025 end child labor in all its forms	
Goal.11 Make cities and human settlements inclusive, safe, resilient and sustainable	
11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities	11.7.2 Proportion of persons victims of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months
Goal.16 Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	
16.1 Significantly reduce all forms of violence and related death rates everywhere	16.1.3 Proportion of population subjected to (a) physical violence, (b) psychological violence and (c) sexual violence in the previous 12 months
	16.1.4 Proportion of population that feel safe walking alone around the area they live
16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children	16.2.1 Proportion of children aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month
	16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation
	16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18
16.3 Promote the rule of law at the national and international levels and ensure equal access to justice for all	16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms

Source：Excerpted by ”Japan SDGs Action Platform”, Ministry of Foreign Affairs, Japan

1.1.4. Impact of COVID-19 Pandemic on SGBV

COVID-19 began spreading at the end of 019, and the disease had spread around the world by the beginning of 2020. On 11 March 2020, WHO Director-General Tedros Adhanom declared it to be a pandemic. As of 27 December 2020, 79.2 million people had been infected, of whom 1.7 million had died[26]. Restrictions on entry, movement, urban lockdowns, school closures and curfews were imposed worldwide to prevent the spread of the disease, causing not only public health challenges but also a range of social disruptions and significant economic damage. In humanitarian crises, such as conflicts and disasters, social and economic disruptions can sharpen gender inequalities and weaken existing social protection systems, leading to a higher risk of SGBV than in normal times, and previous epidemics of infectious diseases have shown an increased incidence of SGBV[27]. During the COVID-19 pandemic, there were early concerns about the increase in SGBV and calls for action, and on 6 April 2020, UN Women Executive Director Phumzile Mlambo-Ngcuka issued a statement entitled ‘Violence against women and girls: the shadow pandemic’, warning that the spread of COVID-19 and the resulting restrictions on movement and lockdowns were spreading a ‘Shadow Pandemic’ of violence against women[28]. On 9 April, UN Secretary-General António Guterres issued a statement entitled ‘Put women and girls at the center of efforts to recover from COVID-19’ and a Policy Brief,

[26] WHO (2020), COVID-19 Weekly Epidemiological Update, as of 27 December 2020

[27] For example, during the Ebola epidemic in West Africa in 2014~2016, violence against women and children increased due to the closure of schools and the implementation of quarantine and limited access to healthcare.
Neetu Jhon et al., (2020), Lessons Never Learned: Crisis and gender-based violence

[28] https://japan.unwomen.org/ja/news-and-events/news/2020/4/violence-against-women-and-girls-the-shadow-pandemic, last accessed on 20 Dec 2020

‘The Impact of COVID-19 on Women’, in which he expressed concern about the impact on women and girls, particularly the increase in poverty and violence, and called on governments to take concrete action[29]. Since then, various international organizations and NGOs have published reports and assessments, pointing to an increase in the number of SGBV cases under the impact of the COVID-19 pandemic. For example, in France and Argentina, IPV and other forms of domestic violence (DV) have increased by 30% and 25% respectively since the introduction of the lockdown, while in Cyprus and Singapore, calls to helplines have increased by 30% and 33% respectively[30].

Effects of COVID-19 on SGBV

Increased SGBV cases	**DV and IPV** Increased time spent at home with spouses and partners due to restrictions on going out and other factors has led to an increase in IPV and relative violence. Increased stress among male heads of households due to deteriorating economic conditions and uncertainty about the future is also a contributing factor.
	Child marriage and FGM The number of child marriages of girls, often carried out for economic reasons would increase due to deteriorating socio-economic conditions and food shortages. There is a high risk that FGM, which is considered necessary for marriage in some areas, would increase as well.
	Sexual exploitation and Trafficking in Persons The deterioration of social and economic conditions would lead to an increase in trafficking for forced labour, forced marriage and prostitution. There is also likely to be an increase in the number of cases of people who engage in sex industries themselves to survive, or who are sexually exploited by their communities or others involved.
	Sexual Violence The risk of exposure to sexual violence would be increased by the amount of time spent on outdoor household chores such as fetching water and collecting firewood, which are usually the responsibility of women and girls in the household.
	Violence and Defilement against Children The closure of schools would increase the number of children subjected to violence and abuse in the home. More children face the risk of unwanted pregnancy, HIV/AIDS and sexually transmitted diseases as a result of sexual violence and defilement.
Lack of support	**Interruption of services and support for prevention and response (Availability)** Restrictions on travel, face-to-face contact and events with large crowds disrupt awareness-raising and victim/survivor protection activities usually carried out by international organisations and NGOs. In some cases, police are unable to respond due to lack of mobility. In addition, medical professionals may not be able to response to cases of sexual violence or other forms of violence that require immediate attention since have to focus on COVID-19 response.
	Restricted access to essential services (Accessibility) The tightening of restrictions on movement and refraining from activities to prevent the spread of COVID-19, as well as the medical regime that prioritises testing and treatment for COVID-19, have severely restricted access to a range of medical, judicial and administrative services for victims/survivors of SGBV to receive care and protection. Refugees and internally displaced persons (IDPs), who previously lacked adequate access to public services and information, are placed at even greater risk by the impact of COVID-19.
	Lack of a survivor-centred perspective (Acceptability) All victims/survivors must have access to appropriate support, but if this is not in line with a survivor-centred approach, the dignity of victims/survivors may be further compromised by the social disruption and lack of capacity caused by the pandemic.
	Lack of capacity and skills of service providers (Quality) It is not possible to provide medical and judicial services of adequate quality in response to COVID-19 and the rapid increase in SGBV. In addition, the skills of service providers will be degraded as they would not receive the training and follow-up session that should be held on a regular basis.

Figure 1-2：Main effects of COVID-19 on SGBV

Source：Created by the author

The impact of COVID-19 pandemic on SGBV falls into two main categories: 'increased victimization' and 'lack of support' (see Figure 1-2). The most widespread and long-term implementation in the COVID-19 response has been mobility restrictions, including lockdowns, which have increased the time spent at home and increased risk of violence from family members, intimate partners and relatives. There are reports of increased physical and sexual violence and sexual exploitation of children in countries where schools have been closed[31]. The stress caused by economic dislocation, including unemployment, restrictions on social life and fear of infection, is also said to increase the risk of violence. It is also reported that economic deprivation

[29] https://www.unwomen.org/en/news/stories/2020/4/statement-sg-put-women-and-girls-at-the-centre-of-efforts-to-recover-from-covid19, last accessed on 20 Dec 2020

[30] UN Women (2020), COVID-19 and Ending Violence against Women、P.3

[31] Center for Global Development (2020), COVID-19 and Violence against Women and Children A Second Research Round Up

increases the risk of trafficking in persons and sexual exploitation in exchange for money and commodities[32]. However, support for prevention and response is lacking for this situation of increasing cases from SGBV. Restrictions on movement and changes to the healthcare system make it difficult for people at risk of SGBV to access essential services such as healthcare, police and justice. Prevention and response activities previously carried out by international organizations and NGOs may be disrupted due to restrictions on movement and access, and the lack of personnel and equipment may make it impossible to provide an adequate response to victims/survivors[33]. These impacts can be categorized using the AAAQ Framework as Figure 1-2 (see Table 1-3), which is used in medical support, as Availability, Accessibility, Acceptability and Quality. A pandemic of an infectious disease has challenges in all those aspect, being likely to have a particularly large impact on Availability and Accessibility, and Acceptability and Quality are also likely to be reduced due to tighter healthcare systems and reduced police and judicial services.

It has also been said that the link between infectious diseases and SGBV is reciprocal, as the spread of infectious diseases not only increases the risk of SGBV and makes protection systems more vulnerable, but also increases the risk of SGBV, which in turn increases the risk of infection[34]. For example, economic deprivation, having commercial sex for money or commodities, or being a victims/survivor of sexual exploitation, increases the possibility of coming into contact with an infected person and increases the risk of infection. Responding to this situation therefore requires the implementation of a comprehensive approach that takes into account the mutual impact of infectious disease pandemics and the increase in SGBV, rather than separate measures for each event.

The United Nations Development Programme (UNDP) and UN Women operate the Global Gender Response Tracker to track each country's response to challenges against gender equality under the COVID-19 pandemic. According to the September 2020 report, 992 gender-sensitive measures were implemented in 164 countries and territories, of which 704 referred to VAW[35].; of these 704, 63% (447 in 121 countries) were aimed at strengthening services for victims/survivors, including strengthening helplines and reporting systems (122 in 84 countries), the establishment of shelters (82 cases in 63 countries) and the strengthening of the police and judiciary (96 cases in 65 countries)[36]. On the other hand, 1,310 social security and labor market measures were implemented in 199 countries and territories, of which only 18% (238) were gender-sensitive, and 503 economic measures were implemented in 130 countries and territories, of which only 10% (50 measures) were gender-sensitive. The study found that there were few initiatives related to women's economic security and labor[37]. In addition, given the long-term impact of infectious disease pandemics on women and girls, VAWG prevention and response needs to be included in government and local government policies as a basic essential service. However, the report raises serious concerns that only 48 countries have included measures to address VAWG in their COVID-19 response plans and only 32 countries have a method

[32] IFRC (2020), Prevention and response to Sexual and Gender-Based Violence in COVID-19, P.2
UNODC (2020), Global Report on Trafficking in Persons 2020, P.9
[33] UNFPA (2020) The shadow pandemic: COVID-19 and Essential Services for Women and Girls Survivors of Violence
[34] Lindsey Stark et al., (2020), The syndemic of COVID-19 and gender-based violence in humanitarian settings: leveraging lessons from Ebola in the Democratic Republic of the Congo
[35] UNDP / UN Women (2020), COVID-19 Global Gender Response Tracker Global Fact Sheet Version 1 (September 28, 2020) P.5
[36] Ibid, P.6
[37] Ibid, P,4

to collect and analyses data on the current status of VAWG under the pandemic[38].

In the African region, the African Union (AU) has issued guidelines on gender-sensitive measures under the pandemic of COVID-19, including budget allocation for SGBV prevention and response, increasing reporting rates through the establishment of free hotlines, awareness-raising activities during lockdowns, and the expansion of existing support facilities[39]. In collaboration with Plan International, AU have also launched a review of COVID-19 measures using 'The Maputo Protocol Scorecard and Index', as described in Table 2-1[40]. In addition, the East African Community (EAC), a development community, established a 'GBV Sector Working Group' to hold bi-weekly meetings on SGBV prevention and response under a COVID-19 pandemic, stating to develop tools for response, and conduct ongoing assessments of GBV outbreaks[41].

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38 Ibid, P.6-7

39 AU (2020), Framework Document on the Impact of COVID-19 on Gender Equality and Women's Empowerment: African Union Guidelines on Gender-Responsive Responses to COVID-19, P.14-15

40 https://au.int/en/pressreleases/20200623/maputo-protocol-scorecard-and-index-introduced-monitor-implementation-womens, last accessed on 24 Dec 2020

41 https://www.eac.int/gender/gbv/gbv-interventions/70-sector/gender,-community-development-civil-society, last accessed on 24 Dec 2020

1.2. Objective, Outline and Methodology of the Research

1.2.1.1. Objective and Outline of the Research

The objective of this research is to assess the latest situation of SGBV, the influence of the impact of COVID-19, and the needs for assistance in Kenya, Tanzania, Rwanda[42], Madagascar, and the Democratic Republic of Congo (DRC), and to consider effective support measures and the future direction of JICA's cooperation.

The research was divided into two parts. In the first round of the research, basic information on the five target countries was collected mainly through a literature review of various relevant materials and online interviews with local institutions and organizations in line with the research items shown in Table 1-2, started from August 2020 to March 2021. Based on the results of the analysis of those information, proposals for pilot studies were developed to examine effective support measures for SGBV issues in each country. In the second round of the research, the field research in Kenya and Rwanda were carried out to conduct additional research based on the findings of the first round of the research, and to confirm the progress of the pilot studies carried out in the field, and to identify achievements and lessons learned, started from May 2021 to February 2022. For the three countries not covered by the field research, additional information collection was conducted through online based research.

Therefore, in this final report, the findings for the first round of research in each country are based on information collected and analysis conducted between August 2020 and March 2021, and the findings for the second round of research in each country are based on information collected and analysis conducted between May 2021 and February 2022.

The overall structure of the research is shown in Figure 1-3.

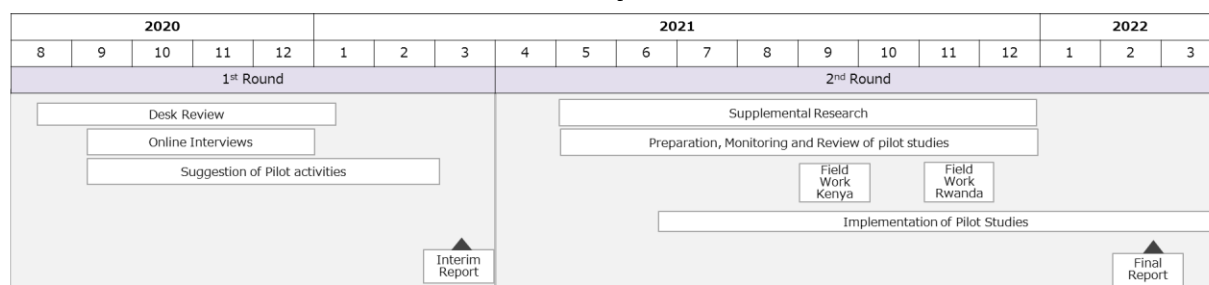

Figure 1-3：The Structure of the Research

Source：Created by the author

The first and second rounds of the research were conducted with the following objectives respectively:

✧ Objectives for the first round of the research

1) To conduct a comprehensive analysis of the latest situation, the challenges and efforts to address SGBV in the targeted countries
2) To identify the current situation, challenges and needs to support SGBV victims/survivors in the targeted countries , especially under the circumstances of COVID-19 pandemic
3) To consider and propose plans of pilot studies to address 1) and 2)

[42] Rwanda was a target country of 'Data Collection Survey on Measures against Gender Based Violence in Conflict Affected Countries in Africa (2019)' conducted by JICA, and the report has been already published. In light of this, this research focused on collecting and analyzing information on new trends towards the elimination of SGBV in Rwanda and the impact of and response to COVID-19.

✧ Objectives for the second round of the research

1) To conduct additional research and further analysis of the data and information on the actual situation of SGBV and the challenges and actions related to the response to SGBV in the targeted countries, which were not available in the first round of the research

2) To conduct monitoring and reviewing the implementation process and outcomes of pilot studies in each country based on the results of the first round of the research, in order to analyses the challenges and extract lessons learned

3) To suggest the direction and outline of JICA intervention framework to address the SGBV issues based on the information and analysis collected in the first and second rounds of the research, and taking into account the Japanese ODA policy for the country concerned, JICA schemes and experience of previous projects, comparative advantages, and resources available in the country and neighboring countries

1.2.1.2. Research Items and Research Framework

This research was carried out in accordance of the research items shown in Figure 1-2.

Table 1-2：Research Items

#	Items
1	Review of the regional anti-SGBV policies & strategies ➢ Policies related to SGBV and UN Resolution 1325 by the African Union or other regional economic and development communities (EAC, SADCC, IGAD or others) ➢ Trends from stakeholders for policies, discussions and responses against COVID-19 pandemic ➢ Regional implementation by international organizations (including anti-SGBV responses in regional refugee response plans)
2	Status and challenges of anti-SGBV measures in each targeted country ➢ Result of surveys related to SGBV ➢ Cases and information of SGBV
3	Status, challenge and specific need of SGBV, particularly under COVID-19 pandemic in each targeted country (including collection of SGBV case)
4	Status of legislation, laws or national policies against any forms of SGBV in each targeted country ➢ Legal framework to respond to SGBV issues ➢ National policies to respond to SGBV issues ➢ National Action Plan (NAP) on UNSCR 1325, other related action plans, strategies ➢ Policies to achieve SDGs 5.1, 5.2, 5.3, 16.1, 16.2
5	Status and implementation system of anti-SGBV measures implemented by the governments of each targeted country ➢ Implementation systems, responsibilities, functions, resources, and its challenges in public organizations, national machinery and other related ministries ➢ Implementation systems, responsibilities, functions, resources, and its challenges in local municipalities * To analyze the current status and challenges of efforts in the following four areas: 1) Protection of victims/survivors, 2) Rehabilitation and social reintegration of victims/survivors, 3) Prevention and awareness raising, and 4) Punishment of perpetrators. * including the status of infrastructure (hotlines, shelters, one-stop centers, etc.)
6	Policies and its challenges to respond to COVID-19 pandemic from the governments in each targeted country
7	Responses by Foreign donors and UN agencies, NGOs, local organizations, social entrepreneurship in this field in each targeted country (taking into account the context of the COVID-19 pandemic) ➢ Status of funding and implementation of anti-SGBV measures by foreign donors and UN agencies ➢ Status of funding and implementation of anti-SGBV measures by NGOs, local organizations, social entrepreneurship. Other related responses by educational institutes or religious groups
8	Status of existing JICA projects addressing the SGBV issues ➢ Efforts in JICA projects which are addressing the challenges of SGBV issues ➢ JICA resources available to support victims/survivor protection, rehabilitation and social reintegration

In the first round of the research, the current status and issues of SGBV in each of the target countries were reviews and analyzed. In the analysis, the analytical framework used in this research was organized based on the framework used in the previous research on SGBV conducted by JICA[43]. Efforts against SGBV are often described as "Prevention" and "Response", but the JICA previous research further classified them into four aspects of "Prevention", "Victim/survivor Protection", Rehabilitation and social reintegration", "Prosecution ". In this research, government policies and efforts by donors and NGOs were also analyzed based on these four aspects, and 'coordination, monitoring and evaluation, and data management' as cross-cutting issues in each effort was set as another analytical aspect to clarify the current status and issues in the coordination of related organizations in SGBV prevention and response, the monitoring and evaluation system to confirm progress and results, and the collection and management of SGBV-related data for understanding the current situation and planning. The analysis was added. In addition to the prosecution system, issues related to rehabilitation programs and psychosocial care of perpetrators was analyzed as a part of punishment of perpetrators as well.

Figure 1-4 shows an overview of the analytical framework used in this research, with examples of typical initiatives in each area listed for each item. It should be noted that some initiatives in SGBV prevention and response do not necessarily fall into one area/aspect. For example, the One-Stop Centre for victims/survivors of SGBV provides comprehensive support including medical, judicial and psychosocial care and is not an institution run by a single sector or agency. In addition, Safe Space, which is run by a private organization, provides information and networking for the purpose of prevention and awareness-raising, while also working to protect victims/survivors. Thus, as each initiative may cover multiple areas/aspects, this report categorizes the current status and challenges of each initiative into those considered most relevant.

	Prevention	Response		
Sectors	Prevention and Awareness Raising	Protection of Victim/survivor	Rehabilitation and Social Reintegration	Prosecution and Rehabilitation of Perpetrators
Law and policy	Enactment of laws providing for the prevention of violence Implementing policies aimed at eradicating violence Compliance with international standards and conventions	Establishing referral procedures and SOPs for victim/survivor protection	Establishment and management of a fund to support rehabilitation of victims/survivors	The law that defines violence as a crime Implementing policies to prevent recurrence
Public services	Disseminating of existence of Safe Spaces Setting up a consultation service Distribution of sanitary products	Setting up and running a shelter Operation of a free SGBV hotline Distribution of the Dignity Kit	Livelihood support Support for returning to school Provision of childcare	Social reintegration support in the community
Medical care	SGBV training for healthcare professionals	Establishment and operation of one-stop centres Treatment, provision of emergency contraceptives, and testing for sexually transmitted diseases and HIV/AIDS.	Provision of medical, psychosocial care and counselling for reintegration into society	Provision of psychosocial care and counselling to prevent relapse
Police & Justice	SGBV training for police and judicial personnel Training of police officers specialising in SGBV response	Reception, referral and investigation of damage	Provision of judicial services Increased security to prevent recurrence	Investigation of perpetrators Implementation of judicial procedures for prosecution Conduct of trials
Education	SRHR education and sexuality education Training for teachers Awareness raising for parents Prevention of SGBV from teachers and students	Identification and reporting of children at high risk of SGBV Protection and reporting of victims/survivors of SGBV in schools	Preventing school exclusions due to early pregnancy, child marriage Re-acceptance of students who have left school due to early pregnancy, child marriage	Safeguarding perpetrators who have returned to school and providing education to prevent recurrence
Rehabilitation	Awareness raising by rehabilitation volunteers	Identifying and reporting SGBV cases Protection from community and family	Social reintegration support in the community by probation officers and volunteers	Implementation of rehabilitation programmes in prisons and rehabilitation homes Probation and support for offenders who have served their sentence
Monitoring and Evaluation Coordination Data Management	Establishment of a coordination mechanism involving relevant ministries, aid agencies, NGOs, etc. Development of a monitoring and evaluation framework for the SGBV programme Establishment and operation of a comprehensive data collection and management system for SGBV			

Figure 1-4：Analytical Framework in this Research

Source：Created by the author

[43] 'Data Collection Survey on Measures against Gender Based Violence in Conflict Affected Countries in Africa(2019)' and 'Data collection survey on gender based violence in the Islamic Republic of Pakistan(2020)'

As for ‘Protection of victims/survivors’ and ‘Prosecution and rehabilitation of perpetrators’, in conducting the analysis, the issues were organized according to the AAAQ Framework used in medical assistance (see Table 1-3). The AAAQ Framework is a framework that analyzes four aspects of availability, accessibility, acceptability and quality to identify issues that violate the right to health and impede access to health services[44]. WHO has recommended the inclusion of AAAQ aspects in policy making to strengthen Human Resources for Health (HRH)[45]. In recent years, the AAAQ has also been used to classify efforts to prevent and respond to SGBV in humanitarian crises, and has been used to analyse barriers to accessing support services for victims/survivors of SGBV[46]. The AAAQ Framework was also used in this research to identify and analyse issues in the protection of victims/survivors and the punishment and rehabilitation of perpetrators, as there are many issues in each of these areas (items with no relevant information have not been set). Each of the four aspects represents the following:

Table 1-3：AAAQ Framework

Items	Descriptions
Availability	Adequate and functioning facilities, goods, personnel and services
Accessibility	Facilities, goods and services must be accessible to all. It also has physical, financial, administrative (e.g. pre-access procedures), social (e.g. language, race, age) and informational aspects.
Acceptability	All users should be treated with dignity. Cultural, gender and age considerations are taken into account.
Quality:	Services are of an appropriate quality and are provided in accordance with professional knowledge and established procedures.

Source：UNICEF (2019), Availability, Accessibility, Acceptability and Quality framework: A tool to identify potential barriers to accessing services in humanitarian settings

In the second round of the research, additional research was conducted based on the same research items and framework as the first round. In the field research in Kenya and Rwanda, the main focus was to collect information on efforts by local governments and the possibility of collaboration with JICA's assistance in other areas. The specific research items are described in the overview of the field research in Kenya (3.2.2) and in Rwanda (7.2.2).

1.2.1.3. Methodology

The first round of the research was carried out using three methods: 1) literature review, 2) online interviews, and 3) discussion and proposal of pilot studies.

1) Literature review

A review of relevant documents, which were open-source materials, including primary sources, such as reported cases and official data collections and reports, as well as secondary sources prepared by international organizations, experts, NGOs, and selected media reports from major international news outlets, was carried out based on the research framework and research items to understand the current situation and issues. With regard to the number of SGBV cases in each of the countries, particular efforts were made to understand the actual situation through quantitative data. For each target, content, and actor, the measures that were being

[44] Global Protection Cluster (2013), Tip Sheet: Addressing Gender-Based Violence (GBV) in Health Assessments and Initial Programme Design

[45] WHO (2015), Data and measurement of HRH Availability, Accessibility, Acceptability and Quality

[46] UNICEF (2019), Availability, Accessibility, Acceptability and Quality framework: A tool to identify potential barriers to accessing services in humanitarian settings

implemented or planned to be implemented was identified to clarify the current situation. And it was also identified how they were working, and if there was any challenge or hindering factor.

2) Online interviews

Online interviews were conducted with government agencies, police, judicial officials, donors, international organizations, international NGOs, and local NGOs involved in SGBV prevention and response, based on the results of the literature review. Prior to the interviews, a questionnaire based on the results of the literature review was sent to each interviewee in order to collect information efficiently and to obtain as many responses as possible. The survey results and questionnaire responses were used to gather information on qualitative data and items that require more detailed checking in online interviews.

3) Proposals of pilot studies

Based on the result of the first round of the research, plans of pilot studies to examine effective support measures were submitted. In the formulation of the pilot studies, the expected outcomes to be achieved through the pilot studies and the hypotheses to be tested were presented, and specific activities were proposed as well.

The second round of research was carried out through field research in Kenya and Rwanda, and desk research in Tanzania, the Democratic Republic of Congo and Madagascar. The specific methodology of the field research is described in the summary of the field survey in Kenya (3.2.2) and in Rwanda (7.2.2).

Chapter 2 : Efforts to Eliminate SGBV in African Region

2.1. Efforts by AU and Regional Communities

This section outlines the efforts towards the elimination of SGBV in the African region. In addition to the regional frameworks, there are policies such as gender policies in the development communities of which the targeted countries are part of membership, such as EAC, the Southern African Development Community (SADC) and the Inter-Governmental Authority on Development (IGAD). The relevant policies are as follows:

Table 2-1 : List of SGBV-related policies in the African region

Name of the policy (Year of issue or adoption)	Details
AU: 55 member states (including all five countries in the research)	
Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) (2003)	The Protocol, adopted at the second summit of the African Union in Maputo, Mozambique, in 2003, is a comprehensive guarantee of women's rights, comprising 25 articles, which provide for the right to participate in the political process, social and political equality with men, greater rehabilitation in reproductive decisions (pregnancy, childbirth and contraception), the abolition of FGM, and other rights. As at October 2020, 42 out of the 55 AU Member States had ratified it (3 countries had not signed or ratified it and 10 countries had signed but not ratified it)[47]. Some countries have expressed concerns about Article 6'Marriage' (which includes provisions guaranteeing equal rights for both sexes and setting the marriageable age at 18) and Article 14 'Healthy Reproductive Rights' (which includes provisions on abortion), and several countries have reservations about provisions they do not agree with. Legal and policy measures, including legislation on violence against women and financial resources for the prevention of violence, should be taken in line with this protocol.
Solemn Declaration of Gender Equality in Africa (SDGEA) (2004)	The Declaration was adopted to call for continued action to guarantee women's rights. It sets out six areas for action to achieve gender equality: peace and security, human rights, health, education and economic empowerment. It also addresses the responsibility of States to address violence against women and gender-based discrimination, and calls for the ratification of the Maputo Protocol.
Agenda 2063 (2015)	It is a long-term vision for Africa's politics, economy and society, agreed at the 2015 AU Summit. The elimination of all forms of SGBV in Africa has been set as one of goals.
The Network of African Women in Conflict Prevention and Mediation (Femwise-Africa) (2017)	It is a conference body established to strengthen the role of women in conflict prevention and mediation, and in peace-building and post-conflict reconstruction and development efforts. It was established within the Peace and Security Architecture of the African Union (APSA) to consult on initiatives to promote women's participation in security.
AU Strategy for Gender Equality & Women's Empowerment 2018-2028 (2018)	It is the AU Strategy on Gender Equality and Women's Empowerment, which places violence against women and girls under the four pillars of 'Dignity, security and resilience', with the aim of reducing and criminalizing all forms of violence against women and girls as an outcome.

[47] AU (2020) List of Countries which are signed, ratified/acceded to the protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa

Name of the policy (Year of issue or adoption)	Details
Continental Results Framework: Monitoring and Reporting on the Implementation of the Women, Peace and Security Agenda In Africa 2018 - 2028 (2018)	It is a framework developed in partnership with UN Women and United States Agency for International Development (USAID) to monitor and evaluate the implementation of the WPS agenda in Africa, providing indicators and a framework for monitoring and reporting to institutionalize and hold accountable regular and systematic monitoring and reporting on the progress of the WPS agenda.
The Maputo Protocol Scorecard and Index (2020)	It is a scorecard and indicators developed to monitor and assess progress on the implementation of the Maputo Protocol by Member States. Assesses the implementation of legislation, policies, strategies, programmes and projects undertaken by Member States in response to the provisions of the Maputo Protocol.
EAC: 6 member states (Burundi, Kenya, Rwanda, South Sudan, Tanzania, Uganda)	
The East African Community Gender Equality and Development Bill（2016）	It is legislation designed to promote gender equality in the economic, political, social and cultural spheres in EAC member states. One of the key issues is the development of laws and policies that protect human and women's rights, including the prevention of violence against women and girls.
EAC Gender and Equality Pilot Barometer（2017）	It is a gender assessment based on reports from five of the six member states (Kenya, Rwanda, Tanzania, Burundi and Uganda), excluding South Sudan. The EAC, with the support of the Swedish International Development Agency (Sida), is currently working on the development of 'EAC Gender Barometer', a measurement tool to measure progress in gender mainstreaming based on the Pilot Barometer.
East African Community Gender Policy（2018）	It is a document setting out the gender-related policies in the six EAC member states, with one of the six objectives being to 'Strengthen measures that prevent and respond to Gender- based violence and other harmful cultural practices', which includes the prohibition of gender-based discrimination and violence, the strengthening of laws and policies, the strengthening of the capacity of holders of performance obligations, education, health care and HIV/ AIDS prevention, integrating SGBV prevention and response, and strengthening multi-sectoral implementation systems.
SADC: 16 member states (Angola, Botswana, Comoros, Democratic Republic of the Congo, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, Republic of South Africa, Tanzania, Zambia, Zimbabwe)	
Protocol on Gender and Development (Adopted in 2008, updated in 2016)	The Protocol sets out the gender and development agenda and policies to be pursued by SADC Member States and consists of 46 articles, with Articles 20-25 describing the legislation and mechanisms that Member States should establish for SGBV. It also imposes reporting and monitoring obligations on countries to report on their progress.
Regional Strategy and Framework of Action for Addressing Gender-Based Violence 2018-2030 (2018)	It sets out priority measures in the areas of prevention, protection, capacity building, information management and coordination with a view to halving the incidence of SGBV within SADC Member States by 2030.
Drafting 'SADC Gender-Based Violence Model Law' (Under development)	A GBV Model Law is currently being drafted on the basis of proposals adopted at the 44th SADC Plenary Meeting held in 2018. This is being implemented with the aim of calling for the development of legislation in each country and setting uniform standards within the region, in view of the lack of legislation and established legal framework relating to SGBV in the SADC Member States.

Name of the policy (Year of issue or adoption)	Details
IGAD: 7 member states (Kenya, Sudan, Uganda, Ethiopia, Eritrea, Djibouti, Somalia)	
Running with the Baton!: Regional Action Plan for Implementation of United Nations Security Council Resolutions 1325 (2000) and 1820 (2008) (2013)	It is an action plan for the implementation of UNSCR 1325 and 1820 in the region. It identifies the challenges and provides strategies, recommendations, intended outcomes and indicators for each challenge.
IGAD Gender Strategy (2015) Volume 1: The Framework Volume 2: Implementation Plan 2016 – 2020	It is a regional strategy for gender mainstreaming, which presents a framework for gender mainstreaming in Volume 1 and concrete implementation plans based on the framework in Volume 2. Strengthening national capacities for prevention and response to SGBV has been identified as one of the priority issues.
International Conference on the Great Lake Region (ICGLR): 12 member states (Angola, Burundi, Central African Republic, Republic of the Congo, Democratic Republic of the Congo, Kenya, Uganda, Rwanda, South Sudan, Sudan, Tanzania, Zambia)	
The Pact on Security, Stability and Development For the Great Lakes Region （Adopted in 2006, updated in 2013）	It is an agreement on security and development in member states and the region consists of 10 Protocols, one of which is ‘Protocol on the Prevention and Suppression of Sexual Violence Against Women and Children’. Based on this agreement, ICGLR established a Regional Training Facility (RTF) in Kampala, Uganda in 2014 to build capacity in responding to SGBV and to provide broad-based training for police officers, judicial officers, health care workers and other service providers from member countries.
Declaration of the Heads of State and Government of the International Conference on the Great Lake Region (2011)	The Declaration adopted at the Fourth Ordinary Summit and Special Session on SGBV in Kampala, Uganda in 2011 (Kampala Declaration), which states that efforts will be made to prevent SGBV, eliminate the culture of impunity, and support victims/survivors.

Source：Created by the author based on policy documents

AU is developing a wide range of regional policies and frameworks for monitoring progress in their implementation, including on SGBV prevention and response and the promotion of women's participation in security. In particular, the Maputo Protocol is a comprehensive agreement on gender mainstreaming, including the prevention of and response to SGBV in AU Member States, which requires all AU Member States to ratify and put in place implementation mechanisms. Member States are obliged to report to the AU on the progress of the Maputo Protocol, but in practice very little is done[48]. Many countries have only ratified the Protocol, but have not implemented the relevant laws and policies, thus failing to be fully effective. In addition to AU, other Regional Community, recognising the seriousness of the situation of SGBV in the region, have noted in their policy documents the lack of progress in their national efforts.

The Common Market for Eastern and Southern Africa (COMESA), of which Kenya, Rwanda and the Democratic Republic of Congo are members, has also made a small number of efforts to address SGBV. COMESA has conducted a survey on the prevention of SGBV, including sexual harassment in the workplace (the results have not yet been published). In addition, the Economic Community of Central African States (ECCAS, of which the Democratic Republic of Congo is a member), in its ‘Gender Action Plan 2020-2030’, has conducted a survey on gender-based needs in disaster prevention, response and recovery.

[48] AU (2020), Press Release No: /2020 Violence against Women and Girls; financial and economic inclusion of women among key outcomes of AU Ministerial meeting, P.2

2.2. Efforts towards the elimination of SGBV in humanitarian assistance

SGBV has been identified as a priority issue in humanitarian response led by the UN, and efforts have been made to eliminate SGBV. In 2016, the UN General Assembly adopted 'New York Declaration for Refugees and Migrants' which sets out the sharing of international responsibility and cooperation for large-scale movements of refugees and migrants, and affirms the need for comprehensive and sustainable assistance measures and to establish an international migration system. Since the adoption of the Declaration, the Office of the United Nations High Commissioner for Refugees (UNHCR) has been working on the implementation of 'Comprehensive Refugee Response Framework (CRRF)', one of the annexes to the Declaration. The CRRF is a document provides a comprehensive response to large-scale refugee movements, implementing to: 1) Ease pressure on countries that welcome and host refugees; 2) Build self-reliance of refugees; 3) Expand access to resettlement in third countries and other complementary pathways; and 4) Foster conditions that enable refugees voluntarily to return to their home countries[49]. Gender-related issues include gender mainstreaming in all aspects of refugee assistance, respecting the rights of women and children, and promoting the participation of women in decision-making processes[50]. UNHCR has been working on the application of the CRRF in refugee assistance in Central America and Africa since 2016. In the African region, the countries covered include Djibouti, Ethiopia, Kenya, Somalia, Uganda, Zambia, Rwanda and Chad, where relevant national legislation has been developed, national action plans have been developed and workshops have been held[51]. Based on the lessons and achievements, 'Global Compact on Refugees (GCR)' was adopted by the UN General Assembly in 2018, and 'GCR Action Plan', which describes specific actions based on the CRRF, emphasizes the implementation of strong partnerships and participatory approaches involving refugees and host communities, and the consideration of age, gender and diversity, including the elimination of all forms of SGBV, trafficking in persons, sexual exploitation and abuse, and harmful traditional practices[52]. It is noted that Tanzania participated in the implementation of the CRRF at the beginning of 2016, but announced its withdrawal in January 2018[53].

The UN has also developed a wide range of cross-country humanitarian responses in surrounding areas of the Democratic Republic of the Congo and South Sudan, and SGBV prevention and response has been included in the regional refugee response plans. These plans are developed under the leadership of UNHCR and implemented by international, national and local NGOs participating in refugee assistance in each region[54]. The relevant assistance plans are as shown in Table 2-2:

Table 2-2：Regional Refugee Response Plan in African Region

Document	Detail
Burundi Regional Refugee Response Plan January 2019 - December 2020 （2019）	It is a regional plan to implement response to Burundi refugees. The target countries are the Democratic Republic of the Congo, Rwanda, Tanzania and Uganda. It aims to assist all Burundian refugees affected by SGBV, with one of the priorities being to ensure

[49] https://www.fmreview.org/latinamerica-caribbean/thomas, last accessed on 1 March 2021.
[50] United Nations (2016), Resolution adopted by the General Assembly on 19 September 2016
[51] UNHCR (2018), Two Year Progress Assessment of the CRRF Approach September 2016-September 2018, P.2
[52] United Nations (2018), Report of the United Nations High Commissioner for Refugees Part II Global compact on refugees, P.3
[53] UNHCR (2018), Global update on the Comprehensive Refugee Response Framework January 2018, P.2
[54] Each of Regional Refugee Response Plan has had difficulty in raising funds, with South Sudan raising only 10% of USD1, 022, 300,000, the Democratic Republic of Congo 7% of USD587, 400,000 and Burundi 18% of USD267, 600,000. https://fts.unocha.org/, last accessed on 25 Dec 20202.

Document	Detail
	access to essential services in line with minimum international standards in refugee protection.
South Sudan Regional Refugee Response Plan January 2020 - December 2021 （2020）	It is a regional plan for the implementation of assistance to South Sudanese refugees. Countries covered include the Democratic Republic of the Congo, Ethiopia, Kenya, Sudan and Uganda. It aims to assist 95% of SGBV-affected South Sudanese refugees across the target countries, with the enhancement of refugee protection through the implementation of community-based and multi-sectoral child protection and SGBV programmes as one of the priorities.
The Democratic Republic of the Congo Regional Refugee Response Plan January 2020 - December 2021 （2020）	It is a regional plan to implement response to refugees from the Democratic Republic of the Congo. Support to victims/survivors of SGBV and the strengthening of response mechanisms in coordination with the police have been identified as priorities, and the plan includes the provision of support to victims/survivors, including psychosocial support, and training for relevant personnel.

Source：Created by the author based on response plans

Chapter 3 : The Result of the Research in the Republic of Kenya

3.1. The Result of the first Round of the Research in Kenya

3.1.1. Overview

3.1.1.1. Social and Economic Situation

The Republic of Kenya (hereinafter referred to as "Kenya") is bordered by Somalia to the east, Ethiopia and South Sudan to the north, Uganda to the west and Tanzania to the south. It has a population of 52.57 million[55], with 4.4 million people living in the capital, Nairobi[56]. It is bordered by the Indian Ocean to the east, and has the largest port in East Africa, Mombasa, which, along with Nairobi, plays a central role in the regional economy. Swahili and English are the official languages of the country, and it is a multi-ethnic country comprising several ethnic groups, including the Kikuyu (22%), Luhya (14%), Luo (13%), Kalenjin (12%) or others. The country's administrative structure has been centralized since independence in 1963, but a new constitution enacted by referendum in 2010 dissolved the eight provinces and created 47 new counties, and the County Governments Act established sub-counties, wards and villages. The County Governments are decentralized, with a number of powers granted to them by the central government.

In June 2008, the Government of Kenya announced the National Development Plan 'KENYA VISION 2030' as a pillar of its development policy to promote 1) to achieve an average economic growth rate of 10 per cent per annum and sustaining the same until 2030, 2) to engender just, cohesive and equitable social development in a clean and secure environment, and 3) to realize an issue-based, people-centered, result-oriented and accountable democratic system. In addition, the government of the President Uhuru Kenyatta, since 2013, has set four key policies for his second term starting in 2018: 1) manufacturing, 2) food and nutrition security, 3) universal health coverage (UHC), and 4) affordable housing as “BIG4” which is a five-year economic policy agenda. The GNI per capita is USD1, 750 in 2019 (Atlas method)[57], and the main industry is agriculture, focusing on the production and export of agricultural products such as coffee, tea and horticultural crops.

In recent years, Kenya has witnessed the continued activities of the Somali-based Islamic extremist group, ‘Al Shabaab’. There have been frequent large-scale terrorist attacks in the capital city of Nairobi (2013, 2019), Garissa County (2015) in the eastern part of the country, which borders Somalia, and other areas, resulting in a situation of insecurity, particularly in eastern Kenya. In addition, the Government of Kenya has been receiving a large number of refugees from neighboring countries experiencing humanitarian crises, and as at the end of August 2020, approximately 500,000 refugees from Somalia (approximately 270,000), South Sudan (approximately 120,000), the Democratic Republic of the Congo (approximately 45,000) and Ethiopia (approximately 30,000) had fled to Kenya to live[58]. Dadaab Refugee Camp (established in 1991)[59], located in Garissa County near the Somali border, is home to about 220,000 people, mostly Somali refugees, while Kakuma Refugee Camp (established in 1992) and Kalobeyei Settlement (established in 2015)[60], located in

[55] Data from World Bank, 2019
[56] Kenya National Bureau of Statistics(2019), 2019 Kenya Population and Housing Census
[57] Ibid
[58] UNHCR(2020), Operational Update Kenya as of September 2020
[59] The Dadaab refugee camp, which is home to many Somali refugees, has long been identified as one of Al Shabaab's bases of operations. The Kenyan government announced in 2016 that it would close the Dadaab refugee camp for security reasons, and there have been discussions about closing it since then, but as of December 2020, the camp is still in existence and no specific closure plans have been announced.
[60] It is a settlement set up 40km from Kakuma refugee camp to receive South Sudanese refugees arising from the turmoil within South Sudan.

Turkana County near the border with South Sudan, are home to about 200,000 people, mostly South Sudanese refugees[61]. About 80,000 other refugees in urban areas such as Nairobi. Many international organizations, international NGOs and local NGOs are providing humanitarian assistance mainly in these camps.

3.1.1.2. Gender Disparities

With the enshrining of gender equality in the Constitution and the promotion of women's empowerment and gender equality as one of the priority issues in 'KENYA VISION 2030', measures to reduce gender disparity in Kenya are gradually being implemented. However, gender disparities still exist and the Gender Gap Index (GGI) and the Gender Inequality Index (GII) remain relatively low. GGI shows that there are particularly large gaps in political and professional employment (see Table 3-1). While there is little difference between boys and girls in terms of school enrolment and literacy, boys are more likely to have a so-called STEM (Science, Technology, Engineering and Mathematics) education in higher education, which they use to enter the professions and more likely to have access to higher income opportunities than women[62]. The proportion of women in parliament is 22% in the Senate and 31% in the House of Representatives, which is the 91st position in the world ranking[63] and the lowest among East African countries[64]. In addition, while many women work in the informal sector and various efforts have been made to empower women, unequal social structures and practices, such as restrictions on women's ownership of land and property, hinder women's access to value chains and proper trade.

In addition to GGI, Kenya ranks 126th out of 189 countries with GII of 0.518, an index that reflects the inequality between women and men in terms of achievement in three dimensions: Sexual Reproductive Health and Rights (SRHR), Empowerment and Labor Market Participation. In the GII, the closer the number is to zero, the more gender equal the state is, and this result was affected mainly by the low rate of women's political participation in Kenya. The Organization for Economic Co-operation and Development's (OECD) Social Institutions and Gender Index (SIGI) is scored on four criteria: 1) Discrimination in the family; 2) Restricted physical integrity[65]; 3) Restricted access to productive and financial resources; and 4) Restricted civil liberties. The SIGI score of Kenya is 35%, which indicates that the country has made progress in correcting gender unequal social systems and practices, such as laws prohibiting child marriage and guaranteeing access to justice, fewer women have unmet needs related to family planning, and the percentage of FGM and child marriage has decreased. On the other hand, challenges have been identified in terms of the large gender disparities in access to economic resources, such as the small number of women who own property such as houses and who hold managerial positions, and the inequalities between men and women in laws pertaining to inheritance[66].

[61] UNHCR(2020), Operational Update Kenya as of September 2020
[62] USAID (2020), USAID Kenya Final Gender Analysis Report March 2020, P. 18
[63] UN Women(2019), Women in Politics 2019
[64] In September 2020, the Chief Justice of the Supreme Court of Kenya recommended the President to dissolve Parliament, pointing out that the percentage of women in Parliament was below the constitutional limit of one third. https://ohrh.law.ox.ac.uk/fighting-for-fair-representation-for-women-through-dissolution-of-the-kenyan-parliament/, last accessed on 15 Dec 2020.
[65] It is assessed by 1) Legal framework on violence against women, 2) Proportion of the female population justifying domestic violence, 3) Prevalence of domestic violence against women (lifetime), 4) Legal framework on female genital mutilation (FGM), 5) Share of women who think FGM should continue, 6) Share of women who have undergone FGM, 7) Sex ratio at birth (natural =105), 8) Legal framework on reproductive rights, 9) Female population with unmet needs for family planning.
[66] OECD (2019), SIGI Country Profile 2019: Kenya, P.1

Table 3-1 : Gender Gap Index 2020 (Kanya)

	Rank	Score	Average	Female	Male	Female/Male
Economic participation and opportunity	114	0.598	0.582			
Labour force participation rate, %	26	0.921	0.661	64.1	69.6	0.92
Wage equality for similar work, 1-7 (the best is 7)	61	0.680	0.613	-	-	4.76
Estimated earned income, int'l $ 1,000	38	0.704	0.499	2.5	3.6	0.70
Legislators, senior officials and managers, %	107	0.329	0.356	24.8	75.2	0.33
Professional and technical workers, %	148	0.000	0.756	0.0	100.0	0.00
Educational attainment	126	0.938	0.954			
Literacy rate, %	106	0.920	0.899	78.2	85.0	0.92
Enrolment in primary education, %	1	1.000	0.757	81.7	78.3	1.04
Enrolment in secondary education, %	132	0.934	0.954	45.8	49.0	0.93
Enrolment in tertiary education, %	124	0.737	0.931	9.7	13.2	0.74
Health and survival	1	0.980	0.958			
Sex ratio at birth, %	1	0.944	0.925	-	-	0.97
Healthy life expectancy, years	1	1.060	1.034	60.8	57.0	1.07
Political empowerment	85	0.169	0.239			
Women in parliament , %	79	0.278	0.298	21.8	78.2	0.28
Women in ministerial positions, %	57	0.333	0.255	25.0	75.0	0.33
Years with female/male head of state (last 50 years)	73	0.000	0.190	0.0	50.0	0.00

Source : Created by the author based on World Economic Forum(2020), Global Gender Gap Index Report 2020, P.207

Table 3-2 : Gender Related Index (Kenya)

Gender Development Index (GDI) 2020a		Gender Inequality Index (GII) 2020b		Social Institutions and Gender Indicators (SIGI) 2019c	
Figures	Groups	Figures	Rank	Figures	Categories
0.937	3 / 5 steps	0.518	126 / 189 countries	35% of	Medium
The closer the number is to 1, the smaller the gap		The closer the number is to zero, the more gender equal the situation.		The lower the number, the more gender equal the situation.	

Source : a UNDP (2020), Gender Development Index 2020
b UNDP (2020), Gender Inequality Index 2020
c OECD (2019), SIGI Country Profile 2019: Kenya

3.1.1.3. Status of SGBV

As comprehensive data on SGBV is not collected in Kenya (see 3.1.5.1), this section provides an overview of the current situation of SGBV based on several sources of data related to SGBV, including health-related data and police crime statistics。

1) Physical Violence, Sexual Violence and IPV

According to the Kenya Demographic and Health Survey 2014 (KDHS 2014)[67], among women aged 15-49 years, 45% have experienced physical violence since the age of 15, and 14% have experienced sexual violence[68]. A breakdown of perpetrators shows that physical violence is most frequently perpetrated by 'Current husband/partner' and 'Former husband/partner', indicating the seriousness of IPV (see Figure 3-1). Perpetrators of sexual violence are also most frequently perpetrated by spouses, with inter-marital rape and other forms of sexual violence (see Figure 3-2). This situation is also evident from KDHS 2014 data on IPV. Among women aged 15-49 years who have ever been married, 47% have experienced some form of IPV

[67] According to USAID's The DHS Programme, the latest DHS data collection in Kenya was conducted in September-October 2020 and the data is currently being compiled and analyzed.
https://dhsprogram.com/methodology/survey/survey-display-579.cfm, last accessed on 15 Dec 2020

[68] Kenya National Bureau of Statistics (2015), Kenya Demographic and Health Survey 2014, P.294, 298

(physical, sexual or psychological violence), which confirms the widespread prevalence of IPV in Kenya[69]. 12.2% of the respondents reported that they were subjected to IPV often and 20.5% reported that they were subjected to IPV sometimes, suggesting that women are subjected to spousal and partner violence on a daily basis.

Physical and sexual violence against men is also present, with 44% of men aged 15-49 experiencing physical violence after the age of 15 and 14% experiencing sexual violence[70]. Physical violence against males is most often perpetrated by parents, with high rates of violence by teachers, indicating that abuse by parents and corporal punishment of boys at school are common (see Figure 3-1). In terms of sexual violence against men, spouses/partners and girlfriends are the most common perpetrators (see Figure 3-2). The proportion of men who have experienced some form of IPV (physical, sexual or psychological violence) is 24%, with high rates of IPV among both men and women[71].

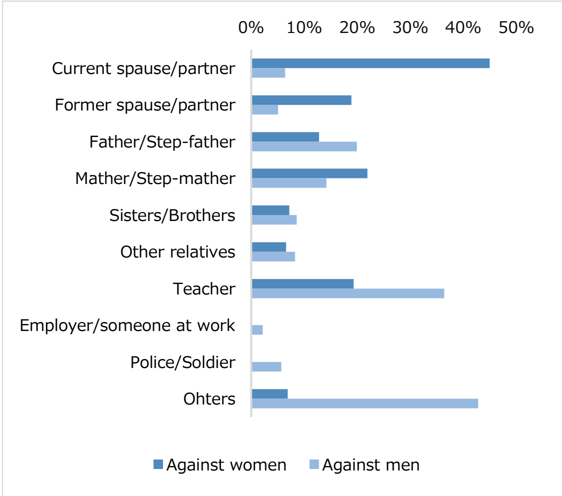

Figure 3-1 : Persons Committing Physical Violence (Kenya)

Source : KDHS 2014 P. 297

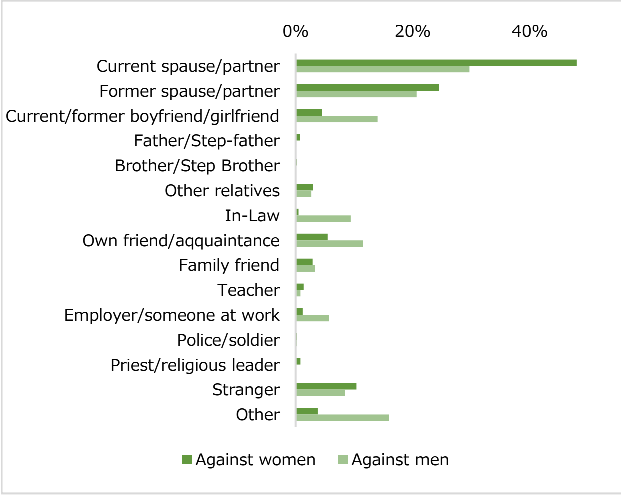

Figure 3-2 : Persons Committing Sexual Violence (Kenya)

Source : KDHS 2014 P. 300, 301

Looking at the data by wealth quintile[72], which divides respondents into five groups based on their annual household income in order of value, the second-lowest income group has the highest number of women receiving IPV, with 53% or one in two women receiving IPV. The proportion decreases as income increases, with 40% in the group with the highest income, suggesting that women with lower incomes tend to be more likely to receive IPV (although 46% in the group with the lowest income is lower than in the group with the second lowest income)[73]. Physical violence is the most common form of IPV against women, while psychological violence is the most common form of IPV against men. In particular, physical violence by a spouse/partner was reported by 37% of female respondents as having occurred[74]. It is thought that this is due to the tendency of both men and women to see 'husbands beating their wives' as sometimes being justified. 36% of men and 42% of women believe that there are cases where a husband is justified in beating his wife

[69] Kenya National Bureau of Statistics (2015), Kenya Demographic and Health Survey 2014, P.308
[70] Ibid, P.295, 299
[71] Ibid, P. 309
[72] All households are divided into five groups based on the monthly income (cash income), the regular income of the head of the household, and the annual income of the household, in descending order of income.
[73] Kenya National Bureau of Statistics (2015), Kenya Demographic and Health Survey 2014, P. 310
[74] Kenya National Bureau of Statistics (2015), Kenya Demographic and Health Survey 2014, P. 308

(see Figure 3-3), indicating that it is widely accepted that a spouse may use physical violence against a woman not only for neglect of children, but also for arguing with her spouse/partner or for going out without permission[75].

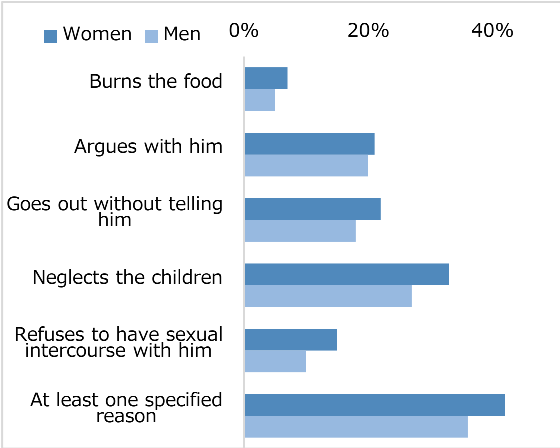

Figure 3-3：Attitude towards wife beating (Kenya)

Source：KDHS 2014 P. 284, 285

2) SGBV against Children

In 2019, the Violence against Children Survey, conducted by the Ministry of Labor and Social Protection and the National Bureau of Statistics in collaboration with UNICEF, Population Council and others, reported on violence against children, including sexual violence, indicating that violence against young children is widespread. Of the 18-24 year-olds surveyed, 56% of males and 46% of females had experienced some form of violence by the age of 18, with 6% of males and 16% of females having experienced sexual violence[76]. Of women who have been sexually violated, 18% were first victimized before the age of 13, 27% before the age of 14-15 and 55% before the age of 16-17, confirming that sexual violence often occurs at a very young age[77].

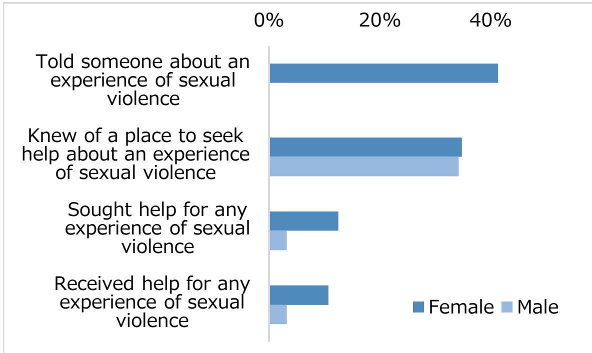

Figure 3-4：Disclosure, service-seeking, and receipt for any incident of sexual violence among 18-24 year-olds who experienced childhood sexual violence (Kenya)

Source：Ministry of Labor and Social Protection (2019), Violence against Children Survey Report 2019, P. 34

However, only 13% of women and 3% of men actually reported the incident to the police or medical services, and even if they knew where to go, very few victims/survivors took action to seek help (See Figure 3-4). Of the women who did not take action to seek help, 54% said they did not think it was a problem/ did not need services, suggesting that they were not fully aware of the physical and psychological consequences of sexual violence. Victims/survivors' concerns about their own safety and privacy are also a barrier to reporting, with 21% saying they did not want to get into trouble/fear reprisals[78].

Kenya also has high rates of child marriage and teenage pregnancy. According to the KDHS 2014, 8% of women aged 25-24 years were married before the age of 15 and 29% before the age of 18, indicating that marriage at a young age is widespread in Kenya[79]. While the national average age of first marriage is 20.2 years, it is 18.6 years in the former North-East and Nyanza provinces in north-east Kenya, indicating that the

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[75] The figures were 53% for women and 44% for men in KDHS 2008-2009, so KDHS notes that the figures have improved. Kenya National Bureau of Statistics (2015), Kenya Demographic and Health Survey 2014, P. 285

[76] Ministry of Labor and Social Protection (2019), Violence against Children Survey Report 2019, P.8

[77] Ibid, P.31-36

[78] Ibid, P.33

[79] Kenya National Bureau of Statistics (2015), Kenya Demographic and Health Survey 2014, P.59

risk of child marriage is higher in these areas. The longer a woman is in school, the older she is likely to be at first marriage, and the higher her household income, the older she is likely to be at first marriage[80].

18% of women have experienced pregnancy or childbirth at the age of 15~19, with a particularly high 15% of women experiencing pregnancy or childbirth at the age of 17.[81].There is no significant difference between urban and rural areas in terms of the proportion of women who are pregnant in their teens[82]. But, in the former Central Province, the rate is 10%, compared to 22% in the former Nyanza Province and 21% in the former Rift Valley Province[83]. Regional characteristics, years of schooling and the economic situation of the household may have a significant effect on the age at first marriage and childbearing age.

3) Reporting SGBV Cases and Sources for Help

In Kenya, the police accept reports of SGBV victimization and there is a public toll-free line to report and seek advice on SGBV (see 3.1.2.3), but few victims/survivors still use these public services. According to data from KDHS 2014, most victims/survivors turn to their own family or the family of their spouse/partner for advice, but very few, especially female victims/survivors, talk to the police (7%) or health professionals (3%) (See Figure 3-5). When victims/survivors consult family or friends, the problem is dealt within the household or the community without being appropriately reported to the police or other public authorities, which is one of the reasons why victims/survivors are not properly protected and perpetrators prosecuted.

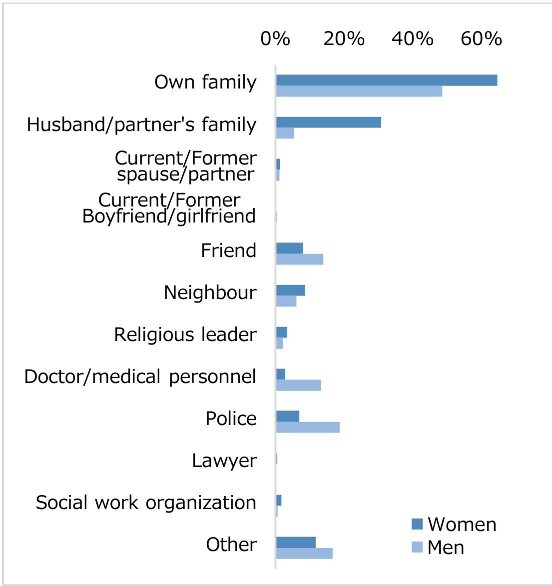

Figure 3-5 : Sources for help to stop the violence (Kenya)

Source : KDHS 2014 P. 325, 326

The reports of violence received by the police are published in the crime statistics. According to the latest report, the annual crime statistics for 2018, the most common type of SGBV reported is defilement[84], including sexual exploitation and sexual abuse against children, followed by rape and sexual violence from relatives, indicating that sexual violence against children is the most common type of SGBV (See Table 3-3).

Table 3-3 : Number of SGBV cases received by Kenya National Police (2016-2018)

Types of SGBV	2016	2017	2018
Defilement	4,601	4,056	5,506
Rape	889	917	979
Sexual violence by relatives	341	213	319
Other sexual violence	176	213	204

Source : Office of the Inspector General, National Police Service (2018), Annual Crime Report (2018), P.38

[80] Kenya National Bureau of Statistics (2015), Kenya Demographic and Health Survey 2014, P.59
[81] Ibid, P.78
[82] Ibid, P.78
[83] Interview with NGO "Kenya no mirai" (23 Dec 2020)
[84] 'Defilement' is the term used to describe sexual activity with a child under the age of 18, whether consensual or not, and includes sexual activity between children under the age of 18 (it is also illegal in Kenya for children under the age of 18 to have sexual intercourse with each other, and if caught they are sent to a rehabilitation center).

4) Trafficking in Persons

In Kenya, organized trafficking in persons is a major social issue, as well as physical and sexual violence. In the country, adult women and girls and boys are mainly victimized for domestic work and sexual exploitation. In particular, there is reported to be an increased demand for children due to commercial sexual exploitation and sex tourism[85]. It is also a destination country for victims/survivors of trafficking abroad, with traffickers operating out of the eastern port of Mombasa and sending large numbers of victims/survivors mainly to the Middle East (e.g. Saudi Arabia, Oman and the United Arab Emirates)[86]. The 2020 U.S. Department of State Trafficking in Persons Report notes that while the Government of Kenya has taken steps to address the problem since enacting the Trafficking in Persons Act in 2010, including by strengthening the capacity of police and law enforcement officials and allocating funds for response efforts, the problem continues to grow[87]. The Government of Kenya reported that in 2019, it identified 275 adult women, 351 women/girls and 227 boys as victims of trafficking in persons[88].

5) Female Gennital Mutilation (FGM)

Table 3-4：Prevalence of FGM in Kenya

Ethnic Group	Age of respondant	
	0～14	15~49
Somali	36%	94%
Samburu	4%	86%
Kisii	16%	84%
Massai	3%	78%
Embu	1%	31%
Meru	1%	31%
Kalenjin	0.5%	28%
Taita/Taveta	1%	22%
Kikuyu	0%	15%
Kamba	0.4%	11%
Mijikenda/Swahili	0.1%	2%
Turkana	0.1%	2%
Luhya	0.2%	0.4%
Luo	0.1%	0.2%
Total	3%	21%

Source：KDHS 2014, P. 335

The Government of Kenya has identified FGM as an issue that needs to be addressed urgently and has included FGM prevention and response in its National Development Plan 'KENYA VISION 2030' in all its medium term plans: the first from 2008, the second from 2013 and the third from 2018. Discussions on the abolition of FGM have already existed in the country since the 1980s, and active advocacy by civil society led to the first legal regulation of FGM in the Children's Act of 2001. However, this provision states that 'No person shall subject a child to female circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child's life, health, social welfare, dignity or physical or psychological development.', and does not cover FGM on adults. In this context, 'African Parliamentary Conference on Violence against Women, Abandoning Female Genital Mutilation: The Role of Parliaments' was held in Dakar, Senegal, in 2005, and the Kenyan government, which participated in the conference, signed an action target for the elimination of FGM, which called for a broader approach to the elimination of FGM. In 2011, 'Prohibition of Female Genital Mutilation Act (FGM Act)' was enacted, following the development of a specific action plan. The law outlawed FGM by providing that 'A person who commits an offence under this Act is liable, on conviction, to imprisonment for a term of not less than three years, or to a fine of not less than two hundred thousand shillings, or both'.

[85] Regional Mixed Migration Secretariat (2013), Mixed Migration in Kenya, P.50
[86] ENACT(2020), The New Slavery: Kenyan Workers in Middle East、P.1
[87] U.S Department of States(2020), 2020 Trafficking in Persons Report: Kenya
[88] Ibid

Furthermore, President Uhuru Kenyatta announced his commitment to eliminate FGM in Kenya by 2022 at the Women Deliver Conference held in Vancouver, Canada on 4 June 2019[89].

In Kenya, 21% of women aged 15-49 years have undergone FGM[90], but there are wide ethnic differences in coverage, with particularly high coverage among the Somali, Samburu, Kisii and Maasai. On the contrary, the implementation rate is now relatively low among the more populous Kikuyu, Luhya and Luo ethnic groups (see Table 3-4). The Somali ethnic group is widespread in the "Horn of Africa" region, including Somalia, and is known for its strict Muslim population. In Kenya, they mainly reside in Garissa County, Mandera County and Wajir County in the former North East Province, close to the border with Somalia. Therefore, the North East region of Kenya has the highest rate of implementation by region and is one of the regions where further efforts are needed to achieve the elimination of FGM in Kenya by 2022 and the SDGs by 2030[91]. The next highest rate of implementation is in Kisii County, located in the former Nyanza Province in the South West, where the Kisii people live in large numbers.

The most common type of FGM in Kenya is a procedure in which all of the labia and part or all of the labia minora are removed (Type II according to the WHO definition), accounting for 87.2% of those aged 15-49 who have undergone the procedure. The most severe form, Sewn Closed (UNICEF definition; sometimes called 'Infibulation'), in which all the labia minora and some or all of the labia majora are cut and sutured, and a hole is made for the passage of urine and blood (WHO definition: Type III), is also practiced in some ethnic groups, with 9% of FGM survivors aged 15-49 having undergone Sewn Closed[92]. Of those aged 15-49 who have undergone FGM, 44% of Muslims perceive FGM as a practice imposed by their religion, and of those aged 15-49[93], 82% of Somali women, 72% of Samburu women and 37% of Maasai women perceive FGM as a practice imposed by their community[94]. KDHS statistics also show that a higher proportion of rural women than urban women undergo FGM, that the mothers of FGM victims/survivors undergo FGM, and that mothers do not have adequate education are associated with higher rates of FGM practice[95].

Years of efforts by the government, the UN, NGOs and others have ensured that the rate of FGM implementation in Kenya is on the decline. UNICEF's comparison of FGM rates among girls and women aged 15-19 years, based on KDHS results, shows a steady decline in the practice of FGM in Kenya as a whole, from 48% in 1984 to 11% in 2014. By region, the results show a significant decrease in

Table 3-5：Average annual rate of reduction and percentage of girls and women aged 15 to 49 years who have undergone FGM

Country	Average annual rate of reduction of FGM	Current prevalence of FGM
Uganda	4.6%	0.3%
Tanzania	4.6%	10%
Kenya	4.3%	21%
Ethiopia	1.7%	65%
Eritrea	1.0%	83%
Sudan	0.4%	87%
Djibouti	0.4%	94%
Somalia	0.1%	98%

Source：UNICEF(2020) A Profile of Female Genital Mutilation in Kenya, P.20

89 https://allafrica.com/stories/202109150115.html, last accessed on 15 Dec 2020
90 Kenya National Bureau of Statistics (2015), Kenya Demographic and Health Survey 2014, P.333
91 UNICEF(2020), A Profile of Female Genital Mutilation in Kenya, P.24
92 Kenya National Bureau of Statistics (2015), Kenya Demographic and Health Survey 2014, P.333
93 While some people recognize it as "a practice imposed by religion", it is said that no religion has a dogma stipulating the imposition of FGM. https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation
94 Kenya National Bureau of Statistics (2015), Kenya Demographic and Health Survey 2014. P.340-341
95 Ibid. P. 337

many regions, including the former Rift Valley Province (from 58% to 8%), the former Central Province (from 48% to 12%), the former Nyanza Province (from 40% to 27%), the former Coast Province (from 22% to 6%) and the former Western Province (from 1% to 0%), and only the former North-East Province did not change from 100%. By ethnicity, the Somali (98% to 91%) remained largely unchanged, but there was a decrease among many ethnic groups, including the Kisii (100% to 68%), Samburu (100% to 61%), Kikuyu (45% to 1%), Kalenjin (71% to 3%), Meru (58% to 15%) and Kamba (37% to 5%)[96]. The practice of FGM has declined by an average of 4.3% per year over the 30-year period 1984-2014, which is a very high rate of decline compared to neighboring countries (see Table 3-5).

While the crackdown on FGM has been successful in reducing the practice, KDHS 2014 notes that there is a trend for girls to undergo FGM at a younger age (usually most commonly between 5 and 9 years of age for Somali, and between 10 and 15 years of age or later for other ethnic groups[97]. See Figure 3-6). In addition, recent academic research suggests that FGM is increasingly being performed in medical institutions, replacing the traditional circumciser who have been the main practitioners of FGM (it is called as 'medicalisation of FGM'). KDHS 2014 also confirmed that FGM performed by healthcare professionals such as doctors, nurses and midwives accounted for 20% of the experience of girls/girls aged 0-14 years and 15% of the experience of girls and women aged 15-49 years.[98]. A qualitative survey of residents and health care workers in four counties - Garissa, Kisii, Migori and Nairobi - confirmed that the practice of FGM by health care workers is becoming more widespread among Somali and Kisii people[99]. There are concerns that the perceived lower health risks of FGM by health care providers compared to FGM by traditional circumcisers may be a justification for the practice of FGM. It is also believed that the shorter healing and recuperation times make FGM less likely to be discovered, helping parents and families to avoid legal enforcement. The FGM Act penalizes not only parents/carers who subject their children to FGM, but also the practitioners, so health professionals who provide FGM can be prosecuted. However, the study found that FGM in healthcare facilities is on the rise for a variety of reasons like to generate income, to avoid intimidation, to contribute to making it as easy as possible on women and girls, or others. The abolition of post-performative ceremonies and the crossing of borders to perform the procedure (e.g. to neighboring countries such as Somalia and Ethiopia) also contribute to making the reality of FGM less visible[100].

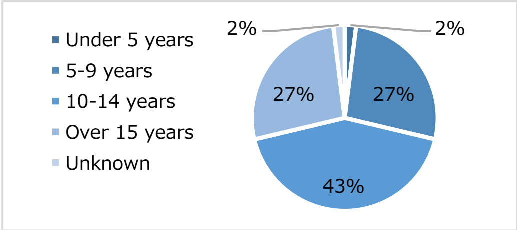

Figure 3-6：Age at Circumcision (Women at age of 15－49, Kenya)

Source：KDHS 2014 P.335

As a results, while the rate of FGM in Kenya has decreased significantly, the youthfulness of the victims/survivors and the medicalization of FGM have made it more difficult to detect and control the practice.

[96] UNICEF(2020), A Profile of Female Genital Mutilation in Kenya, P.21-22
[97] Kenya National Bureau of Statistics (2015), Kenya Demographic and Health Survey 2014, P.334
[98] Ibid, P.338
[99] Samuel Kimani ,Caroline W. Kabiru ,Jacinta Muteshi ,Jaldesa Guyo (2020), Female genital mutilation/cutting: Emerging factors sustaining medicalization related changes in selected Kenyan communities
[100] State Department of Gender (2019), National Policy for the Eradication of FGM, P.12

According to KDHS, 93% of men have undergone Male Circumcision (MC), an increase from 84% in 2003 and 86% in 2008-2009[101]. It is common in the north-eastern counties of Garissa, Wajir and Mandera, but is also on the rise in the western province of Nyanza, where the practice has not been widespread (72% in the 2014 survey compared with 45% in 2008-2009). WHO recommends MC in 14 African countries, including Kenya, as it reduces the risk of HIV/AIDS transmission by 60%[102]. While MC in hygienic settings in health facilities has been shown to have health benefits related to HIV/AIDS, traditional MC often involves forced procedures in unsanitary settings and unsafe practices, putting many men at risk physically and psychologically[103].

3.1.2. Laws and policies relating to SGBV

3.1.2.1. Laws

1) The Constitution

Kenya had a constitution in place at the time of its independence from the United Kingdom in 1963, but the coalition government that emerged after the turmoil[104] caused by the 2007 presidential election passed an interim constitution, followed by a new constitution in 2010. In the new Constitution, gender equality and the elimination of discrimination are clearly defined as fundamental principles. The main constitutional provisions relating to gender equality are as follows

Table 3-6：List of Articles Relating to Gender Equality in the Constitution of Kenya

Article	Description
10	The national values and principles of governance in this Article bind all State organs, State officers, public officers and all persons whenever any of them-a) applies or interprets this Constitution; b) enacts, applies or interprets any law; or c) makes or implements public policy decisions.
21 (3)	All State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, and youth, members of minority or marginalized communities, and members of particular ethnic, religious or cultural communities.
21 (4)	The State shall enact and implement legislation to fulfil its international obligations in respect of human rights and fundamental freedoms
25	Despite any other provision in this Constitution, the following rights and fundamental freedoms shall not be limited-a) freedom from torture and cruel, inhuman or degrading treatment or punishment; b) freedom from slavery or servitude; c).the right to a fair trial; and d) the right to an order of habeas corpus.
27 (1)	Every person is equal before the law and has the right to equal protection and equal benefit of the law.
27 (3)	Women and men have the right to equal treatment, including the right to equal opportunities in political, economic, cultural and social spheres.
27 (4)	The State shall not discriminate directly or indirectly against any person on any ground, including race, sex, pregnancy, marital status, health status, ethnic or social origin, color, age, disability, religion, conscience, belief, culture, dress, language or birth.

[101] Kenya National Bureau of Statistics (2015), Kenya Demographic and Health Survey 2014, P.241

[102] WHO (2017), WHO Progress Brief: Voluntary Medical Male Circumcision for HIV Prevention in 14 Priority Countries in Eastern and Southern Arica
On the other hand, it is not appropriate to assume that circumcision will prevent HIV/AIDS, and some organizations also raise awareness of the need to use contraceptives and take other preventive measures.

[103] https://www.bbc.com/news/world-africa-28746101, last accessed on 20 Dec 2020

[104] In December 2007, the presidential election was contested between Mr. Kibaki, the incumbent from the National Unity Party, and Mr. Odinga, a reformist from the Orange Democratic Movement, but protests over the results of the election led to clashes between the two factions that escalated into riots, resulting in many deaths and internally displaced persons (the Kenya Crisis). A reconciliation was reached in January the following year, mediated by then UN Secretary-General Kofi Annan, and a coalition government was formed with Kibaki as President and Odinga as Prime Minister, bringing an end to the political turmoil.

Article	Description
27 (6)	To give full effect to the realization of the rights guaranteed under this Article, the State shall take legislative and other measures, including affirmative action programmes and policies designed to redress any disadvantage suffered by individuals or groups because of past discrimination.
27 (8)	In addition to the measures contemplated in clause (6), the State shall take legislative and other measures to implement the principle that not more than two-thirds of the members of elective or appointive bodies shall be of the same gender.
29	Every person has the right to freedom and security of the person, which includes the right not to be-a) deprived of freedom arbitrarily or without just cause; b) detained without trial, except during a state of emergency, in which case the detention is subject to Article 58; c) subjected to any form of violence from either public or private sources; d) subjected to torture in any manner, whether physical or psychological; e) subjected to corporal punishment; or f) treated or punished in a cruel, inhuman or degrading manner.
30	A person shall not be held in slavery or servitude. A person shall not be required to perform forced labor.
43 (1)	Every person has the right- a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care; b) to accessible and adequate housing, and to reasonable standards of sanitation; c) to be free from hunger, and to have adequate food of acceptable quality; d) to clean and safe water in adequate quantities; e) to social security; and f) to education.
53 (1)	Every child has the right-a) to a name and nationality from birth; b) to free and compulsory basic education; c) to basic nutrition, shelter and health care; d) to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitative labor; e) to parental care and protection, which includes equal responsibility of the mother and father to provide for the child, whether they are married to each other or not; and f) not to be detained, except as a measure of last resort, and when detained, to be held-i) for the shortest appropriate period of time; and ii) separate from adults and in conditions that take account of the child's sex and age.

Source：http://kenyalaw.org/kl/index.php?id=398 last accessed on 20 Dec 2020

2) International and Regional Conventions

Kenya as a member state of the UN, AU, EAC and ICGLR has ratified various international and regional conventions. The international and regional conventions ratified and the international development frameworks adhered to are as follows:

Table 3-7：International and regional conventions relating to SGBV ratified by Kenya

Name of the convention (year of adoption)	Ratification	Relevant domestic laws or national policies
International conventions (UN)		
International Covenant on Civil and Political Rights (ICCPR) (1966)	1972	—
International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966)	1972	National Commission on Human Rights Act, Prohibition Against Female Genital Mutilation Act, Environmental Management and Coordination Act, Cooperatives Society Act
Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) (1979)	1984	National Gender and Equality Commission Act, Sexual Offences Act, Prohibition on Female Genital Mutilation Act
United Nations Convention on the Rights of the Child (1989)	1990	Children's Act, Sexual Offences Act, Basic Education Act, Employment Act, Counter-Trafficking in Persons Act
Beijing Declaration and Platform for Action (1995)	1995	—
UN Security Council Resolution 1325 (2000)	2000	Kenya National Action Plan on Women, Peace and Security 2016 – 2018 (KNAP)

Name of the convention (year of adoption)	Ratification	Relevant domestic laws or national policies
		Kenya National Action Plan on Women, Peace and Security 2020 – 2024 (KNAP II)
Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (2000)	2002	Children's Act Counter-Trafficking in Persons Act
Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2000)		Signed in 2000, not ratified
Protocol to prevent, suppress and punish trafficking in persons, especially women and children, supplementing the United Nations Convention against Transnational Organized Crime（2000）	2005	Trafficking in Persons Act
Regional Convention (AU, EAC, ICGLR)		
African Charter on Human and Peoples' Rights (1981)	1992	National Commission on Human Rights Act
African Charter on the Rights and Welfare of the Child (1990)	2000	Children's Act, Basic Education Act, Employment Act
Solemn Declaration of Gender Equality in Africa (SDGEA) (2004)	2004	—
Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) (2003)	2010	National Gender and Equality Commission Act, Sexual Offences Act
African Youth Charter (2006)	2014	National Youth Act, National Youth Council Act
East African Community (EAC) Prohibition of FGM Bill (2016)	2016	Prohibition Against Female Genital Mutilation Act
2019 regional Declaration and Action Plan to End Cross-Border FGM (2019)	2019	Prohibition Against Female Genital Mutilation Act
Declaration of Heads of States and Government of Members States of the ICGLR on Sexual and Gender Based Violence (Kampala Declaration) (2011)	2011	Sexual Offences Act, Prohibition on Female Genital Mutilation Act

Source：Kenya Ministry of Foreign Affairs, Office of the United Nations High Commissioner for Human Rights (OHCHR)[105]

With regard to the Maputo Protocol, two articles were reserved for ratification in 2010. The reservations were to Article 10(3), which calls for a substantial reduction in military spending for social development and women's empowerment, and to Article 14(2) (c), which allows medical abortion in cases of sexual violence, rape or incest, or where the continuation of the pregnancy would endanger the mental or physical health of the mother or the life of the mother or fetus.

Abortion is more narrowly covered in the Kenyan Constitution in Article 26(4) which states that "no abortion shall be permitted except where, in the opinion of a trained medical professional, emergency treatment is necessary or the life or health of the mother is endangered, or where permitted by any other written law". It was held that the content of Article 14 of the Maputo Protocol was incompatible with Article

[105] Kenya Ministry of Foreign Affairs：http://treaties.mfa.go.ke/treaties
OHCHR：https://www.ohchr.org/EN/HRBodies/Pages/HumanRightsBodies.aspx

26 of the Constitution. The Penal Code also stipulates that the person who performs the abortion shall be sentenced to a term of imprisonment of up to 14 years, and the person who supports the abortion by providing drugs or equipment shall be sentenced to a term of imprisonment of up to 3 years.

Since the enactment of the Constitution in 2010, there has been an advocacy campaign, led by NGOs, to amend Article 26(4), but to date no amendment has been approved. As a result, pregnancies resulting from SGBV, such as rape and sexual violence, do not have access to appropriate medical abortion care, and complications and maternal deaths from "unsafe abortion[106]" are a major public health challenge. A national survey by the Kenyan Ministry of Health in 2012 estimated that about 500,000 abortions (most of them are unsafe) are performed annually, and that 48 abortions are performed for every 1,000 women aged 15-49[107]. It has also been found that 76% of women who sought post-abortion care at health facilities received treatment for severe complications such as sepsis and organ failure[108]. A 2018 study by the Kenyan Ministry of Health also found that complications from unsafe abortions and post-procedure care are often provided in public hospitals, costing between USD 39 and USD 108 per patient depending on the condition, and requiring an average of 7.4 hours of healthcare worker time per patient, placing a heavy burden on healthcare finances[109]. The study suggests that the number and impact of unsafe abortions should be reduced by strengthening family planning services, further promoting contraceptive methods, and improving the quality of post-abortion care.

3) Donestic Law

In accordance with the Constitution mentioned above, there are various gender-related laws in Kenya pertaining to the prevention and response to SGBV. The names of the main laws and their relevant content are as follows:

Table 3-8：List of Laws Relating to SGBV in Kenya

Name of the law	Contents related SGBV
The Penal Code	Violence of any kind is prohibited.
Children's Act (2001)	➢ All children should be protected from discriminatory treatment, harmful cultural practices, sexual violence and sexual exploitation. ➢ All children have the right to adequate protection from their parents and other guardians.
Sexual Offences Act (2006, revised in 2014)	➢ Prohibit rape (including attempted), gang rape, sexual intercourse with children under 18 (including attempted), sexual harassment, sexual violence, forced prostitution, trafficking in persons for the purpose of sexual exploitation, trafficking in children, child prostitution, child phonography, intentional transmission of HIV and other sexually transmitted diseases, and other acts of sexual violence. ➢ Provide access to justice and psychosocial support for all victims of sexual violence.
HIV and AIDs Protection and Control Act (2006)	➢ Provide for measures for the prevention and control of HIV/AIDs. ➢ Protect and promote public health and establish appropriate treatment, counselling, support, care and related provisions for persons infected with HIV or at risk of HIV infection.
Employment Act(2007, revised in 2012)	➢ Prohibit discrimination and harassment on the basis of sex against employees and guarantee equal pay for work of equal value. ➢ Prohibit sexual harassment in the workplace.

106 WHO defined 'Unsafe abortion" as 'a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking minimal medical standards or both'? https://www.who.int/reproductivehealth/topics/unsafe_abortion/hrpwork/en/, last accessed on 20 Dec 2020

107 Kenya Ministry of Health(2013), Incidence and Complications of Unsafe Abortion in Kenya 2012, P.17

108 Ibid, P.7

109 Kenya Ministry of Health(2018) The Costs of Treating Unsafe Abortion Complications in Public Health Facilities in Kenya, P.15

Name of the law	Contents related SGBV
	➢ Employers must develop policies prohibiting sexual harassment in the workplace.
International Crimes Act (2008)	➢ Sexual violence is recognized as an international crime when it is committed in the context of a large-scale attack or violation against an individual or community. ➢ Sexual violence as an international crime is prohibited by this law.
Counter-Trafficking in Persons Act (2010, revised in 2012)	➢ Prevent, deter and punish trafficking in persons, especially of women and children. ➢ Define trafficking in persons and exploitation, and give examples of trafficking in persons, including the obtaining of travel documents by entry and exit, and in particular the trafficking of children.
Prohibition of Female Genital Mutilation Act (2011, revised in 2012)	➢ FGM practitioners and collaborators are liable to imprisonment for a minimum of three years and/or a fine. They may also be liable to life imprisonment if the victim dies. This also applies if a child is sent abroad to undergo FGM.
National Gender and Equality Commission Act (2011)	➢ Establish National Gender and Equality Commission ➢ Sets out the purpose, powers, functions and membership of the commission
Teacher Service Commission Act (2012)	➢ It provides guidance on teacher-pupil relationships and teacher behavior with a view to preventing and responding to GBV in the school environment. ➢ It makes provision for the withdrawal of a teacher's registration in the event of misconduct.
Kadhis' Courts Act (2012)	➢ Article 170 of the Constitution provides for the establishment of Kadhis' Courts (Islamic Courts) as subordinate courts. ➢ If a party adheres to Islam and files a case before the Kadhis' Courts on matters of status, marriage, divorce, inheritance, etc., the case will be tried in accordance with Islamic law. ➢ The decisions of the Kadhis' Courts as lower courts are reviewed by the High Court.
Matrimonial Property Act (2013)	➢ It regulates the rights and responsibilities of the spouses in respect of the matrimonial property. ➢ Ownership of matrimonial property shall be vested in the spouses in proportion to their degree of contribution to its acquisition and shall be divided between them in the event of divorce or dissolution of the marriage.
Victim Protection Act (2014)	➢ Protecting victims of crime and abuse of power, and providing better information and support services for them. ➢ Provide reparation and compensation for victims. ➢ Provide special protection for vulnerable victims. ➢ Prohibit discrimination on the basis of gender. ➢ Victims who are witnesses in criminal proceedings will be adequately protected by witness protection programmes. ➢ The Sexual Offences Act and the Counter-Trafficking in Persons Act have been incorporated into the Act to strengthen protections for victims of trafficking and sexual abuse.
Marriage Act (2014)	➢ Ensure that the parties to a marriage have equal rights at the time of the marriage, during the marriage and at the dissolution of the marriage. ➢ The legal age of marriage for both parties to a marriage shall be set at 18 years and marriage between persons under 18 years of age shall be void. ➢ Polygamy by Muslims shall be permitted. ➢ Marriage is defined as the voluntary union of a man and a woman. ➢ Prohibits the inducement of consent to marriage by force or fraud. ➢ Protects victims of GBV who have suffered abuse in marriage.
Protection against Domestic Violence Act (2015)	➢ Provides that all forms of domestic violence are illegal. ➢ Ensures that when domestic violence occurs, there is effective legal protection for its victims. ➢ The police will respond to domestic violence. ➢ The courts may make orders to protect victims of domestic violence. ➢ Victims and other individuals and institutions can respond to domestic violence.

Name of the law	Contents related SGBV
Legal Aid Act (2016 年)	➢ Provide accessible, sustainable, reliable and accountable legal aid services at a fair price in accordance with the Constitution. ➢ Provide a legal aid system to assist the poor to access legal aid.
Computer Misuse and Cybercrimes Act (2018)	➢ Ensure the timely and effective detection, investigation and prosecution of computer and cybercrime. ➢ Facilitate international cooperation to address issues related to computer and cybercrime. ➢ Provide for sexual harassment and other GBV-related issues arising from the use of computer systems.

Source：Legal documents, The National Policy on Gender and Development(2019), Gender-Based Violence Training Resource Pack(2019)

As shown in Table 3-8, the Kenyan judicial system has a range of laws to address SGBV, with the Sexual Offences Act 2006 playing a central role in addressing SGBV, in addition to FGM and domestic violence as separate laws, and child marriage. Child marriage is also explicitly prohibited by several laws.

One of the measures being taken to improve the situation where these laws exist but are not being fully complied with, and where SGBV remains a major social issue, is to promote the enactment of SGBV-related laws and policy-making at the county level. Since the enactment of the new constitution in 2010, certain legislative and administrative powers have been transferred to county governments in line with the shift from a centralized power structure to a decentralized one. In this context, administrative agencies and international organizations have recommended the enactment of county-level SGBV-related laws and the formulation of policies, with the aim of making SGBV-related laws more effective and tailored to the needs and circumstances of each county[110]. The National Gender and Equality Commission (NGEC), one of the national machineries, has developed 'County Government Policy on SGBV (2017)', 'Model Legislative Framework on GBV for County Governments (2017)', that provide support for legislative and policy development at the county level. Of the 47 counties, the situation is still limited, with only Nairobi City County, Kakamega County and some others having adopted county-level SGBV legislation, and few of counties like Migori County, Meru County and Kisumu County having developed their own SGBV policies. UN Women has been advocating for the need for independent legislative and policy development in Turkana and Garissa Counties, where the UN provides humanitarian assistance in refugee camps[111]

3.1.2.2. Policies and Policy Implementation towards the elimination of SGBV

1) Policies to eliminate SGBV

In Kenya, SGBV has been identified as one of the issues to be addressed in 'Kenya Vision 2030'. In addition, the Ministry of Public Services and Gender (MPSG) and the National Gender and Equality Commission (NGEC), which are responsible for SGBV prevention and response, have developed policies, strategies and action plans for the elimination of SGBV, including 'National Policy for Prevention and Response to Gender Based Violence' and KNAP. A range of related documents have also been developed and updated, including training materials and guidelines for service providers in collaboration with the UN. The main policies are as follows:

[110] Interview with Un Women Kenya (27 Dec 2020)
[111] Ibid

Table 3-9：List of Policies and Standards Relevant to SGBV in Kenya

Name of the document	Description
National Policy for Prevention and Response to Gender Based Violence (2014) Issued by Ministry of Devolution and Planning	It sets out the current status of SGBV in Kenya, the definition of SGBV, the legal framework, and describes the strategy and policy for a multi-sectoral approach to SGBV prevention and response.
National Guidelines on the Management of Sexual Violence (2014) Issued by Ministry of Health	It is the guidelines set out services for victims of sexual violence, including counselling, treatment, handling of sexually transmitted diseases and trauma, HIV testing and emergency contraception. It also sets out in detail the processes required at each stage, including psychosocial support and the preservation and handling of evidence by the judiciary and police.
National Multispectral Monitoring and Evaluation Framework for Response to and Prevention of Sexual and Gender-Based Violence (2014) Issued by NGEC	It is a framework that stipulates the monitoring and evaluation, coordination of relevant agencies, data collection for policy and programme decision-making, and regular data sharing, with the aim of properly monitoring and evaluation of the progress of programmes for the prevention and response to SGBV.
National Adolescent Sexual and Reproductive Health Policy (2015) Issued by Ministry of Health	It describes the sexual and reproductive health (SRH) needs of young people under the age of 18 and the mechanisms for addressing them, specific priority measures in each sector, and a monitoring and evaluation framework.
National Monitoring and Evaluation Framework towards the Prevention of and Response to Sexual and Gender Based Violence in Kenya (2016) Issued by NGEC	It establishes evaluation indicators to measure the degree of achievement of results for each sector and institution (government agencies, semi-autonomous government agencies, CBOs and NGOs, etc.).
County Government Policy on Sexual and Gender Based Violence (2017) Issued by NGEC	It describes policies to increase the effectiveness of the implementation of SGBV-related laws and policies at the county level. It encourages counties to develop their own SGBV laws and SGBV policies.
Model Legislative Framework on Sexual and Gender Based Violence for County Governments (2017) Issued by NGEC	It provides a model template for the county-level SGBV law recommended in 'County Government Policy on Sexual and Gender Based Violence' which is mentioned above.
Gender-Based Violence Training Resource Pack (2019) Issued by MPSG	It describes the laws and policies related to SGBV, the specific roles of all relevant agencies involved in SGBV prevention and response, response procedures, referral procedures and multi-sectoral responses. It was developed by the United Nations and the Government of Kenya as part of 'Joint Programme on the Prevention of and Response to Gender-Based Violence'.
National Policy for the Eradication on Female Genital Mutilation (2019) Issued by MPSG	It is a national policy developed for the elimination of FGM. Specific priorities include raising awareness of anti-FGM in public education, promoting community dialogue, strengthening law enforcement, and enhancing partnership coordination.
National Gender and Development Policy (2019) Issued by MPSG	It describes the challenges of gender equality in each sector, the priority measures to be implemented and the time frame for their implementation. In particular, it includes gender mainstreaming, prevention and response to SGBV, policy on gender-responsive budgeting, and measures for cooperation between central and county governments. The following 6 policies are prioritized: ➢ Strengthen the implementation of laws and policies related to SGBV ➢ Promote the construction of safe spaces and shelters for victims of SGBV at national and county level

Name of the document	Description
	➢ Promote the implementation of advocacy and education programmes that transform the culture and behaviors that contribute to SGBV ➢ Strengthen the capacity of relevant institutions to expedite the investigation and prosecution of SGBV cases ➢ Undertake research to identify the structural causes of SGBV in order to consider effective measures to eliminate it. ➢ Promote male involvement in the prevention and response to SGBV
Kenya National Action Plan for the Advancement of United Nations Security Council Resolution 1325 on Women, Peace and Security (KNAP) Ⅱ 2020-2024 Issued by MPSG	It is the Kenya's national action plan for the implementation of UNSCR1325 and related resolutions. The first Action Plan was implemented in Kenya from 2016 to 2018 and based on its review, the 2nd generation of the Action Plan was developed. The 2nd generation sets out strengthening laws and policies, financing, extending KNAP to the county level, using women in disaster and conflict prevention, and gender mainstreaming in the security sector, in response to 4 pillars which UN requires.

Source：Created by the author

2) Policy Implementation Structure

In Kenya, the national machinery responsible for promoting gender equality, including SGBV prevention and response, is the Ministry of Public Service and Gender (MPSG) and National Gender and Equality Commission (NGEC). The United States Agency for International Development (USAID) report points out that gender mainstreaming in the relevant sectors has not been sufficiently promoted due to financial and staffing constraints in both institutions and overlapping roles in those two institutions[112]。

1) Ministry of Public Services and Gender (MPSG)

MPSG is the government agency responsible for the formulation, implementation and management of policies related to public services and the promotion of gender equality and women's empowerment. The MPSG is divided into the State Department of Public Services and the State Department for Gender (SDG), with SDG being responsible for gender mainstreaming and promoting women's socio-economic empowerment. The SDG is mainly responsible for 1) Gender Policy Management; 2) Special Programmes for Women Empowerment; 3) Gender Mainstreaming in Ministries/ Departments/Agencies; 4) Community Mobilization; 5) Domestication of International Treaties/Conventions on Gender; and 6) Policy and Programmes on SGBV[113]. In addition to the implementation and management of gender policy at the central level, SGBV has set up offices in each county to implement and monitor the national policy within the county.

SDG has the following 4 departments: a)-d) and oversees 3 Semi-Autonomous Government Agencies (SAGA): Uwezo Fund[114], Women Enterprise Fund (WEF)[115] , National Government Affirmative Action Funds (NGAAF)[116], and Anti-FGM Board[117]. The SGBV is handled by c) of the 4 departments and FGM is

[112] USAID (2020), USAID Kenya Final Gender Analysis Report March 2020, P. 19
[113] http://www.psyg.go.ke/?page_id=1335, last accessed on 20 Dec 2020
[114] It is a public fund which was established under 'Legal Notice No. 21 of 21st February, 2014 - Public Finance Management'. It has operated for the socio-economic empowerment of women, youth, persons with disabilities and other vulnerable groups.
[115] It is a public fund established under 'Public Finance Management Act 2012' to support women's entrepreneurship and provide loans to women-run small businesses.
[116]It is a public fund set up under the Public Finance Management Act 2012 to operate for the socio-economic empowerment of women, youth, people with disabilities, poor children and the elderly.
[117] It is an agency which was set up under 'FGM Prohibition Act 2006' to carry out awareness raising, policy development, inter-agency coordination and fundraising for the elimination of FGM.

handled by the Anti-FGM Board, one of the 3 SAGAs.

a) Gender Mainstreaming and Field Services Directorate

With the aim of promoting gender mainstreaming in government agencies, it coordinates inter-agency activities, collects and analyses data, reviews documents and other materials, manages the Gender Sector Working Group (GSWG), and conducts monitoring and evaluation.

b) Social Economic Empowerment Directorate

It manages and implements empowerment programmes aimed at improving the welfare of women and girls, and supervises and coordinates the work of Uwezo Fund, WEF and NGAAF, 3 SAGAs.

c) Gender Based Violence and Family Protection Directorate

It implements and coordinates programmes aimed at combating SGBV, and improves the law enforcement system. Its specific functions are as follows[118]:

1. Coordination of programmes and activities for prevention and elimination of incidences of FGM;
2. Sensitization of communities and other stakeholders on FGM,SGBV on gender related issues;
3. Coordination of programmes for the reduction of SGBV; collecting, collating and analyzing data on FGM, SGBV;
4. Follow-up with gender violence victims for the expediency of justice for conclusive resolution;
5. Oversee implementation and reporting on KNAP on UNSCR1325;
6. Collaboration with organizations and other service providers on SGBV issues;
7. Disseminating information on FGM and SGBV activities and incidences;
8. Referral, guiding and counselling of SGBV survivors to relevant service providers;
9. Establishment of Gender Based Violence Recovery Centres (GBVRCs) in collaboration with other stakeholders and relevant County Governments';
10. Monitoring prevalence of FGM and SGBV;
11. Establish and maintain complaints and grievance mechanisms for monitoring sexual and gender violence incidences in Ministries/Departments, Counties and Agencies (MDCAs)

d) Gender Policy and Research Directorate

It provides technical support on review, monitoring and evaluation of gender-related policies and programmes, reports on the implementation of treaties to international organizations such as CSW, AU and EAC, and conducts gender-related research.

2) National Gender and Equality Commission (NGEC)

NGEC is an agency established under the National Gender and Equality Commission Act of 2011 to ensure compliance with laws and implementation of policies relating to gender equality. It monitors all forms of discrimination, not only against women, but also against vulnerable groups such as young people, people with disabilities and the elderly. Its main tasks include reviewing, auditing, monitoring and evaluating policies on gender mainstreaming (which accounts for a 60% of its total work[119]); investigating complaints and reports of rights violations; coordinating with relevant institutions; providing support to victims/survivors; providing

[118] https://gender.go.ke/gender-based-violence-family-protection/, last accessed on 20 Dec 2020
[119] NGEC(2019), NGEC Strategic Plan 2019-2024, P.30

avenues for dispute resolution between perpetrators and victims/survivors; raising awareness; and preparing various guidelines.

While as an independent body, NGEC conducts a large number of policy reviews every year, it has been analyzed that the challenges of the organization include lack of financial capacity, lack of awareness at the grassroots level and lack of expertise in the judiciary[120]. The NGEC Strategic Plan 2019-2024 calls for 5 priorities to be addressed: 1) Compliance Monitoring and Reporting; 2). Investigations and Redress; 3). Public Education and Mainstreaming of Equality and Inclusion; 4). Research and Knowledge Management; 5). Institutional Capacity Building[121]. The current organizational chart of NGEC is shown in Table 3-7:

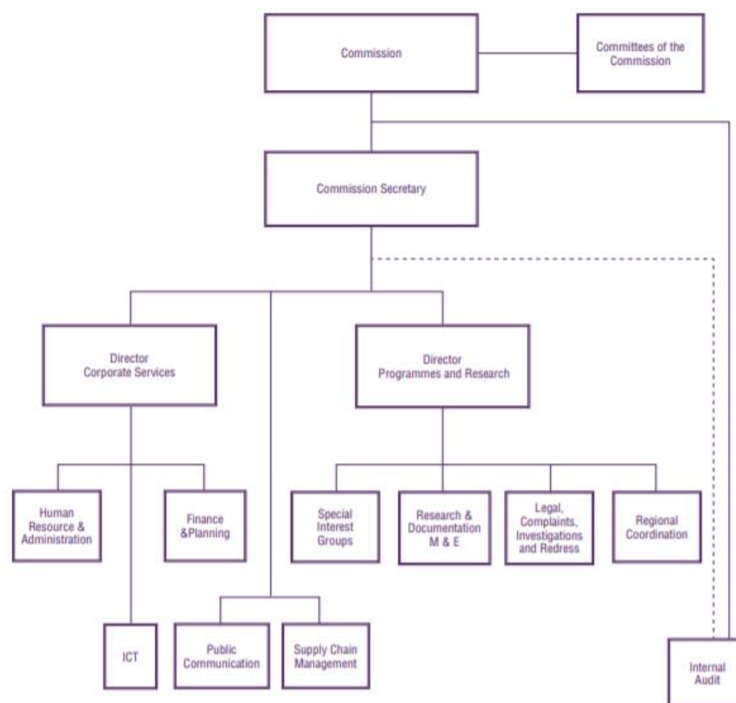

Figure 3-7：NGEC Organization Chart

Source：NGEC Strategic Plan 2019-2024, P.37

3) Coordination Mechanism

With regard to SGBV prevention and response, the following coordination mechanisms have been put in place in Kenya:

Table 3-10：List of Coordination mechanism in Kenya

名称	機能
GBV Thematic Working Group	It is a meeting body that deals with GBV at a central level and forms part of the Gender Sector Working Group that deals with gender issues in general. It is chaired by the Minister of the MPSG and includes representatives of all relevant ministries (Ministry of Health, Ministered Education, Ministry of Labor, Ministry of Finance, etc.), Kenya National Police, Judiciary or others. Meetings are held twice a year.
National GBV Technical Committee	It is a meeting body to discuss technical aspect and funding for the implementation of the SGBV policy, chaired by SDG and including all relevant ministries (Ministry of Health, Ministry of Education, Ministry of Labor, Ministry of Finance, etc.), Kenya National Police,

[120] NGEC(2019), NGEC Strategic Plan 2019-2024, P.24
[121] Ibid, P.30-34

名称	機能
	Judiciary, NGEC, Anti-FGM Board, other institutes, development partners, private sector etc. Meetings are held quarterly basis.
County GBV Thematic Working Group	It is a meeting body to coordinate on SGBV at county level. It sets county-specific policies and directions, monitors and evaluates activities, and develops strategies. Members include county government officials, development partners and private sector, and are required to report to GBV Thematic Working Group. Meetings are held twice a year.
County GBV Technical Working Group	It is a working group on GBV established at county level. It is being established in each county in turn, but in counties where it has not been established, SGBV may be included as one of the issues addressed by the Gender Technical Working Group. All SGBV stakeholders in each county (health, education, labor, public services, police, prosecution, county government, UN, NGOs, etc.) are involved as members, to develop annual plans, raise funds, collect best practices, and disseminate relevant regulations.

Source：Created by the author based on MPSG (2014) National Policy for Prevention and Response to Gender Based Violence

GBV Sub-Cluster Working Group under the Protection Cluster has been established to address the prevention and response to SGBV in humanitarian response, mainly in Dadaab and Kakuma refugee camps, and is coordinated by UNFPA, the lead agency, with the participation of Kenyan government agencies and international organizations.

3.1.2.3. Initiatives by the Government of Kenya

As mentioned above, the Government of Kenya has identified SGBV as one of the priority social issues to be addressed and has promoted the development and implementation of laws, policies and guidelines through institutions such as SDG and NGEC. The following 4 initiatives are run by the Government of Kenya that are being implemented in line with the respective policies and that are focused on prevention and response to SGBV:

- ➢ Establishment of the Gender-Based Violence Recovery Center (GBVRC)
- ➢ Setting up of Gender Desks in police stations
- ➢ Installation and operation of GBV Hotline 1195
- ➢ Implementation of the Joint Programme on Prevention and Response to Gender Based Violence (JP-GBV) with the United Nations

1) Establishment of the Gender-Based Violence Recovery Center (GBVRC)

SDG, in collaboration with the Ministry of Health and County Governments, recommends that a facility called the Gender-Based Violence Recovery Center (GBVRC) be established in all counties as a one-stop center to provide comprehensive support services to victims/survivors of SGBV. GBVRCs are an 24 hourly facility located in national and public hospitals that provide free medical and psychosocial support to victims/survivors of SGBV and refer them to legal services and the judiciary and police if necessary (guidelines suggest that a police officer and a prosecutor should resident in GBVRC). In the Kenyan health system, hospitals are classified into levels 1 to 6 (see Table 3-11). Level 6 is the national hospital, and Level 5 and below are managed by the county. .Levels 4-6 are generally considered to be hospitals with inpatient facilities and access to advanced care. As of December 2020, there are 253 Level 4, 15 Level 5 and 5 Level 6 facilities across the

Table 3-11：Classification of health facilities in Kenya

Level	Type
1	Community Services
2	Dispensaries and clinics
3	Health Centres
4	Sub-county hospitals
5	County referral hospitals
6	National Hospitals

Source：WHO, Primary Health Care Systems: Case study from Kenya (2017)

country, and establishment of GBVRC is being prioritized for Level 5 and 6. The SDG Strategic Plan 2018-2022 aims to establish GBVRCs in all47 counties for 5 years. In counties that do not have Level 5 or 6 hospitals, GBVRC will be established Level 4 hospitals[122].

The services to be provided by the GVBRC are defined as follows[123]:

- Be located in a medical facility and be open 24 hours a day.
- Provide comprehensive services (medical services and psychosocial care) to victims of SGBV
- Ensure that the victim receives all necessary services in the facility
- Provide comprehensive and multi-sectoral services to victims of SGBV, with non-medical service providers (police, judiciary, etc.) present wherever possible. Where this is not possible, a reliable referral procedure to the relevant authorities should be established.
- Carry out awareness-raising and outreach activities through community dialogue to disseminate the function of GBVRC, and increase the number of people using it and gain community support.

In the absence of one-stop centers such as GBVRC, victims/survivors of SGBV have to visit different facilities, especially the police and medical institutions. For example, in the case of a rape victims/survivor, two types of documents are required to prosecute the perpetrator. One is the Post Rape Care Form (PRC) issued by the medical authorities and the other is the Kenya Police Medical Examination Form (P3) issued by the police, which is required not only in cases of rape and sexual violence but also in cases of assault, road accidents and other incidents or accidents involving injuries. In the case of rape, a PRC issued by a medical institution is required to issue a P3, so victims/survivors who visit the police station to report rape must first be referred to a medical institution, where they would be examined and cared for and issued a PRC, which they would then bring back to the police station. After drafting a P3 based on the PRC, the victims/survivor has to go to the medical institution again because the P3 also needs a doctor's findings. Even if the victims/survivor goes to the medical institution first, he or she needs to visit the police station again with the PRC prepared, which not only requires many trips back and forth between the hospital and the police, but also may take days or weeks just to issue the two types of documents[124]. It is an important measure for the protection of victims/survivors to have a system in place that allows them to receive a range of services, including the preparation of PRCs and P3s, in one facility, as visiting multiple facilities to receive the services they need can be physically and emotionally taxing.

While GBVRC is expected to function effectively as a one-stop center providing comprehensive services to victims/survivors, the following challenges have also been identified:

- Installation is underway in Level 4~6 medical facilities, but these facilities are limited in number in the counties and sub-counties and are often too far away for victims/survivors to access. There is a need to ensure that the same services are available in Level 1~3 medical facilities[125].

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[122] Ministry of Public Service, Youth and Gender Affairs (2018), State Department of Gender Affairs Strategic Plan 2018-2022, P.99
[123] Ministry of Public Service and Gender (2020), Guidelines for the Establishment of Gender Based Violence Recovery Centre (GBVRCs) in Health Facilities in Kenya, 2020, P. 3-4
[124] Kizzie Shako, Myrna Kalsi (2019), Forensic observations and recommendations on sexual and gender based violence in Kenya, Forensic Science International: Synergy 1 (2019), P. 188
[125] Interview with NGO

- After a visit to GBVRC for medical examination and other services, few people return for follow-up (especially counselling services). There is a need to ensure that victims/survivors are able to continue to access medical care and treatment, for example by referring them to smaller medical facilities closer to where they live[126].
- There is a shortage of personnel and equipment. Medical staff have to perform a variety of tasks in addition to dealing with SGBV, and legal services are dependent on pro bono or donor support. There is also a lack of training for staff[127]. In some facilities, even once trained, refresher training is rarely provided, and there may be only one trained staff member in a facility[128].
- Supplies of equipment is inadequate. Donors and the government distribute basic treatment equipment and HIV testing kits, but supplies are erratic and often out of stock[129].

2) Setting up of Gender Desks in police stations

The Kenya National Police has been promoting the establishment of Gender Desks in police stations since 2011, which are responsible for receiving SGBV cases, investigation, prosecuting perpetrators, and referring cases to relevant authorities. It is expected to act as an entry point for victims/survivors of SGBV to receive support (the referral process in the police is shown in Figure 3-8). It has now been established in all police stations at county and sub-county level[130]. Each Gender Desk is supposed to be staffed by at least 3 police officer (both male and female officers would resident).

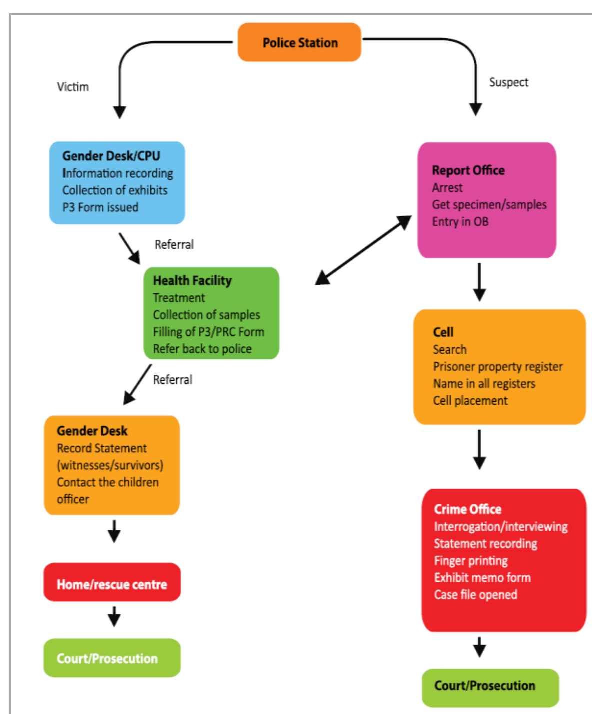

Figure 3-8：Referral process for SGBV cases in the Kenya National Police

Source：Gender-Based Violence Training Resource Pack, P.100

In addition to police officers at Gender Desks, the National Police requires all police officers to undergo training in dealing with SGBV. The training covers a wide range of topics, including basic knowledge of SGBV, the legal framework, how to conduct initial investigations, how to conduct interrogations and how to deal with victims/survivors/perpetrators. In particular, in cases of sexual violence, victims/survivors have to provide evidence in court that there has been genital penetration. Therefore, it is necessary for the police to provide follow-up services to medical professionals to keep evidence when victims/survivors are dealt with in medical facilities. 'The National

126 Marleen Temmerman (2019) The Gender-Based Violence and Recovery Centre at Coast Provincial General Hospital, Mombasa, Kenya: An integrated care model for survivors of sexual violence
127 NGEC (2016), Gender-Based Violence in Kenya: The Cost of Providing Services,.P.38
128 World Bank (2019), Kenya Gender-Based Violence Service Gap Analysis at the County Level, P.33
129 NGEC (2016), Gender-Based Violence in Kenya: The Cost of Providing Servises,.P.38
130 Interview with Kenya National Police on 27 Oct 2020.

Guidelines on the Management of Sexual Violence (2014)' for dealing with SGBV are also taught in the training[131]. Technical support from NGOs such as Plan International Kenya has been provided for the implementation of the SGBV training.

The following challenges to the Gender Desk and police response were identified during the research:

- While interviews with the national police indicated that all officers are well trained through regular training in SGBV prevention and response, interviews with several NGOs indicated that the police officers deployed do not have a good understanding of the SGBV response.
- There is a serious shortage of personnel and supplies. All police stations are supposed to have a Gender Desk, but they are always understaffed and often there are no police officers available when victims/survivors visit[132]. Even where there are Gender Desks, they are not allocated private rooms due to a lack of resources, and some are located outside rather than inside the building, making it impossible to ensure the privacy of victims/survivors[133].
- The small number of police stations at county and sub-county level makes it difficult for victims/survivors living away from the center of the county to access them[134].
- Although both female and male police officers are supposed to be deployed, there are some Gender Desks where there are no female police officers. Though men can also be victims/survivors of SGBV, it is imperative to have female staff at the Gender Desk to make it easier for victims/survivors to seek advice as most victims/survivors of SGBV in Kenya are women. UN Women is advocating to the police to place women in some of the staff positions, such as reception, as it takes time to increase the number of police officers[135].
- When people report to the police after being sexually violated outdoors, they are sometimes accused of being the perpetrator even though they are the victims/survivorsuch as being pursued for why they were outside at night ('Victim Blaming'). The police are psychologically distant from the general public, and it is unlikely that they will be the first to be contacted when a complaint is made, usually by someone closer to them, such as a community leader or relatives[136].
- Although it is stated in several relevant documents that P3 form issued by the police are free of charge, in the field, police officers often charge for issuing P3[137]. Victims/survivors may also be charged for travel expenses to go to the location when they report the incident[138].NGEC research has estimated that the average cost associated with a victim/survivor reporting SGBV to the police is 3,756Kenyan shillings[139], which is a major barrier to reporting.

[131] Interview with Kenya National Police on 27 Oct 2020.
[132] Interview with NGO.
[133] Safeguarding Dignity of Sexual Violence Survivors in Kenya, https://reliefweb.int/report/kenya/safeguarding-dignity-sexual-violence-survivors-kenya, last accessed on 10 Dec 2020.
[134] World Bank(2019), Kenya Gender-Based Violence Service Gap Analysis at the County Level, P.15
[135] Interview with UN Women Kenya on 27 Oct 2020.
[136] Ibid
[137] Interview with NGO.
[138] Ibid
[139] NGEC (2016), Gender-Based Violence in Kenya: The Economic Burden on Survivors 2016, P.31

3) Installation and operation of GBV Hotline 1195

SDG has been working with a local NGO, Healthcare Assistance Kenya (HAK), to roll out a free hotline, GBV Hotline 1195, across the county since 2013. The hotline and referral system operated by HAK, which had been in operation since around 2008, has been rolled out to cover all 47 counties. The expansion of the service was supported by the United Nations, USAID, Deutshe Geselleschaft fuur Internationale Zusammenarbeit (GIZ) and the International Rescue Committee (IRC). The current operation of the hotline has been supported by UN Women, Africa Unite Kenya, Gender Violence Recovery Centre at Nairobi Women's Hospital, Kenya Red Cross, local NGOs such as FIDA, CREW. The hotline is available 24 hours a day, 7 days a week and is supported by a leading telecommunications company, Safaricom Ltd. Upon receipt of a report, an operator contact to the police, judiciary, nearby GBVRC and medical institutions to provide assistance to the victims/survivors. There is also an SMS reporting system that provides immediate assistance to victims/survivors of violence. The police are stationed at the premises where the hotline is operated to ensure an immediate response[140]. Among all 10,713 cases which were received by GBV Hotline 1195, the most common types of violence were psychological violence (35%), neglect (21%), physical violence (20%), economic violence (7%) and defilement (7%)[141]. The data by gender and age showed that most of the calls came from women aged 18-29 (26%) and 30-45 (20%)[142].

There are also a number of hotlines, as listed below, as well as hotlines run independently in each county by hospitals, GBVRC, NGOs, Gender Desks and others:

- Police 999/112
- Childline Kenya Helpline 116: Hotline for child abuse
- UWIANO SMS Platform 10: SMS reporting system operated by UWIANO
- Kimbilio GBV Helpline 1193: Hotline operated by a medical company
- LVCT one 2 one youth helpline 1190: hotline operated by NGO LVCT
- FIDA SMS Platform 21661: SMS reporting system operated by NGO FIDA

4) Implementation of the Joint Programme on Prevention and Response to Gender Based Violence (JP-GBV) with the United Nations

The Government of Kenya has been implementing the Joint Programme on Prevention and Response to Gender Based Violence (JP-GBV) with the United Nations since 2017. Prior to this programme, the Government of Kenya and the United Nations had implemented the UN-Government of Kenya Joint Programme on Gender Equality and Women's Empowerment (JPGEWE) from 2009 to2014. The current project was a newly launched programme based on the evaluation of the results of the former programme. The lead agency is UN Women, UNFPA, SDG in MPSG, with the participation and collaboration of Kenyan 14 government agencies, 14 international organizations and other relevant institutions and organizations. The programme focuses on the following 5 pillars: SGBV prevention, protection, prosecution of perpetrators, planning and partnership.

140 Interview with Kenya National Police on 27 Oct 2020.
141 SDG (2020), Gender-Based Violence Training Resource Pack, P.3
142 Ibid

Table 3-12：Overview of Joint Programme on Prevention and Response to Gender Based Violence

Items	Description
Period	2017~2020
Budget	USD20,000,000 (for 4 years
Outcome	1. An improved legislative and policy environment in line with international, regional and national standards on GBV 2. Favorable social norms, attitudes and behaviors at institutional, community and individual levels to the prevention and response of Gender Based Violence 3 : Improved utilization of quality essential Gender Based Violence services
Output	1.1. Rights holders able to successfully advocate for effective implementation of GBV laws and policies 1.2. GBV laws, policies and regulations/guidelines are in line with the Constitution 1.3. Strengthened capacity of duty bearers to implement policies, legislation and regulatory frameworks on GBV. 2.1. Women, girls, men and boys at community and individual level are mobilized in favor of respectful relationships and gender equality 2.2. Gender equality, GBV prevention and response messaging and programmes integrated into formal and non-formal education curricula. 3.1. Enhanced capacity of national and county institutions to provide quality GBV services 3.2. Strengthened capacity of service providers to provide quality, coordinated services, collect and use data in an ethical manner 3.3(a). Improved accessibility of GBV services to survivors including in conflict/emergency and humanitarian setting 3.3 (b). Improved accessibility of medical and rehabilitation services to perpetrators of GBV 3.4. National and county institutions have capacity to generate, collect and avail evidence for advocacy, planning, implementation, monitoring and evaluation of GBV programmes.

Source："Joint Programme on Prevention and Response to Gender Based Violence 2017-2020"

The most recent Annual Report (2017-2018), which is now available, reports various achievements, including an increase in the number of consultations and calls received by GBV Hotline 1195 due to strengthened reporting mechanisms; two counties made new budget allocations for FGM; NGEC has produced a document to develop county-level legislation and policy (See 3.1.2.1), and training has been provided to service providers.[143]. The programme started on the International Women's Day 2017 and ended at the end of the 2020. As of January 2021, an evaluation of the programme is underway, led by UN Women, and preparations are underway to launch Phase II 2021during the year[144].

3.1.3. Initiatives by International Organizations, Bilateral Aid Agencies, NGOs and Other Private Sector Organizations, and JICA

3.1.3.1. Efforts by International and Bilateral Aid Organizations

In Kenya, a number of international and bilateral aid agencies have implemented programmes to support SGBV prevention and response. The United Nations, led by UN Women and UNFPA, is developing JP-GBV, while UNICEF and UNHCR are also providing support on SGBV in their programmes. Also, a number of bilateral aid agencies provide support, including USAID, UK Aid, GIZ and DANIDA. The following are some of the initiatives undertaken by aid agencies that were identified during the research:

[143] UN Women(2019), Joint Programme on Prevention and Response to Gender Based Violence Annual Report (January 2017-June 2018)
[144] Interview with UN Women Kenya on 27 Oct 2020.

Table 3-13：List of International and Bilateral Aid Agencies working on SGBV in Kenya

<table>
<tr><th>Institutions</th><th>Description</th></tr>
<tr><td>UN Women[145]</td><td>➢ Implementation of JP-GBV
UN Women is using 'SASA! Model' to raise awareness at the community level, strengthen the capacity of police and judicial officials, strengthen the network of SGBV victims/survivors, and strengthen the management system for SGBV-related data.
➢ Implementation of the UN Joint Programme on Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH)
UN H6 Partners[146] is working with the Government of Kenya to implement a joint programme to reduce maternal and newborn mortality. The programme aims to improve access to quality health, HIV and SGBV services for women, children, newborns, girls and boys in 10 counties with high maternal mortality rates by strengthening the capacity of health workers, strengthening health systems at the county level and strengthening service delivery systems for victims/survivors of SGBV. The total budget is USD 40,840,833 for the period from Oct 2016 to Dec 2020[147].
➢ Provision of counselling services for victims/survivors of SGBV in Dadaab and Kakuma refugee camps (including Kalobeyei settlement) and awareness raising activities for men on SGBV prevention
➢ Establishment and operation of women's empowerment centers in Kalobeyei settlements[148]
It is a place that can be used by refugees and women from the host community living in Kalobeyei settlement for providing psychosocial support to victims/survivors, information and networking related to SGBV. A crèche is also available. Refugees are able to access police and judicial services in Kenya if they are victims/survivors of SGBV, but as it is difficult for refugees who do not speak English or Swahili to access public services, language support is also provided there.
➢ Training in women's leadership development to include women's perspectives in decision-making processes
➢ Supporting women to improve their livelihoods in refugee camps and host communities
Improving women's incomes is an important factor in the prevention of SGBV, and UN Women provides technical training in sewing, hairdressing, and handicraft making, as well as equipment and links with companies that sell these products.</td></tr>
<tr><td>UNFPA[149]</td><td>➢ Implementation of JP-GBV
UNFPA is intensifying awareness-raising activities and strengthening the response capacity of county governments.
➢ Implementation of H6 Partner Joint Programme
➢ Implementation of SGBV, SRHR response and awareness raising activities in Dadaab and Kakuma refugee camps
➢ Implementation of UNFPA-UNICEF Joint Programme on Eliminating Female Genital Mutilation[150]
In collaboration with UNICEF, a joint programme for the elimination of FGM has been implemented since 2008: Phase I operated in 2008-2013, Phase II operated in 2014-2017 and Phase III started from 2018 and will end in 2022 which targets 17 countries[151]. The total budget is USD109, 000,000[152]. Kenya is one of the targeted countries and it has identified 22 counties as FGM hotspots for sustainable</td></tr>
</table>

[145] Interview with UN Women Kenya on 27 Oct 2020.
[146] 'UN H6 Partners' is a partnership established in 20082006 to improve health services for women, children and newborns, comprising UN Women, UNFPA, UNAIDS, UNICEF, WHO and the World Bank.
[147] Of which DANIDA supports: USD.6, 042,384.
[148] Peace Winds Japan (PWJ), an NGO funded by the Japanese government, is in charge of the construction, while Danish Refugee Council (DRC) and local NGOs are in charge of the operation.
https://reliefweb.int/report/ kenya/protection-and-skills-boost-women-kenya-s-refugee-camp, last accessed on 15 Dec 2020.
[149] Interview with UNFPA Kenya on 1 Dec 2020.
[150]https://www.unicef.org/protection/unfpa-unicef-joint-programme-eliminating-fgm, last accessed on 15 Dec 2020.
[151] Countries covered include Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Sudan, Somalia, Uganda and Yemen.
[152] USD 102,000,000 of the funding has been provided by the governments of Austria, France, Iceland, Italy, Luxembourg, Norway, AECID (Spain), Sweden, the UK and the EU.

Institutions	Description
	community dialogue with all members of the community, awareness raising activities involving men and boys, and the provision of alternatives to FGM practitioners. Alternative vocational training for FGM circumcisers, production and distribution of awareness raising tools (flyers, posters, etc.), capacity building of police officers, probation officers, community leaders. ➢ Conducting awareness-raising activities related to the prevention of 10teenage pregnancy as part of SRHR activities.
UNHCR[153]	➢ Implementation of prevention and response to SGBV as part of the protection sector in Dadaab and Kakuma refugee camps (including Kalobeyei settlement) and host communities. ➢ UNHCR is responsible for the management of the Dadaab and Kakuma refugee camps in Kenya, and works with the police to protect and respond to victims/survivors and operate the UNHCR hotline in support of refugees in Kenya[154]
UNICEF[155]	➢ Implementation of the UNFPA-UNICEF Joint Programme on Eliminating Female Genital Mutilation ➢ Implementation of the H6 Partner Joint Programme ➢ Preventing and responding to violence against children (VAC) As part of the prevention and response to VAC, we raise awareness about the prevention of domestic and sexual violence against children and support the operation of the Childcare hotline116.
USAID[156]	➢ Supporting for the establishment and operation of GBVRCs ➢ Supporting for the installation and operation of GBV Hotline 1195 ➢ Implementation of Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) A programme called DREAMS is being implemented in African 10countries, including Kenya, with the aim of reducing the rate of HIV/AIDS infection. This includes HIV testing and counselling for adolescent girls, post-SGBV care, school-based awareness-raising on HIV infection and SGBV prevention, and encouraging the use of contraceptives. ➢ Funding for A Collaborative Approach to Reduce Gender-Based Violence in Kenya by Global Community, a local NGO ➢ Global Community, in partnership with Kenya Girl Guide Association (KGGA) and St. Johns Community Centre (SJCC), is supporting a programme in Nairobi slums to prevent GBV and HIV/AIDS infections in girls and women aged 10-24. programme in Nairobi slums.
GIZ[157]	➢ Supporting for the installation and operation of the GBV Hotline 1195 ➢ Supporting in Kakuma refugee camp and Turkana West sub-county As part of humanitarian response, GIZ are supporting the work of SGBV Working Group in Kakuma Refugee Camp and its host community in Turkana West Sub-county
DANIDA[158]	➢ Operational support for the Gender Violence Recovery Centre (GVRC) It has contributed a total DKK 10,000 for 2017-2021 to the GVRC, which is located in the Nairobi Women's Hospital, a private hospital. The funds also support the GVRC's project "Strengthening Services and Advocacy on GBV in Kenya", which aims to provide medical, psychosocial and legal support to victims/survivors of SGBV and their families, raise awareness among communities and service providers, and advocate for decision-makers in 9 counties. ➢ Funding for the UN H6 Partner Joint Programme
UK Aid[159]	➢ Implementation of Adolescent Girls Initiative

[153] UNHCR (2020), South Sudan Regional Refugee Response Plan January 2020 - December 2021
[154] In addition to the UNHCR hotline, the DRC provides an 24hour and 365day hotline in Kakuma refugee camp and Kalobeyei settlement
[155] https://www.unicef.org/kenya/stories, last accessed on 15 Dec 2020
[156] https://www.usaid.gov/business-forecast/search, last accessed on 15 Dec 2020
[157] Interview with UN Women Kenya on 27 Oct 2020
[158] https://kenya.um.dk/en/danida-en/funding-opportunities/srhr-and-gbv/, last accessed on 16 Dec 2020
[159] https://devtracker.fcdo.gov.uk/countries/KE/projects, last accessed on 16 Dec 2020

Institutions	Description
	A randomized controlled trial is being conducted from 2013 to 2021 which tests interventions and outcomes aimed at improving access to health, education and economic assets and protecting against violence in 10-14 year olds ➢ Distribution of menstrual cups and cash benefits To prevent girls from dropping out of school, a randomized controlled trial is being conducted to measure the impact of the distribution of menstrual cups (moon cups) and cash transfers to primary school girls in Siaya County, western Kenya. ➢ Building Sexual Violence Survivors' Capacity to Evidence and Research Crimes and Advocate for Effective Responses (The CARE Project) Using SGBV-related data held by the Wangu Kanja Foundation (WKF), a local Kenyan NGO, the study analyses the nature of sexual violence and victims/survivors' access to post-rape care services. ➢ Support for the establishment of anti-trafficking child protection units In response to the sexual exploitation and trafficking of children believed to be taking place along the Kenyan coast, an Anti-Trafficking Child Protection Unit was established in Nairobi in 2019 in collaboration with United Nations Office for on Drugs and Crime (UNODC) and the National Police. In 2020, the UNODC supported the establishment of an anti-trafficking child protection unit in Mombasa by assisting in the construction of a building, providing vehicles and training staff.

Source：Created by the author

3.1.3.2. Efforts by NGOs and Other Private Sector Organizations

A number of international and local NGOs working in Kenya are involved in the prevention and response to SGBV. There are also examples of private companies actively working to prevent SGBV, particularly sexual harassment. In this section, it highlights the activities of the organizations the consultant interviewed, as well as the organizations and private companies which are identified in the literature review.

1) Plan International Kenya

Plan International is a UK-based international NGO working on child protection and gender equality in development and humanitarian aid. It has been active in Kenya since 1982 and has a wide range of activities in relation to SGBV[160]

➢ Awareness raising for girls and women under the age of 18
It aims to ensure that women and girls are properly aware of their rights and that they do not take SGBV for granted.

➢ Economic empowerment for young women and girls
It supports women and girls to develop their ability to generate income independently.

➢ Supporting access to education for girls under the age of 18
Education is one of the most important tools for the elimination of SGBV, as attending school provides protection from SGBV and also helps girls to gain the ability to live independently through education. Girls under the age of 18 are supported to go to school whenever possible.

➢ Awareness-raising activities for parents
Gender unequal relationships within households, such as sending boys to school but not girls, or not buying household items for girls (e.g. sanitary products), are breeding grounds for SGBV, so it conduct awareness-raising activities for parents and guardians to encourage their behaviour change.

[160] Interview with Plan International Kenya on 22 Oct 2020

- SGBV prevention activities in the transportation industry
  Young women and girls sometimes use motorbike taxis, which are cheaper than public transport, to commute to work or school, and sometimes have sexual relations with the drivers in return for payment, which often leads to dropping out of school due to unwanted pregnancies. In addition, since public transport and motorbike taxi drivers are often the perpetrators of sexual exploitation and harassment, it has carried out awareness-raising activities to prevent it and established an SGBV reporting system in the transportation industry.
- SGBV training for police, judicial officials and administrators
  In order to improve the situation where various laws and policies on SGBV prevention and response are in place but not fully implemented at the field level, SGBV training is being provided to judicial officials, including the police, and to Gender Officers, who are county-level administrators.
- Support for the GVRC at Nairobi Women's Hospital
  It is supporting the One Stop Centre in the Nairobi Women's Hospital. This is the first One-Stop Centre in Kenya established in 2001 to provide comprehensive services to victims/survivors of SGBV, and is a model for GBVRCs that the government is establishing. GBRC provides free medical, counselling and psychosocial care.

2) Social Welfare Development Program（SOWED）

SOWED is a local Kenyan NGO working to achieve violence-free society, primarily for women and children, in the counties of Kakamega, Kajiado, Nairobi and Kiambu[161].

- Construction and repair of toilets in public primary schools
  The construction and rehabilitation of girls' toilets in public schools is an important measure in the prevention of SGBV, as it is critical for girls to be able to use the toilets properly and for the environment to be free of hazards for them.
- Awareness raising for the abolition of FGM
  It teaches girls how to respond to the risks of FGM with the aim of ensuring that they are properly aware of their rights and are able to protect themselves from FGM.
- SGBV training for police officers
  There have been frequent cases of police officers not responding appropriately to SGBV victims/survivors who come to the police station for advice or to make a report, and SOWEDD teaches them through training how they should respond to SGBV cases.

3) Kenya Girls Guide Association（KGGA）

KGGA is a member of the World Association of Girls Guide and Girl Scout, which is based in primary and secondary schools with the aim of empowering girls/girls and young women to reach their potential[162].

- Supporting girl's guide through club activities
  KGGA has created Girl Units in schools and trained at least the teacher in charge so that the teacher can provide the World Association of Girls guide and Girl Scout programmes. KGGA educates them about the Constitution, women's rights, entrepreneurship, labor, how to avoid being subjected to SGBV, how

[161] Interview with SOWED on 23 Oct 2020
[162] Interview with KGGA on 29 Oct 2020

to deal with menstruation, HIV/AIDS, reproductive health, who to talk to when they face problems. They also support the implementation of peer support.

- Community activities outside school
  KGGA conducts activities related to women's empowerment, targeting women at the age of 18 to 35, and 35 to 55. Basically, the activities are similar to those taught in the schools mentioned above, but with a particular focus on raising awareness about citizenship, environment, peace and health.
- Supporting for girls' income-generating activities
  As an income-generating activity for girls who have dropped out of school and girls with disabilities, KGGA provides technical trainings in sewing, hairdressing and baking.

4) Wangu Kanja foundation

The Wangu Kanja foundation is a local Kenyan NGO working towards a violence-free society, with activities related to the prevention and response to SGBV. The organization set up and runs 'Survivors of Sexual Violence in Kenya Network (SSV_Ke)' to disseminate the voices of victims/survivors of SGBV through access to justice. 'SSV_Ke' is involved in data collection and analysis of victims/survivors' experiences and advocacy based on their voices. The organization is also developing and operating a mobile application to report, follow-up and monitor sexual violence[163].

5) Unilever Tea Kenya (UTK)

Unilever is a multinational company for producing consumer goods based in the UK. UTK, a tea producer in Kenya, in collaboration with UN Women, has developed A Global Women's Safety Framework in Rural Spaces: Informed by Experiences in the Tea Sector (GWSF) to eliminate violence against women, including sexual harassment, in the agricultural value chain. The GWSF was developed to clarify the role of the business sector in the elimination of SGBV and to promote concrete action with partners[164]. Unilever operates large tea estates in Kericho and Bomet counties in Kenya and has been strengthening women's safety management in these estates since 2014. Since 2017, the programme has been extended to Assam tea estates in India. The programme includes a survey of producers on their efforts to manage the safety of women workers, training for tea industry supervisors and the establishment of a system for reporting violence against women[165]. In Kericho, the programme has also expanded lighting facilities in tea gardens, provided safe spaces for women to breastfeed, and hired counsellors and doctors to provide psychosocial care to victims/survivors. In collaboration with GVRC at the Nairobi Women's Hospital, an initiative called the 'Kings and Queens Club' was launched in 2016 to raise awareness of SGBV and child abuse in primary schools in Kericho County, including how to report and protect themselves from violence.

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163 Interview with UN Women Kenya on 27 Oct 2020.

164 UN Women (2018), A Global Women's Safety Framework in Rural Spaces: Informed by Experiences in the Tea Sector

165 While these efforts are underway, a2007 group of workers at the time of the assaults and rapes at UTK's tea plantation in Kericho County during the massive riots that took place across Kenya during the general elections in 20072006 filed a complaint with the UN Working Group on Business and Human Rights in 2006 to hold UTK and its parent company, Unilever, responsible for failing to deal with the workers during the riots. The group filed a20207 complaint against UTK and its parent company Unilever with the UN's Working Group on Business and Human Rights.
https://www.somo.nl/victims-of-violence-at-unilever-tea-plantation-take-complaint-to-the-un/, last accessed on 15 Dec 2020.

3.1.3.3. Efforts by JICA

Although there are no JICA initiatives specifically focused on SGBV prevention or response in Kenya, there are resources and knowledge that could be used in the following related areas:

1) Agriculture

While women play a major role in productive labor in the agricultural sector, their productivity is lower than men's and there is a large disparity in their income due to limited access to markets, materials and technology. In view of this situation, JICA implemented the "Project on Enhancing Gender Responsive Extension Services in Kenya" (2014-2017) with the aim of enabling the Ministry of Agriculture to promote gender mainstreaming and develop gender-sensitive initiatives and services. The results of the terminal evaluation confirmed that enough capacity was built for the promotion of gender-sensitive agricultural extension[166]. In Kenya, UN Women and NGOs have been actively implementing economic empowerment activities such as improving market access for smallholder women, as it is believed that women's economic independence from their spouses will reduce the impact of SGBV. On the other hand, recent studies have shown that increasing women's income may increase their risk of SGBV[167], and it is important to implement not only economic empowerment but also changing social norms including awareness raising for communities and men in parallel. Based on the findings of the project, it is possible that the project could be used for the prevention of SGBV and support for victims/survivors' social reintegration by establishing projects that incorporate the perspective of reducing the risk of SGBV as well as supporting livelihood improvement.

2) Health

In line with the decentralization to county governments under the new Constitution enacted in 2010, JICA implemented the "Strengthening County Health System Management under Decentralization Project" (2015-2019) with the aim of strengthening the management function of health administration in county governments. Clarification of the roles and strengthening of the functions of the central government and county governments under decentralization is a challenge in all sectors, and the lack of an established position and funding process in local government in SGBV prevention and response is one of the reasons for the weakness of the response. It is necessary to develop and implement effective prevention and response measures at the county level by using the methods for strengthening the management of the health sector implemented in the project and by integrating SGBV issues as part of the health administration. JICA has also implemented 'HIV Prevention Strengthening Project (2006-2009) and 'Project for Strengthening People Empowerment Against HIV/AIDS in Kenya (SPEAK) Phase 2' (2010-2014). In Kenya, as mentioned above, the United Nations and USAID are also implementing HIV/AIDS related programs, and in all of these programs, emphasis is placed on integrating and comprehensively addressing SRHR, HIV/AIDS prevention and response, and SGBV prevention and response[168]. The terminal evaluation of those project at the end of the project has confirmed that HIV/AIDS testing capacity has been improved and procedures clarified, and it can be considered how the SRHR and SGBV perspectives will be incorporated into those responses.

[166] JICA (2017), The Terminal evaluation Report on "Project on Enhancing Gender Responsive Extension Services in Kenya",P. v Japanese

[167] Mejia Calorina et al., (2014), Perspectives on Gender-Based Violence and Women's Economic Empowerment in Sub-Saharan Africa: Challenges and Opportunities, Measure Evaluation

[168] Interview with UNFPA Kenya on 1 Dec 2020.

3) Rehabilitation

JICA has continued to support the rehabilitation sector in Kenya. In response to the increase in the number of orphans, street children and other children in poor conditions who require special attention, as well as juvenile offenders, JICA developed a training system for juvenile protection staff (children's department, probation department, penal department, police and courts) under 'Project for Capacity Building of Child Care and Protection Officers in Juvenile Justice System (2009-2013)'. Japan Overseas Cooperation Volunteers (JOCVs) have also been deployed to the field of rehabilitation over the years, and they have been assigned to youth activities, community development, or social workers in the rehabilitation institutions and probation offices established in each county. In addition, the Japan based NGO 'Kenya no Mirai', has been training volunteers in the community and strengthening cooperation with government agencies as which is a JICA grassroots technical cooperation project. In the field of rehabilitation in Kenya, most of the cases of boys and girls in custody and offending are related to sexual offences[169]. Many children are taken into care because they have been victims/survivors of sexual offences or have been abandoned by mothers who became pregnant or gave birth at a young age, or because they have been arrested for rape or defilement and sent to probation. But these children are not provided with adequate psychosocial care or educational opportunities[170]. Counselling services, rehabilitation programmes and strengthening the capacity of probation officers can contribute to reducing the risk of SGBV in terms of the rehabilitation and reintegration of SGBV victims/survivors and the prevention of re-offending by perpetrators.

3.1.4. COVID-19 Infection Status and Its Impact on SGBV

The first case of COVID-19 was recorded in Kenya on 13 March 2020 and as of 28 December 2020, 95,992 cases and 1,664 deaths have been confirmed. The central and county governments have been coordinating the response through the National Coordinating Committee for Coronavirus Pandemic Preparedness to identify and control cases and implement control measures. To prevent the spread of the disease, access to the Nairobi metropolitan area and the counties of Kilifi, Kwale and Mombasa was restricted at the beginning of the April 2020, and night-time curfews were imposed elsewhere. Movement restrictions remained in place until 7 July 2020, including in Mandera County, which was added later, and night-time curfews remained in place until the end of the December 2020. The Government also closed schools and colleges across the country on 15 March 2020 and children were unable to attend school for almost 9 months. Although some schools reopened in October 2020 partially, many remained closed due to difficulties in creating an environment that meets infection control standards (e.g. hand-washing facilities and classrooms large enough for children to be close enough to each other) and did not reopen in earnest until 4 January 2021[171]. In Kakuma and Dadaab refugee camps, measures have also been taken, mainly to restrict movement and access, and schools in the camps have also been closed since March 2020. As of 1 October 2020, a total of 252 confirmed cases have been reported in both camps.[172].

In the speech on COVID-19 on 6 July 2020, President Kenyatta ordered the National Crime Research Centre (NCRC) to investigate the impact of COVID-19 on SGBV, teenage pregnancy and violation of

169 Interview with National Council for Children's Services on 23 Oct 2020.
170 Interview with National Council for Children's Services on 23 Oct 2020 and former JOCV in Kenya on 16 Oct 2020.
171 https://www.bbc.com/news/world-africa-55532789, last accessed on 4 Jan 2021.
172 OCHA (2020), Kenya Situation Report as of 20 Oct, 2020

children's rights, and the results of which were released on December 2020. The findings show that the COVID-19 pandemic and the response to it have increased the risk of SGBV, with the main findings of the NCRC study outlined below[173]:

- The number of SGBV cases which were received by Kenya National Police in the period of January to June 2020 amounted to 92.2% of the total number of cases in 2019. The forms of violence include various type such as physical violence, rape and attempted rape, sexual violence, defilement, child marriage, mental abuse, neglect and FGM.
- In 71% of the 2,416 SGBV cases recorded between January and June 2020, women and girls were the victims/survivors. The majority of perpetrators were young men aged 18-33 years, with DV and IPV being the most common
- The report identified that the causes of SGBV may include alcohol, drugs, poverty, and discord within the family, regressive culture and practices, a male-dominated society, poor knowledge of parenting, moral degeneration and lack of support.
- The Department of Children's Service's records of violations of children's rights show that 43,051 cases were reported between January and June 2020, of which 19,884 victims/survivors were girls. These included defilement, child marriage, teenage pregnancy, FGM, rape and abandonment

These results confirm that the risk of SGBV has increased during the COVID-19 pandemic, particularly in the context of serious violence against children. It was also reported that 24% of Kenyans had witnessed or heard of cases of domestic violence in their communities since the introduction of the lockdown[174]. A literature review of reports by NGOs as well as media reports, and online interviews with government agencies, international organizations and NGOs, identified the following impacts:

1) The number of SGBV cases has increased.

GBV Hotline 1195 received 86 reports of SGBV cases in February 2020, 115 in March, 461 in April, 753 in May, 1,100 in June, 740 in July, 646 in August and 810 in September[175]. Of these, about 35% were reports of sexual violence[176]. It is also reported that the number of cases from January to March 2020 increased by 13% compared to the same period last year[177]. According to the interviews in informal settlements (slums) conducted by a NGO, in communities where households do not have separate toilets but use shared toilets, people said that they could no longer use the shared toilets due to an increase in sexual violence as a result of people spending more time at home due to COVID-19 pandemic[178].

2) Risks of violence against children, including young pregnancy and FGM have increased

Between January and May 2020, 3,964 pregnancies under the age of 19 were confirmed in Machakos

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[173] National Crime Research Centre (2020), Protecting the Family in the Time of Covid-19 Pandemic: Addressing the Escalating Cases of Gender-Based Violence, Girl Child Disempowerment and Violation of Children Rights in Kenya, Summary of Findings and Recommendations

[174] OCHA (2020), Kenya Situation Report as of 20 Oct, 2020, P.11

[175] Based on the following 2points. Both viewed on 20 Dec 2020
https://africa.unwomen.org/en/news-and-events/stories/2020/06/on-the-frontline-with-kenyas-national-helpline
https://reports.unocha.org/en/country/kenya/#cf-2rC8ktJetxZ4Z8kaabrv0s

[176] Interview with UN Women Kenya on 27 Oct 2020.

[177] OCHA (2020), Kenya Situation Report as of 15 May, 2020, P.11

[178] Interview with Plan International Kenya on 22 Oct 2020.

County, and it was widely reported that COVID-19 may be increasing teenage pregnancies[179]. However, 4,710 teenage pregnancies were recorded in Machakos County during the same period in 2019, and 151,433 cases of teenage pregnancies were reported nationally between January and May 2020, compared to 175,488 during the same period in 2019, so the number itself does not confirm an increase in teenage pregnancies[180]. But, it should be noted that these figures do not imply a decrease in teenage pregnancies, but rather that a significant number of women were unable to seek medical attention due to restrictions on their mobility and activities[181]. In Kakuma refugee camp, 62 pregnancies under the age of 19 were reported in June 2020, compared to 8 in the same period the previous year[182]. In Dadaab refugee camp, there was a 28% increase in pregnancies between April and June 2020 compared to the same period 2019[183].

FGM is also reported to have increased during the COVID-19 pandemic. During normal times, children were protected from risk because they attended school, and if they were at risk of serious SGBV, such as FGM, sometimes teachers and other staff knew in advance and were able to persuade parents and consult with the community. However, when schools closed and children had to stay in their homes, the ability to protect them from FGM disappeared[184]. While movement restrictions were imposed, police officers also reduced their activities in rural areas and refrained from making arrests due to a lack of detention centers, so there was no proper policing or response to cases of FGM or child marriage[185].

GVRC in the Nairobi Women's Hospital reported that between March and August 2020, approximately 1,145 children experienced various forms of abuse against nine health facilities run by the hospital[186]. This accounts for 60 % of all SGBV cases reported to GVRC during the same period. Of these, sexual violence accounted for 90%, while physical violence and neglect each accounted for 10%.

3) Victims/survivors of SGBV could not receive adequate protection and support

Protection of victims/survivors of SGBV was not adequately implemented due to restrictions on movement to avoid the spread of COVID-19. Lack of access to transport made it difficult for victims/survivors of SGBV to visit support facilities in order to receive basic services. Access to basic support services was more difficult than usual during the lockdown period as the GBVRC, a facility being set up by the government to support victims/survivors of SGBV, has only been established in a few counties. Access to SRHR services was inadequate as most of the health services were concentrated on COVID-19 prevention and response measures or were out of circulation due to the lockdown. Access to justice services was also made more difficult due to restrictions on movement, as there are organizations providing legal aid, but this service is only available in a few locations across Kenya[187]. SGBV training for police officers was also suspended and could not be

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[179] https://www.africanews.com/2020/06/17/close-to-4000-school-girls-impregnated-in-kenya-during-covid-19-lockdown/, last accessed on 20 Dec 2020

[180] African Institute of Development Policy (2020), Teen pregnancy in Kenya: Verifying the data and the facts

[181] African Institute of Development Policy (2020), Teen pregnancy in Kenya: Verifying the data and the facts

[182] https://www.devex.com/news/dramatic-rise-in-kenya-early-pregnancies-amid-school-closures-irc-data-suggests-97921, last accessed on 20 Dec 2020.

[183] Ibid

[184] Interview with SOWED on 23 Oct 2020.

[185] Ibid

[186] https://www.worldsofeducation.org/en/woe_homepage/woe_detail/17039/16dayscampaign-%E2%80%9Cunion-responses-to-increased-gender-based-violence-during-covid-related-lockdowns-in-kenya%E2%80%9D-by-alice-tuei-knut, last accessed on 20 Dec 2020

[187] Interview with UN Women Kenya on 27 Oct 2020.

conducted[188]. Although online courts (only in Nairobi) were open during the lockdown, it was difficult for women and girls who did not have access to the internet (women and girls who were poor or lived in the suburbs) to use online courts. This was also the case for psychosocial support, with telecounselling being an effective way of providing psychosocial support remotely, but limited to women and girls with access as well[189].

It was also reported that many women and girls were economically deprived due to the interruption of economic activity and that in many cases women and girls had to have commercial sex in exchange for money in order to buy small amounts of food, sanitary goods and other essential products[190].

As shown in 1) to 3) above, the number of different forms of SGBV increased during the pandemic. In addition to an increase in the number of cases, there was also a sharp increase in the number of victims/survivors who consulted the GBV Hotline 1195 due to limited mobility making it difficult for them to access medical, police and judicial services. The following is a summary of the responses taken by governments, aid agencies and NGOs to the impact of the COVID-19 pandemic on SGBV, as identified through the literature review and online interviews.

Table 3-14：Response to SGBV under COVID-19 pandemic by the Government, International Organizations and NGOs in Kenya

Organization	Responses
The Government of Kenya	➢ An inter-agency programme to prevent SGBV during the COVID-19 pandemic was established in April 2020. It includes relevant ministries, the police and some county governments, and has developed and launched an online and mobile application for anonymous reporting of SGBV cases[191] . ➢ In collaboration with the United Nations, 'Emergency Appeal Kenya April-September 2020' was issued to seek the cooperation of the international community in response to COVID-19 in April 2020. USD62, 000,000 was provided against the requested USD254, 900,000[192]. USD1, 500,000 was requested for SGBV to support 548,000 people and capacity building of government, county governments and service providers was identified as a priority area[193]. ➢ Kenya Police Services set up 'Policare (Police Cares)' in Nairobi City County in August 2020. This facility provides medical and judicial services to victims/survivors of SGBV. It is open 24 hours a day and provides reception, medical treatment, forensic examinations and police documentation (free of charge). There are also rooms for women and men[194]. ➢ The NCRC conducted a study on the impact of COCID-19 on SGBV, teenage pregnancy and children's rights.
UN Women[195]	➢ With a supplemental budget allocation from the Government of Japan, the Door to Door campaign, an awareness campaign, was launched in areas along the Somali border to deliver direct messages on topics such as raising awareness of infectious diseases, public health and SGBV prevention. Many households do not have access to radio or television, so the aim of the campaign is to ensure that information is passed on those people.

188 Interview with Kenya National Police on 27 Oct 2020.
189 Ibid
190 Interviews with UN Women Kenya on 27 Oct 2020 and Plan international Kenya on 27 Oct 2020.
191 https://www.ngeckenya.org/news/8246/statement--on-the-observance-of-the-16-days-of-activism-against-gender-based-violence, last accessed on 20 Dec 20202.
192 https://fts.unocha.org/appeals/1000/flows?order=directional_property&sort=asc, last accessed on 20 Dec 20202
193 OCHA (2020), Emergency Appeal Kenya April-September 2020, P. 15
194 https://www.standardmedia.co.ke/nairobi/article/2001395447/police-establish-one-centre-to-handle-gender-violence, last accessed on 20 Dec 2020.
195 Interview with UN Women Kenya on 27th Oct 2020.

Organization	Responses
	➢ The Dignity Kit was distributed in three counties. Isiolo (100), Nairobi (130), Narok (50), Kajiado (100), Kakamega (100), Meru (50) and Migori (100), in total 530. ➢ The message on the prevention of SGBV has been sent out to 5.4 million people through several platforms such as webinars, social networks and radio since May 2020. ➢ It continues to operate emergency shelters (4 in Nairobi and 1 in Mombasa) through local NGOs. The emergency shelters provide accommodation, psychosocial support, legal services (pro bono basis) and distribution of Dignity Kits.
UNFPA[196]	➢ In collaboration with the Kenya Red Cross, UNFPA manages and maintains distribution of Dignity Kits and Personal Protective Equipment (PPE) at humanitarian sites (Kakuma and Dadaab). ➢ 98 people in Dadaab refugee camp and 30 women and girls in Nairobi were distributed menstrual hygiene kit. ➢ As UNFPA and major NGOs were not able to travel directly to the communities due to the pandemic lockdown and movement restrictions, UNFPA conduct its activities through local CBOs, and it strengthened their capacity by distributing equipment and conducting door-to-door campaign in order to continue awareness raising activities in the communities. (CBOs were able to work in the community during the pandemic because their staff consisted basically of people living in the community).
UNHCR[197]	➢ In Dadaab refugee camp, 84 refugees/asylum seekers (60 % female, 40 % male) participated in the SGBV Pier to Pier Session and 30 male refugee /asylum seeker participated in the session on supporting victims/survivors of violence. In addition, 55 refugee /asylum seeker (80 % female, 20% male) participated in a dialogue session on domestic violence and 14 community health workers (CHW) was trained on how to respond to SGBV during a pandemic. ➢ In Kakuma refugee camp, 30 young people (12 female, 18 male) participated in a 3 da training "YES" focusing on prevention and response to SGBV and conflict management in COVID-19 pandemic.
Plan International Kenya[198]	➢ Women's toilets were installed in informal settlements in Nairobi to ensure safe access. ➢ It distributed sanitary products, soap and other hygiene products, as the closure of the schools made girls unable to access the free sanitary products distributed in schools.
Echo Network Africa[199]	➢ It has started to raise awareness through sport in order to encourage teenage girls to change their behavior. The aim is to reduce the risk of unwanted pregnancies and other problems by providing these opportunities every afternoon as an extra-curricular sports activities, since the closure of schools and the increased time spent at home means that more girls have free time and frequent contact with sexual relationship. At the same time, education about SHRH is provided. ➢ Microfinance for women who have lost their means of livelihood as a result of COVID-19 pandemic has been launched (an expansion of a previous project). Mothers who experiences teen pregnancy were also targeted. Education and business guidance is provided according to the knowledge and experience of each target group (e.g. women with experience in poultry farming are supported to start their own poultry business).

Source: Created by the author based on the literature review and the interviews

Several of the NGOs interviewed said that they were prioritizing how to maintain the activities they had been carrying out before the pandemic, and that it was difficult to start new activities to respond to the impact of COVID-19. At the same time, some organizations had begun to respond in new ways, such as making

196 Interview with UNFPA Kenya on 1 Dec 2020.
197 OCHA (2020), Kenya Situation Report as of 20 Oct, 2020, P.17~18
198 Interview with Plan International Kenya on 22 Oct 2020.
199 Interview with Echo Network Kenya on 16 Nov 2020.

active use of CBOs and community volunteers, and introducing digital devices such as smartphones, in order to cope with the lack of mobility of staff from international organizations and NGOs.

3.1.5. Needs and Challenges

In this section, the current needs and challenges related to SGBV measures based on the results of the literature review and interview survey, according to the analytical framework presented in Figure 1-4

3.1.5.1. Coordination, Monitoring and Evaluation and Data Collection and Management

Sectors	Status	Challenges
Coordination	▪ Multiple coordination mechanisms exist at central and county government level ▪ Relevant government agencies and support groups discuss SGBV issues at coordination meetings.	▪ The role of each coordination mechanism is not clearly defined. ▪ Some counties do not have an SGBV-related coordination mechanism in place ▪ Vertical cooperation and coordination between central government and county governments, and between county governments and communities are weak. ▪ A mechanism for the functional coordination of the activities of individual institutions and organisations doesn't exist.
Monitoring and evaluation	▪ Monitoring and evaluation of the implementation of the SGBV policy and policy reviews are carried out by NGEC	▪ Insufficient monitoring and evaluation due to lack of staffing and capacity
Data collection and management	▪ NGEC is developing the GBV-MIS ▪ Data in medical institutions is managed by the Kenya Health Information System.	▪ Development of the GBV-MIS has been significantly delayed ▪ Cases handled by the police are often kept in handwritten Occurrence Books, and many police forces are not ready for digitalisation. ▪ County level data by gender and SGBV related data isn't collected enough.

Weaknesses in coordination, monitoring and evaluation, and data management have been identified in the JP-GBV and it was one of the main targets of the programme. The establishment and management of a database to handle SGBV-related data is an important infrastructure for SGBV prevention and response, but there is no currently functioning integrated SGBV data system in Kenya. NGEC manages and operates the Gender Based Violence Information management System (GBV-MIS), which integrates information from the health, police, and judiciary and education sectors. However, the data to be entered into the system is not sufficiently collected by each institution, and it's not sufficiently manageable. Police data, in particular, is still managed on a handwritten and paper basis and is not yet digitalized, making it difficult to enter into such a data management system[200] (data for medical institutions is managed by the Kenya Health Mnagement Information System, where all data is entered for both public and private institutions). NGEC is currently taking the initiative to introduce a Digital Occurrence Book in the police.

There are also inadequate data collection and management systems at county level. UN Women started to introduce County Gender Data Sheets in Kenya's10 counties in 2019[201] in partnership with the Kenya National Bureau of Statistics as part of 'Women Count Kenya project'[202]. In the absence of gender disaggregated data in the county government, this project was initiated to collect data that can be used to track progress on gender equality and women's empowerment. It is expected that these data will be used to review and fund gender equality policies, including SGBV prevention and response, and will be rolled out to all 47 counties.

200 Interview with UNFPA Kenya 1 Dec 2020.
201 A project initiated by UN Women in partnership with the Government of Kenya (Kenya Bureau of Statistics and SDG) to collect and manage data to monitor the progress of the SDGs, particularly the Goals.5
202 https://data.unwomen.org/publications/county-gender-data-sheets, last accessed on 20 Dec 2020.

Thus, at present, the collection of the data for management in the database is insufficient, and the first task for the proper operation of the system is to strengthen the data collection and management capacity of each institution.

3.1.5.2. Prevention and Awareness Raising

	Prevention and Awareness Raising	
Sectors	Status	Challenges
Law and policy	▪ There are provisions in the constitution and law to prevent SGBV ▪ SGBV prevention and response is positioned within development policy and there are separate policies and standards for SGBV ▪ NAP for UNSCR 1325 have been developed and implemented ▪ Development of SGBV-related laws and policies at the county level is recommended.	▪ Laws and policies are not well known by the public. In particular, a relatively new law, The Protection Against Domestic Violence Act (2015), is not known to exist. ▪ Only a few counties have developed their own SGBV laws and policies, or budgeted for SGBV prevention and response ▪ The role of government and county governments in decentralisation isn't clear in terms of SGBV issues. ▪ There are few female members of parliament both at the central and local levels, and women's voices are not properly reflected in policies.
Police (Kenya Police Service) Justice (Office of the Attorney General and Department of Justice)	▪ A Gender Desk has been set up at the police station, where police officers are responsible for SGBV prevention in the area. ▪ Raising awareness in the community through the Community Policing Committee ▪ SGBV training for police officers is on a regular basis	▪ Some of Gender Desks don't have a police officer or female police officers assigned. ▪ Police officers' understanding of the law, specific referral procedures, evidence preservation procedures and other practical matters may be inadequate.
Medical care (Ministry of Health)	▪ Contraceptives are used as part of family planning and HIV/AIDS prevention	▪ Contraceptive use by married people is increasing, but use in non-marital relationships is not common
Education (Ministry of Education)	▪ Limited SRHR education and education on HIV/AIDS prevention is provided. ▪ Sanitary products are distributed in public schools. ▪ Extra-curricular activities by NGOs and others to raise awareness of SGBV among students and teachers are conducted.	▪ There is no education on SGBV prevention or response in the formal curriculum. ▪ No comprehensive SRHR education or sex education in schools ▪ Girls and women who do not attend school find it difficult to buy sanitary products ▪ Training for teachers on prevention of SGBV isn't conducted. ▪ No precautions are taken against SGBV in schools
Other public services	▪ Free GBV Hotline to get advice on SGBV exists.	▪ Not sufficiently informed about what support and information services are available to victims/survivors of SGBV

Although there is a documented legal and policy framework to prevent SGBV, it does not work well as a preventive measure because the existence of the law itself and its contents are not widely known. In addition, since there are still few policies and laws at the county level, effective measures that are in line with the characteristics and current situation of the region have not been implemented. UN Women and UNFPA have been conducting advocacy and leadership training to increase the number of women in parliament and local councils to promote gender-sensitive policy making. However, there is strong opposition to women's participation in politics in Kenya, and violence against women candidates is frequent in every general election. Even for women who are not directly involved in politics, the risk of violence during elections is very high and has become a major social problem[203].

Sexuality education for children, including awareness-raising on SRHR, plays an important role in preventing SGBV or unwanted pregnancies as a result of SGBV, but there is no comprehensive sexuality education in the school curriculum in Kenya and teachers are not available to teach it[204]. There is opposition from religious groups and concerns that sexuality education may hasten sexual maturity. Therefore, discussions on its implementation have not progressed[205], and children's knowledge of sexuality is limited or misleading, and they do not fully understand how to protect themselves from SGBV. For example, a survey on contraceptive awareness in Kwale County revealed a number of misconceptions, including that using contraceptives (low-dose pills and injectable) makes it impossible to get pregnant again, that the use of an Inter Uterine Device (IUD) interferes with sexual intercourse, and that the use of contraceptives encourages sexual intercourse with someone other than the husband[206].

[203] OHCHR (2019), Breaking cycles of violence: Gaps in the Prevention of and Response to Electoral Related Sexual Violence
[204] Limited teaching in terms of HIV/AIDS prevention and teaching biological knowledge is provided.
[205] Interviews with Probation and After Care Service, NGOs.
[206] Mwaisaka, Jefferson et al., (2020), Exploring contraception myths and misconceptions among young men and women in Kwale County, Kenya,

In addition to laws and policies, awareness-raising activities aimed at gender equality and women's empowerment are actively carried out by the United Nations and NGOs, as there is a lack of awareness of what services are available to victims/survivors.

3.1.5.3. Protection of Victims/Survivors

	Protection of Victims/Survivors	
Sectors	Status	Challenges
Law and policy	■ SGBV prevention and response is positioned within laws and development policy ,and there are separate policies and standards for SGBV	■ Laws and policies are not sufficiently well known
Police (Kenya Police Service) Justice (Office of the Attorney General and Department of Justice)	■ A Gender Desk has been set up in each police station where police officers corresponding to SGBV are assigned. ■ P3 forms are produced by the police and medical services when a victim/survivor of sexual assault prosecutes the perpetrator. ■ An SOP for police response to SGBV has been developed, which requires that if the police receive a report from a victim/survivor of rape or sexual assault, they should be directed to a medical facility within 72hours.	Availability ■ Court facilities are not adequate. (e.g. no room for victims/survivors or witnesses to wait away from the suspect) ■ Some Gender Desks are not staffed by police officers. Accessibility ■ The police station is geographically too far away to visit without transport or transport costs ■ Victims/survivors have to go back and forth between the police station and the hospital to get P3 forms. Acceptability ■ There is a Gender Desk that does not provide an environment for privacy. ■ Police officers tend to avoid dealing with domestic violence as a 'family matter' ■ Confidence in the police and judiciary is not sufficiently fostered ■ Victims/survivors may receive 'Victim Blaming' from police officers after reporting SGBV cases ■ Victims/survivors may be charged a fee for responding on site or for issuing a P3 form. Quality ■ Some of police officers do not understand the law or relevant documents. ■ Procedures for dealing with SGBV in the judicial process have not been established
Medical care (Ministry of Health)	■ In some counties, GBVRCs have been set up to provide comprehensive services (medical, police and judicial, psychosocial care) to victims/survivors of SGBV. ■ PRC forms are completed by healthcare providers when a victim/survivor of sexual assault wishes to prosecute the perpetrator ■ They are responsible for providing treatment, counselling, testing for HIV/hepatitis B/sexually transmitted diseases, prescribing emergency contraceptives, and assisting in the preservation of evidence to victims/survivors of rape and sexual assault.	Availability ■ Some counties do not have aGBVRC or One-Stop Centre ■ There are few counsellors available to provide psychosocial care in health facilities. ■ Abortion is prohibited in cases of pregnancy resulting from rape, and unsafe abortions are widely practiced Accessibility ■ GBVRCs, one per county, are geographically distant and inaccessible. ■ Medical fees are required for regular medical facilities other than GBVRCs. Quality ■ Supply of SGBV training, materials and equipment to GBVRC staff isn7t adequate.
Rehabilitation (Probation and After Care Services)	■ Probation officers conduct surveys of children affected by SGBV ■ Child victims/survivors are referred to to the police and medical services ■ Probation officers support child victims/survivors in court	■ Assessment of the protection of children affected by SGBV is inadequate. ■ Children who are taken into care after being victims/survivors of SGBV are returned to their families, but there is no change in the family or community environment and the victimisation recurs.
Education (Ministry of Education)	■ Teachers are responsible for identifying students who are at high risk of SGBV, and for immediately notifying the relevant authorities and initiating a response if a student is a victim/survivor of SGBV.	■ Students may be exposed to SGBV by other students or teachers at school ■ Identifying pregnant girls, children at risk of child marriage or FGM in advance and preventing them from dropping out are not enough.
Other Public services	■ GBV hotline receive reports of cased and provide orientation to the SGBV victims/survivors ■ Refugees living in refugee camps also have access to public assistance ■ Large cities like Nairobi and Mombasa have relatively many types of support to SGBV victims/survivors.	■ Some communities do not have an established referral process ■ Public shelters or Safe Spaces are almost non-existent, and most facilities are run by NGOs. ■ Refugees legally residing outside the camp have access to public services, while those who are residing outside the camp without permission can't have any public services. ■ Support is concentrated in large cities and victims/survivors living in rural areas have limited access to services

As healthcare and the police and judiciary have major roles to play in protecting victims/survivors and face many challenges, the challenges are summarized above in terms of Accessibility, Availability, Acceptability and Quality. Both healthcare and policing/justice face challenges in terms of funding, staffing and capacity, as mentioned in 3.1.2.3. In the interviews, international organizations and NGOs repeatedly pointed out that the police are not enough trusted by the public generally. While the national police and aid agencies are working on SGBV training for police officers, the police, as one of the first points of contact for victims/survivors, are not sufficiently trusted, making it psychologically difficult for victims/survivors to contact or report directly to the police for fear of harassment, victims/survivor blaming or financial demands from the police[207]. Also, many of county don't have GBVRC yet, though MPSG has been promoting to establish GBVRC across the country. Victims/survivors may not be able to access health facilities due to the

[207] Interview with NGO.

cost of seeking medical attention at hospitals other than GBVRC. A study conducted by NGEC in 2016 revealed that the average cost to victims/survivors of SGBV and their families for health related services is 16,464 Kenyan Shillings, making it difficult for victims/survivors to access health services both in terms of access and cost[208].

Children are at high risk of being victims/survivors of SGBV, including sexual violence, FGM and child marriage, but there are also challenges in the protection system for those who are victims/survivorized. In order to protect them, Probation and After Care Service staff assess their home and surrounding environment, and after a certain period of time in child detention centers, the court decides whether the child will be returned home or sent to a children's home. However, some children return to their homes only to be victims/survivorized again, while others are unable to return home and end up living on the streets[209]. Also, there is a shortage of probation officers to follow up the children who are victims/survivors.

3.1.5.4. Rehabilitation and Social Reintegration

	Rehabilitation and Social Reintegration of Victims/Survivors	
Sectors	Status	Challenges
Law and policy	■ The importance of supporting victim/survivors' rehabilitation and social reintegration into society has been mentioned in policies	■ There is no concrete policies have been developed at the central or county level for the autonomye and social reintegration of victims/survivors.
Medical care (Ministry of Health)	■ GBVRCs provide continuous care to victims/survivors after being affected by SGBV	■ Treatment and transport costs for ongoing counselling services to address HIV, sexually transmitted infections, trauma and PTSD.
Education (Ministry of Education)	■ Girls who have experienced pregnancy and childbirth are encouraged to return to school ■ Supporting the education of pregnant and childbearing girls are recommended through programmes of the UN, NGOs and other organisations.	■ Girls who drop out of school after pregnancy or childbirth are rarely able to return to school and have few other opportunities for education.
Rehabilitation (Probation and After Care Services)	■ If a child affected by SGBV cannot return home, he or she is sent to a children's home or other rehabilitation facility. ■ Victimised children who have returned to their homes and communities are followed up by the local rehabilitation officer.	■ Number of counsellors in children's homes prevents them from providing adequate psychosocial care isn't sufficient. ■ Rehabilitation officers are few and their capacity is not enough.
Other public services	■ There are public funds available to vulnerable women such as Uwezo Fund and WEF	■ There is no public services aimed at the autonomy and social reintegration of victims/survivors of SGBV ■ The budget of the public funds is not large and it is not easy to obtain funds for SGBV victimssurvivors.
NGOs	■ NGOs and others have implemented livelihood support programmes to SGBV victims/survivors.	■ Women who experienced teenage pregnancy are likely to have shorter periods of education and therefore less likely to find jobs and more likely to be economically deprived ■ Most livelihood support is provided by NGOs and relies on donor funding, which does not ensure sustainability.

There is no public support for the rehabilitation and reintegration of victims/survivors of SGBV, and support for improving the livelihoods of victims/survivors is provided by aid agencies and NGOs. These organizations are funded mainly by donors, which does not ensure continuity and sustainability enough.

In Kenya, teenage pregnancies are common and although the Government encourages girls who have dropped out of school due to pregnancy or childbirth to re-register[210], most are unable to return to school due to a variety of factors including family pressure, social constraints and child care. According to a survey conducted by Plan International in 9 counties in 2019, of women and girls aged 15-19 who were pregnant, 98% were not attending school and 59% had an unintended pregnancy[211]. Pregnancy and childbirth at a young age not only lead to school drop-out, but also have long-term consequences for the girl's life, including

[208] NGEC (2016), Gender-Based Violence in Kenya: The Economic Burden on Survivors, P.10
[209] Interviews with NGO and JOCV.
[210] Ministry of Health(2017), National Adolescent Sexual Reproductive Health Policy Implementation Framework, P.21
[211] https://plan-international.org/news/2020-06-25-covid-19-lockdown-linked-high-number-unintended-teen-pregnancies-kenya, last accessed on 20 Dec 2020.

physical and mental health problems during childbirth and socio-economic vulnerability (WHO estimates that women who give birth between the ages of 15 and 19 have almost double the risk of death compared to women who give birth between the ages of 20 and 24[212].). Children born of young pregnancies are also at higher risk of death[213] and are more likely to be exposed to neglect, abandonment, child labor and child marriage[214]. Government policy prioritizes the reduction of teenage pregnancies and does not provide public services to support teenage mothers and their children.

3.1.5.5. Prosecution and Rehabilitation of Perpetrators

	Prosecution and Rehabilitation of Perpetrators	
Sectors	Status	Challenges
Law and policy	■ There are provisions in the Constitution and laws to punish the perpetrators of SGBV.	■ Relevant aws and policies are not well known by the public. ■ Perpetrator are not prosecuted in many cases, even though the law requires it. ■ The perpetrators often try to avoid prosecution by unofficially offering settlements to victims/survivors
Police (Kenya Police Service) Justice (Office of the Attorney General and Department of Justice)	■ Gender Desks in each police station and other police officers investigate SGBV cases and arrest perpetrators (this should be done within 24 hours as much as possible). ■ If, as a result of the investigation, it is deemed appropriate to prosecute the perpetrator, the case is referred to the prosecutor. ■ A prosecutor reviews the evidence, and if it is deemed appropriate to prosecute, the case is brought. ■ Police officers have been trained on how to preserve evidence and investigate SGBV ■ Basically, if the perpetrator is over the age of 18, they are sent to prisons, if the perpetrator is under the age of 18, they are sent to a reformatory.	Availability ■ Female prosecutors and judges ore few. (the outcome of a decision depends on whether a male or female judge is in charge of the case) Accessibility ■ In a sexual assault trial, the victim/survivor must provide evidence to prove that the sexual act was not consensual and that he or she was forced to insert the genitals. Acceptability ■ Police may not prosecute suspects for accepting bribes Quality ■ Initial police response may be inadequate to preserve evidence and prosecute suspects
Rehabilitation (Probation and After Care Services)	■ Officers in prisons and reformatories manage and implement probation of offenders. ■ Probation officers support the ongoing rehabilitation of perpetrators who have returned to the community after serving their sentence and work to prevent recurrence.	■ Insufficient psychosocial care and counselling is provided to perpetrators in the institution. ■ There is no rehabilitation programme in terms of relapse prevention. ■ Rehabilitation officers are few and their capacity is insufficient.
Education (Ministry of Education)	■ NGOs are working in some schools to raise awareness of the need to avoid becoming a perpetrator of violence through extra-curricular activities.	■ There is no education or awareness-raising to prevent people from becoming perpetrators of violence, except in some schools. ■ No recurrence prevention training is provided

The police and the judiciary are responsible for the prosecution of the perpetrators, while the probation service is responsible for rehabilitation, and in many cases the perpetrators try to avoid prosecution despite the penalties prescribed by the Sexual Offence Act and the Prohibition of Female Genital Mutilation Act. The perpetrator may informally offer the victims/survivor a settlement, and if the victims/survivor is poor, she may accept the settlement and drop the case accordingly[215]. The need for the victims/survivor to provide evidence of lack of consent or coerced sexual activity, and the lack of proper preservation of evidence during the initial police response, also make it difficult to prosecute perpetrators.

Rehabilitation of perpetrators, both in terms of prevention and response to SGBV, is an important initiative for preventing re-offending by perpetrators who have returned to the community, but policies in this area have not been fully implemented. Counselling, rehabilitation programmes and sexuality education for offenders in prisons and rehabilitation facilities are rarely provided, and ongoing monitoring by probation officers, which is supposed to be carried out after release, has not been adequately implemented due to lack of staffing and funding[216].

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[212] WHO (2008), MPS Note: Adolescent Pregnancy

[213] Ibid

[214] Interview with National Council for Children's Service on 23 Oct 2020.

[215] Interview with Judiciary on 22 Oct 2020.

[216] Interview with NGO.

3.2. The Result of the Second Round of the Research in Kenya

In the second round of the research, a field reserach was carried out in Kenya with the following 3 objectives:

1) To conduct a more detailed analysis of the data and information which were not obtained in the primary survey through additional survey on responses and issues of SGBV
2) To monitor and review the pilot studies which have been implemented based on the results of the primary survey, and conduct analyses the issues and extract lessons and findings of the implementation, the process and outcomes.
3) To propose the direction and outline of specific project frameworks to address the SGBV issues based on the results of the primary and the secondary survey, taking into account the policy of assistance by Japanese government to each country and experience, comparative advantages, and available resources of JICA side

3.2.1. Schedule of the Field Reserach

The fieldwork in Kenya was carried out from 20 September 2021 to 1 October 2021. A summary of the schedule is shown in Table 3-15:

Table 3-15：Schedule of the field research in Kenya

Date	Location	Research
20 Sept	Kajiado County	Monitoring of the pilot study Visit to Grace Nanana Educational Centre
21 Sept	Kajiado County	Visit to A･I･C Girl s Boarding School Visit to Il'laramatak Community Concern Curtesy Deputy County Commissioner in Kajiado County Interview with Director of Gender, Kajiado County
22 Sept	Kajiado County	Visit GBVRC in Kajiado County
23 Sept	Nairobi	Visit GVRC in Nairobi Women's Hospital Meeting with JICA Kenya office
24 Sept	Nairobi	Interview with UN Women Kenya Meeting with JICA Kenya Office Interview with Shining Hope for Communities (SHOFCO) Interview with the Assistant Chief in Kibera
27 Sept	Meru County	Interview with County Executive Committee Member (Gender) in Meru county and County Chief Officer (Gender) Interview with Director of Gender in Meru County Visit to Ripples International Visit to Meru County Referral Hospital
28 Sept	Meru County	Monitoring of the pilot study
29 Sept	Nairobi	Interview with Wangu Kanja Foundation Interview with UNFPA Kenya Interview with Women Enterprise Fund
30 Sept	Nairobi	Visit to Ministry of Public Service and Gender Interview with Gender Officer in Nairobi City County
1 Oct	Nairobi	Interview with UN Women Kenya Meeting with JICA Kenya Office

Source: Created by the author

3.2.2. Methodology

3.2.2.1. Additional Data Collection and Analysis

The field research involved a review of relevant literatures and documents and interviews with local people to collect and analyses data and information not obtained in the first round of the research. During the

fieldwork, additional information was collected and analyzed, particularly in terms of Table 3-16.

Table 3-16：Research Items in the Field Research in Kenya

#	Research Items
1	Actual situation of SGBV in Kenya, including experience under the influence of COIVD-19
2	Current situation, capacity and challenges of government side to respond to SGBV In Kenya, information will be collected on the following points in particular ➢ Details of the structure and implementation measures related to the prevention of and response to SGBV in the Ministry of Public Service and Gender (MPSG), including their response in local administration ➢ Details of the structure and implementation measures for prevention and response to SGBV by local governments ➢ Details of the structures and measures implemented by the MPSG, local administrations, and other institutions and organizations to support rehabilitation and social reintegration of victims/survivors of SGBV (including cooperation between the government and private organizations) ➢ Current status on the establishment and operation of Gender Based Violence Recovery Centers (GBVRCs) : number of centers established, operational structure, publicity in the community, cooperation with other organizations
3	Current status of assistance to the prevention of and response to SGBV, by bi-donors, UN agencies and NGOs
4	Current status of JICA projects to address gender issue in Kenya JICA resources that can be used to support protection, rehabilitation and social reintegration of SGBV victims/survivors

The online interviews and review of relevant documents in the first round of resarech did not provide sufficient information on the response to SGBV by each local administration and the implementation of policies in each county under decentralization. In this field research, further information on "the details of the system and measures implemented by the local administration for the prevention and response to SGBV" are collected and analyzed in particular research item No.2 in Table 3-16. The main items of the research on implementation at local level are as follows:

Table 3-17：Research Items on implementation at local level in Kenya

#	Items	Details
1	Law & Policy	➢ Status of development or readiness of the county specific SGBV legislation ➢ Status of development, readiness or implementation of county-specific SGBV Policy (including Anti - FGM Policy)
2	Status of SGBV	➢ Data related to SGBV at county and sub-county level other than Demographic and Health Survey (DHS) and police crime statistics
3	Staffing	➢ Staffing of local administrations by MPSG or other national machinery, and the role and the responsibility of these officers to prevent from and respond to SGBV. ➢ Organizational structure and specific tasks related to the prevention of and response to SGBV within the local administration
4	Coordination	➢ Status of establishment, activities, and membership of county level and sub-county level SGBV coordinating committees, such as the County GBV Steering Committee and the County GBV Technical Working Group or others ➢ Status of coordination with other agencies and organizations such as GBVRC, medical institutions, schools, police, NGOs or CBOs on SGBV issues. ➢ Status of development of databases for managing SGBV and related crimes, and systems for sharing those data
5	Budgeting	➢ Status of budget allocation for county specific SGBV Policy and other SGBV related measures
6	Others	➢ Status of support from donors such as UN agencies, the World Bank, and bilateral aid agencies ➢ Any specific influence of the spread of COVID-19 infection on SGBV issues in the county, and the implementation of special measures by local governments to deal with them

In order to obtain this information, the consultant not only conducted interviews with national machinery, but also selected counties that have made some progress in dealing with SGBV and visited the target counties during the field research to collect and analyze the situation. The selection of the counties was made based on the following factors: 1) Status of development of county's own and other SGBV laws, 2) Status of development of county-specific SGBV Policy, 3) Status of the establishment of GBVRC, 4) Progress of the pilot studies, and 5) Status of COVID- 19 infection. In view of the above, 3 counties of Kajiado, Meru and

Nairobi were selected as the target areas.

3.2.2.2. Monitoring and Review of the Pilot Studies

In Kenya, 2 pilot studies have been implemented since the June 2021, based on the findings of the first round of the research. In order to monitor and review these pilot studies, the collection of data and information has been conducted through the following methodologies.

Table 3-18 : Methodologies of Monitoring and Reviewing of Pilot Studies in Kenya[217]

Methodologies / Targets	Research Items
【Observation of activities】	
Awareness raising	Observing the implementation of each awareness-raising activity, with a focus on monitoring the methods and contents of the activities
【Key Informant Interview (KII)】	
Practitioners	Confirming the progress of studies, understanding the details of implementation, achievements and challenges
Local Stakeholders[218]	Identifying local SGBV issues, resources, feedbacks about pilot studies, needs beyond awareness raising, and partnerships with other groups and institutions
International Organizations, CSOs	Finding out relevant activities which are conducted by international organizations, NGOs or CSOs working in the region
Beneficiaries	Identifying local SGBV issues, resources, perceptions of pilot activities, and needs beyond awareness raising

The information collected through the above methods was organized and analyzed to identify challenges and achievements, and advisory was provided to the implementing organizations as necessary. Also, lessons and knowledge are extracted from the implementation of the two pilot studies for the development of the future support on the elimination of SGBV.

3.2.2.3. Proposals for JICA Interventions

Based on the findings of both of the first and second round of the research, current needs and effective approaches to support SGBV issues in Kenya has been considered, taking into account the ODA policy of the Government of Japan for Kenya, the experience and assets of previous JICA projects, comparative advantages, and resources available in Kenya and neighboring countries. Thus, the direction and outlines of frameworks for new projects for the protection, rehabilitation and social reintegration of victims/survivors of SGBV and the prosecution of perpetrators is proposed as a result of the above mentioned analysis.

3.2.3. Results of Additional Data Collection and Analysis

3.2.3.1. Measures Taken by the Government of Kenya on the Elimination of SGBV[219]

At the ‘Generation Equality Forum (GEF)’ held in Mexico City and Paris in May to Juley 2021 to mark the 25th anniversary of the adoption of ‘Beijing Declaration and Beijing Platform for Action’ and the 10th anniversary of establishment of UN Women, the Government of Kenya announced ‘Kenya's Roadmap for Advancing Gender Equality and Ending All Forms of Gender Based Violence and Female Genital Mutilation by 2026’. In the statement, the Government of Kenya committed to implement 12 actions aimed at the

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217 Rather than implementing all of the items for each pilot study, a combination of these methods was used and targeted, taking into account the research schedule.

218 Participants in stakeholder consultations in the early stages of pilot activities (local government, police, judiciary, medical, educational and other officials, community leaders, religious leaders, women's groups, etc.)

219 For the laws, policies and implementation relating to the elimination of SGBV in Kenya at the time of carrying out the first round of the research are shown in 3.1.2.3.

elimination of SGBV by 2026 (which is called as 'GEF Commitments'). A summary of each commitment is as follows[220]. Specific implementation plans for each commitment are being developed with the support of UN Women or others.

Action 1: More states and regional actors to ratify international and regional conventions. Public and private sector institutions strengthen, implement, and finance evidence-driven laws, policies and action plans to end gender based violence against women and girls in all their diversity

1) Commit to the full implementation of GBV laws and policies by 2022
2) Commit to investing USD 23million for GBV prevention and response by 2022
3) Commit to ratify and implement the ILO Convention 190 by 2026

Action 2: Scale up implementation and financing of evidence-driven prevention strategies by public and private sector institutions and women's rights organizations to drive down prevalence of gender-based violence against women in all their diversity including in humanitarian settings

4) Commit to introducing a module on GBV in the 2022 Kenya Demographic Health Survey
5) Commit to develop a GBV management and information system by 2022
6) Commit to invest USD 1 million annually for GBV research, and innovation to boost evidence-based programming by 2026.

Action 3: Scale up implementation and financing of coordinated survivor-centered, comprehensive, quality, accessible and affordable services for survivors of gender-based violence against women and girls in all their diversity including in humanitarian settings

7) Commit to integrating GBV services- medical, legal, and psychological support services into the essential minimum package of the Universal Health Coverage UHC by 2022
8) Commit to scaling up the national police service integrated response to GBV' (Policare[221])' and establishing GBVRCs and shelters in all 47 counties by 2026
9) Commit to establishing a GBV survivors fund
10) Commit to GBV prevention and response in crisis situations

Action 4: Enhance support and increase accountability and quality, flexible funding from states, private sector, foundations, and other donors to autonomous girl-led & women's rights organizations

11) Commit to strengthen collaboration with non-state actors
12) Commit to adopting and institutionalizing the multi-sectoral GEF Leadership structure up to 2026

3.2.3.2. Functions Roles of National Machineries

In Kenya, the National Machineries responsible for the promotion of gender equality, including the prevention and response to SGBV, is MPSG and NGEC as mentioned in (2) in 3.1.2.2. In this field research, interviews were conducted with these 2 institutions to confirm their roles and implementation of measures for the prevention and response to SGBV[222].

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[220] Republic of Kenya(2021) Generation Equality Forum: Kenya's Roadmap for Advancing Gender Equality and Ending All Forms of Gender Based Violence and Female Genital Mutilation by 2026, p. 12~.13

[221] It is a one-stop center that provides comprehensive support to victims of SGBV, including police investigation, justice, medical care and psychosocial support, and is operated by the Kenya National Police.

[222] Basic roles of these 2 institutions are shown in 3.1.2.2.

1) Gender Based Violence and Family Protection Directorate, State Department of Gender, Ministry of Public Service and Gender

State Department for Gender (SDG) in MPSG is responsible for 4 Directorates and 4 semi-autonomous government agencies (SAGAs). Directorate are: 1) Gender Based Violence (GBV) and Family Protection, 2) Gender Mainstreaming and Field Services, 3) Socio-Economic Empowerment; and 4) Gender Policy and Research, and implementation related to SGBV is handled by GBV and Family Protection Directorate. SAGAs are 1) Uwezo Fund, 2) Women Enterprises Fund (WEF), 3) National Government Affirmative Action Fund (NGAAF); and 4) Anti-FGM Board. Although these 3 public funds do not focus specifically on victims/survivors of SGBV, they all target women (the Uwezo Fund targets women as well as youth and people with disabilities, and the NGAAF targets women as well as youth, people with disabilities and elderly)

GBV and Family Protection Directorate is headed by a Director, and has 12 officers including 1 Deputy Director, 2 Assistant Directors, 4 Principal Gender Officers, 3 Gender Officers and 1 UN Coordinator. MPSG, including the staff sent to the counties, has approximately 200 staff members[223]. The organizational chart as of September 2021 is shown in Figure 3-9.

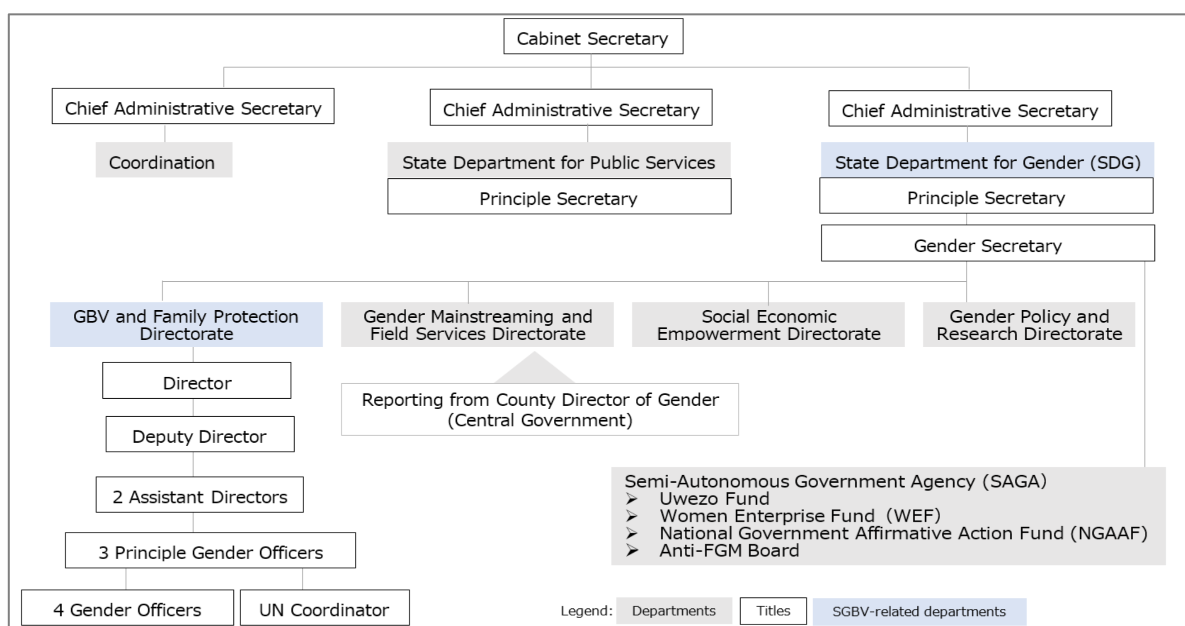

Figure 3-9 : MPSG Organization Chart as of September 2021

Source : Created by the Author based on the interview

The GBV and Family Protection Directorate is responsible for all implementation of SGBV, mainly prevention and response to SGBV, elimination of FGM (elimination of FGM in 22 counties designated as 'FGM hotspots' and cross-border areas with Ethiopia, Somalia, Uganda and Tanzania), promotion of the establishment of GBVRCs and standardization of services through the development of guidelines for shelters, one-stop centers, or others, and the provision of various trainings. It is also implementing and revising the KNAP.

The MPSG is currently revising 'National Policy for Prevention and Response to Gender Based Violence 2014'. Which is the national policy on the elimination of SGBV, with the support of UN Women. The GBV

[223] Interview with GBV and Family Protection Directorate on 30 Sep 2021.

and Family Protection Department has set this revision as a priority for the fiscal year 2021[224].

SDG Deploys a Director of Gender and a Gender Officer in each county who implement central level policies in their respective counties. The main roles of the County Director of Gender and Gender Officer are as follows:

- Support county governments to develop county-level SGBV policies in line with policies set by the central government.
- Coordinate activities at the county level in collaboration with county governments (county gender sector working groups have been established in all47 counties, and stakeholders implementing SGBV-related activities participate in the coordination mechanisms. In some counties, SGBV thematic working groups have also been established to coordinate SGBV prevention and response).
- Conduct grassroots-level awareness-raising activities and community dialogues with community leaders and religious leaders, in collaboration with CSOs in each county.
- Promote the use of Uwezo fund and WEF and support the activities of the anti-FGM Board.
- Report on initiatives within each county to the Gender Mainstreaming and Field Services Directorate under the SDG.

Administrative services related to SGBV in the counties are provided by the county governments (see County Government Response in 3.2.3.3). The Director and Officers assigned by the SDG work with the county governments to develop and coordinate SGBV policies and to implement various programmes. The SDG receives many requests for technical assistance from the counties and, when requested, provides training on SGBV prevention and response and gender mainstreaming (under COVID-19 pandemic, training is provided in a hybrid format of online and face-to-face training)[225].

It was confirmed that the GBV and the Family Protection Directorate is aware of the following challenges:

- 2 counties out of 47 counties haven't been deployed gender officers in place, and the structure for implementing national policy at the county level is not well developed across the county.
- Training on SGBV has been provided at the request of the County Government, but due to lack of staff and cost, there are not enough training opportunities to supply.
- There is a lack of public shelters to support the victims/survivors of SGBV. Only 7 public shelters have been established across the country, and 52 private shelters have been operated by NGOs. It is needed to establish a holistic network to support victims/survivors of SGBV in cooperation with NGOs that run shelters.

2) National Gender Equality Commission

NGEC is a body established under the National Gender and Equality Commission Act in 2011 with the aim of ensuring compliance with the law and implementation of policies on gender equality[226]. It monitors all forms of discrimination, including discrimination not only against women but also against vulnerable

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[224] According to the interview with UN Women Kenya, the new draft policy has already been finalized and the process of being revised is currently on progress (based on the interview with UN Women Kenya on 1 Oct 2021).
[225] The following documents have been used as training materials https://www.genderinkenya.org/wp-content/uploads/2019/11/GBV-Resource-Pack-13-Sept-w-3mm-bleed.pdf
[226] The organizational Chart of NGEC is shown in 3.1.2.2.

groups such as young people, people with disabilities and the elderly.

As part of the SGBV-related work, the NGEC is developing GBV-MIS, which currently only includes data from the HMIS to monitor data provided by each health facility, and police crime statistics, which are not managed in an integrated manner. GBV-MIS is a tool developed by the United Nations for the management of SGBV data in humanitarian assistance. NGEC has been developing this system for use in the management of SGBV data across Kenya. Currently, NGEC is reviewing the framework and indicators for data collection and management of all forms of SGBV, including FGM, child marriage and IPV, as well as sexual violence, and expects to complete the development of the system in 2021[227]. Once GBV-MIS is operational, data input will be limited to the relevant institutions, but the data itself will be available to the public. By providing comprehensive data in an integrated system, it is expected that anyone will be able to access the data to learn about the current status of SGBV across Kenya.

Training on system operation and data entry will be conducted as appropriate to ensure adequate use by relevant organizations. (some training has already been provided). Specifically, training will be provided for personnel from the police, prosecutors, judges and the Ministry of Health (medical facilities). Once the system is operational, it is envisaged that each institution will compile information at county and sub-county level and enter it on a regular basis.

For the establishment and operation of GBV-MIS, the following issues have been identified by the NGEC

- There has been a significant delay in the operationalization of GBV-MIS due to insufficient staffing within NGEC to build this system. Technical support was previously provided by UN Women, which no longer exists, with smaller support from Equality Now, an NGO supported by the Bill & Melinda Gates Foundation. The development situation is regularly reported through various coordination mechanisms.
- It is envisaged that once GBV-MIS will be operational, various costs will be required, including operation and maintenance costs, renewal costs and the cost of ongoing training. The elimination of SGBV, and in particular the elimination of FGM, is an urgent matter for the central government, in line with the President's commitment, and NGEC will continue to request support for the necessary budgetary measures from the Ministry of Finance and the development agencies providing support for the elimination of SGBV.

3.2.3.3. Roles of County Governments and Functions of the Central Government at the County Level

In each county, there are the county government and county-level functions of the central government, which have independent functions but work together to respond to the situation. In this section, the functions of county and central government in relation to SGBV prevention and response are described below.

1) County Governments

The county government consists of the County Assembly, which is the county-level legislature, and the County Executive, which is responsible for the administration of the county. Members of the County Assembly (MCAs) and the County Governor, who heads the County Executive, are elected in general elections every 5 years. The Deputy County Governor and members of the County Executive Committee

[227] Interview with NGEC on 24 Sep 2021.

(CEC), County Executive Committee Member (CECM, also known as County Minister), are nominated after the election. The CEC is responsible for enforcing the law in the county and managing and coordinating the functions of the county departments of administration. Each CECM is assigned two or three areas of responsibility (health, education, agriculture, or others), and each county has a CECM responsible for gender. Each department has Directors and Officers with technical expertise for their area of responsibility. Gender is often combined with other areas to form a single department.

The structure of the county government is as follows:

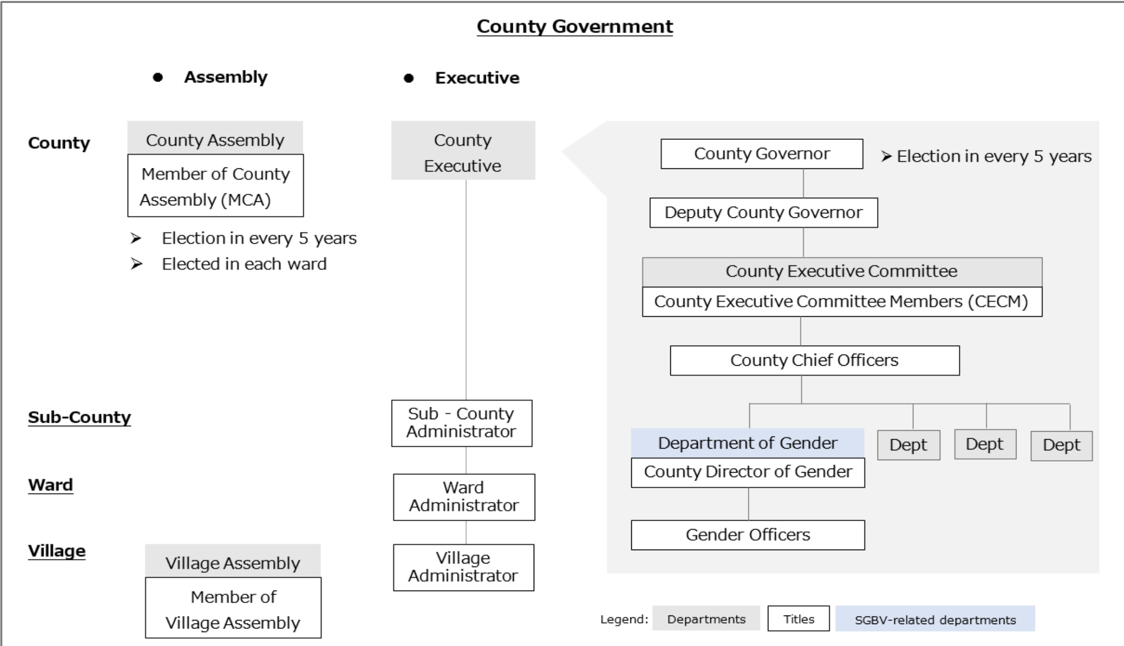

Figure 3-10：The Basic Structure of the County Governments

Source：Created by the author based on the interviews

2) Functions of the Central Government at the County Level

The County Commissioner and other officers assigned to each county by the Ministry of Interior are responsible for carrying out the functions of the central government at the county level. The County Commissioner is responsible for security, provision of services by the Central Government, coordination with the Central Ministries, and implementation of various programmes by the Central Government[228].

At the community level, as part of the central government's coordination function, there are Chiefs and Assistant Chiefs who are responsible for resolving various issues and disputes within the community and for case management (Chiefs and Assistant Chiefs are appointed from among people from the community concerned). Each county has Directors General and Officers from ministries other than the Ministry of Interior, who are responsible for liaising with the central ministry, implementing service delivery by the central government and coordinating relevant activities among the agencies. SDG deploys a County Director of Gender (the County Government has a Director with the same title) and a Gender Officer.

The functions of the central government in the counties are shown in Figure 3-11.

[228] http://kenyalaw.org/kenya_gazette/gazette/volume/ODQ-/Vol.CXIV-No.40/, last accessed on 25 Sep 2021

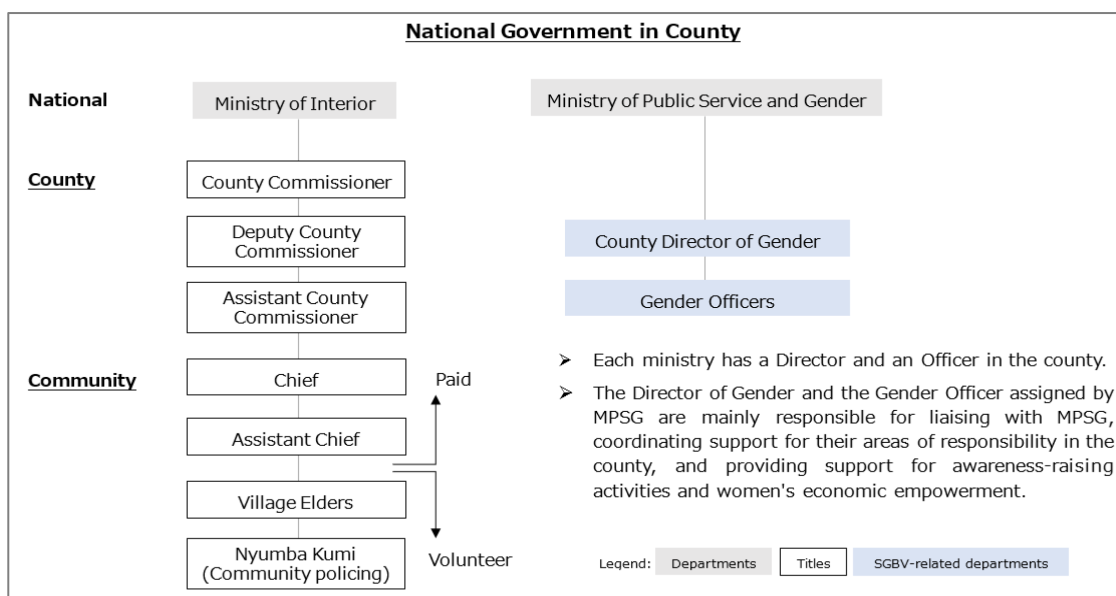

Figure 3-11：The Basic Structure of the Functions of the Central Government at the County Level

Source：Created by the author based in the interviews

3) Efforts and Challenges Related to the Elimination of SGBV in the Targeted Counties

The current status and challenges of the administrative response to the elimination of SGBV in the counties of Kajiado, Meru and Nairobi visited during the field research are described below.

A. Kajiado County

Summary of the administrative response to SGBV in Kajiado County is shown in Table 3-19:

Table 3-19：Summary of the Administrative Response in Kajiado County

Items	Details
Central Government (SDG)	A County Director of Gender and a Gender Officer have been assigned to work with the department in charge of Gender on the County Government side.
County Government	The Administrative Officer for Gender is the Director of Gender at the Department of Gender, Social Services, and Culture & Tourism.
SGBV law or Policy	➢ Gender Mainstreaming Policy in Kajiado 2020 ➢ Kajiado County Anti-FGM Policy 2019 In Kajiado County, SGBV is positioned as one of the central issues in gender mainstreaming policy, and there is no separate SGBV Policy.
Coordination	➢ County Gender Sector Working Group ➢ GBV Thematic Working Groups ➢ Anti-FGM Committee
GBVRC[229]	It is currently under construction in the Kajiado County Referral Hospital. There isn't any budget allocation from the county government and the Collaborative Centre for Gender and Development (CCGD), a non-governmental organization, is self-financing the construction. Once it will be operational, medical staff will be provided by the County Referral Hospital who will be employed by the County Health Department.
Efforts to eliminate SGBV	Some of the relevant programmes such as awareness raising for prevention of SGBV, capacity building and training at the community level to increase reporting, economic empowerment of women in partnership with NGOs and CSOs have been implemented by the County Government. The Kajiado County Anti-FGM Policy mandates the formation of anti-FGM committees at the county, sub-county and ward levels respectively, and anti-FGM committees have already been set

[229] GBVRC is usually located in the county Referral Hospital.

Items	Details
	up at the county and all 5 sub-county levels. The committees are working towards the elimination of FGM and are involved in awareness raising activities, community dialogues, sensitization of community and religious leaders, service mapping and coordination of stakeholders.

Source：Created by the author based in the interviews

Through interviews with county government officials, the following challenges were identified:

a) Lack of support for SGBV victims/survivors

- There are no rescue centers or shelters run by the county government in Kajiado County, only some facilities run by NGOs and CSOs are existing. Compared to the number of cases of SGBV, there is a lack of facilities to adequately protect victims/survivors. The GBVRC is also being set up by a NGO in Kajiado County as no budget has been allocated.
- Though women affected by SGBV can approach social reintegration by receiving appropriate psychological counselling, such services are currently not adequately provided in Kajiado County.
- There is a need to support vulnerable women, especially women in the sex industry in the urban areas of Kajiado city. Many women in the sex industry have experienced SGBV. It is required to empower these socially and economically vulnerable women through skills training and livelihood support, but it's not possible at this moment.

b) Lack of administrative capacity

- In addition to the Department of Gender, it is expected that training related to SGBV will be provided to the relevant institutions of the County Government, but this has not been possible due to budget and personnel constraints. In the past, the Kenya Red Cross has provided training to strengthen the capacity of officers of the Kajiado County Government, but at present there is no direct support from international organizations or foreign donors. There is also a need for training for stakeholders through the coordination mechanism, and for training in local resources and referral procedures for community leaders, religious leaders, and chiefs and assistant chiefs responsible for conflict resolution at the community level. It is also required to train collaborators (known as "champions") as personnel who will be responsible for awareness-raising activities in their respective communities and to strengthen the capacity of teachers to identify and protect children at risk of FGM and child marriage.

c) Difficulties to eliminate FGM

- Kajiado County borders Tanzania and some Maasai communities go to Tanzania to undergo FGM (there is no fence in the border area and it is easy to cross). In Tanzania, there are no laws to punish practitioners of FGM, so it is difficult to see the actual situation caused by FGM carried out across the border.

B. Meru County

Summary of the administrative response to SGBV in Meru County is shown in Table 3-20:

Table 3-20：Summary of the Administrative Response in Meru County

Items	Details
Central Government (SDG)	The County Directorate of Gender is in place, but there is no Gender Officer at this moment. The Director works in collaboration with the gender officer on the county government side.
County Government	The Administrative Officer for Gender is the Director of Gender at the Department of Education, Technology, and Gender & Social Development.

Items	Details
SGBV law or Policy	Meru County SGBV Policy on Sexual and Gender Based Violence 2019[230]
Coordination	➢ County Gender Sector Working Group ➢ Anti-FGM Standing Committee The SGBV Thematic Working Group has not yet been established.
GBVRC	At present, a room for reception of SGBV victims/survivors has been set up in the Meru County Referral Hospital. There is no budget allocated by the County Government and no equipment or facilities are available to function as a GBVRC. The medical staff is provided by the County Referral Hospital employed by the County Health Department.
Efforts to eliminate SGBV	In addition to 'Meru County SGBV Policy on Sexual and Gender Based Violence 2019', a women's empowerment project led by the County Governor and his spouse has been implemented. The first phase started in December 2019 and provided seed capital loans to women for small businesses (4 million Khs in total). As the number of women economically affected by COVID-19 pandemic has increased since 2020, a second phase is currently being implemented to address these impacts (25 million Khs in total).

Source：Created by the author based in the interviews

Through interviews with county government officials, the following challenges were identified:

a) Lack of support for SGBV victims/survivors

➢ Since Women's economic empowerment is essential to prevent and respond to SGBV, more training opportunities (accounting, business management, human resource management, marketing, or others.) are needed to start small businesses and other means of livelihood enhancement.

➢ There is a lack of infrastructure for the protection and support of victims/survivors of SGBV. There is still no GBVRC in Meru (only a room in the County Referral Hospital is allocated) and no public shelter.

➢ Meru County has the second highest number of teenage pregnancies in Kenya. The impact of COVID-19 pandemic is particularly high, with more than 14,000 teenage girl reported to be pregnant in 2020. In order to prevent teenage pregnancies, awareness raising in schools is being promoted. Ideally, girls who become pregnant or give birth should be able to return to school, but there is a lack of services for the care of newborns and infants, and adequate support systems for girls. There is also a lack of financial support and other challenges for girls who have given birth to return to school. At present, there is no specific support from the County Government for girls who become pregnant.

b) Lack of political leadership to eliminate SGBV

➢ In order to implement measures to eliminate SGBV more effectively within the county administration, political leadership needs to be strengthened. In Meru County, the County Governor has been active in this matter, but the lack of enough number of women in the County Assembly, which approves various budgets and policies, has hindered the strengthening of efforts to eliminate SGBV (currently there are only 2 female members in the county assembly out of 48 members). In the past, there have been plans to provide training on SGBV prevention and response to county government officers and local resources such as chiefs, assistant chiefs, volunteers, But this wasn't realized because the budget proposal was not approved by the county assembly[231].

c) Lack of administrative capacity

➢ Currently, there is no Gender Officer in Meru County and there is a shortage of staff for gender

[230] The County Government of Meru " Meru Meru County Policy on Sexual and Gender Based Violence" 2019
[231] Interview with the Meru County Government officials on 27 Sep 2021.

mainstreaming including SGBV prevention and response. As it is difficult to carry out activities at the community level with the current staffing structure, SGBV prevention and response is being carried out through the County Commissioner posted by the Ministry of Interior in collaboration with the Chiefs, Assistant Chiefs, Village Elders, Nyumba Kumi and other volunteers.

d) Difficulties to eliminate FGM

➢ FGM continues to be practiced at a high rate in Meru County. There is a strong perception, particularly among men, that it is normal for women to undergo FGM and that they would like to marry a woman who has undergone FGM. In this regards, the elimination of FGM requires a change in attitudes, mindset and behavior of male side. In order to achieve this, it is important to place men as key actors in the elimination of FGM, and there is a growing need for awareness-raising activities targeted at men.

C. Nairobi City County

Summary of the administrative response to SGBV in Nairobi City County is shown in Table 3-21:

Table 3-21 ： Summary of the Administrative Response in Nairobi City County

Items	Details
Central Government (SDG)	A County Director of Gender and a Gender Officer have been assigned to work with the department in charge of Gender on the County Government side.
County Government	The Administrator for Gender is the Director of Gender and Public Services in the Department of Education, Youth and Social Services.
SGBV law or Policy	The Nairobi City County Sexual and Gender Based Management and Control Bili 2019
Coordination	➢ County Gender Sector Working Group ➢ GBV Thematic Working Groups Other 3 thematic working groups are also established (see 3.2.3.3 (4))
GBVRC	In Nairobi City County, it is called "Tumaini Clinic" rather than GBVRC. Tumaini Clinics are currently located in 2 level 4 hospitals and 2 level 3 hospitals, with another one is under construction in a level 5 hospital (it is under the jurisdiction of the County Government's Department of Health, which is supported by international agencies and donors)[232].
Efforts to eliminate SGBV	2 public shelters for victims/survivors of SGBV are currently under construction.

Source：Created by the author based in the interviews

Through interviews with county government officials, the following challenges were identified:

a). Lack support for SGBV victims/survivors

➢ There is a serious shortage of safe houses and shelters for victims/survivors of SGBV in Nairobi City County. Although two public shelters are under construction, there are still only a few shelters run by NGOs and other smaller shelters. The establishment and operation of shelters requires a large amount of staffing and supplies, and requires medium- to long-term funding and management plans for various aspects such as human resources, food security, safety and security, supply of daily commodities, and provision of educational opportunities. Another challenge is that there are no shelters for men/boys and sexual minorities, or shelters designed to be accessible to people with disabilities, and no facilities to meet the diversity of victims/survivors' needs.

➢ In terms of ensuring the survivor-centered approach, there is a strong need to support victims/survivors to achieve their rehabilitation and social reintegration in line with their requests, but relevant facilities such as the Half Way Home, a facility that prepares victims/survivors for independence and reintegration

[232] For more information on the level of medical facilities in Kenya, see 3.1.2.3.

after they have been taken into care, has not been established in Nairobi City County. As a coordinating function for shelter facilities, there is 'National shelter network'[233] that brings operators from all 51 shelters across the county, and coordination meetings are held with the participation of not only shelter operators but also administrative side like the police and the Government Chemist[234]. However, as the network is still in infancy, there isn't enough collaboration and coordination to meet the increasing needs.

- There are few organizations that support SGBV victims/survivors to access to justice. In Kenya, it is desirable for criminal cases to be completed within a6 months, but sometimes it required longer time up to few years, and victims/survivors need various forms of support, including financial and emotional support, to enable them to continue with their trials.

b). Lack of administrative capacity

- At the grassroots level, approximately 50-60 Development Officers, who are county government officials, CHWs, who are health volunteers, and social workers (50 hospital-based and 30 community-based) are working to respond to SGBV victims/survivors and conduct follow-up activities. However, there are not enough staff members to cover the whole county. Social workers and volunteers are expected to provide case management, but they do not have enough capacity and skills to deal with the number of cases and are unable to handle every single case. In this context, the survivor-centered approach is not fully adhered to.

c). Lack of coordination and data management

- There is a lack of data management for coordination and collaboration. Although NGEC is currently leading the development of the GBV-MIS, what is needed in the field is not just a database to record the number of SGBV incidents, but a kind of 'dashboard' to match needs with resources and facilitate the provision of support to victims/survivors.

- Although there are several coordination mechanisms in place at the county level, there is no effective "collaboration" between the actors. As resources for SGBV prevention and response are limited, it will be necessary for the donor community as a whole to priorities and set direction and policy through "collaboration", rather than each organization working individually.

4) Coordination Mechanism

In Kenya, coordination mechanisms have been established at the central government level, inter-governmental level between central government and county governments, and at the county level, respectively, on gender-related issues including the elimination of SGBV. Details of the coordination mechanisms at each level are provided below.

A. Coordination at the central level

The Gender Sector Working Group has been established as a central coordination body, co-chaired by the Cabinet Secretary of MPSG and development agencies providing support in the field of gender. The chair of development agencies rotates each year (the Canadian Embassy in 2020 and EU in 2021). While the Gender Sector Working Group is held twice a year, the development agencies hold regular meetings on their own to

[233] It is launched in 2020 and led by an Ngo 'Centre for Domestic Training and Development (CDTD)'.
[234] It is a public institution that carries out forensic investigations, DNA testing in cases of sexual violence.

exchange information and coordinate support as appropriate (the chair is the EU and the co-chair is USAID in 2021, which holds monthly meetings).

Under the Gender Sector Working Group at the central level, the following 4 thematic working groups are established: 1) Women in Leadership and Decision Making, which mainly promotes women's political participation; 2) Gender-based violence; 3) Socio-Economic Empowerment and Financial Inclusion; and 4) Women in Peace Building and Conflict Resolution. SGBV is dealt with by the Thematic Working Group on Gender Based Violence, which meets quarterly.

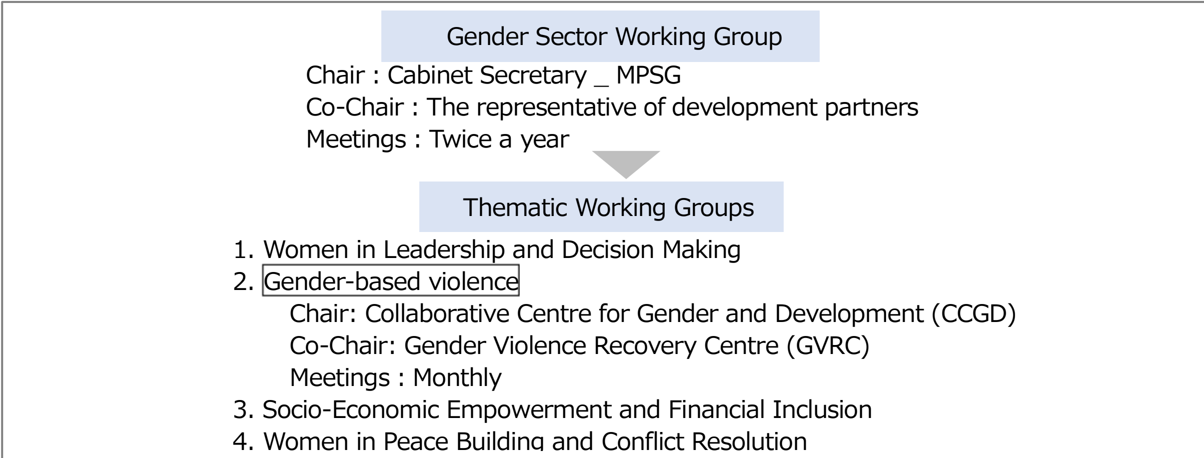

Figure 3-12：Coordination at the central level in Kenya

Source：Created by the author based in the interviews

B. Inter-Governmental Coordination

The Inter-Governmental Forum on Gender and the Joint Gender Steering Committee have been established to coordinate gender matters between central and county governments. Both are co-chaired by a representative of the central government and a representative of the county government, and are used for inter-agency coordination, communication of central government policy, and information sharing.

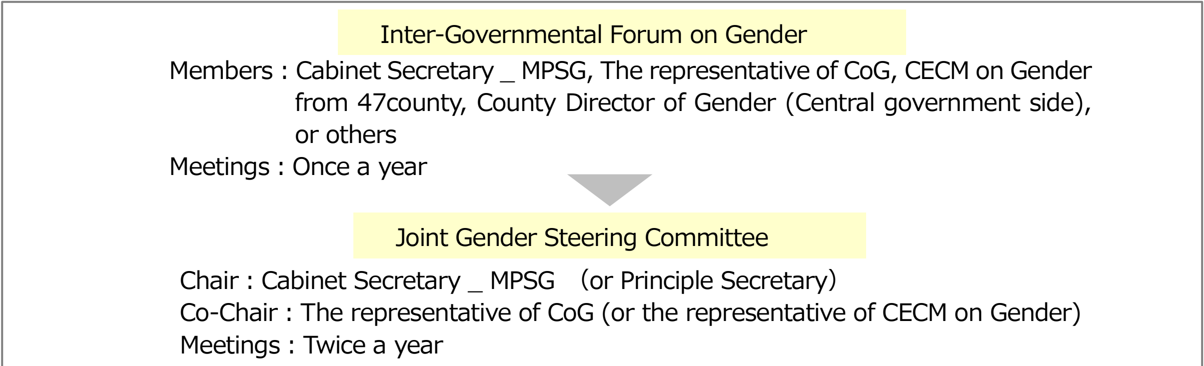

Figure 3-13：Inter-Governmental Coordination in Kenya

Source：Created by the author based in the interviews

C. Coordination at the County Level

County Gender Sector Working Groups have been set up in all 47 counties as a county-level coordination mechanism, co-chaired by the County Commissioner as the central government representative and the CECM on Gender as the county government representative. The county gender sector working groups include international organizations, donors, NGOs and CSOs working in the county. In addition, same as at the central level of government, there will be 4 County Thematic Sectoral Groups under the County Gender Sector

Working Group, but currently only a limited number of counties have all the thematic groups, and each county is in the process of preparing to establish.

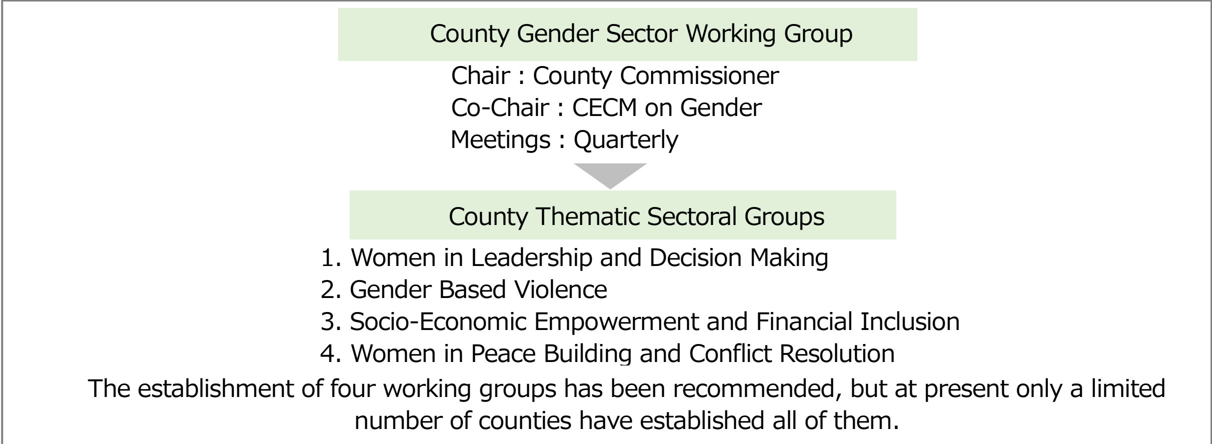

Figure 3-14：Coordination at the County Level in Kenya

Source：Created by the author based in the interviews

3.2.4. Monitoring of Pilot Studies

The results of the monitoring of 2 pilot studies in Kenya and the lessons learnt are described below.

3.2.4.1. Awareness Raising on Elimination of FGM at Kajiado County

This pilot study examines test how community-based awareness raising activities can lead to changes in attitudes and behaviors among participants through participatory workshops, community dialogues and girls' forums aimed at eliminating FGM in Kajiado County.

Table 3-22：The summary of the pilot study No. 1 in Kenya

Items	Details
Outlines	Carry out awareness-raising activities on the elimination of FGM in the target areas and verify the effectiveness of these activities. ➢ Conducting community dialogues (Men/women, young men/women, boys and girls, girls and boys, victims/survivors of FGM, former practitioners of FGM, or others.) ➢ Consultation with community leaders and religious leaders ➢ Building partnerships with communities
Period	July to December 2021 (6 months)
Targeted county	Kajiado County

1) Target Area

Kajiado County has a large number of Maasai residents, and the activity site the consultant visited, Marba (in Kajiado Central sub-County), is also a Maasai community. The Maasai speaks their own language Maasai, and many of the older generation do not speak Swahili or English, the official languages in Kenya, so the awareness-raising activity was also conducted in Maasai language. Awareness sessions were held in Marba 2 week before the visit by I'lalamatak Community Concern (ICC), a local NGO, and the principal and teachers of Marba Primary School, a nearby public school, have been following up with parents to ensure that the awareness activities continue to be effective. A follow-up session was held on the day of the visit by the assistant chief of Marba and the 2 members of ICC (both are Maasai) for 4 hours. Marba is located in a remote area from the center of Kajiado County and is not easily accessible, so no awareness-raising activities other than those conducted by ICC have been carried out at present, and the community is still very much affected

by FGM. Marba is also a Christian community and awareness raising activities were conducted in the premises of a Christian (Catholic) church.

2) Awareness-Raising Activities

The participants were about 50 men and women, mainly from the generation of parents of children attending primary school. As the awareness-raising session progressed, about 10 young mothers from the same community, who had been married and had young children under the age of 18 after undergoing FGM, also gathered to listen to the session. Community leaders were also among the participants.

In the Maasai community, having undergone FGM is perceived as a sign of being a "chaste woman", and men tend to prefer women who have undergone FGM as marriage partners. As a result, many women and girls are willing to undergo FGM themselves for fear of being unable to marry or of stigma. The awareness-raising session explained that there is no link between undergoing FGM and being chaste, and stressed the need for men to stop seeking FGM as a marriage partner. During the awareness-raising sessions, particular emphasis was placed on the fact that poverty is one of the major factors behind FGM. Another thing which were emphasized was that undergoing FGM is not only physically and psychologically damaging to women, but that it can also be the beginning of medium to long-term economic and social difficulties for women. Girls who have undergone FGM often drop out of school, are forced into child marriage, in return for which their parents receive dowries, and experience teenage pregnancy and childbirth. The cycle continues, with the victimized women having less education and therefore less access to work, and their children being subjected to FGM and forced into child marriage while suffering from poverty as shown in Figure 3-15. Also, widows and single mothers who have no means of earning income often become FGM circumcisers for income generating. The importance of breaking this cycle was explained repeatedly, and that "girls and women not undergoing FGM and not entering child marriage" would lead to "continuous education", which would not only empower the girls and women themselves, but would also lead to the long-term development of households and communities as a whole to overcome poverty. In addition, as the opinions of male heads of households always tend to be respected in Maasai communities, awareness-raising for men is also emphasized in relation to FGM. It was reiterated that if men first say "No" to FGM, women will also be able to say "No". As the Maasai of Marba are Christians, the religious dimension was also raised. It was explained that the Bible does not say that women and girls should undergo FGM, and that no one, including Jesus Christ, supported FGM.

Figure 3-15：Poverty-based SGBV damage chain

Source：Created by the author based on the wwareness session

After the facilitators completed the explanation, each of 10 participants out of 50 shared their opinions: "After listening to the awareness session, I now understand how FGM can have a negative impact on girls and women. I have decided not to have my daughter undergo FGM" by a male participant. "My daughter

told me that she wants to have FGM, but after the recent awareness session and learning about the risks of FGM, I have decided not to have my daughter undergo FGM" by a female participant.

3) Lessons Learned from Pilot Studies

Through the monitoring of the pilot studies during the field research, the importance of the following points was identified:

- Understanding the local context in the community
  Although there are many tribes practicing FGM, they have different cultural backgrounds and religious beliefs. In order to have effective approach, it is needed to understand the community specific context and tailor the approach based on the understanding. For example, Christian tribes and Muslim tribes have different discourses justifying FGM and different rationales for practicing it, and even if tribes have the same religious background, different communities may value FGM as "proof of chastity", "a rite of passage to adulthood" or "a prerequisite for marriage". It is important for CSOs and others to conduct an assessment of the type of FGM being practiced first[235], and then to identify the gender norms and context of the community, before considering the approach to be taken. In this regards, the awareness raising activities in the Maasai communities in this pilot study focus on the importance of education for girls and women.
- Trust building
  As important as understanding the context is for the facilitator, building trust with the community is also considered to be one of the most critical aspect of awareness raising. Without trust, no amount of awareness raising will lead to behavior change. In order to build trust, facilitators are reminded not to tell untruths in their awareness-raising (e.g. "FGM will kill all girls"). If they say something that is not true, participants will not trust the organization itself. To build trust as well, it is desirable to develop champions from the target community to raise awareness. Even in a Maasai community, it is not enough to speak Maasai in the sessions, and it is not easy for a facilitator from another Maasai community to build a trusting relationship.
- On-going follow-up within the community
  Following awareness raising sessions by NGOs and CSOs, ongoing community dialogue and follow-up is essential to ensure that the impact is sustained. As it is not always practical for the same organization to visit the community on a regular basis, it is required to develop champions within the target community and to establish a system of continuous follow-up by the people themselves, with the help of local resource persons (in the case of Marba, the principal of the primary school and assistant chief take this role).

3.2.4.2. Awareness Raising on Elimination of SGBV in Meru County

This pilot study examines effective prevention and response approaches to SGBV issues in the counties of Samburu, Nairobi, Nyeri, Kisii, Busia, Meru and Kilifi through participatory consultations to identify specific SGBV issues in each area and to address them through awareness raising activities and small-scale livelihood support. In this field research, the consultant visited one of 7 target counties, Meru County, to collect information on the local government's response and to monitor the activities.

[235] WHO definition of FGM is divided into 4 main types. See 3.1.1.3.

Table 3-23 : The summary of the Pilot Study No.2 in Kenya

Items	Details
Outlines	Identify the key SGBV issues in each target area, conduct awareness-raising activities and small-scale livelihood support to address these issues, and examine the effectiveness of these activities (awareness-raising and support activities vary from county to county to ensure that they address SGBV issues specific to each county). The activities carried out in Meru are as follows: ➢ Awareness campaign for community leaders ➢ Educational activities for FGM circumcisers ➢ Capacity building on local stakeholders ➢ Awareness-raising activities aimed at developing male champions ➢ Small-scale livelihood support
Period	June to November 2021 (6 months)
Targeted county	Samburu, Nairobi, Nyeri, Kisii, Busia, Meru and Kilifi

1) Target Area

Most of inhabitants in Meru County are Meru and speak Meru language. Since many people in Meru can speak Swahili (especially the younger generation), awareness-raising activities were conducted in Swahili. FGM is still practiced in the Meru community and it has the highest rate of teenage pregnancies in Kenya. Defilement, commercial sex in exchange for money and livelihood goods, and school dropout of girls due to FGM and teenage pregnancies are major social issues in this area[236].

2) Awareness Raising Activities

There are several and different types of activities taking place in Meru County, and the consultant visited the one aimed at self-help groups with around a 30 members. The majority of members are female who are widows, single mothers, SGBV victims/survivors or others, but there are also male members as well. The group is designed to run Savings and Credit Co-Operative Society (SACCOs), known in Kenya as "Chama", where all members deposit a fixed amount of money and the group manages these savings and receives a certain amount of dividends every year. In this pilot study, it has bene supporting this group to run a small vegetable garden as part of its awareness-raising activities and financial support. In addition to raising awareness of SGBV among the group members, it has also been supporting them to set up their own vegetable gardens by distributing agricultural material such as vegetable nets (cylindrical nets that can be filled with soil and held upright, with holes in the sides and seedlings planted in the tops to allow for efficient vegetable cultivation in small spaces and with little water), seedlings and small water tanks. The vegetables would be sold or consumed at home and were expected to contribute to income generation. The objectives of these activities are as follows:

- ➢ By providing members such as widows, single mothers and victims/survivors of SGBV with a supplementary income, support them to be able to have the foundations for financial independence.
- ➢ By obtaining imcome or food supplementaly, support them to improve the nutritional status of members and their children, increase the cost of education and reduce the risk of SGBV (especially DV and IPV)

The pilot activity run for six months, with community consultation and awareness-raising activities followed by the distribution of materials, so that the actual operation of the vegetable garden will only take

236 Interview with Meru County CECM on Gender on 27 Sep 2021.

two to three months Therefore, it was difficult to confirm the reduction of the number of SGBV cases and the improvement of children's nutritional status during the same period, but at the end of the project, it was expected to obtain as much qualitative data as possible based on interviews, as well as quantitative data to analyze how the beneficiaries feel about the changes in their lives.

In addition, the community in which this self-help group operates has established a reporting mechanism for FGM and has a clear process for reporting and referral if any girl is at risk of FGM. Within the targeted community, FGM is currently rarely practiced (although in some cases it is practiced in secret, so the number of cases cannot be stated as 0.).

3) Lessons Learned from Pilot Studies

Through the monitoring of the pilot studies during the field research, the importance of the following points was identified:

- A tailored approach to the individual issues identified
  There has been a high rate of SGBV across the country, and the forms of SGBV include various types such as sexual violence, physical violence, IPV, domestic violence, FGM, child marriage and defilement. While SGBV is a serious problem in all regions, there are differences in the forms of SGBV prevalent in different regions. In addition, as mentioned above, the context behind the same form of SGBV, such as FGM or child marriage, the background or context may differ from region to region and community to community. For example, in Meru County, FGM, teenage pregnancy and IPV/DV were found to be common, so awareness raising activities such as women's economic empowerment and training of male champions could be implemented to address these risks. While it is important to deepen understanding of basic knowledge such as "What is SGBV?" and "What is gender equality?" through general awareness-raising on SGBV, it is also important to identify SGBV issues specific to each region and community and priority issues, and to consider approaches tailored to each context, taking into account differences in local characteristics, religion, culture and history, in order to ensure effective SGBV elimination.
- Economic empowerment that contributes to both prevention and response to SGBV
  Poverty is one of the indirect factors that create an environment for generating SGBV. In many cases, FGM is carried out to get girls married, and then the girls drop out of school, get married (child marriage), get pregnant and give birth in early age, making it very difficult for young mothers with insufficient education to become economically independent with infants. It was also reported in this pilot that children of single mothers who conceive and give birth in early age without marrying are more vulnerable to be exposed by SGBV. A number of organizations interviewed also reported that the mental stress of poverty can lead abuse of alcohol and drugs, which in turn contributes to violence against spouses and children at households. The provision of livelihood support and skills training as economic empowerment for vulnerable women not only supports the reintegration of victims/survivors of SGBV, but also reduces the risk of SGBV to themselves and their children by enabling women to become economically independent in an environment where SGBV is more likely to occur. Therefore, support for economic empowerment has a significant impact on both prevention and response to SGBV.

3.2.5. Proposal for JICA Interventions

In this section, based on the analysis of the results of both first and second round of the research, it is described below the directions of cooperation in which there is a high requirement for support in various areas related to the elimination of SGBV and in which JICA can utilize its schemes, comparative advantages and knowledge in existing projects.

3.2.5.1. Strengthening Gender Mainstreaming Initiatives in Existing JICA Projects

In the field research, through the interview with JICA Kenya Office, the possibility of promoting gender mainstreaming initiatives to contribute to the elimination of SGBV in existing agricultural, industrial and private sector development projects is identifies as below.

1) Agriculture

In Kenya, the "Capacity Development Project for Enhancement of Rice Production in Irrigation Schemes" used the Gender Mainstreaming Package (GMP) which was developed under the "Project on Enhancing Gender Responsive Extension Services in Kenya (PEGRES)" (2014~2017), and promoted gender mainstreaming among target farmers by providing GMP-based training for gender-equal farmer management. In the "Coalition for African Rice Development (CARD)" project, the importance of gender-responsive farmer management has also been recognized and actively pursued, using the results of the "Smallholder Horticulture Empowerment & Promotion (SHEP)" project and the GMP developed in PEGRES.

As a part of SHEP project, "Project for Smallholder Empowerment and Agribusiness Promotion (SHEP Biz)" (2020-2024), which aims to increase the business support aspect of the project and actively encourage farmers to set up small and medium enterprises (SMEs) and start new businesses, is currently implemented. Also, a technical cooperation project "Project for improvement of Food and Nutrition Security through Building Adaptive Capacity to climate change in Arid and Semi-Arid land" (2022-2027) will also be launched.

The promotion of gender mainstreaming through improved household incomes and the economic situation of each household, as well as through GMP-based training, can improve the environment for violence against vulnerable members of the household, such as women, children, elderly, or others, transform gender unequal relationships within the household, and reduce violence such as IPV, domestic violence, child marriage and FGM. The effectiveness of gender mainstreaming in the agricultural sector, which is the main industry in Kenya, is very high in terms of reducing violence. JICA has been promoting gender equality in farm management and it is assumed that JICA's agricultural support in Kenya has already established a certain level of groundwork and methods that contribute to the reduction of SGBV, especially IPV and DV[237]. On the other hand, the GMP is structured around gender equality in farm management, and there is no section in the gender training that directly refers to the prevention of and response to SGBV. Therefore, it is expected that the GMP will have a greater impact on the elimination of SGBV by including SGBV prevention and response as part of the training in future agricultural projects.

The technical cooperation project "Project for improvement of Food and Nutrition Security through

[237] In terms of support for prevention and response to SGBV, there is a method of couples training which is that husbands and wives attend SGBV training sessions and receive the same training for a certain period of time to learn the basics of what SGBV is and what gender equality means, as well as anger management and how to respond to SGBV in the community. This training is highly compatible with GMP's approach to training at the household level.

Building Adaptive Capacity to climate change in Arid and Semi-Arid land" (2022-2027), which is scheduled to start in 2022, will also be expected to incorporate a gender perspective. Climate change and gender is an area that has rapidly gained attention in recent years for the need to strengthen responses. In situations where food, water and nutrition are in short supply due to climate change, socially vulnerable women and children will be more at risk, and the burden on women in terms of securing food for their households will increase[238]. As for the chronic malnutrition of children under five years old, which is one of the issues raised in the case, many studies suggest that nutrition education for the child-rearing generation from a gender perspective, including the distribution of nutritional supplements, would contribute to improving child malnutrition[239]. In these areas, not only is the burden concentrated on women, who are often responsible for securing water and food in their households, but they may also be exposed to the risk of SGBV, such as sexual and physical violence, in the process of accessing water and food[240]. In addition, in the pilot studies conducted in this research, support for the management of home gardens was provided, which reaffirmed the importance of women's economic empowerment. Therefore, even if the project does not directly aim at the elimination of SGBV, it may contribute to improving the environment in which women are placed in a vulnerable position by promoting gender-based initiatives such as support for improving access to water and food and women's economic empowerment. There is potential to contribute to improving the conditions in which women are vulnerable.

2) Industrial and Private Sector Development

JICA is currently engaged in the technical cooperation project "Project for Enhancing Enterprise Competitiveness" (2020 - 2024), the loan assistance "Mombasa Special Economic Zone Development Project" (2020 - 2026), the technical cooperation "Project on Capacity Development for Trade Facilitation and Border Control in East Africa" and others other industrial and private sector development projects, including Overseas investment loans. “Project for Enhancing Enterprise Competitiveness” targets small and medium enterprises (SMEs) in Kenya to enhance their capacity for sustainable growth. In particular, the Kenya Chamber of Commerce and Industry (KCCI) and the National Productivity and Competitiveness Centre (NPC) are collaborating in the development of Business Development Services (BDS) for SMEs and providing training. The BDS provides support to the management of SMEs and the target audience and target companies are determined on the basis of recommendations from the partner institutions.

The active involvement of the private sector is a significant element in the elimination of SGBV. It is recommended to introduce a component on the prevention of sexual harassment in the workplace in the training provided within the "Project for Enhancing Enterprise Competitiveness", and to incorporate support for employees who are victims/survivors of SGBV, such as IPV and DV. For example, the Kering Group, a major clothing manufacturer, offers support and a safe living and working environment for employees who

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238 The Lima Work Programme on Gender was adopted at the 20th Conference of the Parties (COP20) to the United Nations Framework Convention on Climate Change (UNFCCC) in 2006, confirming the needs to promote gender equality and the empowerment of women in the fight against climate change. Since then, the work programme has been reviewed and revised annually by the COP.

239 Benta A Abuya. Et.al (2012), Effect of mother’s education on child’s nutritional status in the slums of Nairobi
Kelly W Muraya. Et.al(2017), "If it's issues to do with nutrition…I can decide…": gendered decision-making in joining community-based child nutrition interventions within rural coastal Kenya

240 IASC (2015), Thematic Area Guide for: Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, P.39

have experienced DV by adjusting their working conditions (e.g. changing their work location, adjusting their working hours) and providing financial assistance[241]. It has also developed an internal training programme, which has been coordinated with local NGOs in Italy, the UK, the US and China. A another example, the Vodafone Group, a major telecommunications company, provides 10 days of paid safe leave to employees who have experienced DV or IPV to help them improve their living conditions, and also provides HR and management training to support them[242]. Although not directly addressing SGBV issues, the programme also includes the recruitment, promotion and treatment of female managers and employees, which can enhance the company's competitiveness in terms of diversity and long-term growth.

In addition to the promotion of the elimination of SGBV and gender mainstreaming within the companies, it would be possible to make efforts to provide information to women entrepreneurs and women managers when recruiting target companies and target persons for the training within the project. As the Kenya Chamber of Commerce and Industry (KCCI), the partner organization, is likely to have a large number of male owned businesses, it would be useful to recruit and select female entrepreneurs (including small businesses) through the Federation of Women Entrepreneurs Association (FEWA) as well as the KCCI. While women's socio-economic empowerment has a significant impact on both prevention and response to SGBV, female entrepreneurs have limited access to finance and a range of training opportunities and information compared to male entrepreneurs. In particular, bank loans are difficult to obtain due to the fact that many female entrepreneurs do not have assets as collateral and the high possibility of default rate of their enterprises. There is a significant need for capacity building for female entrepreneurs, and providing opportunities of trainings for them in order to increase the sustainability of their enterprises. It is expected to have some results and impact in terms of economic empowerment.

3) Justice

Although a legal framework has been established to deal with SGBV in Kenya, disputes are rarely resolved through the courts for a variety of reasons in rural areas, including the remoteness of the courts and the time and expense involved. Chiefs, Assistant Chiefs, Nyumba Kumi and others community based functions are often appointed to resolve disputes (see 3.2.3.3). Village elders and chiefs, who are often male and do not have proper knowledge of SGBV and its response, often end the response with informal discussions and settlements, resulting in inadequate protection for the victims/survivors and punishment for the perpetrators. JICA has continued to support the rehabilitation sector in Kenya (see 3.1.3.3), and therefore, it is recommended to consider incorporating initiatives aimed at the elimination of SGBV in light of this situation, when implementing future projects in the field of justice. Specifically, it is expected to 1) strengthen access the public justice system in SGBV cases through the establishment of relationship of cooperation between GBVRCs and GBV Hotline (HAK1195) with local resource persons and legal aid providers such as Chiefs; 2) Strengthen the response capacity of local resource persons such as chiefs, paralegals and legal aid providers through training based on gender equality and survivor-centered approaches;3) Facilitate the deployment of

[241] https://www.kering.com/en/news/kering-implements-a-global-policy-on-domestic-violence, last accessed on 5 Oct 2021

[242] Vodafone Group (2019), Vodafone's Domestic Violence and Abuse Policy Guide: A Briefing for Business
The Vodafone Group also developed and operates "Bright Sky", a free application to support victims of SGBV, including sexual violence and domestic violence. The service, which allows victims to use their location to find the nearest support services and to receive support from the police emergency call system, is used in the UK, Ireland and elsewhere (see reference above, p. 15). The group has similar services in Spain, Turkey, Lesotho and Hungary.

paralegals to local governments who are capable of handling SGBV cases through collaboration with the Ministry of Justice and MPSG.

3.2.5.2. New Interventions for Elimination of SGBV

Based on the results of the first and second round of the research, challenges were identified in Kenya in all 4 aspects of the research framework[243]: Prevention and Awareness Raising, Protection, Rehabilitation and Social Reintegration of Victims/survivors, and Prosecution and Rehabilitation of Perpetrators, as well as in the cross-cutting areas of Coordination, Monitoring and Evaluation, and Data Management. Based on the research framework, the current situation and issues in each area can be summarized as follows, which are articulated in 3.1.as well (the deficit indicates the issues to be covered in the proposal for JICA interventions).

Table 3-24 : Status and Challenges on Coordination, Monitoring and Evaluation, and Data Management

Sectors	Status	Challenges
Coordination	▪ Multiple coordination mechanisms exist at central and county government level ▪ Relevant government agencies and support groups discuss SGBV issues at coordination meetings.	▪ The role of each coordination mechanism is not clearly defined. ▪ Some counties do not have an SGBV-related coordination mechanism in place ▪ Vertical cooperation and coordination between central government and county governments, and between county governments and communities are weak. ▪ A mechanism for the functional coordination of the activities of individual institutions and organisations doesn't exist.
Monitoring and evaluation	▪ Monitoring and evaluation of the implementation of the SGBV policy and policy reviews are carried out by NGEC	▪ Insufficient monitoring and evaluation due to lack of staffing and capacity
Data collection and management	▪ NGEC is developing the GBV-MIS ▪ Data in medical institutions is managed by the Kenya Health Information System.	▪ Development of the GBV-MIS has been significantly delayed ▪ Cases handled by the police are often kept in handwritten Occurrence Books, and many police forces are not ready for digitalisation. ▪ County level data by gender and SGBV related data isn't collected enough.

In the areas of coordination, monitoring and evaluation, and data collection and management, it was confirmed that the coordination mechanism itself is well established, but the data collection and management system is not sufficiently developed. In addition, in order to make effective use of limited resources and to develop comprehensive support, it is necessary for organizations to collaborate in order to complement every support at the field level, but it was confirmed that the establishment of such a collaboration system has not been implemented.

Table 3-25 : Status and Challenges on Prevention and Awareness Raising

	Prevention and Awareness Raising	
Sectors	Status	Challenges
Law and policy	▪ There are provisions in the constitution and law to prevent SGBV ▪ SGBV prevention and response is positioned within development policy and there are separate policies and standards for SGBV ▪ NAP for UNSCR 1325 have been developed and implemented ▪ Development of SGBV-related laws and policies at the county level is recommended.	▪ Laws and policies are not well known by the public. In particular, a relatively new law, The Protection Against Domestic Violence Act (2015), is not known to exist. ▪ Only a few counties have developed their own SGBV laws and policies, or budgeted for SGBV prevention and response ▪ The role of government and county governments in decentralisation isn't clear in terms of SGBV issues. ▪ There are few female members of parliament both at the central and local levels, and women's voices are not properly reflected in policies.
Police (Kenya Police Service) Justice (Office of the Attorney General and Department of Justice)	▪ A Gender Desk has been set up at the police station, where police officers are responsible for SGBV prevention in the area. ▪ Raising awareness in the community through the Community Policing Committee ▪ SGBV training for police officers is on a regular basis	▪ Some of Gender Desks don't have a police officer or female police officers assigned. ▪ Police officers' understanding of the law, specific referral procedures, evidence preservation procedures and other practical matters may be inadequate.
Medical care (Ministry of Health)	▪ Contraceptives are used as part of family planning and HIV/AIDS prevention	▪ Contraceptive use by married people is increasing, but use in non-marital relationships is not common
Education (Ministry of Education)	▪ Limited SRHR education and education on HIV/AIDS prevention is provided. ▪ Sanitary products are distributed in public schools. ▪ Extra-curricular activities by NGOs and others to raise awareness of SGBV among students and teachers are conducted.	▪ There is no education on SGBV prevention or response in the formal curriculum. ▪ No comprehensive SRHR education or sex education in schools ▪ Girls and women who do not attend school find it difficult to buy sanitary products ▪ Training for teachers on prevention of SGBV isn't conducted. ▪ No precautions are taken against SGBV in schools
Other public services	▪ Free GBV Hotline to get advice on SGBV exists.	▪ Not sufficiently informed about what support and information services are available to victims /survivors of SGBV

[243] It is mentioned in 1.2.1.2.

In prevention and awareness raising, it was identified that policy development and budgeting at the county level, as well as advocacy to members of the county assembly, have not been sufficiently implemented, and that the structure for implementing SGBV prevention within the county government has not been established.

Table 3-26：Status and Challenges on Protection of Victims/Survivors

	Protection of Victims/Survivors	
Sectors	Status	Challenges
Law and policy	SGBV prevention and response is positioned within laws and development policy ,and there are separate policies and standards for SGBV	Laws and policies are not sufficiently well known
Police (Kenya Police Service) Justice (Office of the Attorney General and Department of Justice)	A Gender Desk has been set up in each police station where police officers corresponding to SGBV are assigned. P3 forms are produced by the police and medical services when a victim/survivor of sexual assault prosecutes the perpetrator. An SOP for police response to SGBV has been developed, which requires that if the police receive a report from a victim/survivor of rape or sexual assault, they should be directed to a medical facility within 72hours.	Availability Court facilities are not adequate. (e.g. no room for victims/survivors or witnesses to wait away from the suspect) Some Gender Desks are not staffed by police officers. Accessibility The police station is geographically too far away to visit without transport or transport costs Victims/survivors have to go back and forth between the police station and the hospital to get P3 forms. Acceptability There is a Gender Desk that does not provide an environment for privacy. Police officers tend to avoid dealing with domestic violence as a 'family matter' Confidence in the police and judiciary is not sufficiently fostered Victims/survivors may receive 'Victim Blaming' from police officers after reporting SGBV cases Victims/survivors may be charged a fee for responding on site or for issuing a P3 form. Quality Some of police officers do not understand the law or relevant documents. Procedures for dealing with SGBV in the judicial process have not been established
Medical care (Ministry of Health)	In some counties, GBVRCs have been set up to provide comprehensive services (medical, police and judicial, psychosocial care) to victims/survivors of SGBV. PRC forms are completed by healthcare providers when a victim/survivor of sexual assault wishes to prosecute the perpetrator They are responsible for providing treatment, counselling, testing for HIV/hepatitis B/sexually transmitted diseases, prescribing emergency contraceptives, and assisting in the preservation of evidence to victims/survivors of rape and sexual assault.	Availability Some counties do not have aGBVRC or One-Stop Centre There are few counsellors available to provide psychosocial care in health facilities. Abortion is prohibited in cases of pregnancy resulting from rape, and unsafe abortions are widely practiced Accessibility GBVRCs, one per county, are geographically distant and inaccessible. Medical fees are required for regular medical facilities other than GBVRCs. Quality Supply of SGBV training, materials and equipment to GBVRC staff isn7t adequate.
Rehabilitation (Probation and After Care Services)	Probation officers conduct surveys of children affected by SGBV Child victims/survivors are referred to to the police and medical services Probation officers support child victims/survivors in court	Assessmence of the protection of children affected by SGBV is inadequate. Children who are taken into care after being victims/survivors of SGBV are returned to their families, but there is no change in the family or community environment and the victimisation recurs.
Education (Ministry of Education)	Teachers are responsible for identifying students who are at high risk of SGBV, and for immediately notifying the relevant authorities and initiating a response if a student is a victim/survivor of SGBV.	Students may be exposed to SGBV by other students or teachers at school Identifying pregnant girls, children at risk of child marriage or FGM in advance and preventing them from dropping out are not enough.
Other Public services	GBV hotline receive reports of cased and provide orientation to the SGBV victims/survivors Refugees living in refugee camps also have access to public assistance Large cities like Nairobi and Mombasa have relatively many types of support to SGBV victims/survivors.	Some communities do not have an established referral process Public shelters or Safe Spaces are almost non-existent, and most facilities are run by NGOs. Refugees legally residing outside the camp have access to public services, while those who are residing outside the camp without permission can't have any public services. Support is concentrated in large cities and victims/survivors living in rural areas have limited access to services

In terms of victims/survivor protection, it was confirmed that there is a lack of infrastructure to provide adequate support to victims/survivors of SGBV, as many counties do not have GBVRCs and shelters. There is also a need to strengthen the response capacity of service providers to support victims/survivors of SGBV.

Table 3-27：Status and Challenges on Rehabilitation and Social Reintegration of Victims/Survivors

	Rehabilitation and Social Reintegration of Victims/Survivors	
Sectors	Status	Challenges
Law and policy	▪ The importance of supporting victim/survivors' rehabilitation and social reintegration into society has been mentioned in policies	▪ There is no concrete policies have been developed at the central or county level for the autonomye and social reintegration of victims/survivors.
Medical care (Ministry of Health)	▪ GBVRCs provide continuous care to victims/survivors after being affected by SGBV	▪ Treatment and transport costs for ongoing counselling services to address HIV, sexually transmitted infections, trauma and PTSD.
Education (Ministry of Education)	▪ Girls who have experienced pregnancy and childbirth are encouraged to return to school ▪ Supporting the education of pregnant and childbearing girls are recommended through programmes of the UN, NGOs and other organisations.	▪ Girls who drop out of school after pregnancy or childbirth are rarely able to return to school and have few other opportunities for education.
Rehabilitation (Probation and After Care Services)	▪ If a child affected by SGBV cannot return home, he or she is sent to a children's home or other rehabilitation facility. ▪ Victimised children who have returned to their homes and communities are followed up by the local rehabilitation officer.	▪ Number of counsellors in children's homes prevents them from providing adequate psychosocial care isn't sufficient. ▪ Rehabilitation officers are few and their capacity is not enough.
Other public services	▪ There are public funds available to vulnerable women such as Uwezo Fund and WEF	▪ There is no public services aimed at the autonomy and social reintegration of victims/survivors of SGBV ▪ The budget of the public funds is not large and it is not easy to obtain funds for SGBV victimssurvivors.
NGOs	▪ NGOs and others have implemented livelihood support programmes to SGBV victims/survivors.	▪ Women who experienced teenage pregnancy are likely to have shorter periods of education and therefore less likely to find jobs and more likely to be economically deprived ▪ Most livelihood support is provided by NGOs and relies on donor funding, which does not ensure sustainability.

There is a lack of concrete policy development and budget allocation for rehabilitation and social reintegration of victims/survivors, although the importance of this issue is recognized, as prevention and protection policies are still prioritized. However, there are few county-specific policies, and many activities are carried out by NGOs.

Table 3-28：Status and Challenges on Prosecution and Rehabilitation of Perpetrators

	Prosecution and Rehabilitation of Perpetrators	
Sectors	Status	Challenges
Law and policy	▪ There are provisions in the Constitution and laws to punish the perpetrators of SGBV.	▪ Relevant aws and policies are not well known by the public. ▪ Perpetrator are not prosecuted in many cases, even though the law requires it. ▪ The perpetrators often try to avoid prosecution by unofficially offering settlements to victims/survivors
Police (Kenya Police Service) Justice (Office of the Attorney General and Department of Justice)	▪ Gender Desks in each police station and other police officers investigate SGBV cases and arrest perpetrators (this should be done within 24 hours as much as possible). ▪ If, as a result of the investigation, it is deemed appropriate to prosecute the perpetrator, the case is referred to the prosecutor. ▪ A prosecutor reviews the evidence, and if it is deemed appropriate to prosecute, the case is brought. ▪ Police officers have been trained on how to preserve evidence and investigate SGBV ▪ Basically, if the perpetrator is over the age of 18, they are sent to prisons, if the perpetrator is under the age of 18, they are sent to a reformatory.	Availability ▪ Female prosecutors and judges ore few. (the outcome of a decision depends on whether a male or female judge is in charge of the case) Accessibility ▪ In a sexual assault trial, the victim/survivor must provide evidence to prove that the sexual act was not consensual and that he or she was forced to insert the genitals. Acceptability ▪ Police may not prosecute suspects for accepting bribes Quality ▪ Initial police response may be inadequate to preserve evidence and prosecute suspects
Rehabilitation (Probation and After Care Services)	▪ Officers in prisons and reformatories manage and implement probation of offenders. ▪ Probation officers support the ongoing rehabilitation of perpetrators who have returned to the community after serving their sentence and work to prevent recurrence.	▪ Insufficient psychosocial care and counselling is provided to perpetrators in the institution. ▪ There is no rehabilitation programme in terms of relapse prevention. ▪ Rehabilitation officers are few and their capacity is insufficient.
Education (Ministry of Education)	▪ NGOs are working in some schools to raise awareness of the need to avoid becoming a perpetrator of violence through extra-curricular activities.	▪ There is no education or awareness-raising to prevent people from becoming perpetrators of violence, except in some schools. ▪ No recurrence prevention training is provided

With regard to the prosecution and rehabilitation of perpetrators, although trainings and some of other activities have been carried out by the police and judicial institutions, there are still many cases where perpetrators of SGBV cases are not prosecuted, and "impunity of perpetrators" remains a major issue.

Based on these current status and challenges, and in light of experience and comparative advantages in providing assistance by JICA side in Kenya to date, and JICA schemes, knowledge and experience that can be utilized, following four ideas are proposed to address the issues in red in Table 3-24 to Table 3-28. All the

proposals contribute to the GEF commitments announced by the Government of Kenya in 2021 and are in line with the needs of the local government (see 3.2.3.1).

Table 3-29：Intervention for Kenya 1

Items	Details
Overview	Through support to Departments of Gender in county governments, the capacity to respond to SGBV prevention and response and the coordination mechanisms at the county level will be strengthened. Specifically, the project will: 1) strengthen the capacity of relevant county government departments through SGBV training; 2) strengthen the coordination of county gender sector working groups and county thematic working groups (SGBV); 3) introduce "Gender Responsive Budgeting" in County Governments; 4) Facilitate the use of public funds; 5) Strengthen the capacity of County Governments to collect SGBV-related data; and 6) Establish a model for case management response by government service providers to create a more effective system for preventing and responding to SGBV.
Project objectives	Capacity of county governments to respond to the removal of SGBV and coordination between agencies is strengthened.
Scheme	Technical cooperation
Counterpart	Departments of Gender in County Governments
Partner organizations	➢ Directorate General for Gender, Ministry of Public Services and Gender ➢ Anti-FGM Board ➢ National Gender Equality Commission (NGEC) ➢ Kenya National Police ➢ County Referral Hospitals ➢ NGOs, CSOs
Expected outcomes	1. Response capacity of all relevant departments in the county government for the elimination of SGBV is enhanced. 2. A systematic collaboration between county governments, county assemblies and central government is established to address the elimination of SGBV at the county level. 3. Effective coordination and collaboration mechanisms between government, donor agencies, the private sector, NGOs and others are established for efforts to eliminate SGBV at the county level. 4. Gender responsive budget allocation is introduced in all targeted counties. 5. Capacity of county government to promote the use of public funds to support women's economic empowerment is strengthened. 6. A system for collecting SGBV-related data at county level is in place. 7. A response model for the protection and support (case management) of victims/survivors of SGBV at community level is developed.

Table 3-30：Intervention for Kenya 2

Items	Details
Overview	Through promotion of the use of public funds at the county and community levels, SGBV prevention, protection of victims/survivors and their social reintegration is facilitated. Specifically, the project will: 1) support and facilitate the operation of SACCOs through using Women Enterprise Fund (WEF); 2) provide livelihood support such as vocational training and small businesses through the WEF; 3) support the implementation of new business start-ups related to SGBV prevention and response through using WEF[244]; and 4) strengthen support system of WFE for victims/survivors of SGBV.

[244] Support for prevention and response to SGBV through new technologies and new business ideas is envisaged, including the development of ICT-based reporting and case management systems, dashboards of support systems, and peer support. Applications could be invited through a pitch contest for business ideas.

Items	Details
Project objectives	Prevention of SGBV and the protection, independence and social reintegration of victims/survivors is promoted through sociol-economic empowerment using public funds.
Scheme	Technical cooperation
Counterpart	Women's Enterprise Fund (WEF)
Partner organizations	➢ Directorate General for Gender, Ministry of Public Services and Gender ➢ Ministry of Finance ➢ Anti-FGM Board ➢ National Gender Equality Commission (NGEC) ➢ County Governments ➢ NGOs, CSOs
Expected outcomes	1. Livelihood of the target groups is improved through the operation of SACCOs using WEF 2. Livelihoods of the target groups is improved through WEF-funded vocational training and small businesses 3. Effective measures are implemented to eliminate SGBV through the promotion of new business ventures related to SGBV prevention and victims/survivor protection using the WEF 4. Capacity of WEF staff in each county to respond to victims/survivors of SGBV is strengthened 5. Support systems at the county level for individuals and groups applying to use WEF is established.
Remarks	As the Government of Kenya has indicated in its GEF Commitment that it will establish a fund to support victims/survivors of SGBV (see 3.2.3.1, details not yet available), the proposed project could be based on this fund, taking into account the timing and eligibility of the fund to be determined.

Table 3-31 : Intervention for Kenya 3

Items	Details
Overview	GBVRCs and public shelters are established to protect and support victims/survivors of SGBV, and to structures that provide appropriate support for victims/survivors of SGBV are developed. Specifically, the project will, 1) construct and operate GBVRCs in County Referral Hospitals, 2) construct and operate public shelter for SGBV victims/survivors, 3) establish and operate call centers for reporting and consultation of SGBV victims/survivors beside GBVRCs, 4) strengthen of operation and maintenance capacity of GBVRCs, public shelters and call centers
Project objectives	GBVRCs and Public shelters for SGBV victims/survivors in the county are built and their capacity of operation and maintenance is enhanced.
Scheme	Grants
Counterpart	Departments of Gender in County Governments
Partner organizations	➢ Departments of Health in County Governments ➢ Directorate General for Gender, Ministry of Public Services and Gender ➢ Anti-FGM Board ➢ National Gender Equality Commission (NGEC) ➢ County Referral Hospitals ➢ NGOs, CSOs
Expected outcomes	1. GBVRCs are constructed at County Referral Hospitals 2. Public shelters are built where victims/survivors of SGBV can stay for a period of time for protection and preparation for social reintegration. 3. Through the operation of a call center attached to the GBVRC, the system for reporting and councelling on SGBV cases is strengthened. 4. A system for the proper operation and maintenance of GBVRC and public shelters is established through the development of relevant guidelines and trainings.

Table 3-32：Intervention for Kenya 4

Items	Details
Overview	As facilities that provides comprehensive support to victims/survivors of SGBV, GBVRCs are strengthened their capacity to respond in accordance with the survivor-centered approach. Specifically, the project will: 1) provide GBVRC staff with trainings and guidelines to deepen their understanding of the survivor-centered approach, and 2) establish a model for case management by social workers.
Project objectives	Capacity to respond to victims/survivors of SGBV is strengthen in line with the survivor-centered approach in the GBVRC
Scheme	JICA Overseas Cooperation Volunteers (JOCV)[245] ➢ Nurse ➢ Social Workers
Counterpart	Departments of Gender in County Governments or Department of Health in County Governments
Partner organizations	➢ Directorate General for Gender, Ministry of Public Services and Gender ➢ Anti-FGM Board ➢ National Gender Equality Commission (NGEC) ➢ Kenya National Police ➢ County Referral Hospitals ➢ NGOs, CSOs
Expected outcomes	1. Capacity of staff members in GBVRC is enhanced with deeper understanding of the survivor-centered approach. 2. Procedures for responding to victims/survivors of SGBV by GBVRC staff is clarified. 3. Capacity of medical staff to respond to victims/survivors of SGBV, especially victims/survivors of sexual violence, is strengthened. 4. A response model for the protection and support (case management) of SGBV victims/survivors at the community level, based at GBVRCs by CHWs and other social workers, is established.

In addition to the above mentioned 4 proposals, it is also expected that synergies will be generated through collaboration with international organizations in various projects related to the elimination of SGBV, and that knowledge and experience will be shared through deploying of United Nations Volunteers (UNVs) with ex-JOCV to UN Women Kenya, even though it is not a direct support proposal.

3.2.6. Consideration Matter to Support for the Elimination of SGBV in Kenya

Through the field research in the second round of the research, it was confirmed that the following points need to be taken into account when considering future support for the elimination of SGBV.

- ➢ As mentioned above, counties have the functions of the County Government and the Central Government at the County level. While there is devolution of powers between the central and county governments in the area of public administration, the roles and responsibilities of the central and county governments are not clearly separated because "gender mainstreaming" and "prevention and response

[245] For JOCVs, by incorporating lectures and training on SGBV in the pre-dispatch training, it will be possible to provide basic knowledge for the wider development of support for the elimination of SGBV not only in Kenya but also any target county. It can be also considered include awareness-raising activities related to the elimination of SGBV in the request for deploying of members in various fields such as community development, youth activities, primary school teaching, and infectious disease control.

to SGBV" are not target areas of devolution[246] (For example, the County Gender Sector Working Group, a county-level coordination mechanism, is co-chaired by the County Secretary from the central government and the CECM (Gender) from the county government. See 3.2.3.3). Although it is expected JICA to work with the central government at the county level as JICA is a bilateral aid agency, but since county governments provide administrative services at the county level, it is essential to build cooperative relationships with the CECM (gender) and the County Director of Gender of the county governments, not only with the central government (although the CECM might be replaced by an election). In order to achieve this, support should be focused on counties where the county government and the central government have a good working relationship. If the county and central governments do not work well together, it is difficult for the central government to approach the county governments, which may limit the effectiveness of the project.

- JICA Kenya has already provided support to the county governments in the "Project for Organizational Capacity Development for Devolved County Health Systems in Kenya" (2014~2019), so the experience of the project in strengthening the capacity of the County Department of Health may be useful as well. However, while health administration at the county level is a constitutionally empowered function of the county government, as mentioned above, SGBV prevention and response is not a clearly empowered function of the county government, making it impractical to apply the support mechanisms of the project.
- While the central government recommends the development of county-specific SGBV laws and policies, all policy proposals, bills and budgets need to be endorsed by the County Assembly. In this regards, it will be important not only to strengthen the capacity of county administrations, but also to provide opportunities to increase understanding of gender mainstreaming and the elimination of SGBV through advocacy for MCAs (UN Women is supporting the MCAs to increase the number of women councilors[247]).
- Various working groups have been set up at both central and county levels and coordination mechanisms exist, but it is identified that there is a lack of effective 'collaboration' among them. Service mapping is in place, but there is no 'dashboard' to help match needs and resources and provide support to victims/survivors. Information on which organizations are providing what support needs to be centrally managed and visualized so that it can be used to prevent and respond to SGBV (like systematically compiling information on organizations providing support for the rehabilitaioin and social reintegration of victims/survivors of SGBV and presenting it in a way that victims/survivors can choose the support they request to receive from the perspective of a survivor-centered approach). In addition, as resources are limited, it is important that aid organizations work together to priorities issues through 'collaboration' rather than working in isolation.
- Although a general election is scheduled to be held in August 2022, every general election in Kenya has been accompanied by nationwide riots and violence, particularly against female candidates and local

[246] The devolution of powers is set out in the Constitution in the "Fourth Schedule. Distribution of functions between National and the county governments" which sets out the areas for which each is responsible. https://www.klrc.go.ke/index.php/constitution-of-kenya/167-schedules-schedules/fourth-schedule-distribution-of-functions-between-national-and-the-county-governments, last accessed on 25 Sep 2021.
[247] Interview with UN Women Kenya on 24 Sep 2021.

women residents (see 3.1.5.2). As the next general election is expected to see a sharp increase in physical violence against women, international and bilateral donors such as UN Women and UNDP have been urged to work to prevent violence against women in elections, and new programmes have been launched[248]. In the counties where riots are more likely to occur, action plans have been developed to prevent violence, early warnings have been issued, and advocacy have been undertaken. When deploying SGBV experts to counties by JICA, it is necessary to confirm whether the county is prone to riots during elections, and, though it depends on the timing of the deployment, it is required to consider to incorporate activities related to the prevention of VAW during elections.

[248] Interview with UN Women Kenya on 24 Sep 2021.

Chapter 4 : The Result of the Research in the Democratic Republic of the Congo

4.1. The Result of the first Round of the Research in the Democratic Republic of the Congo

4.1.1. Overview

4.1.1.1. Social and Economic Situation

The Democratic Republic pf the Congo (hereinafter referred to as "DRC") is bordered by the Central African Republic to the north, the Republic of Congo to the northwest, Tanzania, Burundi and Rwanda to the east, Zambia to the south, Angola to the southwest, and the North Atlantic Ocean to the west. It is the second largest country in African Continent, with about 2.35 million square kilometers, and has a rich natural environment, including the Congo River with its vast basin, tropical rainforests, several large lakes and volcanoes. The population is estimated to be about 87 million in 2019, but the birth rate is the highest in sub-Saharan Africa (5.9), and the population is growing by several million per year[249]. The majority of the population are Bantu, but there are also Sudanese, Nile and other 200 ethnic groups[250]. The official language is French, but Swahili (mainly in the east), Lingala (mainly in Kinshasa, its neighboring areas and Equatoria), Chiluba (mainly in the west) and Kikongo (mainly in Kasai and East Kasai) are set as national languages, and it is estimated that there are more than 200 languages other than them. About 80% of the population are Christians, with 50% Catholic, 20% Protestant and 10% others, and Muslims and other traditional religions account for the 10%[251]. The administrative division of has been divided into Kinshasa and 10 provinces until 1997, it has been reformed to 26 provinces with 25 and Kinshasa in 2015.

DRC has agriculture and forestry which are palm oil, cotton, coffee, timber, natural rubber, and mining which are copper, cobalt, diamonds, gold, cassiterite, and others, as its main industries. It is particularly rich in mineral resources, including cobalt, which accounts for 50% of the world's reserves, copper, which accounts for the 10% of the world's reserves, rare metals such as tantalum and tungsten. Economic growth reached 5.8% in 2018 before falling back to 4.4% in 2019 to falling export prices for cobalt and copper[252]. GNI per capita is USD530 (Atlas method, in 2019), which is not as high as in neighboring countries, but has been on a sustained upward trend since 2001 when it was USD140[253]. However, the rural areas continue to show high poverty rates compared to the urban areas, with 72% of the population living below the World Bank's international poverty line (USD 1.9 per day) in 2018[254].

DRC has historically experienced a long period of political turmoil and conflict. Independence from the former sovereign nation of Belgium was achieved in 1960, but this was followed by a separatist movement in some parts of the country, supported by the United States and Belgium, which led to 'Congo Crisis', which was followed by 5 years of conflict. President Mobutu seized power in a coup d'état in 1965 and ruled for 32 years under a military regime, but during that time he strengthened his dictatorship with the support of the United States, leading to economic stagnation and a weakening of state functions. The influx of refugees and armed groups triggered by the genocide in Rwanda in 1994 led to the outbreak of the first Congo War, in which neighboring countries intervened. In May 1997, the Democratic Alliance for the Liberation of Congo and Zaire (ADFL), supported by Rwanda and Uganda, took control of the capital, Kinshasa, and its chairman, Laurent Desiree Kabila, became president. In 1998, an armed rebel uprising in the eastern part of the country

[249] https://data.worldbank.org/country/congo-dem-rep, viewed on 2020year/month/day1225, last accessed on 25 Dec 2021.
[250] https://www.mofa.go.jp/mofaj/area/congomin/data.html, last accessed on 25 Dec 2021.
[251] Ibid
[252] https://www.worldbank.org/en/country/drc/overview, last accessed on 25 Dec 2021.
[253] https://data.worldbank.org/indicator/NY.GNP.PCAP.PP.CD?locations=ZG, last accessed on 25 Dec 2021.
[254] https://www.worldbank.org/en/country/drc/overview#1, last accessed on 25 Dec 2021.

led to an international conflict, which was called 'the Second Congo War', in which neighboring countries again intervened. In January 2001, his son, General Joseph Kabila, replaced the assassinated President Kabila, and following the signing of the Pretoria Comprehensive Peace Agreement in December 2002, an interim government was formed in June 2003. In December 2005, the Constitution was approved by referendum, and in 2006, the first democratic presidential election was held under the new Constitution, with Kabila taking presidency. After two constitutional terms, President Kabila did not step down until 2016, when his term expired, leading to nationwide protests and the postponement of presidential elections, which were finally held at the end of 2018, and Felix Chiquecedie was elected in January 2019.

In the eastern part of the region, which has been unstable since the early 1990s, multiple conflicts in North Kivu, South Kivu, Ituri, Maniema and Tanganyika provinces have resulted in an ongoing humanitarian crisis due to a combination of factors, including conflicts over mineral rights, ethnic tensions and a complex historical background involving neighboring countries. There are more than 130 armed groups just in North and South Kivu provinces, and many civilians are killed each year in fighting with the Forces armées de la république démocratique du Congo (FARDC) and in clashes between armed groups[255]. Between June 2017 and June 2019, 1,900 civilians were reported to have been killed and more than 3,300 abducted[256].

In recent years, there have also been a series of anti-government movements in the southern, central and eastern Kasai provinces, triggered by the killing of community leaders. Since 1999, a United Nations peacekeeping (PKO) force, which was renamed in 2010 from the United Nations Mission in the Democratic Republic of the Congo (MONUC) to the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO), has been deployed to protect civilians and stabilize the region. More than 5.5 million people in DRC, including 3.2 million of children, are currently internally displaced, the highest number in Africa[257]. In addition to 940,000 DRC refugees in neighboring countries, DRC is also a host country of refugees, with 530,000 refugees and asylum seekers from Burundi, the Central African Republic and Rwanda living in refugee camps[258]. The influx of refugees into DRC is concentrated in the conflict-affected provinces of North Kivu, South Kivu and Ituri, creating a complex humanitarian crisis situation in the eastern part of the country, where assistance to internally displaced persons and refugees must be provided simultaneously. In the eastern and southern parts of the country, various international organizations and NGOs are providing assistance in the areas of food security, water and sanitation, education, health and protection, coordinated by the UN Office for the Coordination of Humanitarian Affairs (OCHA).

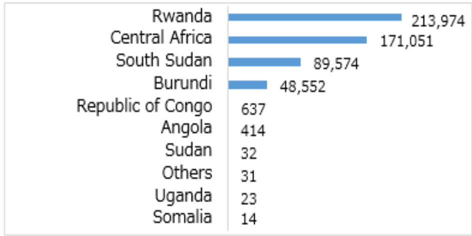

Figure 4-1：Number of refugees registered by country of origin in DRC
Source：UNHCR Operational Portal: DRC

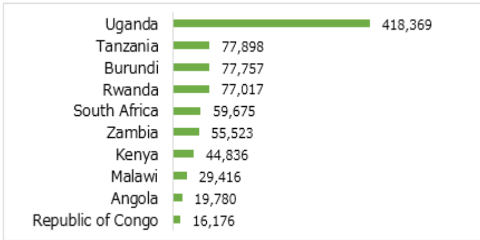

Figure 4-2：Number of registered DRC refugees by country
Source：UNHCR(2020), The Democratic Republic of the Congo Regional Refugee Response plan

255 Kivu Security Tracker (2019), Congo Forgotten, The Numbers Behind Africa's longest Humanitarian Crisis
256 Ibid
257 https://reports.unocha.org/fr/country/democratic-republic-congo, last accessed on 25 Dec 2021.
258 UNHCR (2020), Réfugiés et demandeurs d'asile en RDC Statistiques au 30 novembre 2020

4.1.1.2. Gender Disparities

With the exception of a few areas, in DRC, most of the communities are patriarchal societies in which women are generally regarded as subordinate to men. Although the Constitution prohibits discrimination against women, male-dominated social norms persist, with men establishing their "masculinity" through their dominance and exercise of power over women[259]. A survey conducted by USAID in 2012 found that men are perceived to be "the head of the family" ("le chef de la famille" in French) and must always act to maintain their dominance, that many men are reluctant to marry socially successful or wealthy women, and that gender equality is neither possible nor desirable, as there is a very strong male-dominated social structure[260]. Other research has also shown that men are skeptical about the concept of 'gender equality' and see it as irrelevant to their culture[261], that both men and women strongly support unequal gender norms, and that gender equality and women's empowerment are often perceived as a threat to men[262]. Within these social norms, gender inequalities exist in a variety of settings, including education, economic activity, health and politics, which place women in a lower position in society and in households, and prevent them from accessing secondary and higher education, owning land and property, and participating equally in politics[263]. The Demographic and Health Survey (DHS) conducted in 2013-2014 measured women's economic independence as one of the indicators of women's position in the household. 29% of women decide how to spend their earnings, 37% of women own a house, including 6% of women who own a house alone while 26% of men who own a house alone, 34% of women own land, including 8% of women who own land alone while 22% of men own land alone[264]. In terms of decision-making within the household, 17% of households are where women make decisions about purchasing household items by themselves, while 39% of households are where men make decisions by their own, and 19% of households are where women make decisions about visiting their parents and relatives, while 45% of households where men make decisions about women's behavior, indicating the low status of women within the household[265].

Various gender-related indicators also show the extent of the gender gap. In the 2020 Global Gender Gap Report, DRC ranked 149th out of 153 countries in the Gender Gap Index (GGI), indicating that the gender gap is very serious, especially in the following areas: the wage gap between men and women, the low number of women in managerial positions, the difference in enrolment in secondary and higher education[266], and the low level of women's political participation (see Table 4-1). World Bank study found that a year of additional schooling in DRC population increases monthly income by 9.1%[267], so completing primary and secondary education leads to greater opportunities for women's economic empowerment and improved household livelihoods. Although labor force participation rates do not differ significantly between men and women,

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259 https://publications.parliament.uk/pa/cm201617/cmselect/cmintdev/99/9907.htm#_idTextAnchor025, last accessed on 5 Jan 2021

260 USAID (2012), Gender Assessment for the Democratic Republic of the Congo

261 Slegh, H., Barker, G. and Levtov, R. Gender Relations (2014), Sexual and Gender-Based Violence and the Effects of Washington, DC, and Capetown, South Africa: Promundo-US and Sonke Gender Justice

262 CARE International DRC (2019), Literature review of Gender and Power analysis in the Provinces of North and South Kivu, DRC

263 Ibid

264 République Démocratique du Congo (2017), Enquête Démographique et de Santé (EDS-RDC 2013-2014)

265 Ibid

266 In DRC, compulsory education lasts for six years, from 6 to 11 years old, but enrolment is low for both boys and girls due to the high cost of tuition, even in the public sector. From September 2019, with the support of the United Nations and the World Bank, secondary school tuition has been made free, but the country is struggling to find the infrastructure, such as classrooms, and appropriate number of teachers to meet the number of students.
ESCAP (2020), Education & child protection challenges in Eastern DRC

267 World Bank (2015), Democratic Republic of Congo: Education Sector Public Expenditure Review, P. 16

much of the economic activity in DRC is in the informal sector and most women work in these sectors, resulting in low incomes and very low numbers of women in professional and technical jobs[268]. In 2019, CEDAW found that 16% of the members of the Senate and 10% of the House of Representatives are women, and that none of the 26 state governors or 9 Constitutional Court judges are women[269].

Table 4-1 : Gender Gap Index 2020 (DRC)

	Rank	Score	Average	Female	Male	Female/Male
Economic participation and opportunity	121	0.598	0.582			
Labour force participation rate, %	24	0.928	0.661	61.7	66.5	0.93
Wage equality for similar work, 1-7 (the best is 7)	97	0.603	0.613	-	-	4.22
Estimated earned income, int'l $ 1,000	65	0.636	0.499	0.6	0.9	0.64
Legislators, senior officials and managers, %	117	0.253	0.356	20.2	79.8	0.35
Professional and technical workers, %	139	0.322	0.756	24.4	75.8	0.32
Educational attainment	152	0.658	0.954			
Literacy rate, %	134	0.751	0.899	66.5	88.5	0.75
Enrolment in primary education, %	n/a	-	0.757	-	-	-
Enrolment in secondary education, %	150	0.634	0.954	38.8	61.2	0.63
Enrolment in tertiary education, %	137	0.559	0.931	4.7	8.5	0.56
Health and survival	67	0.976	0.958			
Sex ratio at birth, %	1	0.944	0.925	-	-	0.97
Healthy life expectancy, years	81	1.049	1.034	53.8	51.3	1.07
Political empowerment	126	0.089	0.239			
Women in parliament , %	136	0.111	0.298	10.0	90.0	0.11
Women in ministerial positions, %	93	0.222	0.255	18.2	81.8	0.22
Years with female/male head of state (last 50 years)	73	0.000	0.190	0.0	50.0	0.00

Source : Created by the author based on World Economic Forum(2020), Global Gender Gap Index Report 2020, P.129

The OECD SIGI (see 3.1.1.2) identifies gender unequal social structures in four areas: 1) Discrimination in the family; 2) Restricted physical integrity; 3) Restricted access to productive and financial resources; and 4) Restricted civil liberties. With regard to discrimination within the family, it is pointed out that the Family Code, Law No. 16/008, stipulates that the husband is the head of the household, and that in the case of divorce, the bride price paid by the man or the man's relatives at the time of marriage must be returned, which are factors creating gender inequality[270]. In addition, the weakness of the legal framework on prevention against VAW with regard to restricted physical integrity (see footnote 65), and the limited recognition of abortion (see 4.1.2.1) are cited as challenges[271]. The UNDP GDI, which measures disparities between men and women in three dimensions: life expectancy, literacy and school attendance, and average income, ranks the country in the lowest group of five due to the large disparities between men and women in terms of average period of schooling and average income. The GII is also ranked as low with being 150 the out of 189 countries for low maternal mortality and women's political participation (see Table 4-2).

268 CARE International DRC (2019), Literature review of Gender and Power analyses in the Provinces of North and South Kivu, DRC
269 https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=24820&LangID=E, last accessed on 5 Jan 2021
270 OECD(2019), SIGI Country Profile 2019: Democratic Republic of the Congo
271 Ibid

Table 4-2：Gender Related Index (DRC)

Gender Development Index (GDI) 2020a		Gender Inequality Index (GII) 2020b		Social Institutions and Gender Indicators (SIGI) 2019c	
Figures	Groups	Figures	Rank	Figures	Categories
0.845	5 / 5 levels	0.617	150 / 189 countries	40% of	Medium
The closer the number is to 1, the smaller the gender gap		The closer the number is to zero, the more gender equal the situation.		The lower the number, the more gender equal the situation.	

Source：a UNDP (2020), Gender Development Index 2020
b UNDP (2020), Gender Inequality Index 2020
c OECD (2019), SIGI Country Profile 2019: DRC

4.1.1.3. Status of SGBV

SGBV, especially VAWG, is one of the major social challenges widely observed across the country. This section provides an overview of the current situation of SGBV based on several sources of data related to SGBV, including health-related data and police crime statistics. In DRC, the incidence of SGBV, especially sexual violence, is higher in the conflict areas in the east and south of the country which will be discussed separately in (4) in 4.1.1.3.

1) Physical Violence, Sexual Violence and IPV

Both physical and sexual violence against women are present at high rates among DRC, with IPV being the most common form of violence. According to the Demographic and Health Survey 2013-2014 (Enquête Démographique et de Santé , EDS-RDC 2013-2014), 52% of women aged 15-49 have experienced physical violence since the age of 15, and 27% have experienced sexual violence[272]. The breakdown of perpetrators shows that the most common form of violence for both physical and sexual violence is violence by a current or former spouse/partner, indicating that IPV against women is very common (see Figure 4-3 and Figure 4-4). The figures for physical violence are also high for victimization by parents and siblings, suggesting that violence and abuse against children often takes place in households.

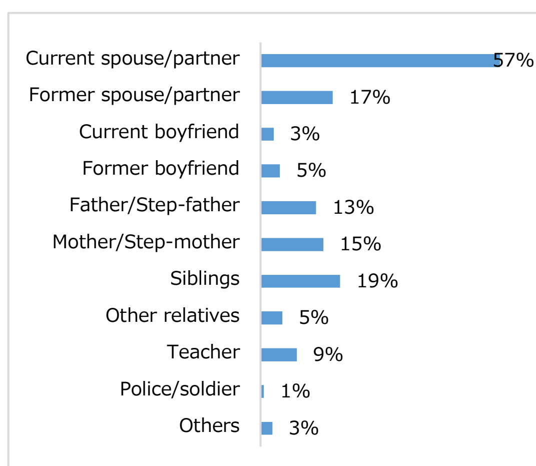

Figure 4-3：Persons Committing Physical Violence against women (DRC)

Source：EDS-RDC 2013-3014, P.313

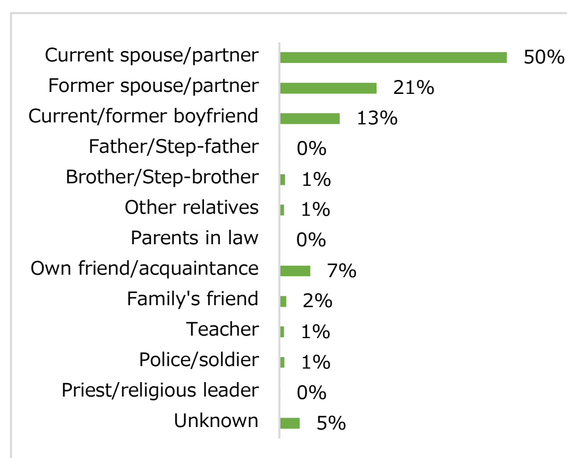

Figure 4-4：Persons Committing Sexual Violence against women (DRC)

Source：EDS-RDC 2013-3014, P.314

In addition, in the EDS-RDC 2013-2014, 57% of women had experienced some form of IPV (physical, sexual or psychological violence), with almost 60% of respondents having experienced IPV[273]. The most

[272] République Démocratique du Congo (2017), Enquête Démographique et de Santé, P. 311, 312
[273] République Démocratique du Congo (2017), Enquête Démographique et de Santé, P. 316

common form of IPV is physical violence, with 46% of women reporting that they have experienced physical violence from their spouse[274]. 24% and 20% of women said they often or sometimes receive IPV, respectively, indicating that women are subjected to spousal violence on a daily basis. The distribution of IPV varied from province to province, with the highest rates in the provinces of Sankul and Kasai, but not in any particular region. Also, the data by wealth quintile (see footnote 72), which divides the respondents' household income into five equal groups, shows that the percentage of women who have experienced IPV is in the range of 56-58% in all quintiles, and there is no difference or trend by household income[275]. These results indicate that there is no regional or economic influence on IPV and that it is a widespread problem throughout the country.

The Multiple Indicator Cluster Survey République Démocratique du Congo (MICS-Palu 2018), conducted in 2018, investigates men and women's perceptions of husbands beating their wives The results show that 62% of women and 48% of men believe that there are cases where husbands are justified in beating their wives (see Figure 4-5)[276], indicating a tendency among women in particular to perceive that spouses can be justified in using physical violence against women.

Nearly 60% of women consult their own family members when they are victimss/survivors of violence, followed by their spouse/partner's family members and neighbors, but only around 2% of women consult the police or medical institutions, and very few report the incident to the police or judiciary or seek medical assistance[277].

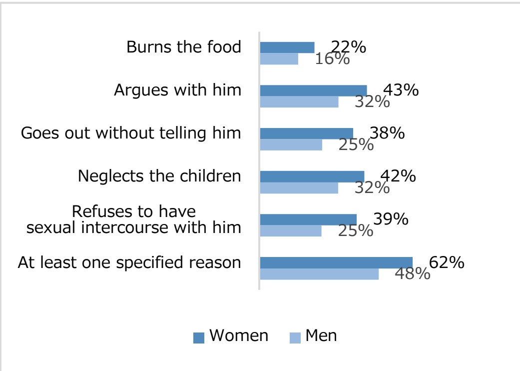

Figure 4-5：Attitude towards Wife Beating (DRC)

Source：MICS-Palu 2018 P. 304, 305

2) Child Marriage and Teenage Pregnancy

Child marriage and teenage pregnancy are also high among people in DRC. According to MICS-Palu 2018, 10% of women aged 20-49 were married by the age of 15 and 31% by the age of 18, indicating that many women marry as a teenager[278]. Data based on household income show that the proportion of women who marry before the age of 18 tends to decrease as household income increases. The custom of the male relative sending a bride price to the female relative at the time of marriage, which is set out in the Family Code as well, is said to be one of the incentives for child marriage among the poor[279]. 40 % of women marry before the age of 18 in rural areas while it 19% in urban areas, with extremely high figures in provinces such as Tanganyika (60%), Kasai (54%) and Gauwele (48%) compared to Kinshasa (14%). Also, 21% of women marry before the age of 15 in Tanganyika, 23% in North Ubangi and 21% in Maniema, well above the average of 10%. These data show that there are large regional variations in child marriage[280].

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[274] République Démocratique du Congo (2017), Enquête Démographique et de Santé, P. 316
[275] Ibid, P.316
[276] République Démocratique du Congo (2019), L'enquête par grappes à indicateurs multiples avec volet paludisme (MICS-Palu, RDC, 2017-2018), P.304, 305
[277] Ibid, P.324
[278] Ibid, P.278
[279] https://www.girlsnotbrides.org/child-marriage/democratic-republic-of-the-congo/#stats-references, last accessed on 14 Dec 2020
[280] République Démocratique du Congo (2019), MICS-Palu 2018, P.279

The age at which women become pregnant with their first child is also low, with 25% of women having given birth by the age of 18[281]. The Adolescent Birth Rate, the rate of births per 1,000 women aged 15-19, was 109[282], higher than the sub-Saharan African average of 101 in 2018[283]. It also shows a very large difference between urban at 82 and rural at 136. The high rate of young pregnancies may be related to the low use of contraceptives among sexually active single women[284]. The number of women using any modern contraceptive method[285] (condoms, IUDs, pills, etc.) is low at 28%, and is particularly low among 15-17 year olds at 13%, well below the average[286]. This indicates the need to further strengthen efforts to educate teenage girls on SRHR and sexuality. Also, the use of modern contraceptive methods is lower in rural areas at 15% than in urban areas at 38%, indicating the need to strengthen access to contraceptives and support for family planning needs in rural areas[287].

3) Number of Cases of SGBV

Data provided by the L'Agence Nationale de Lutte Contre les Violences Faites à la Femme, à la Jeune et Petite Fille (AVIFEM) shows that the number of SGBV cases, including sexual violence, is on the rise (See Table 4-3). AVIFEM explains that the sharp increase in the number of cases since 2012 compared to 2010 is not only due to an increase in the number of cases, but also to an increase in the number of cases where people seek medical attention or report to the police through awareness-raising activities (AVIFEM also said that the absence of data on "SGBV other than sexual violence" in 2018 and 2019 was due to a data compilation problem.)[288].

Table 4-3 : Number of Cases of SGBV in 2010 to 2019 in DRC

Year	Sexual Violence (SV)	SGBV other than SV	Total
2010	1,602	344	1,946
2011	3,716	1,194	4,910
2012	9,747	2,101	11,848
2013	17,004	2,980	19,984
2014	12,376	6,490	18,866
2015	17,556	7,440	24,996
2016	15,028	5,911	20,939
2017	34,778	3,927	38,705
2018	35,709	—	35,709
2019 (Jan - Sep)	24,196	—	24,196
Total	171,712	30,387	202,099

Source : Data from L'Agence Nationale de Lutte Contre les Violences Faites à la Femme, à la Jeune et Petite Fille (AVIFEM)

In the data managed by AVIFEM, sexual violence is the most frequent form of violence, while other forms of violence are reported as well, such as physical violence, psychological violence, forced marriage and economic violence. The data in Table 4-3 were obtained from the Système National d 'Information Sanitaire (SNIS, National System of the Sanitation Information), a database that manages records in medical institutions, and from other sources, including the police. However, the data from the police are not exhaustive, as there is no centralized system for collecting data from all over the country.

281 République Démocratique du Congo (2019), MICS-Palu 2018, P.83
282 Ibid, P.82
283 https://data.worldbank.org/indicator/SP.ADO.TFRT?locations=ZG&most_recent_value_desc=false, last accessed on 14 Dec 2020.
284 MICS-Palu 2018 defines a "sexually active woman" as one who has had sexual intercourse in the month leading up to the time of the survey. République Démocratique du Congo (2019), MICS-Palu 2018, P.90
285 Contraceptive methods can be divided into "modern" and "traditional" methods. Modern methods include tubal ligation, vasovaginal ligation, the pill, IUCD, contraceptive injections, implants, condoms, and the LAM (Lactation Amenorrhea Method), which are generally considered to be the most effective methods of contraception. On the other hand, traditional methods, such as timing and extra-vaginal ejaculation, are not as effective as modern methods.
286 République Démocratique du Congo (2019), MICS-Palu 2018, P.90
287 Ibid, P.90
288 Interview with AVIFEM on 7th Oct 2020.

The results in above 1) to 3) show that all forms of violence against women exist in DRC, not only sexual violence in conflict areas, but also any form of violence nationwide, and that many women experience physical and sexual violence, especially a large number of women who experience IPV. It has also been pointed out that child marriage is widely practiced despite the fact that it is prohibited by law, and that the law is not effective[289].

4) Conflict-Related Sexual Violence (CRSV)

Conflict-Related Sexual Violence (CRSV) refers to sexual violence perpetrated in conflict situations, in particular rape, forced pregnancy, forced abortion, forced marriage, sexual slavery and trafficking in persons for the purpose of exploitation perpetrated by perpetrators belonging to state security forces, non-state armed groups or terrorist groups[290]. In many cases, the victims/survivors are residents of the area where the fighting is taking place or politically persecuted ethnic groups (sometimes staff of aid organizations or members of the media are targeted), and CRSV may be organized as a 'weapon' to attack a community or ethnic group, or as an act of reprisal. Victims/survivors range from infants to the elderly, and some crimes are extremely brutal, including gang-rape and sexual violence using tools and weapons. The United Nations has continued to conduct research and analysis and develop training modules on the prevention and response to CRSV, and Resolution 2467, adopted by the UN Security Council in 2019, emphasized the importance of strengthening the prevention and response to CRSV and of working based on a survivor-centered approach[291].

In the eastern provinces of North Kivu, South Kivu, Maniema and Ituri, and in the southern provinces of Kasai and Central Kasai, CRSV has become a serious problem in DRC. In "List of parties credibly suspected of committing or being responsible for patterns of rape or other forms of sexual violence in situations of armed conflict on the agenda of the Security Council" submitted to the UN Security Council in 2019, the two national security organizations[292] which are FARDC and the Congolese National Police (PNC), and 21 non-state armed organizations are listed as organization who have been committing CRSV[293]. MONUSCO recorded 1,409 cases of CRSV in 2019, an increase of 34% compared to 2018[294], of which 955 were caused by non-state armed organizations and 383 by state security organizations such as FARDC and PNC, with state security organizations causing 76% more damage than in 2018[295]. The increase in the number of incidents is said to be proportional to the increase in military operations. Human rights violations other than sexual violence, such as killings and executions of civilians, assaults, forced labor or others, are also widespread in the conflict zone. United Nations Joint Human Rights Office (UNJHRO) in the DRC, a joint office of MONUSCO and the UN Office for the Coordination of Humanitarian Affairs (OHCHR), which monitors human rights violations among DRC people, reports that a total of 6,545 human rights violations occurred in 2019, 54% of which were committed by state security services[296]. 2,853 cases, which is nearly

289 OECD(2019), SIGI Country Profile 2019: Democratic Republic of the Congo
290 United Nations (2019), Conflict-Related Sexual Violence, P. 3
291 UN Security Council (2019), Resolution 2467
292 UNIHRO statistics show that the intelligence agency "Agence Nationale de Renseignements (ANR)" also commits human rights violations (see Figure 4 6).
293 UN Security Council (2019), Conflict - related sexual violence: Report of the Secretary –General, P.33, 34
294 United Nations (2019), Conflict-Related Sexual Violence, P.15
295 Ibid
296 UNJHRO (2020), Note du BCNUDH sur les Princilpales Tendances ded Violations des Doroits de L'homme au Cours de L'snnée 2019

half, occurred in North Kivu province, where data for the first six months of 2020 show that 94 CRSVs were reported by state security agencies and 344 by non-state armed groups (see Figure 4-6).

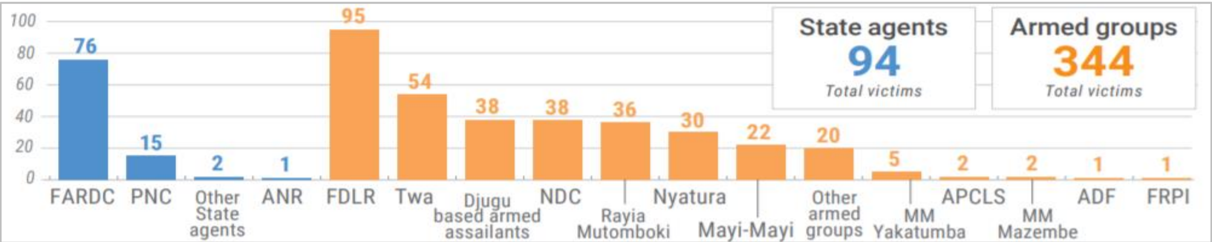

Figure 4-6：Number of cases of CRSV reported to UNJHRO in Jan-Jun 2020

Source：UNJHRO (2020), Documented violations of human rights and fundamental freedoms linked to restrictions on democratic space in the DRC

These figures are based only on cases reported to UNJHRO, but the reality is that there is a huge amount of unreported cases, and even when it is reported, the lack of infrastructure and the intensity of the fighting means that affected areas are often inaccessible. Dr. Denis Mukwege, a Nobel Peace Prize winner in 2018, responds to women with CRSV at Panzi Hospital in Bukavu, South Kivu, which reported there were 700 cases of rapes near the border between Maniema and Tanganyika provinces during the March to June 2019, but UNJHRO's investigation mission was unable to access the area due to the activities of armed groups[297].

In 2009, Government of DRC announced a ‘Zero Tolerance policy’ aimed at eliminating human rights violations and sexual violence by the armed forces, and issued a joint statement with the United Nations entitled "Joint Communiqué between the Government of the Democratic Republic of the Congo and the United Nations on the Fight Against Sexual Violence in Conflict" in 2013, confirming their commitment to strengthen the application of the law, the judicial system, and the capacity of the police and FARDC to respond to CRSV in conflict zones[298]. Based on this, MONUSCO has been monitoring and responding to CRSV in conflict areas, and training police officers and FARDC on SGBV and survivor-centered approaches. In line with its ‘Zero Tolerance policy’ on sexual violence in conflict, the Government of DRC deployed a new Special advisor to the President on sexual violence and child recruitment in 2014 to deal with CRSV and the forced recruitment of children as soldiers. A national campaign for the elimination of SGBV in collaboration with MONUSCO has also been launched in 2014. The arrest and prosecution of perpetrators who direct and lead systematic CRSV in state security organizations and non-state armed groups has also been strengthened, but there are still many cases where perpetrators are not properly brought to justice. Even when perpetrators are convicted, the process for victims/survivors to claim compensation is very complicated, but inadequate funding means that there is a lack of support for victims/survivors in the judicial process[299].

The GBV sub-cluster reported a significant increase in the number of SGBV (including CRSV) cases reported in the first half of 2020, with 26,908 cases, a 57% increase compared to 17,105 cases in the same period in 2019, with North Kivu province being the most affected with 10,909 cases, followed by South Kivu

[297] U.S Department of States(2019), 2019 Country Reports on Human Rights Practices: Democratic Republic of the Congo

[298] United Nations Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict (2013), Joint Communiqué between the Government of the Democratic Republic of the Congo and the United Nations on the Fight Against Sexual Violence in Conflict

[299] United Nations (2019), Conflict-Related Sexual Violence, p.15

with 3,565[300] (See Figure 4-7 for the distribution by province. GBV sub-cluster coordinates humanitarian assistance in the provinces of Ituri, North Kivu, South Kivu, Tanganyika, Kasai, Central Kasai and East Kasai).

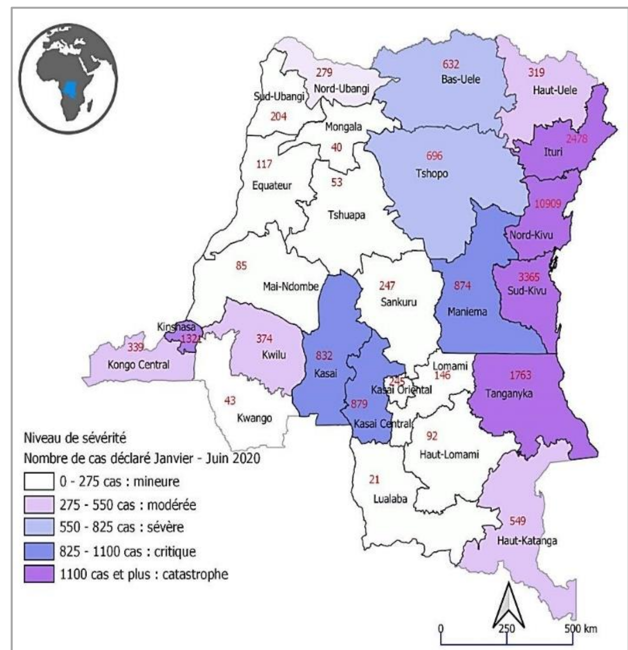

Figure 4-7：Number of SGBV cases reported to the GBV sub-cluster between Jan to Jun 2021, by province

Source：GBV Sub-Cluster DRC(2020), Bulletin d'Information Trimestriel du Sous-Cluster VBG - janvier à juin 2020

There is also a high prevalence of CRSV against men in the eastern and southern conflict areas, and GBV sub-cluster and UNJHRO data include male CRSV victims/survivors. SGBV victimization of men is under-recognized and under-responded to, due to the difficulty of seeking advice and reporting in the male-dominated social context, and the fact that most of supports prioritizes women and girls. In some cases, when male victims/survivors seek support from aid agencies, it might be refused as they only target women and girls[301]. The aforementioned Panzi Hospital also accepts male victims/survivors of sexual violence, but it is said that support does not keep pace with demand[302].

5) Sexual Exploitation and Abuse (SEA)

Sexual Exploitation and Abuse (SEA), which is one of forms of SGBV, is an act of sexual violence perpetrated by humanitarian and development actors[303]. Sexual exploitation is “any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another[304]", including sexual acts and recruitment in exchange for money, employment or aid, and trafficking in persons for the purpose of sexual exploitation. Sexual abuse is "the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions[305]" and includes sexual violence, rape, and sexual acts against children under the age of 18 or others. SEA from aid workers, particularly UN peacekeepers, had been reported since the 1990s in Bosnia and Herzegovina, East Timor, Cambodia and DRC, but had not been adequately addressed. The UN's response was strengthened in 2002 when UNHCR and Save the Children UK, a NGO, published a report investigating 67 cases of SEA against female beneficiaries who are girls aged 13-18 by UN staff (including peacekeepers) and NGO staff in Liberia, Sierra Leone and Guinea[306]. The UN

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300 UN Bureau du Coordonnateur humanitaire en République démocratique du Congo (2020), Le Coordonnateur humanitaire appelle à poursuivre les efforts pour mettre fin aux violences basées sur le genre en République démocratique du Congo

301 https://www.peaceinsight.org/en/articles/malemale-rape-victims-burundi-drc/, last accessed on 14 Dec 2020.

302 Ibid

303 In recent years, the term SEAH (Sexual Exploitation, Abuse and Harassment) has been used to add sexual harassment, which is "a human rights violation of gender-based discrimination, regardless of sex, in a context of unequal power relations such as a workplace and/or gender hierarchy. It can take the form of various acts including rape, other aggressive touching, forced viewing of pornography, taking and circulation of sexual photographs, as well as verbal sexual conduct". In this section, however, SEA is used to refer to sexual exploitation and abuse.

304 UN Women (2020), Bridging the Gap: Sexual Exploitation, Abuse and Harassment, P4

305 Ibid

306 UNHCR and Save the Children-UK (2002), Sexual Violence & Exploitation: The Experience of Refugee Children in Guinea, Liberia and Sierra Leone

took the situation seriously, and in 2003, then UN Secretary-General Kofi Annan issued a "Secretary-General's Bulletin: Special measures for protection from sexual exploitation and sexual abuse", which is "Zero Tolerance Policy" towards SEA, prohibiting UN staff from engaging in sexual activity with children under the age of 18, and prohibiting the exchange of money, employment opportunities, goods, support or services for sexual or any other form of humiliation or degrading behavior. Since then, UN has developed strategies and guidelines in line with the policy, and other international organizations and NGOs have responded as well. However, the need for a strengthened response was reaffirmed in February 2018 when the SEA case in Haiti by the international NGO Oxfam Great Britain (Oxfam GB) received significant international media coverage[307]. The UK Department for International Development (now FCDO: the Office of Foreign, Commonwealth and Development), which funded Oxfam GB, has been conducting due diligence on the NGOs it funded, and strengthened compliance with the Code of Conduct. UN has also strengthened the implementation of Protection against Sexual Exploitation and Abuse (PSEA) training for its staff, established PSEA focal points within OCHA's humanitarian crisis coordination mechanisms, and provided funding for investigations into SEA reporting. The OCHA has also strengthened its efforts through the establishment of an investigative fund to provide grants for investigations into SEA reports.

In the conflict zone in DRC, in addition to the sexual violence committed by state security services and non-state armed groups as described in (4) in 4.1.1.3, there is a high incidence of SEA by UN peacekeepers, UN staff and NGO staff. UN reported that 45% of all 480 reports of SEA in all PKO missions between 2008 and 2013 were committed by MONUC or MONUSCO[308]. In North Kivu province, it is reported that prostitution is carried out in resort hotels and other locations, and many minor girls have been found to have sexual relationship with PKO personnel and other aid workers in exchange for money, with PKO personnel giving these girls mobile phones to call them directory[309]. UN reports the highest number of cases of sexual exploitation of minors by peacekeepers from Benin, Tanzania, South Africa and Madagascar[310].

In response to this situation, UN has strengthened training prior to the deployment of PKO missions and increased the number of female peacekeepers. In addition, in order to strengthen response to SEA in whole Un organizations not only in PKO, MONUSCO has developed the "iReport SEA Tracker", an electronic tool for reporting and tracking SEA cases in all UN agencies, not only in PKOs, which would be operational in the third quarter of 2020 after a pilot in DRC[311]. MONUSCO is working with UNFPA and UNICEF to develop guidelines to support victims/survivors of SEA, and to assist victims/survivors by providing medical assistance, psychosocial support and transportation. In 2018, the national coordination body for protection against sexual exploitation and abuse was established to implement the PSEA guidelines and support for victims/survivors of SEA in DRC, comprising 67 local NGOs, 33 international NGOs and 15 UN agencies. Since its launch, 60 reports have been received and investigated, including eight cases involving minors.

[307] During Oxfam GB's emergency assistance in the aftermath of the 2010 earthquake in Haiti, a number of staff working in the operation in 2011 were involved in SEA cases. Following an investigation on whistleblowing, Oxfam GB dismissed four staff members and three staff members resigned during the investigation.

[308] UN General Assembly (2016), Special measures for protection from sexual exploitation and sexual abuse Report of the Secretary-General A/70/729

[309] Uppsala University (2017), UN revealing the causes of SEA in peacekeeping, P.23

[310] UN General Assembly (2016), Special measures for protection from sexual exploitation and sexual abuse Report of the Secretary-General A/70/729

[311] UN General Assembly (2020), Special measures for protection from sexual exploitation and sexual abuse Report of the Secretary-General A/74/705

However, despite these efforts, SEA remains widespread and in September 2020, it was reported that 51 women were affected by SEA[312] in Beni, North Kivu Province, from staff (mainly international staff) of international organizations and NGOs, including WHO, UNCEF, IOM, Oxfam, Médecins Sans Frontières and World Vision, involved in emergency humanitarian assistance for the 2018-2020 Ebola epidemic[313]. In response, WHO, UNICEF, IOM and other NGOs issued a statement saying that they would conduct a thorough investigation.[314].

4.1.2. Laws and policies relating to SGBV

4.1.2.1. Laws

1) Constitution

The Constitution in DRC was approved by referendum in 2005 and revised in 2011. The Constitution provides in Article 14 for the elimination of discrimination against women. Other provisions relating to gender equality and the prevention of violence are as follows:

Table 4-4：List of Articles Relating to Gender Equality in the Constitution of DRC

Articles	Descriptions
12	All Congolese are equal before the law and have the right to equal protection of the laws.
14	The public powers see to the elimination of any form of discrimination concerning women and assure the protection and the promotion of their rights. They take, in all the domains, notably in the civil, political, economic, social and cultural domains, all the measures appropriate to assure the total realization and full participation of women in the development of the Nation. They take measures to struggle against all forms of violence made against women in public and in private life. Women have the right to an equitable representation within the national, provincial and local institutions. The State guarantees the implementation of man-woman parity in these said institutions. The law establishes the modalities of application of these rights.
15 条	The public powers see to the elimination of sexual violence. Without prejudice to international treaties and agreements, any sexual violence made against any person, with the intention to destabilize, [or] to dislocate a family and to make a whole people disappear is established as a crime against humanity punishable by the law.
16	The human person is sacred. The State has the obligation to respect it and to protect it. All persons have the right to life, to physical integrity as well as to the free development of their personality, under respect for the law, of public order, of the rights of others and of public morality. No one may be held in slavery or in an analogous condition. No one may be subjected to cruel, inhuman or degrading treatment. No one may be subjected to forced or compulsory labor.
36	Work is a sacred right and duty for each Congolese. The State guarantees the right to work, protection against unemployment and an equitable and satisfactory remuneration, assuring the worker as well as his family of an existence in accordance with human dignity, together with all the other means of social protection, notably retirement pension[s] and life annuities.

[312] https://www.thenewhumanitarian.org/2020/09/29/exclusive-more-50-women-accuse-aid-workers-sex-abuse-congo-ebola-crisis, last accessed on 20 Dec 2020.

[313] Since August 2018, an Ebola epidemic has been confirmed in North Kivu province, making it the second most devastating Ebola epidemic in the world to date, after the 2014 epidemic in West Africa. In July 2019, WHO declared a Public Health Emergency of International Concern (PHEIC: In July 2019, WHO declared a Public Health Emergency of International Concern (PHEIC), which infected 3,481 people and killed 2,299 in North Kivu, South Kivu and Ituri provinces until it was confirmed to have ended on 25 June 2020.
https://www.who.int/emergencies/diseases/ebola/drc-2019, last accessed on 26 Dec 2020.

[314] The findings of the Independent Committee are set out in the following documents
WHO (2021),"Final Report of the Independent Commission on the review of sexual abuse and exploitation during the response to the 10th Ebola virus disease epidemic in DRC"

Articles	Descriptions
	No one may discriminated against [lesser] in their work because of their origin, their sex, their opinions, their beliefs or their socio-economic condition. All Congolese have the right and the duty to contribute through their work to the national construction and prosperity.
40	Each individual has the right to marry with the person of their choice, of the opposite sex, and to establish a family. The family, the basic unit of the human community, is organized in a manner to assure its unity, its stability and its protection. It is placed under the protection of the public powers. The care and the education to be given to the children constitute, for the parents, a natural right and a duty which they exercise under the surveillance [and] with the aid of the public powers. The children have the duty to assist their parents. The law establishes the rules concerning marriage and the organization of the family.
41	Every person, without distinction of sex, who is not more than 18 years of age, is a minor. All minors have the right to know the names of their father and of their mother. They have, equally, the right to enjoy the protection of their family, of society and of the public powers. The abandonment and maltreatment of children, notably pedophilia, sexual abuse as well as the accusation of witchcraft, are prohibited and punishable by law. The parents have the duty to take care of their children and to assure them of their protection against any act of violence both inside and outside their home. The public powers have the obligation to assure protection to children in a difficult situation and to bring, to justice, the authors and their accomplices of acts of violence concerning children. All others forms of exploitation of minors are punished by the law.

Source：UN Women Global Gender Equality Constitutional Database

2) International and Regional Conventions

DRC has ratified various international conventions as members of the United Nations, AU, SADC, IGCLR. The international and regional conventions ratified and the international development frameworks adhered to are as follows

Table 4-5：International and regional conventions relating to SGBV ratified by DRC

Name of the convention (year of adoption)	Ratification
International conventions (UN)	
International Covenant on Civil and Political Rights (ICCPR) (1966)	1976
International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966)	1976
Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) (1979)	1986
United Nations Convention on the Rights of the Child (1989)	1990
Beijing Declaration and Platform for Action (1995)	1995
UN Security Council Resolution1325(2000)	2000
Protocol to prevent, suppress and punish trafficking in persons, especially women and children, supplementing the United Nations Convention against Transnational Organized Crime（2000）	2005
Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2000)	2001
Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (2000)	2002
Regional Convention（AU、SADC、IGCLR or others）	
African Charter on Human and Peoples' Rights (1981)	1987
African Charter on the Rights and Welfare of the Child (1990)	2020
Solemn Declaration of Gender Equality in Africa (SDGEA) (2004)	2004
Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) (2003)	2008

Name of the convention (year of adoption)	Ratification
African Youth Charter (2006)	Signed in 2008, not ratified
SADC Protocol on Gender and Development	2008
Declaration of Heads of States and Government of Members States of the IGCLR on Sexual and Gender Based Violence (Kampala Declaration) (2011)	2011

Source：Office of the United Nations High Commissioner for Human Rights (OHCHR)

In DRC, international treaties enter into force when they are ratified and published in the Journal Official. The Maputo Protocol was published in the Official Journal in 2018, 10 years after it was ratified. In the context in DRC, with a few exceptions, ratified international treaties take precedence over national law (Constitution article 215), which is interpreted as allowing medical abortion in cases of sexual violence, rape, incest or where the continuation of the pregnancy would endanger the mother's mental or physical health or the life of the mother or fetus. Under the Penal Code, abortion is only permitted in cases where the life of the mother is protected, but in the light of Article 215 of the Constitution, the provisions of the Maputo Protocol take precedence. However, the Government has not stated that abortion can now be carried out beyond the provisions of the Penal Code, and the Penal Code may still be applied in judicial proceedings. AVIFEM, the government agency, stated that "the previous provisions of the Penal Code can be considered as updated by Law 18/035 of 13 December 2018 on fundamental principles related to the organization of public health." replied that Law 18/035 provides that voluntary interruption of pregnancy is not permitted and that therapeutic abortion must be permitted if it is intended to preserve the life of the mother (Articles 85 and 86). NGOs and civil society organizations have called for an amendment to the Criminal Code and the explicit recognition of abortion, as the law makes no mention of abortion in cases of pregnancy resulting from SGBV, such as sexual violence[315]. The study conducted on the provision of abortion found that 31% of hospitals were able to perform abortions, 4% were able to provide basic post-abortion complication care, and only 1% were able to provide comprehensive post-abortion complication care[316].

3) Domestic Law

The main legislation on prevention and response to SGBV is the Sexual Violence Act (Law No. 06/018), enacted in 2006. Laws which are relevant to SGBV as follows:

Table 4-6：List of Laws Relating to SGBV in DRC

Name of the law	Details
Penal Code	➢ Child pornography is prohibited and those found guilty shall be punished by imprisonment for a term of not less than 10 years and not more than 20 years. ➢ Abortion is only permitted if is aims to protect the life of the mother.
Law No.06/018 (sexual violence2006)	➢ Rape, sexual harassment, forced marriage, forced prostitution, sexual mutilation, child prostitution, sexual slavery, forced pregnancy and forced sterilization and rape are prohibited. The penalty for rape is imprisonment for 5 years or more. Non-judicial settlements and forced marriages are prohibited. The penalty for sexual harassment is imprisonment for 1 years おr more if convicted.

315 https://www.prb.org/wp-content/uploads/2019/04/SAFE-ENGAGE-DRC-Legal-Fact-Sheet.pdf, last accessed on 17 Dec 2020.

316 Annie L. Glover et al.(2020), Assessing Readiness to Provide Comprehensive Abortion Care in the Democratic Republic of the Congo After Passage of the Maputo Protocol

Name of the law	Details
	➢ Anyone who violates the "physical or functional integrity" of human genitalia (e.g. FGM) is liable to imprisonment for 2 to 5 years and a fine of 200,000 Congolese francs (Cdf). If the victim dies, the maximum penalty is life in prison. （FGM is not officially reported in DRC, where it was practiced in the past, although it is said to remain a practice in some areas[317].）
Law No.08/011 (HIV/AIDS, 2008)	It state to reduce the spread of HIV/AIDS, stop all forms of stigma and discrimination, and protect the rights of people living with HIV.
Law No. 09/001 (child protection, 2009)	It prohibits child labour, recruitment of children for armed conflict, sexual exploitation and trafficking in persons for the purpose of sexual exploitation.
Law No. 11/003 (election, 2011)	It requires for gender equality to be taken into account in the preparation of political parties' candidate lists for elections.
Law No.11/012 (FARDC, 2011)	It is a law governing the organisation and functioning of FARDC, which requires all its members to "respect and protect human dignity and fundamental freedoms".
Law No.11/013 (PNC, 2011 年)	It's a law governing the organisation and functioning of the PNC, setting out SGBV response and child protection as the standard tasks of the PNC.
Law No. 15/013 (gender equality, 2015)	It is a law which was enacted to implement Article 14 in the Constitution, providing for the elimination of all forms of discrimination against women. In the Article 14, it requires public authorities to take measures to ensure women's participation in the development of the State and to combat all forms of violence against women in public and private life, and the law establishes a procedure for applying for these rights.
Law No. 16/008（Family Code, 1998, revised in 2016）	➢ The legal age of marriage shall be set at 18 for both men and women. ➢ The head of the household must be the husband, and at the time of marriage, the male family member or relative must pay the matrimonial price to the female side. ➢ Polygamy is prohibited.

Source：Created by the author based on legal documents

Legislation on prevention against and response to SGBV is inadequate at this moment. First of all, despite the prevalence of physical and sexual violence in households, as shown in 4.1.1.3, there is no law that mentions IPV or DV, and Law 06/018, which regulates sexual violence, does not include spousal rape in its prohibitions. Since violence is prohibited under the Penal Code, under current legislation these cases are brought under the Penal Code, but the police rarely intervene, treating them as domestic disputes[318]. The National Strategy for GBV (SNVBG: Strategie Nationale de Lutte Contre les Violences Bases sur le Genre), revised in 2006, aims to deal with a wide range of SGBV, including domestic violence. According to an interview with AVIFEM, the Ministry of Gender, Family and Children, in collaboration with the Ministry of Justice, is planning to submit a bill to the National Assembly on the suppression of all forms of SGBV, including DV and IPV[319]. A draft bill has already been prepared, but due to various preliminary arrangements, it is not clear at this time when it will be presented.

The Family Code in DRC contained various discriminatory provisions prior to its revision in 2006 such as: the legal age of marriage is 18 years old for men and 15 years old for women; wives cannot attend court, work or open bank accounts without the permission of their husbands; only husbands can determine the place of residence of their spouses; property is managed by husbands; and wives must obey their husbands. These

[317] OECD (2019), SIGI Country Profile 2019: Democratic Republic of the Congo
[318] US Department of State (2019), Country Reports on Human Rights Practices: Democratic Republic of the Congo
[319] Interview with AVIFEM on 7 Oct 2020.

provisions were amended from year to year. Although these provisions were revised in 2016, they have not been fully understood by the general public due to the short time since the revision and the fact that the revisions have not been well publicized. It has been pointed out that the payment of matrimonial funds at the time of marriage is still provided for in the Family Code and that this might be an incentive for forced marriages and child marriages due to financial difficulties[320]. Although the Congolese legal documents are written in French, many Congolese do not speak French as their mother tongue, and the language problem hinders their understanding of not only the Family Code but also the legal framework itself. According to the results of the interviews, in some rural areas even police officers do not understand the law because they do not speak French[321]. Some of the NGOs interviewed have translated the laws related to SGBV into four national languages and distributed them to police and administrative officials.[322].

4.1.2.2. Policies and Policy Implementation towards the Elimination of SGBV

1) Policies to Eliminate SGBV

There has been several policies that incorporate measures to combat SGBV as a major issue in DRC, including the National GBV Strategy. The Ministry of Gender, Family and Children (MINIGEFAE: Ministère du Genre, de la Famille et de l'Enfant), which is responsible for gender-related policies, has developed key policies such as the SNVBG and the UN Security Council Resolution 1325 NAP (UNSCR 1325NAP) as well as policies related to SGBV in the National Development Plan and PNC 3 years plan. The main policies are as follows:

Table 4-7：List of Policies and Standards Relevant to SGBV in DRC

Name of the document	Details
Politique Nationale du Genre 2008 Issued by MINIGEFAE	‘Human Rights and GBV’ has been identified as one of the key areas of focus on 18 gender issues, and one of the 5 strategic directions is to "promote equitable participation in the management of power, respect for rights and the suppression of violence", which promotes the following aspects of the prevention and response to SGBV: ➢ Identification and criminalization of violence ➢ Information, awareness, care and monitoring ➢ Effective application of the law to punish perpetrators ➢ Adoption and implementation of the strategic document on preventing and combating violence against women and children It has been more than 10 years passed since it was published and it is recognized that it needs to be revised to reflect current conditions, but there are no specific plans for revision.[323]
Plan d’action pour mettre fin au mariage d’enfants 2017-2021 Issued by MINIGEFAE	The legal age of marriage for women has been raised from 15 to 18 and a national plan has been drawn up to eliminate marriage under the age of 18. The following five strategies have been identified as priority areas: ➢ Improve access to and quality of social services for children at risk of child marriage and for children already married. ➢ Raise awareness and educate children, families, traditional leaders, community leaders and others about the impact of child marriage ➢ Improve the political and legal governance of fight against child marriage.

320 https://www.girlsnotbrides.org/child-marriage/democratic-republic-of-the-congo/#stats-references, last accessed on 14 Dec 2020.
321 Interview with AVIFEM on 7 Oct 2020.
322 Ibid
323 Interview with AVIFEM on 7 Oct 2020.

Name of the document	Details
	➢ Undertake quantitative and qualitative research to assess the activities and realities associated with child marriage.
Feuille de route nationale de l'appel à l'action pour la protection contre les violences basées sur le genre (VBG) en République Démocratique du Congo 2018-2020	It is a 3-years roadmap for the elimination of SGBV, developed jointly by government agencies, international organizations and NGOs. In response to 'the Call to Action on Protection from Gender-Based Violence in Emergencies', launched by the UK and Swedish governments in 2013, UNFPA and the Swedish government (subsequently taken over by the Canadian government) launched an initiative in 2017 to encourage action for protection from SGBV in DRC. The initial focus was on humanitarian assistance, but this was later extended to include development assistance, and in 2018 this roadmap was developed to include government agencies, international organizations and NGOs. The following six areas of focus have been identified for 3 years: ➢ Strengthening institutional policies and norms to combat SGBV and promote gender equality. ➢ Committed leadership and strengthened inter-agency and inter-sectoral SGBV coordination that is effective and accountable. ➢ Improving the effectiveness of humanitarian action and post-emergency SGBV response through a multi-sectoral needs assessment, analysis and planning process ➢ Mobilizing resources for a global response to SGBV ➢ Strengthening the implementation and quality of SGBV prevention and response in humanitarian and development initiatives ➢ Strengthening the capacity of staff in all areas of humanitarian and development assistance to contribute effectively to the reduction of SGBV risks
National Strategic Plan for Development 2019-2023 Issued by Ministry of Planning	It is the National Development Strategic Plan from 2019 to 2024. One of the five pillars of the National Development Strategy Plan is "Human Capital Development", and one of the goals for "Women, Youth and Children" is "Reducing gender inequalities and combating gender-based violence in households and communities", aiming to promote the prevention of violence against women and girls and to provide comprehensive multi-sectoral care services for victims/survivors.
UNSCR1325NAP 2nd Generation (Plan d'Action National de la Mise en Oeuvre de la Resolution 1325 du conseil de Securite de Nations Unies sur les Femmes la Paix et la Securite IIème Generation, 2019-2022) Issued by MINIGEFAE	This is a revised version of the NAP for UN Security Council Resolution 1325, developed in 2010. The first generation of the NAP had four core strategies: 1) women's participation, 2) prevention of violence against women, 3) protection of women and girls, and 4) awareness-raising, while the second generation added a fifth strategy: 5) women's empowerment and the management of a multi-donor fund to support victims/survivors of SGBV. The 1325 NAP Steering Committee, comprising 16 relevant ministries and agencies, has been established and has set the following objectives: ➢ Contribute to increasing the participation of women and young women to 20% in local, state, national, regional and international institutions and mechanisms for the prevention, management and resolution of conflicts and in security services ➢ Contribute to increasing the participation of women and young women in decision-making bodies of social, political, economic, public and private institutions to 20%. ➢ Widely disseminate the legal instruments and 1325NAP for the promotion of women's participation in political and public governance ➢ Establish community mechanisms for early conflict warning and peaceful conflict resolution ➢ Reduce the rate of recruitment of child soldiers into armed groups. ➢ Contribute to increasing the participation of women and women's groups in decision-making bodies within the security services

Name of the document	Details
	➢ Strengthen the control and reduction of the circulation of small arms and light weapons ➢ Respect the rights of girls, adolescent and young women, and other vulnerable groups ➢ Do not violate the rights of women and marginalized groups (people with disabilities, indigenous people, refugees, displaced persons, etc.) during and after conflict ➢ Combat sexual violence and other human rights violations of women, adolescent girls and young women during and after conflict ➢ Integrate a gender perspective into the management and peaceful resolution of conflicts ➢ Engage in the socio-economic empowerment of women and women's groups who are victims of conflict
Plan d'Action Triennal de la Police Nationale Congolaise sur la lutte Contre les Violences Sexuelles 2019 Issued by PNC	It is the PNC Action Plan for the Elimination of Sexual Violence, which covers both PNC sexual violence and private sexual violence, sets out three objectives ➢ Prevention: to prevent sexual violence by PNCs ➢ Suppression: to increase the number of convictions for sexual violence by PNCs and civilians. Specifically, to 1) investigate and record crimes in order to bring perpetrators to justice; 2) receive reports of sexual violence victims/survivorization and reporting; and 3) reduce the non-punishment of perpetrators. ➢ Protection: Victims/survivors and witnesses of sexual violence can report and prosecute without fear and feel protected. In order to achieve this, specific activities will be set up in the following priority areas: 1) capacity building; 2) communication and coordination; and 3) analysis, monitoring and evaluation.
Revisée, Stratégie nationale de lutte contre les violences basées sur le genre revisée, 2020 (SNVBG) Issued by MINIGEFAE	It is a revised version of the National GBV Strategy developed in 2009. In order to provide a normative framework for the prevention and response to all forms of SGBV, it has the following five objectives: ➢ Make the prevention and response to SGBV more effective and better coordinated than that being undertaken by the Congolese people as a whole ➢ Mobilize more funds and resources for effective SGBV control ➢ Strengthen efforts to protect victims/survivors ➢ Contribute to the transformation of social norms and behaviors regarding SGBV and gender inequality more generally ➢ Strengthen the capacity of MINIGEFAE and other organizations involved in the fight against SGBV

Source：Created by the author[324]

The latest document that forms the basis for SGBV-related policies in the country is the 'Revised National Strategy for GBV (SNVBG: Revisée Stratégie nationale de lutte contre les violences basées sur le genre revisée, 2020). It was originally developed in 2009, and was revised in 2020 with the support of UN Women and other international organizations and donors. While the previous SNVBG focused mainly on preventing and responding to sexual violence in conflict areas in the east of the country, the revised SNVBG aims to

[324] In addition to the policies listed in Table 4 7, FARDC developed its action plan to combat sexual violence in 2014, but it was unable to identify the document within the research. The following report indicates that the plan has not been implemented as planned.
UNFPA (2019), Evaluation conjointe des programmes de lutte contre les violences sexuelles en République Démocratique du Congo 2005-2017

respond to all forms of SGBV, including sexual violence and domestic violence (physical, sexual and psychological), not only in the eastern area but across the county. In line with the five objectives listed in Table 4 7, the revised SNVBG has developed seven strategies and their specific contents[325]:

1) Prevention of SGBV

Identifying and promoting understanding of the underlying causes and consequences of SGBV; promoting community and individual involvement in behavior change; promoting SRHR for women and young people; strengthening protection mechanisms; strengthening legal and policy frameworks

2) Strengthening women's empowerment

Building socio-economic support for women and girls, especially the most vulnerable women and girls; strengthening women's leadership; involving men in the elimination of SGBV and promoting Positive Masculinity

3) Strengthening education on SGBV in child socialized process

Improving the learning environment in schools and communities on gender inequality and SGBV; encouraging and supporting the revision of school curricula to make them more sensitive to gender issues and SGBV; promoting communication between parents and children.

4) Strengthening security and protection from a gender perspective

Supporting to the SNVBG by the defense and security services; building the capacity of the security and defense services on SGBV; strengthening the capacity of civil society organizations on SGBV and CRSV; supporting the socio-economic reintegration of women and girls who have left armed groups

5) Implementation of comprehensive care for victims/survivors

Providing psychosocial support, medical support, case management and referral follow-up to judicial institutions; strengthening of social services

6) Elimination of impunity of SGBV perpetrators

Strengthening the capacity of judicial officials on SGBV; strengthening communities to facilitate the reporting of SGBV; strengthening access to justice for all victims/survivors of SGBV; supporting the rehabilitation of SGBV perpetrators; promoting rehabilitation related to the prevention of SGBV in prisons

7) Strengthening data collection, monitoring and evaluation

Establishment of a monitoring and evaluation system; strengthening of the Monitoring and Evaluation Unit; mapping of stakeholders to address SGBV issues across DRC; collection of information needed to monitor implementation and its accumulation and analysis in a database; preparation of reports and annual reports on the implementation of the SNVBG

In order to implement 1) to 7), activities and indicators based on the respective strategies have been set up. According to the interviews with AVIFEM and UN Women, the first step is consultation with relevant government agencies, NGOs, civil society organizations and other stakeholders, followed by the development of specific action plans by each agency and organization[326]. In addition, they said that they would focus on

[325] MINIGEFAE (2020), Stratégie nationale de lutte contre les violences basées sur le genre revisée
[326] Interview with AVIFEM on 7 Oct 2020 and UN Women DRC on 4 Nov 2020.

raising funds to implement the various plans[327].

2) Policy Implementation Structure

In the Congolese context, MINIGEFAE is responsible for implementation of gender-related policies, while AVIFEM is responsible for promoting SGBV-related policies at government level. AVIFEM is a specialized agency within MINIGEFAE established by Law No. 09/38 of October 2009 to implement the SNVBG which was developed in 2009 and revised in 2020. In order to implement the SNVBG, it works to strengthen prevention and protection, eliminate impunity for perpetrators, support security and justice reforms, respond to the needs of victims/survivors, and collect and manage SGBV-related data[328]. The specific roles are as follows[329]:

- Providing support to the efforts of governments and bilateral and multilateral partners to respond to violence against women
- Managing and operating mechanisms to coordinate activities against VAW.
- Providing strategic advice and technical assistance to stakeholders responding to VAW.
- Advocacy for strengthening efforts on VAW in ministry policies, programmes and projects
- Coordination between support mechanisms and initiatives operating to prevent and respond to SGBV, particularly sexual violence.
- Analysis and research related to the methods and direction of activities for the elimination of SGBV.

In addition, as part of its internal training, training on SGBV-related laws such as the family Code, Maputo Protocol or others, as well as training on data collection using smartphones and tablets are provided. Based on the results of the interviews, it was found that various types of practical training on SGBV response, such as comprehensive training on gender issues, training on specific approaches to SNVBG implementation, training on comprehensive support for victims/survivors of SGBV, training on data collection and management, were perceived to be lacking[330]. AVIFEM would also like to provide training for Officers Police Judiciary (OPJs) on human resource development (e.g. emergency response) and for psychosocial care providers, but is currently unable to conduct. In order to implement the SNVBG, AVIFEM has to deploy its functions in all provinces, but due to lack of budget, it is currently working only in Kinshasa (at the local level, the provincial gender and family units are responsible for policy implementation), and there is an urgent need to expand and strengthen its capacity[331].

3) Coordination Mechanism

With regard to efforts to eliminate SGBV, the following coordination mechanisms have been set up in DRC;

A. SNVBG Steering Committee

The SNVBG Standing Committee was established in 2009 to manage and oversee the implementation of the SNVBG, the national strategy for the elimination of SGBV. The SNVBG has three levels of bodies:

[327] Interview with AVIFEM on 7 Oct 2020 and UN Women DRC on 4 Nov 2020.
[328] https://evaw-global-database.unwomen.org/en/countries/africa/democratic-republic-of-the-congo/2009/avifem, last accessed on 15 Dec 2020
[329] MINIGEFAE (2009), Stratégie nationale de lutte contre les violences basées sur le genre
[330] Interview with AVIFEM on 7 Oct 2020.
[331] Ibid

government, national and international NGOs, international organizations and donors (TFPs: Technical and Financial Partners). The SNVBG Standing Committee was established for implementation at the government level[332]. It is supposed to monitor and evaluate measures, secure budgets, strengthen operational capacity and ensure accountability. At the central level, the Standing Committee is chaired by the Minister of Gender Affairs and includes the Ministry of Justice, the Ministry of Human Rights, MINIGEFAE, the Ministry of Health, the Ministry of Primary and Secondary Education, the Ministry of Higher and University Education, the Ministry of Employment, Labor and Social Welfare, Ministry of Defense, Ministry of Interior, FARDC, PNC are members. MINIGEFAE, AVIFEM at the central level and the Provincial Gender and Family Unit at the local level, serves as the secretariat. Meetings used to be held every 3-6 months, but due to the reorganization of the ministries, no meetings have been held in 2019 and will be held in 2020 under the revised SNVBG[333].

B. National Coordination Committee (NCC) and Provincial Coordination Committees (PCC)

The NCC and PCC were established as coordinating bodies for the three levels of government, NGOs and TFPs to monitor, evaluate and guide the overall effort[334].The NCC is chaired by the Prime Minister and the Minister of Gender Affairs is as a reporter, and its members include representatives of the Ministries of Justice, Human Rights, Health and Home Affairs, as well as security agencies, international organizations, donors, NGOs and civil society. The PCC is also responsible for implementation at the province level and is chaired by the provincial governor.

C. 1325 Steering Committee

It is a coordination body established to manage and oversee the implementation of the UNSCR 1325 NAP. It is chaired by the Minister for Gender Affairs, with MINIGEFAE serving as the secretariat and UNFPA, donor representatives and the Under-Secretary-General of MINIGEFAE as vice-chairmen. Its members include government officials from the Office of the President, the Office of the Prime Minister, the Ministry of Defense, the Ministry of Foreign Affairs, the Ministry of Justice, the Ministry of Human Rights and the Ministry of Finance, as well as national and international NGOs and civil society organizations[335]. It advises on the implementation of the UNSCR 1325NAP, reviews work plans submitted by implementing agencies, coordinates with other agencies and provinces, and advises on conflict prevention and management. It is also responsible for advocating for gender mainstreaming in conflict prevention, management and humanitarian assistance, and developing guidelines. Also at the province level, it is supposed to establish 1325 Standing Committees will be established, comprising the provincial governors, as well as provincial counterparts in gender, home affairs, justice, planning, budgeting, social affairs, public health, security services (FARDC, police, ANR), provincial assemblies, donors, NGOs and civil society organizations[336].

D. GBV Sub-Cluster

It is part of the Protection Cluster, a function that coordinates organizations working in the field of SGBV in humanitarian assistance to DRC, coordinated by OCHA, with UNFPA as lead agency. Since 2009, the

[332] MINIGEFAE (2020)、Stratégie nationale de lutte contre les violences basées sur le genre revisée
[333] Interview with AVIFEM on 7 Oct 2020.
[334] Ibid
[335] MINIGEFAE(2019), Plan d'Action National de mise en oeuvre de la Résolution 1325 du Conseil de Sécurité des Nations Unies sur les femmes, la paix et la sécurité IIème generatioin
[336] Ibid

GBV sub-cluster has not been active for some time, as it was coordinated by the Sexual Violence Unit established within MONUC. With the dissolution of the Sexual Violence Unit, the Humanitarian Country Team resumed the work of the GBV sub-cluster in 2016, and now coordinates humanitarian assistance in seven provinces: Ituri, North Kivu, South Kivu, Tanganyika, Kasai, Central Kasai and East Kasai.[337].

E. Local Protection Committees (LPCs)

LPCs are voluntary based coordination bodies that respond to and advocate on issues of protection from violence and security management, including SGBV, within communities. It is composed of 15 members, including women, who work with local authorities to solve local problems. MONUSCO supports the establishment of LPCs in conflict areas, and some communities have been established with the support of NGOs such as Oxfam. When LPCs develop local protection plans, they can obtain support by MONUSCO and local authorities.

In addition to 1) - 5), there are also coordination functions at the local level that respond to the needs of each region, such as "Group to Fight Impunity" in Bunia, Ituri; "Multi-Sectoral Support Group" in Beni, North Kivu; "Data Mapping Group" in Goma, North Kivu), and at least 11 provinces have their own GBV coordination mechanisms at the end of 2019[338]. Also, there are several gender coordination platforms like Gender Thematic Group, UN Gender Team, One+One, or others, and many coordination mechanisms are addressing common issues. Organizing and streamlining the coordination mechanisms has been identified as one of the key challenges in implementing the SNVBG[339].

4.1.2.3. Initiatives by the Government of DRC

Apart from policies, the following six government initiatives are dedicated to the prevention and response to SGBV. In DRC, an adequate budget for the SGBV response is not allocated enough, and many important measures are funded by international organizations and foreign donors. The following six points are also categorized as "government initiatives" because they are addressed within the government, but if they are funded by international organizations or donors, they are also mentioned.

- Strengthening the functioning of the police
- Establishment and operation of Green line 122
- Creation and operation of Centre Intégré de Services Multisectoriel (CISM)
- Implementation of 'Zero Tolerance campaign'
- Deployment of the Special Adviser to the President on Youth and Violence against Women
- Implementation of the Mobile Court.

1) Strengthening the functioning of the police

Strengthening the functioning and capacity of the police is one of the key measures in the prevention and response to SGBV, as they play an important role in the protection of victims/survivors and the prosecution of perpetrators, including the reception of SGBV cases, the arrest of perpetrators and the investigation of

[337] The Humanitarian Country Team is a country-level framework for managing humanitarian assistance, comprising OCHA and NGOs. In countries where humanitarian crises are being addressed, the Humanitarian Country Team is led by the Humanitarian Coordinator, who is the most senior UN official of the UN agencies operating in the country, and has adopted a specialized coordination mechanism known as the Cluster Approach. The Protection Cluster is one of the areas of expertise and the GBV sub-cluster further forms part of the functioning of the Protection Cluster.

[338] MINIGEFAE (2020)、Stratégie nationale de lutte contre les violences basées sur le genre revisée

[339] Ibid

cases. Police is one of the first point of contact for victims/survivors to access the judicial process. There has been a Child Protection and Prevention of Sexual Violence Department within the PNC to focus on child protection and VAW, and to carry out the following tasks[340]:

- Implementation of the action plan for the protection of women and children and the prevention of sexual violence and other forms of SGBV
- Compiling data on SGBV
- Compiling reports and statistics on SGBV from police stations across the country
- Follow-up of SGBV-related activities within PNC
- Awareness-raising campaigns on the prevention of SGBV
- Strengthening the capacity of Officers Police Judiciary (OPJs) to deal with SGBV
- Strengthening the capacity of police officers through workshops, seminars and training

SGBV training within the police force is carried out by SGBV trainers in the departments, but there is also a department within PNC, Direction General d'Ecole et la Formation (DGEF), which is mainly responsible for training, and which sends its own staff to conduct SGBV training. The training covers a wide range of topics, including how to deal with crime, how to investigate and how to deal with victims/survivors. In conflict areas in the east and south of the country, MONUSCO and the UN Police (UNPOL) also provide SGBV training to police officers, and in dealing with SGBV cases the police work with relevant organisations such as the Ministry of Health and the Ministry of Justice. Internal police regulations require that victims/survivors first receive medical support within 72 hours, and this is the first priority in the response. Victims/survivors are dealt with by the OPJs, who refer victims/survivors to medical services as well as further psychosocial support if they deem it necessary. Data on SGBV is collected by each police station and reported to PNC for statistical purposes. This is reported monthly by PNC to the relevant ministries, including MINIGEFAE, the Ministry of Health and the Ministry of Interior. However, due to the lack of communication infrastructure connecting all police stations in the country and the lack of digitization of records, it is not possible to share information in a timely manner, and this has led to a lack of accurate data management and analysis[341].

In addition, the local police started to set up the Escadron Protection de l'Enfant et Prevention des Violences Sexuelles (EPEPVS) in 2015. The EPEPVS is responsible for activities related to SGBV and child protection, including sexual violence, at the provincial level (there is a separate department for child protection and another for SGBV). It was established with the support of GIZ, without any budgetary allocation from the government. The implementation of the work has been partly supported by a joint project of UNDP, UNFPA and UNJHRO (see 4.1.3.1). According to the EPEPVS in Kinshasa, the work carried out is as follows[342]:

- Reception of reports of SGBV victims/survivors
- Orientation to victims/survivors

  Providing information and referral to medical and judicial services. In Kinshasa, victims/survivors are referred to the four CISMs (see (3) in this section)

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[340] Interview with PNC on 26 Oct 2020.
[341] Ibid
[342] Interview with EPEPVS in Kinshasa on 7 Oct 2020.

- Investigation of SGBV
  Depending on the case, victims/survivors are referred to urgent medical and judicial services, and then investigations start. After interviewing the victims/survivor and carrying out an investigation, the case will be processed and referred to the prosecutor within 48 hours. If the suspect is arrested during the investigation, the suspect will be questioned in the presence of a lawyer. The suspect is also briefed on the allegations. Care will be taken to ensure that the victims/survivor does not meet the suspect during the course of the investigation.

All SGBV cases received by the EPEPVS are investigated and sent to the prosecutor's office, though the EPEPVS side doesn't know how many the cases are handled after they are sent to the prosecutor's office[343]. It is indicated that they had conducted training on how to receive reports, how to orientate victims/survivors, and how to conduct investigations, and that is expected to conduct training on basic knowledge of gender and SGBV, prevention of SGBV, and protection of victims/survivors in the future. As of the time of the research, the EPEPVS in Kinshasa had 74 staff members, including 24 women, and the number of women police officers needs to be increased. It is not possible to increase the number immediately, so the current possible response is to request the implementation of training for women police officers only for their capacity building. The following issues were identified as challenges in the implementation of their work

- There is no free hotline connected to the EPEPVS and not many communication devices, which severely limits victims/survivors' access to justice. Victims/survivors can report cases by visiting the EPEPVS in person, in writing, at a nearby police station or by contacting the private telephone number of a police officer in the EPEPVS.
- There is no support for transport and transport costs for victims/survivors to visit the EPEPVS. There is also inadequate public transport.
- There is no adequate means of transport for police officers. Lack of access to motorbikes, cars and other means of transport means that even in urgent cases officers may arrive late and be unable to respond quickly.
- There is a lack of materials to identify police officers as EPEPVS, such as uniforms and waistcoats.
- There are few police officers with specialized knowledge and limited training opportunities.

As mentioned above, there are challenges in terms of infrastructure and human resource development for EPEPVS. In some provinces there are no EPEPVSs in separate buildings, though Kinshasa has a dedicated building. 'Five Year Action Plan of the Reform of the Congolese National Police 2019-2023' states the construction of dedicated EPEPVS facilities in 10 provinces over five years[344]. According to an interview with PNC, the EPEPVS is attached to the local police force, which does not have direct links with the PNC's Child Protection and Sexual Violence Prevention Department, and cases are reported by the local police to PNC, which in turn informs the Child Protection and Sexual Violence Prevention Department. It is also a problem that it takes a long time to coordinate and report between the central level and the local level[345].

[343] Interview with EPEPVS in Kinshasa on 7 Oct 2020.
[344] Ministry of Interior and Security (2019), Five Year Action Plan of the Reform of the Congolese National Police 2019-2023
[345] Interview with PNC on 26 Oct 2020.

2) Establishment and operation of Green line 122

The Green Line for SGBV, which is a toll free line, in DRC been out of operation for about a year, but was reactivated on 3 August 2020, led by the Special Adviser to the President on Youth and Violence against Women (see (5) in this section) and supported by UNFPA and UNJHRO. The Green Line operates 24 hours a day and is available in all provinces. The operation is outsourced to a private company and covers all forms of violence, including sexual violence, DV and child marriage, and responds receiving reports, referrals for medical and psychosocial support, and referrals to judicial authorities.

In addition, UNFPA, UNJHRO and other UN agencies working in DRC jointly launched the Green Line 495555 for SEA reporting in December 2020[346]. When a report is received from a victims/survivor, witness or whistleblower who has been subjected to sexual exploitation, sexual abuse or sexual violence by humanitarian and development assistance personnel, the UN will initiate an internal investigation.

3) Creation and operation of Centre Intégré de Services Multisectoriel (CISM)

Centre Intégré de Services Multisectoriel (CISM) is a one-stop centre that provides medical assistance, psychosocial support, judicial support and reintegration support to victims/survivors of SGBV. It is a part of the joint project of UNDP, UNFPA and UNJHRO "Lutte contre les VBG - Justice, Autonomisation et Dignite des Femmes et des Filles en RDC (JAD Project)", and operated in cooperation with MINIGEFAE, Ministry of Health, PNC or other administrative organizations. As of October 2020, a total of 11 CISMs are operating in five provinces, which are Kinshasa, North Kivu, South Kivu, Central Kasai and Ituri, and there are 4 facilities just in Kinshasa. Each facility is staffed by at least one doctor, forensic scientist, clinical psychologist and lawyer, and all services are provided free of charge.

The CISM operates from 8:00 to 16:00, not 24 hours a day. This is because three of the five provinces, including North and South Kivu, are conflict zones, and for security reasons CISM cannot operate after dark as service providers must return home in the evening. In Kinshasa, emergency medical care is also available at non-CISM medical facilities, but CISM medical services are free of charge, while outside medical services are charged. If a victim/survivor has received medical treatment outside of CISM and cannot pay for that, the victim/survivor can contact CISM again to receive its support. Outside of Kinshasa, there are inadequate medical facilities and the lack of security makes it difficult to provide emergency services at night[347].

CISM is not funded by the Government of DRC, but by the Canadian government, which is funding the JAD project. The JAD project is scheduled to run from 2018-2023. For the remaining two years of the project period, support will be provided mainly in Kinshasa and Central Kasai, while donors are being sought to continue the project in the other three provinces, which may be terminated before 2023 if they cannot be found[348]. Currently, the JAD project is working to establish a legal framework for CISM in order to strengthen and expand its functions. This will enable not only CISMs in the five target provinces, but also local NGOs working in CISMs (some international NGOs operate external facilities linked to CISMs) and organizations operating similar one-stop centers, such as Panzi Hospital, to apply for the use of government funds. UNDP

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[346] https://drc.unfpa.org/fr/news/la-rdc-lance-une-ligne-verte-sur-la-redevabilit%C3%A9-et-la-protection-contre-lexploitation-et-les, last accessed on 20 Dec 2020.

[347] Interview with UNDP DRC on 22 Oct 2020.

[348] Ibid

also expects that legal status will enable it to work more effectively with the judicial branch like judges and prosecutors[349]. Challenges for CICMs other than financial problem are identified as follows:

- CISMs have been set up in hospitals where they already exist, with additional personnel such as clinical psychologists and lawyers in a few small rooms, so it is necessary to secure a larger space and create an environment where adequate services can be provided. There is also a shortage of human resources, and a lot of budget is needed to implement the project in Kinshasa comparable to South and North Kivu provinces where the cost would be lower.
- The capacity of service providers and officers needs to be strengthened. Although they are working with police officers, effective responses are not provided and it's needed to improve the services and capacity to respond to SGBV victims/survivors.
- The number of Dignity Kits, which include hygiene products, cloths, shoes, body cream, body soap, or others, available at CISM for distribution to victims/survivors is insufficient.
- There are no shelters in the CISM where victims/survivors can stay temporarily. In the past, UNFPA operated shelters for victims/survivors of SGBV in some areas of Central Kasai, but this facility has replaced by the establishment of CISM. It is difficult to run a shelter because there is not enough consideration for women's safety and on the contrary, the experience of victimization can be traumatic if it's failed. CISMs recognize the need to create places where victims/survivors can feel safe before seeing a doctor like waiting rooms.

The Government of DRC has plans to increase the number of CISMs throughout the country after the JAD project is completed, but this will require donor funding[350]. At present, the number of CISMs is very small and there is a complete lack of support for the enormous needs of the people.

4) Implementation of 'Zero Tolerance campaign'

The 'Zero Tolerance campaign 'is a part of "Declaration of Heads of States and Government of Members States of the IGCLR on Sexual and Gender Based Violence, called as 'Kampala Declaration'" adopted by ICGLR in 2011. It is based on the recommendation to "declare 'Zero Tolerance Now' on SGBV crimes and impunity. Launch national campaigns for zero tolerance on SGBV simultaneously including men in all member state of the ICGLR after this Summit and Special Session of SGBV"[351]. The campaign was to last for two years and was required to be launched immediately after the declaration, but only DRC out of 12 member countries had not yet started. Together with international organizations, donors, NGOs and civil society, preparations were made and on 25 November 2020, the first day of the 16 Days of Campaigning[352], the President declared the start of the Zero Tolerance Campaign eventually. In order to provide technical support to the campaign, SGBV Sector Coordinating Committee was set up, comprising relevant government agencies, international organizations, civil society organizations, especially women's organizations, and the

[349] Interview with UNDP DRC on 22 Oct 2020

[350] Interview with AVIFEM on 7 Oct 2020, UNDP DRC on 22 Oct 2020.

[351] ICGLR (2011), Declaration of Heads of States and Government of Members States of the IGCLR on Sexual and Gender Based Violence, P.4

[352] The campaign takes place every year during the 16 days between the International Day for the Elimination of Violence against Women on 25 November and International Human Rights Day on 10 December. A variety of awareness raising activities and advocacy would take place around the world.

media, with various stakeholders to carry out the following main activities by September 2022[353]:

- Advocacy on access to justice for victims/survivors of SGBV
- Evaluation of the implementation of SGBV-related measures
- Advocacy for the amendment of the Reparation Fund Act to meet the basic needs of victims/survivors
- Advocacy on gender mainstreaming in prisons through the construction of female-only prisons
- Advocacy for the integration of democratic rule, responsible citizenship, gender and SGBV into school curricula
- Advocacy at national, regional, African and international levels for security reforms to eliminate illegal armed groups and ensure peace for all citizens
- Advocacy for funding at national level
- Development of awareness messages for the prevention of SGBV in all national languages
- Advocacy for the elimination of all forms of VAW through media and education
- Awareness raising on appropriate SRHR services in refugee/internally displaced persons camps
- Development of comprehensive policies, strategies and plans to ensure access to quality SGBV related services
- Review and development of policies and strategies that take into account the empowerment of women and girls
- Strengthening the capacity of the judiciary and civil servants, especially law enforcement officers, police, health service providers and educational institutions
- Implementation of education and behavior change programmes on SGBV, including community outreach programmes at the local level

5) Deployment of the Special Adviser to the President on Youth and Violence against Women

In 2014, then-President Kabila established a Special advisor to the President on sexual violence and child recruitment, and in 2019, President Chixedie established a new Special Adviser to the President on Youth and Violence against Women (La conseillère spéciale du chef de l'État en charge de la jeunesse et lutte contre les violences faites à la femme) and appointed Ms. Chantal Mourop. The Special Adviser is required to implement measures to address the challenges of SGBV nationally as well as in conflict areas, including the reactivation of Green Line 122 in 2020, the review of the Addendum[354] to the 2013 Joint Statement between the UN and the Government of DRC (see (4) in 4.1.1.3), and addressing the impact of COVID-19. In 2021, the implementation of the Zero Tolerance Campaign and the development of legislation related to SGBV are priorities[355].

6）Implementation of the Mobile Court

Since 2004, with the support of international organizations such as UNDP, MONUSCO and OHCHR, as well as the American Bar Association (ABA) and Avocats sans Frontières (ASF), Mobile Courts have been set up to respond to victims/survivors of sexual violence in the eastern region. Despite the seriousness of CRSV and other forms of SGBV in the provinces of North Kivu, South Kivu and Ituri, where the

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353 Interview with UN Women DRC on 4 Nov 2020.

354 Three new points were added to the 2013 Joint Communiqué: eradicating impunity for perpetrators, reforming the security system, and strengthening control in the exploitation of natural resources.

355 https://www.7sur7.cd/2020/12/22/rdc-violences-faites-la-femme-chantal-mulop-conseillere-de-tshisekedi-promet-de-lancer, last accessed on 20 Dec 2020.

humanitarian crisis is occurring, access to judicial services is difficult in remote areas, and Mobile Courts have been established to improve access to justice for victims/survivors of SGBV, protect victims/survivors and punish perpetrators. Mobile Courts have the same functions as regular courts, but are not held on a regular basis, but rather on a needs basis when a certain number of allegations of SGBV are received, and are staffed with judges, prosecutors, lawyers, police officers and interpreters[356]. Mobile Courts also deal with both SGBV by civilians and SGBV by security agencies.

Mobile Courts have the advantage of not only being able to deal with trials in remote areas, but also of reducing the burden of transport for victims/survivors and of being temporary courts, which allow trials to be held more quickly than regular trials. On the other hand, the cost of holding the Mobile Court is quite high, usually around USD 25,000 for a 15-day session, depending on the size and period of the court[357]. Also, as Mobile Courts are generally held outdoors, protecting the privacy and safety of victims/survivors is also an important issue[358].

4.1.3. Initiatives by International Organizations, Bilateral Aid Agencies, NGOs and Other Private Sector Organizations, and JICA

4.1.3.1. Efforts by International and Bilateral Organizations

In DRC, a number of international and bilateral aid agencies have implemented programmes to support SGBV prevention and response. The UN is implementing the joint project with UNDP, UNFPA and UNJHRO, and UN Women is providing support in policy development, and other agencies are carrying out prevention and protection activities. The World Bank has also developed a programme on SGBV prevention and response. Bilateral donors include USAID, GIZ, the Government of Canada, the Government of France, and others have been supporting this field as well. The following is a list of initiatives identified:

Table 4-8：List of International and Bilateral Aid Agencies working on SGBV in DRC

Organization	Detail
UNDP[359]	Joint project of UNDP, UNFPA and UNJHRO "Lutte contre les VBG - Justice, Autonomisation et Dignite des Femmes et des Filles en RDC (JAD Project)" is being implemented. This project is the successor to an UNDP-UNFPA joint project that was implemented in 2013-2018. The project covers all activities related to the prevention of SGBV, the protection of victims/survivors, the prosecution of perpetrators, and the rehabilitation and social reintegration of victims/survivors. The outline of the project is as follows: Project period: April 2018-April 2023 Budget: approximately USD1,380,000,000(funded by the Government of Canada) Target area: Kinshasa, North Kivu, South Kivu, Ituri, Central Kasai Partners: MINGEFAE, Office of Prosecution, Judiciary, EPEPVS, the Bar Association, local NGOs, etc. Expected outcomes: ➢ Institutional frameworks and civil structures are strengthened to ensure the promotion and development of human rights in the DRC.

356 UNDP(2014), Evaluation of UNDP's Support to Mobile Courts in Sierra Leone, Democratic Republic of the Congo, and Somalia, P. 10

357 The bulk of the costs are reported to be daily allowances for judges, prosecutors and other staff. See documents below. UNDP(2014), Evaluation of UNDP's Support to Mobile Courts in Sierra Leone, Democratic Republic of the Congo, and Somalia, P. 9

358 https://news.un.org/en/story/2019/04/1037411, last accessed on 20 Dec 2020.

359 Interview with UNDP DRC on 22 Oct 2020 and see the document below:
http://mptf.undp.org/factsheet/fund/JCG50?fund_status_month_to=&fund_status_year_to=2018, last accessed on 20 Dec 2020.
UNDP, UNFPA, UNJHRO (2019), Rapport Annuel sur l'Etat d'Avancement du Programme JAD Periode du Rapport : 01 Janvier – 31 Decembre 2019

Organization	Detail
	➢ Significant progress has been made in the protection of civilians, respect for human rights and the reduction of tensions and conflicts in all regions of the DRC. ➢ The population, particularly women and other vulnerable groups, benefit from increased provision and access to quality basic social services, with a particular focus on conflict resolution and peace-building. Main activities: ➢ Establishment and operation of CISMs (4 in Kinshasa, 4 in North Kivu, 1 in South Kivu, 1 in Ituri and 1 in Central Kasai as of October 2020) ➢ Provision of equipment and materials to medical facilities ➢ Provision of case management, medical and psychosocial care for victims/survivors of SGBV at CISM and partner health facilities ➢ Capacity building of medical institutions and social workers ➢ Providing free legal aid to victims/survivors of SGBV in partnership with the Bar Association ➢ Training of paralegals (to provide legal support to victims/survivors at CISM and other institutions) ➢ Support for investigation of SGBV cases by judicial authorities ➢ School and community based awareness raising activities for prevention of child marriage ➢ Strengthening of networks within the community ➢ Training volunteers to strengthen women's leadership ➢ Provision of equipment (computers, internet, etc.) to NGOs that provide vocational training for women ➢ Provision of reintegration packages for SGBV victims/survivors (information to start economic activities, training in livelihood generating activities, awareness raising, follow up, etc.) ➢ Support of NGOs in microcredit projects for SGBV victims/survivors ➢ Support for school reintegration and vocational training of underage SGBV victims/survivors by NGOs ➢ Support for the collection of SGBV-related data In the 2019 Annual Report, the outcomes reported include a reduction in the number of SGBV incidents in the target areas, increased access to SGBV services within 72 hours of victims/survivorization, as well as the reintegration of underage SGBV victims/survivors into school and improved livelihoods of SGBV victims/survivors (81% of women supported increased their income)[360].
UNFPA[361]	It provides SRHR services including SGBV prevention and response. activities related to SGBV include: ➢ Implementation of the JAD project ➢ Coordination of the GBV sub-cluster ➢ Supporting the operation of Green Line 122 ➢ Distribution of Dignity Kit to victims/survivors of SGBV ➢ Provision of medical assistance and psychosocial support to victims/survivors of SGBV ➢ Raising awareness and protecting victims/survivors in relation to the prevention of child marriage ➢ Development of SGBV training modules and delivery of training
UN Women[362]	UN Women has been supporting the Government mainly in strengthening the legal framework and policy development, and in relation to SGBV has supported the revision of two policies: ➢ Supporting the revision and implementation of the SNVBG ➢ Supporting the revision and implementation of the UNSCR 1325NAP. Currently, it is consulting on the drafting of a comprehensive SGBV prevention law, including DV, to strengthen the legal framework for SGBV.
UNICEF[363]	With funding from the EU and in partnership with GIZ, UNICEF is implementing the programme "Femmes et hommes, progressons ensemble" to prevent violence against children involving men and boys, particularly in relation to child marriage, teenage pregnancy and sexual violence.
UNHCR[364]	In the provinces of North Kivu, South Kivu and Central Kasai, UNHCR provides vocational training for the

[360] UNDP, UNFPA, UNJHRO (2019), Rapport Annuel sur l'Etat d'Avancement du Programme JAD Periode du Rapport : 01 Janvier – 31 Decembre 2019

[361] Ibid

[362] Interview with UN Women DRC on 4 Nov 2020.

[363] https://www.unicef.org/wca/stories/champions-against-child-marriage-drc, last accessed on 20 Dec 2020.

[364] https://www.unhcr.org/news/stories/2020/12/5fc601bf4/survivors-sexual-violence-rebuild-lives-drc.html, last accessed on 20 Dec 2020.

Organization	Detail
	reintegration of SGBV victims/survivors in collaboration with local NGOs. It also carries out awareness-raising activities for the prevention of SGBV in refugee camps and host communities.
UNJHRO[365] (MONUSCO and OHCHR)	➢ Surveillance, monitoring and investigation of human rights violations, including SGBV, in conflict zones ➢ Referral of victims/survivors of SGBV to medical and legal assistance, etc. ➢ Providing SGBV training to PNC, EPEPSV and FARDC ➢ Awareness raising and capacity building of the community through establishment and training of LPCs
World Bank	The Gender Based Violence Prevention and Response Project is being implemented. A summary of the project is as follows[366]: Project Period: August 2018 - June 2023 Budget: approximately USD 100,000,000 Areas covered: North Kivu, South Kivu, Tanganyika and Maniema provinces Partners: Funds Social DRC[367], MINIGEFAE, Ministry of Health, NGOs Expected Outcomes: ➢ Increased community participation in SGBV prevention programmes ➢ Increased access to multi-sectoral response services for victims/survivors of SGBV ➢ Provide a rapid and effective response in the event of a humanitarian crisis. Main activities: ➢ Awareness raising for change in social norms (community and household level) ➢ Provision of comprehensive services to victims/survivors of SGBV ➢ Training of community volunteers ➢ Supporting the establishment of Safe Spaces at the community level ➢ Strengthening the functioning of communities (establishing referral processes and liaising with relevant agencies) ➢ Strengthening the capacity of frontline health care workers ➢ Strengthening capacity for data collection, management and analysis related to SGBV
USAID[368]	Since 2002, USAID have been supporting the prevention and response to SGBV in DRC. Currently, the following projects are being implemented: Project period: 2017~2022 Budget: approximately USD15,300,000 Target area: North Kivu and South Kivu provinces Objective: To strengthen community-based prevention and response to SGBV Main Activities: ➢ Provision of medical, psychosocial and legal support to victims/survivors of SGBV ➢ Providing vocational and literacy training for victims/survivors of SGBV ➢ Awareness raising activities to improve the rights of SGBV victims/survivors and to promote community acceptance. Its related programmes include violence reduction through capacity building of community and civil society organizations in the eastern region, and conflict resolution and peace building for tribal conflicts between Tuwa and Luba in Tanganyika province.
GIZ	GIZ has supported the PNC, particularly in the eastern region, to improve the expertise and capacity of the police to respond to SGBV, and promoted the establishment of EPEPVS since 2014. Currently, "Support to Peace and Stability in Eastern Congo" is being implemented for the period 2018-2021 to strengthen the capacity of security agencies, raise community awareness, provide medical assistance to victims/survivors of SGBV in collaboration with Panzi Hospital, and provide psychosocial support[369]

365 https://news.un.org/en/tags/unjhro, last accessed on 21 Dec 2020.
366 World Bank (2018), Congo, Democratic Republic of - Gender-Based Violence Prevention and Response Project
367 A public fund created in 2002 to alleviate poverty and promote economic and social development.
368 USAID (2019), Counter-Gender Based Violence Program Annual Report FY19
369 https://www.giz.de/en/worldwide/85267.html,last accessed on 21 Dec 2020.

Organization	Detail
The Government of Canada[370]	➢ Funding to JAD Project ➢ Promoting 'Feuille de route nationale de l'appel à l'action pour la protection contre les violences basées sur le genre (VBG) en République Démocratique du Congo 2018-2020' (See (1) in 4.1.2.2)

Source：Created by the author

The Government of Japan has supported UNFPA's response to SGBV in Kinshasa, Maniema, South Kivu, Equateur and Upper Katanga provinces; the joint programme of UN Women, WFP, UNDP and UNICEF for the reintegration of children associated with armed groups and groups in North Kivu province; and UNFPA's efforts to improve access to quality SRHR services for refugees, internally displaced persons (IDPs) and host community residents, as well as programmes to prevent and respond to SGBV[371].

4.1.3.2. Efforts by NGOs and Other Private Sector Organisations

The list of organizations in the GBV sub-cluster includes 32 international and local NGOs[372]. These organizations are involved in SGBV-related activities in humanitarian assistance in the conflict zones in the east and south of the country, and do not include organizations operating exclusively in non-conflict zones. In addition to NGOs, there are also medical organizations operating one-stop centers and providing psychosocial care. In this research, interviews were conducted mainly with NGOs that provide support outside of conflict areas in order to ascertain the status of support across the country. This section summarizes the support provided by the NGOs interviewed and the organizations whose activities were identified in the literature review.

1) AFIA Mama[373]

AFIA Mama is a local NGO established in 2012 and is a relatively large organization working on gender equality and the prevention and response to SGBV. AFIA Mama works in the provinces of Upper Katanga, South Ubangi, North Ubangi, Tshopo, Maniema, North Kivu and Tanganyika, in addition to Kinshasa, and is funded by the Government of France, UNFPA, UN Women and World Health Organization France. The main activities are as follows:

➢ Awareness raising and education on human rights and gender related constitutional and legal issues

  As most women do not have the opportunity to know about their rights and obligations, it has tried to inform them about the rights of women and children in particular through community dialogues and awareness-raising activities on social networking services (SNS). In addition, it translates legal and policy documents written in French into various local languages and prepare materials like leaflets and posters for distribution and use in awareness-raising activities to promote the understanding. In rural areas, even the chief of police may not fully understand SGBV laws and policies because not all officers understands French or has no printer to print relevant documents.

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[370] https://www.international.gc.ca/gac-amc/publications/odaaa-lrmado/dem_rep_congo-rep_dem_congo.aspx?lang=eng&_ga=2.191787305.225869396.1611911655-1104108396.1611911655, last accessed on 20 Dec 2020.

[371] UNFPA (2019), Evaluation conjointe des programmes de lutte contre les violences sexuelles en République Démocratique du Congo 2005-2017

[372] Sous Cluster VBG(2017), Cluster Protection Sous Cluster VBG RD Congo

[373] Interview with AFIA Mama on 3 Nov 2020.

- Conducting SGBV training for administrative officers and civil servants
  Basic training on gender and SGBV and training on survivor-centered approach is provided to EPEPVS and administrative officers.
- Awareness raising on prevention of child marriage
  Through community dialogue, it raises awareness about the consequences of SGBV, including child marriage, and the negative impact on the physical and mental health of victims/survivors.
- Operation of Safe House
  It runs two Safe Houses in Kinshasa, Kisenso and Selenbao, for victims/survivors of SGBV, which are equipped with shelters for victims/survivors who have been evacuated from perpetrators of SGBV. Some of the protected girls are minors, and as of December 2020, there were a total of three girls under the age of 18 living in the two shelters (16, 15 and 14 years old). Other services include psychosocial care by a clinical psychologist who visits twice a week, and the distribution of health vouchers that can be used at partner medical facilities. In the future, it is expected to offer basic literacy and numeracy education, as well as classes on how to use computers and sewing machines. One of its clients, who is over 18 years old and willing to start a business, has been provided with training in sewing and business skills and has started to own business to design, make and sell dresses.
- Running a Youth Centre
  Apart from the Safe Houses, it runs a Youth Centre which aims to raise awareness among young people, provide information and support to victims/survivors of child marriage.
- Advising victims/survivors of SGBV on judicial procedures and providing referrals to judicial services
  In collaboration with a number of lawyers, it provides referrals to judicial services for women affected by SGBV.

2) Centre d'accompagnement des filles desoeuvrées (CAFID)[374]

CAFID is a local NGO that has been working for about 20 years in the areas of gender equality, protection of children and women, protection of human rights, prevention and response to SGBV. CAFID is active in Kinshasa and the western and eastern parts of the country. SGBV related activities are conducted in a range of activities, with priority given to three areas: sexual violence, child marriage and violence against internally displaced women. The main activities are as follows:

- Awareness raising on the prevention of SGBV
  In the Western and Eastern regions, CAFID has been conducting awareness raising activities through dissemination of international conventions and national laws related to SGBV. It used to focus on awareness-raising activities that brought together a large number of people for talk sessions and dialogues, divided into gender and age groups such as women, men, girls, boy. However, since the COVID-19 pandemic, it has become more difficult to gather people, so it has divided them into smaller focus groups, which is less than 14 people, to conduct community dialogue. A door to door campaign is also underway to deliver messages and distribute flyers. In the province of Tanganyika, it also uses

[374] Interview with CAFID on 30 Nov 2020.

community radios to deliver messages and raise awareness (Kinshasa has not been able to run a media campaign due to the high cost of even community radios).

- SGVB victims/survivor identification and follow-up activities
  Referrals to medical facilities and judicial services are being made for victims/survivors and reported cases received during awareness-raising and community activities.
- Provision of SGBV training to judicial personnel
  Capacity building training on dealing with SGBV is provided to judicial personnel, especially at the managerial level.
- Supporting SGBV victims/survivors to improve their livelihoods
  As part of the reintegration support for victims/survivors, is supports them in their livelihood improvement activities. It provides advisory and technical guidance to enable victims/survivors to choose their own income generating. In Kinshasa, the activities varies like cooking, decorating cakes in hotels, small-scale vegetable gardens, pig farming, or others. In Tanganyika, the activities include goat rearing, pig farming, baking or others. Before offering jobs to beneficiaries, they are asked what experience they have, what they know and what kind of work they would like to do. The training focuses on knowledge of the expected job and financial management, and is followed up as appropriate after the job placement. It also collaborates with other organizations that implement similar services. During awareness-raising events, the organization asks for requests for assistance, distributes flyers with information on its activities and telephone numbers, and advertises through SNS in several local languages to specify beneficiaries, not only victims/survivors of SGBV but also victims/survivors of other crimes. Rural women are often reluctant to tell others that they have been victims/survivors of SGBV or that they want to get support.

3) Cadre de Récupération et d'Encadrement pour l'Epanouissement des Jeunes（CREEIJ）[375]

CREEIJ is a local NGO mainly working on gender equality, SGBV prevention and response, and youth empowerment. CREEIJ was working to protect conflict-affected women in Bukavu and surrounding areas in South Kivu province at the time of establishment. Then it has moved the headquarters to Kinshasa in 2013. The situation in the eastern part of the country is different due to conflicts, armed crimes and other special circumstances, but the current situation of SGBV, lack of means of response, lack of information dissemination and poverty are almost the same in both Kinshasa and the eastern part of the country, so CREEIJ is now working mainly in Kinshasa. The main activities are as follows:

- Providing training to service providers
  Capacity building training for service providers is conducted, involved in SGBV prevention and response, including health care workers, social workers and community volunteers.
- Community awareness-raising activities
  Awareness raising and sensitization activities are conducted which are aimed at strengthening the functioning of communities and women's empowerment.

[375] Interview with CREEIJ on 26 Nov 2020.

- Financial support and economic empowerment for victims/survivors of SGBV
  Vocational training to victims/survivors of SGBV and unemployed youth is provided, since financial support for victims/survivors is essential when they are unable to access free services due to the cost of medical care and judicial services.

4) Panzi Hospital and Panzi Foundation

The hospital was established in 1999 in Bukavu, South Kivu Province, by the Central African Pentecostal Churches Association (CEPAC) with the support of the British, Swedish and other governments and foreign charities, and is headed by a doctor, Denis Mukwege, who is a Nobel Peace Prize winner in 2018. It is supported by a number of international organizations, NGOs and private foundations, including the World Bank, USAID, UNFPA, the Bill and Melinda Gates Foundation and the World Medical Mission. It aimed to provide maternal and child health services and to treat fistulae at the time of establishment, but it also began to treat victims/survivors of sexual violence as a result of the conflict, and over the past 20 years it has treated more than 85,000 victims/survivors[376] (As a general hospital, it also provides general medical care to non-victims/survivors of sexual violence.). For victims/survivors of SGBV, the hospital functions as a one-stop center offering four types of support: medical support, psychosocial care, judicial support and reintegration support. As more than half of treated women are unable to return to their communities due to the physical injuries and social disgrace caused by sexual violence, Panzi Hospital operates a specialized aftercare and community center to provide victims/survivors and their children with housing, food and access to ongoing care. To support social reintegration, the hospital provides 12-month training programmes in writing, mathematics, vocational skills training, microfinance and loans[377].

5) CARE International[378]

CARE International is an international NGO specializing in gender equality and the empowerment of women and girls, and in DRC, it mainly supports women in conflict zones. It trains volunteers to support victims/survivors of sexual violence in Kasai province and supports health centers in North Kivu and Kasai provinces to provide treatment to victims/survivors of sexual violence, emergency contraceptives and HIV/AIDS Post-Exposure Prophylaxis (PEP) kits[379]. It also supports livelihood improvement activities and the establishment and operation of Village Savings and Loans Associations (VSLAs)[380] for the reintegration of SGBV victims/survivors and the long-term empowerment of women.

4.1.3.3. Efforts by JICA

Although there have been no JICA initiatives specifically focused on SGBV prevention or response in DRC, there are resources and knowledge that could be used in SGBV-related activities as following:

1) Capacity Building on PNC

JICA has been strengthening the capacity of the PNC through the "Police Democratization Training of the

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[376] https://www.panzifoundation.org/panzi-hospitallast, last accessed on 22 Dec 2020.
[377] Ibid
[378] https://www.care-international.org/where-we-work/democratic-republic-of-congo, last accessed on 22 Dec 2020.
[379] If a person has been infected with HIV/AIDS through sexual intercourse with a person infected or suspected of being infected with HIV/AIDS, or through a medical accident, the person should start taking antiretroviral medication within 72 hours to reduce the risk of contracting HIV. The medication should be taken twice a day for 28-30 days.
[380] It is a village loan association based on savings, using a mechanism whereby members of a village or community regularly save a small amount of money together and invest the savings or take out a small loan from their savings to help members pay for business or school fees.

National Congolese Police" (2011-2014) and "The Project for Professionalization of the Police for the Population and Peace" (2015-2018). Capacity building has been carried out mainly through training for police officers, which includes modules on the definition of sexual violence, legal provisions and investigation methods. However, the SGBV dealt with by the police is mainly sexual violence, and only sexual violence is mentioned in "Plan d 'Action Triennal de la Police Nationale Congolaise sur la lutte Contre les Violences Sexuelles 2019" and 'Five Year Action Plan of the Reform of the Congolese National Police 2019-2023'. Other forms of violence, particularly DV and IPV, are not seen as issues that need to be addressed in these documents. The revised SNVBG aims to eliminate not only sexual violence, but also all forms of violence, including DV, IPV and child marriage, and AVIFEM recommends that PNCs provide training that addresses all forms of SGBV, including non-sexual violence, in line with the revised SNVBG[381].

2) Capacity Building on National Institute of Professional Preparation

Under the technical cooperation project "Project on strengthening the capacity of the National Institute of Professional Preparation" (2015-2020), the National Institute of Professional Preparation is strengthening its capacity through the development of training regulations and manuals, institutional structures and curricula. In order to increase the number of female participants, courses such as hotel/restaurant, sewing, beauty, have been established, but it is reported that the number of female participants is still lower than that of male participants[382]. As victims/survivors of SGBV sometime tend to have shorter periods of education and economically dependent on their spouses, the provision of vocational training and educational programmes to acquire basic academic skills as part of support for rehabilitation and reintegration is a much-needed form of support. The National Vocational Training Institute, in collaboration with CISM, private one-stop centers and Safe Spaces, could be used to support the reintegration of SGBV victims/survivors. In this regards, consideration should be given to the specific needs of victims/survivors of SGBV, such as protection of privacy and childcare services for women with children.

3) Development of Human Resources in Health

JICA has been strengthening the capacity of the health sector through deploying health advisors (2008-2016) and "Project on Human Resource Development in Health (Phase 1: 2010-2013, Phase 2: 2014-2018)". Medical institutions are one of the first points of contact for victims/survivors in the SGBV response, especially in cases of sexual violence, as they provide medical support such as preserving evidence, prescribing emergency contraceptives, PEP for HIV and AIDS, and psychosocial care, as well as referrals to police and judicial services. In recent years, the provision of comprehensive health care services that integrate SRH services with SGBV response and HIV/AIDS prevention, such as simultaneous SGBV screening and awareness-raising activities during maternal and child health services or HIV testing for SGBV victims/survivors, has been shown to be effective[383]. It is expected that one of the elements of human resource development in health sector will be the training of health professionals who can provide comprehensive support and the strengthening of hospital functions to support to SGBV victims/survivors.

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381 Interview with AVIFEM on 7 Oct 2020.
382 JICA (2017), Country Gender Profile Democratic Republic of the Congo Final Report, P.40
383 IATT (2014), HIV and Sexual and Reproductive Health Programming: Innovative Approaches to integrated service delivery
SADC (2015), Minimum Standards for the Integration of HIV and Sexual & Reproductive Health in the SADC Region

4.1.4. COVID-19 Infection Status and Its Impact on SGBV

In DRC, the first cases were confirmed on 10 March 2020, and as of 30 December 2020, 17,658 infections and 591 deaths had been reported[384]. 22 out of the 26 provinces were affected, with about 80% of cases in Kinshasa. A state of emergency was declared on 24 March, closing all borders, banning land, sea, river and air traffic between Kinshasa and the provinces, and prohibiting gatherings in Kinshasa. Restaurants, commercial establishments and schools were also closed. The state of emergency was lifted on 21 July and the border blockade and closure of facilities would be lifted in stages. Schools reopened on 10 August, but only for the last year of primary and secondary school and the fifth year of university, and not for all pupils until 12 October, after almost six months of closure.

Several administrative agencies interviewed were aware of the increase in SGBV due to the socio-economic disruption caused by the COVID-19 pandemic, but said they had not been able to compile and analyses data to show the situation[385]. According to the PNC, the lockdown caused by the pandemic and the lack of communication and information technology hindered the receipt and reporting of data, and communication between the national and provincial levels was inadequate, making it difficult to accurately assess the number of SGBV cases. Data obtained from the EPEPVS in Kinshasa shows an increasing trend in the number of SGBV cases, although data is only available for the period January to March 2020 (see Figure 4-8). In addition, although no breakdown or other data was shared, at the time of the interviews in October 2020, 374 SGBV cases had been reported in 2020, which is a 208% increase compared to 180 in 2019[386].

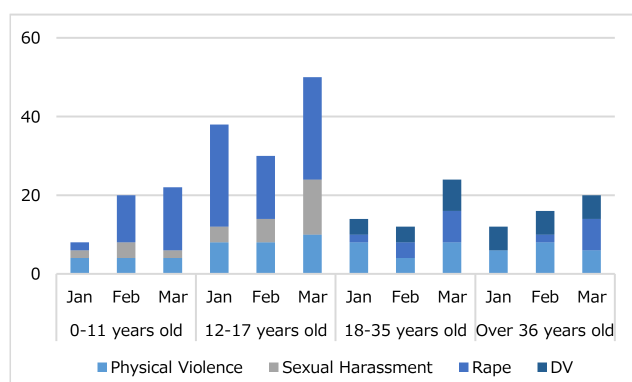

Figure 4-8：SGBV cased reported to EPEPVS in Kinshasa in Jan to Mar 2020

Source：Data from EPEPVS Kinshasa

In addition, through a literature review of relevant documents and online interviews, the following impacts of COVID-19 on SGBV were identified.

1) The number of SGBV cases was increased

The SGBV helpline operated in Kinshasa by the NGO 'Forum des Femmes Citoyennes et Engagées pour la Gouvernance la Démocratie et le Développement' received 20 times as many calls from women as from men between April and July between April and July. Of the calls received, 78% were for physical and sexual violence against children under 14 years of age[387]. The NGO 'Médecins du Monde' reported that the number of reports of SGBV received by its health center in Kinshasa between April and June was twice as the usual number[388].

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384 https://actualite.cd/2020/12/31/covid-19-283-nouveaux-contamines-43-gueris-et-7-deces-mercredi-en-rdc, last accessed on 5 Jan 2021.

385 Interview with AVIFEM on 7 Oct 2020, with PNC on 25 Oct 2020.

386 Interview with EPEPVS Kinshasa on 7 Oct 2020.

387 Social Sciences Analytics Cell I Cass (2020), The impacts of the COVID-19 outbreak response on women and girls in the Democratic Republic of the Congo, P.8

388 Ibid

In the areas covered by the JAD project, many households were unable to earn income during the lockdown, and the stress caused many heads of households to resort to violence against their spouses and children[389].

2) Risks of child marriage and teenage pregnancy were increased.

UNFPA has reported an increase in SGBV cases in the second quarter of 2020 compared to the first quarter of 2019 and 2020[390]. UNFPA's partner organizations also report that the closure of schools in Kasai has increased the risk of child marriage for girls. There was also a report of an increase in teenage pregnancies, mainly due to hindered access to emergency contraceptives and contraceptives[391]. The closure of schools and economic deprivation also led to an increase in the number of girls having sex in exchange for money and supplies[392].

In interviews conducted with teachers in South Kivu and Tanganyika provinces, 67% of teachers in South Kivu and 39% of teachers in Tanganyika reported a drop in school attendance following the reopening of schools compared to before the closure. In South Kivu, 35% of secondary school teachers reported a drop in attendance among female students aged 12-17 (13% of teachers reported a drop in attendance among male students). Most teachers attributed this to the fact that many of the female students became pregnant during the school closure period[393].

3) The lockdown prevented victims/survivors from accessing appropriate services

As shown in Figure 4-9, the number of victims/survivors of sexual violence in Goma, North Kivu province, increased sharply after July 2020. About half of the victims/survivors of sexual violence were not able to seek medical attention within 72 hours of being victimized, which is the effective time to prevent pregnancy and HIV/AIDS transmission. (Figure 4-9 is based on data provided by health facilities to DHIS2, an open source for health data, and does not cover the total number of sexual violence cases in North Kivu province)[394].

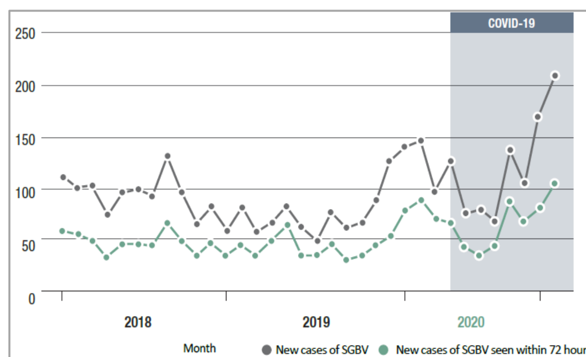

Figure 4-9：Number of cases of sexual violence in Goma, North Kivu Province

Source：Social Sciences Analytics Cell I Cass (2020), The impacts of the COVID-19 outbreak response on women and girls in the Democratic Republic of the Congo

In addition, during the lockdown period, the Ministry of Justice suspended judicial proceedings, which delayed the response to SGBV victimization. As of October 2020, after the end of the lockdown, the judicial process had already resumed, but the number of SGBV cases seems to have increased while the judicial service was not functioning[395].

4) The risk of violence against women working in the informal sector was increased.

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389 Interview with UNDP DRC on 22 Oct 2020.

390 USAID (2020), USAID/DRC COVID-Specific Gender Analysis, P. 10

391 Marie Stopes International (2020), Qualitative data analysis

392 REACH (2020), Suivi de la situation humanitaire Indicateurs pertinents pour la réponse au COVID-19 Province du Sud Kivu, République démocratique du Congo (RDC)

393 Ibid

394 REACH (2020), Suivi de la situation humanitaire Indicateurs pertinents pour la réponse au COVID-19 Province du Sud Kivu, République démocratique du Congo (RDC)

395 Interview with UNDP DRC on 22 Oct 2020.

Many Congolese women work in the informal sector, but these women have been hit hard economically by the loss of their source of income. Despite the situation, their expenditure has conversely increased as they have to pay additional costs to buy PPE and soap to prevent infection. Infection tests were also expensive, around $20, as a heavy economic burden[396].

Women in the sex industry had to suspend work during the lockdown period to prevent infection, but it was observed that they were arrested in a number of cases when they went out to earn money and in some cases had to have sexual relationship with police officers to avoid arrest[397]. There were also frequent incidents of violence by police officers against citizens who did not comply with the various restrictions introduced to prevent infection (e.g. curfews, wearing masks, movement restrictions). In one case, it is reported that a police officer beat a woman who was selling goods on the street without wearing a mask[398].

As shown in 1)-4), it can be confirmed that various forms of SGBV increased during the COVID-19 pandemic. On the other hand, some governmental and international organizations responded that it is difficult to understand the actual situation of the situation and to analyze the factors due to the lack of sufficient data collection.

The following is a summary of the current situation and responses by governments, international organizations, bilateral aid agencies and NGOs to mitigate the impact of the COVID-19 pandemic on SGBV, as identified through the literature review and online interviews.

Table 4-9 : Response to SGBV under COVID-19 pandemic by the Government, International Organizations and NGOs in DRC

Organization	Detail
The Government of DRC	➢ A national plan to address the socio-economic impacts of COVID-19, "Plan des Nations Unies pour l'appui a la reponse socio economique immediate au Covid-19 en RDC", was developed in May 2020 in collaboration with the United Nations, and the following five SGBV-related measures were included in the plan to be implemented[399]. 1) Strengthen legal support for victims/survivors of SGBV under COVID-19 in Kinshasa and other provinces providing legal aid in collaboration with UNAIDS, UNDP, UN Women and UNJHRO (June-December 2020). 2) Support the Minister of Gender, Family and Children in the fight against SGBV, in collaboration with UNAIDS, UNDP and UN Women. (June-December 2020). 3) Undertake awareness raising activities on SGBV prevention and response using community networks across the country, in collaboration with UNFPA, UNDP, UNICEF, UNHCR, UNESCO, UN Women and UNJHRO (April-December 2020). 4) Analyze and document the impact of the spread of COVID-19 on health facilities, maternal and child health services and medical services for victims/survivors of SGBV, in collaboration with UNICEF, UNFPA and UN Women (March-December 2020). 5) Identify a response point of contact in public health to ensure the means for prevention and response to SGBV, in collaboration with UNICEF and UN Women (March-December 2020).

[396] Interview with UNDP DRC on 22 Oct 2020
[397] Interview with AFIA MAMA on 30 Nov 2020.
[398] Interview with CREEIJ on 26 Nov 2020.
[399] Système des Nations Unies en République démocratique du Congo (2020), Plan des Nations Unies pour l'appui a la reponse socio economique immediate au Covid-19 en RDC

Organization	Detail
	➢ In April 2020, the National Solidarity Fund against the coronavirus (FNSCC) was established. which is a fund to mobilize funds for health care workers like doctors and nurses and a women's organization has been designated as one of the governing bodies[400]. ➢ An online network has been set up to provide psychosocial support to victims/survivors of SGBV and those infected with COVID-19[401]. ➢ Awareness-raising activities related to the prevention of SGBV were carried out through awareness-raising tools and media[402].
PNC[403]	➢ PNC is proposed that the training for police officers include a more comprehensive response to SGBV and child protection issues, and that additional training be provided on how to deal with these cases in emergencies such as infectious disease pandemics.
UN Women[404]	➢ Protection of people living with HIV/AIDS in Goma, North Kivu Province ➢ Support to the SGBV response by EPEPVS ➢ Securing shelter and provision of hygiene items for the homeless, especially women and girls, during the lockdown period ➢ Prevention of infections and support for rehabilitation for vulnerable women, in collaboration with UNFPA and UNHCR ➢ Awareness raising and education activities on public health and infectious diseases ➢ Support for women who are victims/survivor of sexual exploitation in brothels, called as "Maison de Tolerance" in Goma, North Kivu province ➢ Development of an emergency appeal in collaboration with other UN agencies ➢ Support for hygiene awareness and distribution of hygiene products in refugee camps ➢ Distribution of resilience kits (hygiene products) to economically disadvantaged women in Kinshasa, supported by the Swedish Embassy
UNHCR	➢ In response to the increasing trend of SGBV victims/survivors under COVID-19, UNHCR conducted awareness-raising activities for refugees, internally displaced persons (IDPs) and host community residents, including on access to SGBV-related services[405]. ➢ UNHCR and partner organizations strengthened telephone communication with CBOs as they were unable to respond to SGBV cases under COVID-19 due to the lack of access to Burundi refugee camps in North Kivu province as a result of the floods in April 2020[406].
UNFPA	➢ Ensuring Emergency Reproductive Health Kit, which is a kit of materials needed after a rape[407] ➢ Strengthening the system for providing medical and psychosocial support to victims/survivors of SGBV in humanitarian assistance[408]
Save the Children	➢ Providing Dignity Kits to women and girls in Eastern area[409]。
ADRA[410]	➢ Dissemination information on SGBV prevention and access to local services to approximately 3,000 people in Tanganyika Province through participatory theatre
AIDES	➢ 112 community leaders were trained in SGBV in Tanganyika province.

400 https://www.radiookapi.net/2020/04/08/actualite/revue-de-presse/cas-infoca-coronavirus-felix-tshisekedi-cree-un-fonds-national, last accessed on 14 Dec 2020.
401 https://data.undp.org/gender tracker/, last accessed on 14 Dec 2020.
402 Ibid
403 Interview with PNC on 26 Oct 2020.
404 Interview with UN Women DRC on 4 Nov 2020.
405 UNHCR (2020), Update on COVID-19 Response: Democratic Republic of the Congo July 2020, P.4
406 Ibid
407 UNFPA RDC (2020), UNFPA Interventions in Response to COVID-19
408 OCHA (2020), Plan opérationnel Covid-19 - Addendum au Plan Opérationnel 2020 - Sud Kivu et Maniema
409 GBV Sub-Cluster RDC (2020), Bulletin mensuel sur les interventions de Santé de la Reproduction et les Violences Basées sur le Genre - juillet 2020
410 Ibid

Organization	Detail
	➢ 1,921 people in Kasai Province raised awareness on child marriage, sexual exploitation and COVID-19 prevention[411]
AFIA Mama[412]	➢ Awareness-raising campaigns for infection prevention and distribution of masks (e.g. 500 masks in North Kivu province and 1,000 masks in South Kivu) have been launched in seven provinces. Community radios had been used for awareness raising, but since the pandemic it has been expanded to include information on infection prevention and the prevention of violence during the lockdown. Door-to-door awareness-raising campaigns were also carried out. ➢ It supported the production of cloth masks by young women as part of their income generating.

Source：Created by the author

In DRC, many international organizations and NGOs are involved in SGBV prevention and response, and during the COVID-19 pandemic, awareness-raising activities and distribution of supplies took place. On the other hand, many organizations have had to reduce or suspend their existing activities due to the restrictions

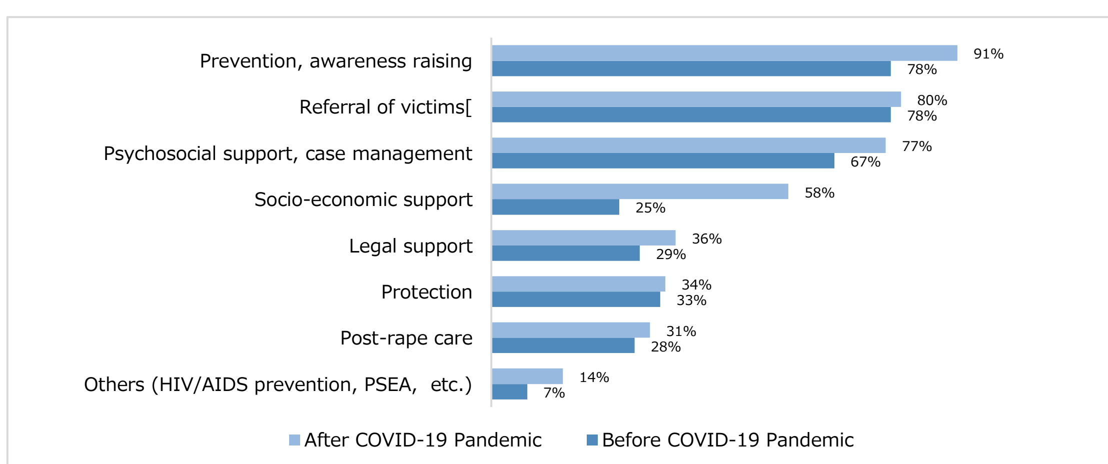

Figure 4-10：Breakdown of each SGBV-related activity (comparison before and after the COVID-19 pandemic as of June 2020)

Source：GBV Sub-Cluster DRC(2020), Bulletin d'Information Trimestriel du Sous-Cluster VBG - janvier à juin 2020

on movement imposed by the lockdown and the ban on meetings to prevent infection. Reports from GBV sub-cluster indicate a decrease in activity compared to pre-pandemic COVID-19, whether in SGBV prevention, protection of victims/survivors, or support for rehabilitation and reintegration (See Figure 4-10)[413]. After the pandemic, many organizations started to provide information on the prevention of infectious diseases, and in the prevention and response to SGBV, some organizations started to raise awareness of the referral system to local medical institutions, to provide medical support through mobile clinics, and to provide remote counseling by telephone[414].

4.1.5. Needs and challenges

In this section, the current needs and challenges related to SGBV measures based on the results of the literature review and interview survey, according to the analytical framework presented in Figure 1-4

[411] GBV Sub-Cluster RDC (2020), Bulletin mensuel sur les interventions de Santé de la Reproduction et les Violences Basées sur le Genre - juin 2020

[412] Interview with AFIA Mama on 30 Nov 2020.

[413] GBV Sub-Cluster DRC(2020), Bulletin d'Information Trimestriel du Sous-Cluster VBG - janvier à juin 2020

[414] Ibid

4.1.5.1. Coordination, Monitoring and Evaluation and Data Collection and Management

Table 4-10：Status and Challenges on Coordination, Monitoring and Evaluation, and Data Management

Sectors	Status	Challenges
Coordination	▪ Coordination bodies are organised to manage the progress of each policy, such as SNBGV and UNSCR 1325. ▪ Multiple coordination mechanisms exist at different levels, including central government, provincial level and humanitarian responses ▪ In humanitarian response, GBV sub-cluster is coordinating ▪ LCPs have been established with the support of MONUSCO and NGOs at the community level	▪ Various coordination mechanisms are organised, resulting in lack of coeffective coordination and duplication between the bodies. ▪ Meetings are not held on a regular basis ▪ Lack of coordination between humanitarian and development assistance ▪ Support is concentrated in conflict areas, especially in the eastern part of the country
Monitoring and evaluation	▪ Monitoring and evaluation of the implementation of SNVBG and UNSCR 1325NAP is the responsibility of MINIGEFAE	▪ Inadequate monitoring and evaluation due to lack of staffing and capacity, lack of data, or others.
Data collection and management	▪ An SGBV database managed by AVIFEM is in operation. ▪ Data in healthcare institutions is managed by the Système National d'Information Sanitair (SNIS). ▪ At the UN, there are dashboards managed by GBV sub-cluster, and data managed by the UNJHRO.	▪ The data managed by AVIFEM is an amalgamation of SNIS data and some police data, not a comprehensive data management ▪ Cases dealt with by the police are generally kept in hand-writing and not in data form. ▪ Forms of violence other than SGBV (mainly sexual violence) dealt with by medical institutions and the police are not on the data and are difficult to ascertain.

As mentioned in 4.1.2.2, there are a number of coordination mechanisms, including SNVBG Steering Committee, national Coordination Committee (NCC) and Provincial Coordination Committees (PCC), UNSCR 1325 Coordination Committee (national and provincial), and GBV Sub-Cluster. The role of each of those coordination mechanisms is not clarified enough, and some of those do not meet regularly or fulfill their intended function. In terms of coordination of assistance, activities are concentrated in conflict areas, with the majority of organizations working in North and South Kivu provinces, and less funding allocated to other conflict areas of Kasai and Tanganyika provinces. Outside of the conflict areas, there is relatively more activities in Kinshasa, but fewer organizations work in the other provinces. There is also a lack of coordination between humanitarian and development assistance, with a lack of coherence between the clusters and the GBV coordination mechanism[415]. In addition, although MINIGEFAE is responsible for the implementation of the revised SNVBG, SGBV is an issue that requires a comprehensive response across various multi-sectors, including health, justice, police and education, and inter-ministerial coordination and collaboration is also essential. However, in DRC, where there are more than 60 ministries and administrative agencies, usually there is not enough coordination between ministries and agencies, not only for SGBV[416].

The collection and management of SGBV-related data is recognized as a priority in the SNVBG and the revised SNVBG, as it plays an important role in the implementation and financing of appropriate assistance, but currently no database has been established to monitor the number and the status of SGBV cases. The database is managed and operated by AVIFEM supported by UNFPA, but it is based on a combination of SNIS data and some police data, and is not comprehensive, especially for police data, for the whole country. Due to the lack of electronic equipment and communication infrastructure, the police have not yet been able to digitize case records and some police stations have not been able to submit data to the PNC on a regular basis[417]. In addition, written records are not properly maintained and are sometimes lost[418]. Also, there are various forms of data, such as the SGBV dashboard managed by GBV sub-cluster and data on human rights violations managed by UNJHRO, which are extremely difficult to manage and analyses in a centralized manner. In the framework in ‘Feuille de route nationale de l’appel à l’action pour la protection contre les

415 UNFPA (2019), Evaluation conjointe des programmes de lutte contre les violences sexuelles en République Démocratique du Congo 2005-2017
416 Interview with UN Women on 4 Nov 2020.
417 Interview with PNC on 26 Oct 2020.
418 Interview with NGO.

violences basées sur le genre (VBG) en République Démocratique du Congo 2018-2020', led by GBV sub-cluster and the Government of Canada, a number of actors have indicated a willingness to work with the national data collection system, but this process is still ongoing[419]. In addition, most of the data collected relates to sexual violence, while physical and psychological violence is not reported in the first place and is rarely seen by health care providers, so it is not captured in the data[420].

The lack of regularly updated data makes it difficult to monitor and evaluate the progress of various policies. In addition, the lack of capacity of MINIGEFAE and the lack of cooperation with the local level administration are also challenges in monitoring and evaluation[421].

4.1.5.2. Prevention and Awareness Raising

Table 4-11 : Status and Challenges on Prevention and Awareness Raising

	Prevention and awareness raising	
Sectors	Status	Challenges
Law and policy	▪ There is an article in the Constitution that prohibits discrimination against women. ▪ There are provisions in law to prevent sexual violence and child marriage ▪ SGBV prevention and response is placed within development policy and there is a separate policy on SGBV ▪ UNSCR 1325NAP has been developed and implemented	▪ No laws to prevent DV, IPV or marital rape ▪ The content of laws and policies is not well known. Some laws and policies are written in French, and in rural areas even the administrators and police do not understand them. ▪ Relevant policies, other than the revised SNVGB, rarely target forms of SGBV other than sexual violence ▪ The law requires the male side to pay brides price to the female side for the marriage and the male to be the head of the household. ▪ Child marriage and polygamy are common in many households despite these are prohibited in a law.
Police (PNC) Security agencies (FARDC) Justice (Ministère de la Justice)	▪ An EPEPVS has been set up in each province to take on the task of preventing SGBV in the region ▪ SGBV training for police officers is on a regular basis ▪ SGBV training for police officers is being provided by MONUSCO and UNPOL ▪ There are provisions prohibiting sexual violence by the security services.	▪ Female police officers in PNC and EPEPVS is not enough. ▪ Understanding of the law and measures by police officers and prosecutors is insufficient. ▪ There is a number of cases of sexual violence by security agencies.
Medical care (Ministère de la Santé publique)	▪ Contraceptives are used as part of family planning and HIV/AIDS prevention	▪ Contraceptive use by married couples is increasing, but use in non-marital relationships is not common
Education (Ministère de l'Enseignement Primaire, Secondaire et Technique)	▪ SRHR education and sexuality education by UNFPA in some schools ▪ Extra-curricular activities by NGOs and others to raise awareness of SGBV among students and teachers	▪ There is no education on SGBV prevention or response in the formal curriculum. ▪ No comprehensive SRHR education or sex education in schools ▪ Inadequate training for teachers on prevention of SGBV ▪ No precautions are taken against SGBV in schools ▪ Many children do not attend school and do not have access to information relating to SRHR and SGBV
Other public services	▪ Free GBV Hotline (Green Line) to get advice on SGBV is deployed.	▪ Not enough awareness of what support and information services are available for victims/survivors of SGBV

In response to the situation where many women are experiencing SGBV, the lack of legislation on SGBV, and in particular the absence of provisions to prevent DV and IPV, is an urgent issue that needs to be addressed and is currently being worked by MINIGEFAE with the support of UNDP and UN Women. The recent enactment of new Law No. 15/013 (Gender Equality, 2015) and amendments to the Family Code are aimed at eliminating discrimination against women and improving their social status, but the provisions of the law are not properly applied, sufficient budget is not allocated, and the content is not disseminated throughout the country[422]. CEDAW has also pointed out that the budget allocated to MINIGEFAE and AVIFEM is very low and recommends an increase in the budget[423]. Despite the existence of laws and policies, gender unequal social norms are very strong, and various international organizations and NGOs are working to raise awareness of the climate of permissiveness of violence, as shown by the 62% of women aged 15-49 in the MICS who believe that a spouse/partner may be justified in beating their wife, but this has not led to behavioral or attitudinal change.

[419] MINIGEFAE(2020), SNVBG Revisée, Stratégie nationale de lutte contre les violences basées sur le genre revisée, 2020
[420] Interview with NGO.
[421] MINIGEFAE(2020), SNVBG Revisée, Stratégie nationale de lutte contre les violences basées sur le genre revisée, 2020
[422] CEDAW (2019), Eighth periodic report submitted by the Democratic Republic of the Congo under article 18 of the Convention, due in 2017
[423] CEDAW (2019), Eighth periodic report submitted by the Democratic Republic of the Congo under article 18 of the Convention, due in 2017

SGBV training has been provided to PNC and EPEPVS, but it is mainly focused on sexual violence and does not provide comprehensive training on SGBV or gender. Sexual violence by PNC, FARDC and other security agencies is still frequent, mainly in conflict areas, and although codes of conduct and action plans have been developed, they have not been effective enough. On the other hand, there have been positive changes. For example, about 10 years ago it was taboo to talk about sexual violence, but as a result of the efforts over the years, mainly in conflict zones, to give importance to the voices of victims/survivors themselves, more and more women have been able to share their experiences[424].

Schools play an important role in the prevention of SGBV among children, but sexuality education and SRHR education are only provided in some schools by UNFPA and UNICEF, and teachers do not adequately teach children how to protect themselves from SGBV and avoid teenage pregnancy. There is also a low enrolment rate for both boys and girls, partly because public education was fee-based, and children who do not attend school do not have access to adequate information. Also, despite the widespread prevalence of sexual and physical violence by teachers and students in schools, there is no framework for prevention[425].

4.1.5.3. Protection of Victims/Survivors

Table 4-12：Status and Challenges on Protection of Victims/Survivors

	Protectionof Victims/Survivors	
Sectors	Status	Challenges
Law and policy	• SGBV prevention and response is positioned within development policy and there is a policy on victim/survivor protection within SGBV-related policy	• Laws and policies are not well known.
Police (PNC) Justice (Ministère de la Justice)	• A specialised unit, EPEPVS, has been set up in each province to deal with SGBV • The police is required to direct victims/survivors of to medical facilities within 72 hours when they receive the report rape or sexual assault . • All SGBV cases accepted by the EPEPVS are investigated and sent to the prosecutor.	Availability • EPEPVS are basically located in capitals of provinces and not in other cities or villages Accessibility • The police station is geographically too far away to visit without transport or transport costs • Police communication infrastructure may not be in place and there may not be a telephone line to make a report • In some cases, the police do not have enough equipment and resources to respond to a call. Acceptability • Many EPEPVS do not have individual buildings and do not ensure an environment of privacy. • Police officers tend to avoid dealing with domestic violence as a 'family matter' • Trust for the police and judiciary is not sufficiently fostered • Victims/survivors may receive 'Victim Blaming' from a police officer after reporting cases • Victims/survivors may be charged for on-site support Quality • Some of police officers do not understand the law and policy • There are no established procedures for dealing with SGBV in the police or in the judicial process
Medical care (Ministère de la Santé publique)	• There are UN-supported One-Stop Centres 'CISM' in Kinshasa, North Kivu, South Kivu, Ituri and Central Kasai provinces, providing comprehensive services (medical, police and judicial, and psychosocial care) for victims/survivors of SGBV. • Some of hospitals have their own one-stop centre to support SGBV victims/survivors • Medical facilities are responsible for providing treatment, counselling, testing for HIV/AIDS and sexually transmitted diseases, prescribing emergency contraceptives, and assisting in the preservation of evidence for victims/survivors of rape and sexual assault..	Availability • The number of CIMS and other one-stop centres is limited and many communities do not have them • Abortion is prohibited in cases of pregnancy resulting from rape, and unsafe abortions are widely practiced Accessibility • CIMS and one-stop centres are geographically distant and inaccessible • Victims/survivors don't have transport or fee for transport to medical facilities. • Medical fees are required for medical facilities outside of CIMS. Quality • Inadequate supply of SGBV training and equipment to CIMS staff
Education (Ministère de l'Enseignement Primaire, Secondaire et Technique)	• They are responsible for identifying students who are at high risk of SGBV, and for immediately notifying the relevant authorities and initiating a response if a student is a victim/survivor of SGBV.	• Students may be exposed to SGBV by other students or teachers at school • Identifying pregnant girls, students at risk of child marriage or FGM in advance and prevent them from dropping out are not enough.
Other public services	• Report damage to the free GBV Hotline and receive a referral • Referral processes for victims/survivors of SGBV are documented in Kinshasa and other conflict zones • There are shelters and safe spaces run by NGOs and civil society organisations.	• Referral process is not yet established at the local level. • There are no public shelters or Safe Spaces and most facilities are run by NGOs. • Most of support is concentrated in conflict areas and victims/survivors living in rural areas have limited access to services.

[424] Interview with NGO.
[425] Ibid

The main efforts to protect victims/survivors are made by the police, judiciary and medical institutions, each of which faces many challenges. The police and judiciary have not yet established Standard Operational Procedures (SOPs) for handling SGBV cases and referral processes to medical and psychosocial care. In addition, due to a lack of adequate equipment and communication means, the police may not be able to receive calls or respond to them on the site. DV and IPV are not regulated by law and are often not dealt with as 'domestic issues'. According to the NGOs interviewed, when victims/survivors of DV called the police to ask help, the police officer told, "We cannot intervene in marital matters. We often receive such calls and go to the site, but by the time we get there, the problem has already been solved in most of the cases. That means, it's not an emergency."[426]. Also, bribe-taking and 'Victim Blaming' are rampant, and trust has not been established for the police or judiciary. Access to medical and legal assistance is also limited, as there are no facilities that can provide comprehensive assistance to victims/survivors other than CISM and other private one-stop centers, and victims/survivors have to bear their own transport and medical costs to access these services out of specialized facilities, and lack of funds and transportation that victims/survivors are unable to access any treatment or assistance. In conflict zones, mobility may also be difficult for security reasons[427]. According to a UN report, in the first half of 2020, 25% of SGBV victims/survivors received medical care, 5% of them received psychosocial care, 15% of then received legal aid and only 0.5% of then received socio-economic support[428].

CISMs are funded by the Government of Canada and it is not yet clear whether it will continue beyond the end of the project in 2023. The Government of DRC does not currently allocate any budget for the operation of the One-Stop Centre. As a long-term strategy, including funding, needs to be developed to ensure its continued operation. Green Line 122, which has been operational since August 2020, covers all forms of violence, not just sexual violence, and it is expected that more victims/survivors will be able to access medical and judicial support through the assistance of Green Line 122.

4.1.5.4. Rehabilitation and Social Reintegration of Victims/survivors

Table 4-13 : Status and Challenges on Rehabilitation and Social Reintegration of Victims/Survivors

	Rehabilitation and Social Reintegration of Victims/Survivors	
Sectors	Status	Challenges
Law and policy	▪ The importance of supporting victim/survivors' rehabilitation and social reintegration has been mentioned in policies	▪ No concrete policies have been formulated to promote autonomy and social reintegration of SGBV victims/survivors.
Medical care (Ministère de la Santé publique)	▪ Medical institutions have roles to provide a continuum of care after being affected by SGBV	▪ Treatment and transport costs is required to take continuous counselling services to address HIV, sexually transmitted infections, trauma and PTSD after being victimized.
Education (Ministère de l'Enseignement Primaire, Secondaire et Technique)	▪ Education policy encourages girls who have experienced pregnancy and childbirth to return to school ▪ UN, NGO and other programmes supporting the education and return to school of girls who have become pregnant or given birth	▪ Many girls who drop out of school after pregnancy or childbirth are unable to return to school, and there are few other educational opportunities for them.
Other public services	▪ There is a public fund (FONAFEN) available for vulnerable women. ▪ Public vocational training is provided.	▪ No public services aimed at autonomy and social reintegration of victims/survivors of SGBV ▪ Less budget allocated to public funds ▪ The process of receiving compensation is complicated and inaccessible for SGBV victims/survivors.
Other public services	▪ NGOs providing livelihood support, vocational training programmes, or others.	▪ Women who experienced teenage pregnancy are likely to have shorter periods of education and therefore less likely to find work and more likely to be economically deprived. ▪ Most livelihood support is provided by NGOs and relies on donor funding, which does not ensure sustainability ▪ A woman who has been sexually assaulted may not be able to return home because her spouse rejects her or social stigma is also strong.

426 Interview with NGO.

427 US Department of State (2017), Country Reports on Human Rights Practices: Democratic Republic of the Congo 2017

428 UN Bureau du Coordonnateur humanitaire en République démocratique du Congo(2020), Le Coordonnateur humanitaire appelle à poursuivre les efforts pour mettre fin aux violences basées sur le genre en République démocratique du Congo

One of public services for rehabilitation and social reintegration of SGBV victims/survivors is 'Funds national pour la protection de L'Enfant et de la femme (FONAFAN)' and training programmes in vocational schools. FONAFAN is a public fund set up for vulnerable women and children, such as widows and street children, although it does not provide services specifically for victims/survivors of SGBV. However, it has been pointed out that due to the small budget allocated to it, it has not been able to fully fulfil its purpose[429]. As for vocational training, in addition to the National Institute of Professional Preparation supported by JICA, the Ministry of Social Welfare also provides vocational training on a municipal basis (in line with the start of free public education in 2019, vocational training also became free)[430]. There is also training for women who are not married and for vulnerable children. A number of other livelihood support and vocational training programmes are provided by NGOs.

Victims/survivors of SGBV, especially sexual violence, tend to be marginalized by their families and communities. Women who have been raped by strangers are perceived negatively as being 'devalued'. 46% of male respondents and 37% of female respondents in a 2014 survey believing that 'if a wife is raped by a stranger, she should be rejected'[431]. The return to school of students who have dropped out due to pregnancy or childbirth has been promoted with the support of international organizations and NGOs. The number of girls who are able to return to school is increasing[432], but there are still many students who are unable to return to school. Despite that the education sector recognizes that teenage pregnancy is a kind of cause of discrimination against girls in schools and an obstacle to equitable education[433], schools sometimes expel students who become pregnant[434]. In order for these victims/survivors of SGBV to reintegrate into society and become independent, it is necessary not only to empower them economically, but also to conduct awareness-raising activities aimed at changing attitudes in households, communities and schools, as is being done through the JAD project and World Bank support. It is also essential to work in partnership with local NGOs, CBOs and local volunteers who are rooted in the community.

In cases of sexual violence by PNC and FARDC, if the perpetrators are convicted, victims/survivors may be entitled to compensation from the government. However, the process of applying for compensation is very complicated, and it is difficult for victims/survivors to do it themselves[435] without having any support from legal aid[436]. They also cannot receive compensation unless the perpetrator is prosecuted and convicted, and even if compensation is paid, it is often delayed so much[437].

[429] CEDAW (2019), Eighth periodic report submitted by the Democratic Republic of the Congo under article 18 of the Convention, due in 2017
[430] Interview with the Ministry of Social Welfare on 15 Oct 2020.
[431] Embassy of Sweden (2014), Country Gender Profile 2014 DRC
[432] Interview with UNDP DRC on 22 Oct 2020.
[433] USAID (2012), Gender Assessment for the Democratic Republic of the Congo, July 2012, p. 30.
[434] MADRE (2018), Gender-Based Violence and Discrimination against Women and Girls in DRC, P.10
[435] UK Home Office (2018), Country Policy and Information Note DRC: Gender Based Violence, P.27
[436] Interview with NGO.
[437] UK Home Office (2018), Country Policy and Information Note DRC: Gender Based Violence, P.27

4.1.5.5. Prosecution and Rehabilitation of Perpetrators

Table 4-14 : Status and challenges of Prosecution and Rehabilitation of Perpetrators

	Prosecution and Rehabilitation of Perpetrators	
Sectors	Status	Challenges
Law and policy	▪ Constitutional and legal provisions to punish perpetrators of sexual violence, child marriage and human trafficking are in place.	▪ DV, IPV and marital rape are not defined as crimes. ▪ Often the perpetrator is not prosecuted, even though the law requires it. ▪ The perpetrators often try to avoid prosecution by unofficially offering settlements or marriage to the victims/survivors.
Police (PNC) Justice (Ministère de la Justice)	▪ PNC, EPEPVS and other police officers deployed to investigate SGBV cases and respond to perpetrators ▪ The results of the investigation are sent to prosecutors by Police officers. ▪ The prosecution conducts another examination of the evidence and prosecution is initiated, if it is deemed necessary. ▪ Police officers have been trained on how to investigate SGBV cases. ▪ Perpetrators serve there sentences in prison when they are convicted.	Availability ▪ Fewer female prosecutors and judges ▪ No psychosocial care or counselling is provided in prison ▪ There is no rehabilitation programme in terms of relapse prevention. Acceptability ▪ Police may not prosecute suspects for accepting bribes. ▪ Crimes committed by security agencies are not properly investigated and prosecuted ▪ Judicial officials may recommend informal settlements. Quality ▪ Initial police response may be inadequate to preserve evidence and prosecute suspects ▪ The prison is not kept in an appropriate environment
Education (Ministère de l'Enseignement Primaire, Secondaire et Technique)	▪ NGOs and other organisations are working in some schools to raise awareness to avoid becoming a perpetrator of violence through extra-curricular activities	▪ There is no education or awareness-raising to prevent people from becoming perpetrators of violence, except in some schools. ▪ No recurrence prevention training is provided

In DRC, victims/survivors of SGBV rarely report the crime to the police or other judicial authorities, and inadequate investigations by the police or prosecutors, as well as certain bribes, result in the perpetrators not being properly punished[438]. In addition to informal settlements and marriages offered by the perpetrators, the judicial authorities sometimes encourage the victim/survivor to accept these measures[439].

According to AVIFEM, 542 cases of sexual violence were submitted to military courts in 2018, 558 in 2017 and 496 in 2016, showing an increasing trend over the last three years[440]. Of these, 267 cases were actually tried and sentenced in 2018, 307 in 2017 and 280 in 2016[441]. The decrease in the number of cases brought to justice despite the increase in the number of victims/survivors is largely due to the lack of financial and logistical resources required to implement Mobile Courts in conflict areas with high rates of sexual violence[442]. In addition, the work of judicial institutions is hampered by insecurity, activities of armed groups and tribal conflicts in certain areas such as Central Kasai, Kasai, North Kivu, South Kivu and Ituri provinces[443]. In the case of crimes committed by the security services, investigations are carried out on the superiors who gave the orders and the soldiers and policemen who carried out the crimes, but sometimes these investigations do not go far enough and the crimes are not prosecuted[444]. In some cases, the perpetrators of sexual violence were relatives of politicians or other persons of high social standing, who were acquitted or convicted but did not serve their sentence in prison[445]. In conflict zones, perpetrators of sexual violence often belong to security agencies or armed groups of some kind, but policing is difficult, particularly for non-state armed groups. As a result, victims/survivors who see perpetrators walking freely through the streets

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438 CEDAW (2019), Eighth periodic report submitted by the Democratic Republic of the Congo under article 18 of the Convention, due in 2017

439 MADRE (2018)、Gender-Based Violence and Discrimination against Women and Girls in the Democratic Republic of the Congo、P.13

440 Interview with AVIFEM on 7 Oct 2020.

441 Ibid

442 Ibid

443 Ibid

444 Interview with NGO.

445 US Department of State (2019), 2019 Country Reports on Human Rights Practices: Democratic Republic of the Congo, P.9

unpunished become increasingly reluctant to speak out, believing that there is no point in reporting or complaining[446].

Efforts to rehabilitate perpetrators are not currently being made, although the revised SNVBG includes "supporting the rehabilitation of perpetrators of SGBV" and "promoting rehabilitation in prisons in relation to the prevention of SGBV" in the priority area of "elimination of non-punishment of perpetrators of SGBV". The majority of prisons are in harsh, life-threatening conditions due to food shortages, overcrowding, unsanitary conditions and lack of medical care, with no rehabilitation programmes or psychosocial care being provided.

Efforts to rehabilitate perpetrators are not currently being implemented, although the revised SNVBG addresses "support for rehabilitation of perpetrators of SGBV" and "promotion of rehabilitation related to prevention of SGBV in prisons" within the priority area of "elimination of non-punishment of perpetrators of SGBV". The majority of prisons are in harsh, life-threatening conditions due to food shortages, overcrowding, unsanitary conditions and lack of medical care, with no rehabilitation programmes or psychosocial care being provided[447].

[446] Interview with NGO.
[447] Ibid、P.7

4.2. The Result of the Second Round of the Research in the Democratic Republic of the Congo

In the second round of the research, no field research was conducted in DRC, but an additional online desk survey was carried out. There were no significant changes or additions to the policies and initiatives for the elimination of SGBV in DRC since the first round of the research. Therefore, this section describes the proposals new interventions for elimination of SGBV implemented by JICA.

4.2.1. New Interventions for Elimination of SGBV

Based on current status and challenges described in 4.1.5.5, and in light of experience and comparative advantages in providing assistance by JICA side in DRC to date, and JICA schemes, knowledge and experience that can be utilized, following two ideas are proposed to address the issues identified:

Table 4-15：Intervention for DRC 1

Items	Details
Overview	As of October 2020, a total of 11 Centers Intégré de Services Multisectorie (CISMs), one-stop centers for victims/survivors of SGBV, have been established and are being managed under the JAD project by UNDP, UNFPA and UNJHRO in five provinces: Kinshasa, North Kivu, South Kivu, Central Kasai and Ituri (See 4.1.2.3). CISM is likely to be scaled down towards the end of the project in 2023 and there is no prospect of its continued operation. The operation of One-Stop Centers is highly effective in protecting victims/survivors of SGBV and there is a great need for them especially in the eastern and southern parts of the conflict zone. In collaboration with international organizations, it aims to establish a system for providing adequate services to victims/survivors of SGBV by 1) continuing the operation of existing CISMs, 2) establishing new CISMs and shelters in areas of high SGBV prevalence, and 3) strengthening the capacity of staff assigned to CISMs and building regional partnerships. Service delivery system for victims/survivors of SGBV, in accordance with the survivor-centered approach.
Project objectives	Adequate protection systems for victims/survivors of SGBV based on a survivor-centered approach with One-Stop Centers is established.
Scheme	Grants in Association with an International Organization
Counterpart	UNDP、UNFPA、UNJHRO
Partner organizations	➢ Ministère du Genre, de la Famille et de l’Enfant ➢ Ministry of Health ➢ Police Nationale Congoleese ➢ Medical institutions ➢ NGOs, CSOs
Expected outcomes	1. Existing CISMs continue to operate and provide comprehensive assistance to victims/survivors of SGBV. 2. New CISMs are established and services are provided in areas with high prevalence of SGBV, particularly in conflict-affected areas in the east and south of the country. 3. In areas affected by SGBV, such as Kinshasa, the east and the south, public shelters are set up in conjunction with CISM and services are provided. 4. Technical training based on the survivor-centered approach is provided to medical staff, social workers and staff of CISM and shelters to improve the quality of services. 5. CISM is positioned and institutionalized as part of the SGBV policy in DRC, which ensure the sustainability of the establishment and operation of CISM. 6. Linkage with other resources in the region is strengthened and appropriate protection systems for victims/survivors of SGBV will be established

Table 4-16：Intervention for DRC 2

Items	Details
Overview	In Kinshasa, a structure is established to protect victims/survivors of SGBV and to implement an appropriate response to SGBV incidents throughout the region, by 1) enhancing the capacity of the Child Protection and Prevention of Sexual Violence Department of the Congolese PNC to respond to SGBV; 2) enhancing the capacity of the Escadron Protection de l'Enfant et Prevention des Violences Sexuelles (EPEPVS), a local police unit, to respond to SGBV; 3) enhancing the capacity of PMC, local police, CISMs and other relevant local resources to respond to SGBV.
Project objectives	Appropriate response mechanisms to respond to SGBV cases are developed through capacity building and enhanced collaboration between national police, local police and relevant community resources.
Scheme	Individual Expert
Counterpart	Police Nationale Congoleese, EPEPVS at provincial level
Partner organizations	➢ Ministère du Genre, de la Famille et de l'Enfant ➢ Ministry of Health ➢ Ministry of Justice ➢ CISM（UNDP、UNFPA、UNJHRO） ➢ NGO、CSO
Expected outcomes	1. the Child Protection and Sexual Violence Prevention Department of PNC is provided with SGBV training on how to respond to victims/survivors of SGBV in accordance with the survivor-centered approach, laws and policies related to SGBV, preservation of evidence of sexual violence, and data collection and management related to SGBV, thereby improving their capacity to respond to SGBV 2. EPEPVS at the provincial level is provided with SGBV training on how to respond to victims/survivors of SGBV in accordance with the survivor-centered approach, SGBV laws and policies, preservation of evidence of sexual violence, and data collection and management related to SGBV, thereby improving their capacity to respond to SGBV. 3. Referral and immediate response systems are established in collaboration with the Child Protection and Sexual Violence Prevention Department of PNC, EPEPVS, CISM and other medical institutions, NGOs and relevant local resources, to ensure a rapid and appropriate response to SGBV victims/survivors.

Chapter 5 : The Result of the Research in the United Republic of Tanzania

5.1. The Result of the first Round of the Research in Mainland Tanzania

Since the United Republic of Tanzania is a union system consisting of mainland Tanzania and Zanzibar in the Indian Ocean, and Zanzibar has its own judicial, administrative and legislative rehabilitation. This research did not deal with the situation in Zanzibar, but rather conducted research on SGBV-related information in mainland Tanzania.

5.1.1. Overview

5.1.1.1. Social and Economic Situation

The United Republic of Tanzania (hereinafter referred to as "Tanzania") is located in the east of central Africa, bordered by Uganda and Kenya to the north, Rwanda, Burundi and the Democratic Republic of Congo to the west, Zambia, Malawi and Mozambique to the south, and the Indian Ocean to the east. The country became independent from the United Kingdom in 1961 and joined the island nation of Zanzibar in 1964. With a population of around 58 million in 2019[448], it is the most populous of the EAC member states. In 1996, the parliament was moved from Dar es Salaam to Dodoma, the new capital, but the government offices and other functions of the capital remain in Dar es Salaam, making it the political and economic centre of the country. More than 95% of the population is Bantu, and there are about 130 ethnic groups, including the Sukuma, Nyakyusa, Haya, Chaga and Zaramo[449]. Swahili is the national language, English is the official language, and the religious affiliations are Muslim (40%), Christian (40%) and other traditional indigenous religions (20%)[450]. The country is currently divided into 31 Regions, 26 in mainland Tanzania and 5 in Zanzibar, and 169 Districts under the Regions. There are also seven geographical divisions called "Zones", which are used to look at broader regional trends than the Regions, although they do not have administrative powers. The main industries are agriculture and mining, and the main exports are coffee, tobacco, cashew nuts and gold[451].

Under the leadership of the first president Julius Nyerere, Tanzania had sought to establish a socialist state, but after Nyerere's retirement in 1985, the country sought to revive its declining economy and, with the support of the World Bank and the International Monetary Fund (IMF), promoted economic liberalization through deregulation. The country's long-term national development strategy, 'Tanzania Vision 2025', formulated in 1999, aims to transform the country from an agricultural to an industrial economy by 2025, with the aim of becoming a middle-income country[452]. The GNI per capita has grown steadily since 2000, from USD 410 in 2000 to USD1,080 in 2019 (Atlas method)[453]. However, while the poverty rate has been declining, population growth has outpaced the decline in the poverty rate, and the absolute number of poor people has been increasing: in 2018, 26 million people, or 49% of the population, were reported to be living below the international poverty line of USD1.9 per day[454]. 'The Second Five Year National Development

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448 https://data.worldbank.org/indicator/SP.POP.TOTL?locations=TZ, last accessed on 5 Jan 2021.
449 https://www.mofa.go.jp/mofaj/area/tanzania/data.html, last accessed on 5 Jan 2021.
450 Ibid
451 Inid
452 In 2020, for the first time, the World Bank's classification of a country as "lower middle income" was changed from "low income" to "lower middle income" (four categories: "high income", "upper middle income", "lower middle income" and "low income"). However, this is only a middle-income country classification based on GNI per capita, and does not necessarily mean that the country has achieved the broad-based development and quality of life outlined in Tanzania Vision 2025.
https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups, last accessed 5 Jan 2021.
453 https://data.worldbank.org/indicator/NY.GNP.PCAP.CD?locations=TZ, last accessed on 5 Jan 2021.
454 World Bank(2020), Tanzania - Mainland Poverty Assessment 2019 : Part 1 : Path to Poverty Reduction and Pro-Poor Growth, P.2

Plan 2016/17-2020/21 (FYDP II)’, launched in 2016, a year after John Magufuli took the presidency, calls for industrialisation through increasing production and export capacity, establishing strategic geographical locations in the East African region, improving industrial skills and creating jobs, economic growth and poverty reduction.

There is frequent internal displacement due to natural disasters, and Tanzania is a country that actively accepts refugees from neighboring countries. Currently, a total of approximately 287,000 refugees, mainly from Burundi (approximately 175,000) and the Democratic Republic of Congo (approximately 78,000) are living in refugee camps located mainly in the Kigoma Region in the western part of the country, and humanitarian response is being provided mainly by the UNHCR[455]. In addition, the Tanzanian government is working with UNHCR to implement a range of policies, including the naturalisation of Burundian refugees[456] and support for their return to home countries, and the resettlement of Congolese refugees in third countries such as United States.

5.1.1.2. Gender Disparities

Although Tanzania's constitution prohibits any form of discrimination, gender inequalities exist in a number of areas including politics, education and labor. According to the 2020 Gender Gap Index (GGI), there is no significant difference in the labor force participation rate between men and women, but the number of women in management positions is low at around 30%. Even with the same level of education, men tend to be promoted faster and move into higher paid management positions (see Table 6 1)[457]. In Tanzania, agriculture accounts for about 23% of GDP and while about 70% of women work in agriculture[458], 70% of the 6.9 million people who work in unpaid agriculture as a supplement to domestic work are women[459]. Despite the large number of women engaged in agriculture, only 8% of women own land individually, 25% jointly with a spouse or family member[460], and women have limited access to loans and technical support to purchase seeds and fertilizers compared to men. The difference in agricultural productivity between women and men is estimated to amount to a total of about USD 105,000,000 per year[461].

In terms of education, there is no difference in enrollment rates for primary and secondary education, as shown in Table 5-1. However, fewer girls than boys complete secondary education, with 39% of girls compared to 47% of boys in the 2013 survey[462]. The number of girls who go on to higher education following secondary education is even lower, at about half that of boys. The GDI, in Table 5-1, also shows that the average number of years of schooling for women is 5.8 years, less than the 6.4 years for men. There is no significant difference in literacy rates among the younger generation of 15-24 year olds, but among 25-49 year olds, males are more likely to be literate, with an overall rate of 83% for males versus 77% for females (the generation with the largest difference is 40-44 year olds, with 69% for females versus 83% for males)[463].

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455 https://data2.unhcr.org/en/country/tza, last accessed on 5 Jan 2021.

456 In 2014, the government decided to naturalise some 162,000 Burundian refugees who took refuge in Tanzania in 1972, but subsequently closed all refugee reception points for Burundian and Congolese refugees in 2017-2018. The Tanzanian government also withdrew from the UN's Comprehensive Refugee Response Framework (CRRF) in 2018 (See 2.2).

457 National Bureau of Statistics, Ministry of Finance and Planning (2019), Household Budget Survey, 2017-2018

458 https://data.worldbank.org/indicator/SL.AGR.EMPL.ZS last accessed on 5 Jan 2021.

459 MoHCDGEC(2016), Tanzania Country Gender Profile October 2016, P.43

460 United Republic of Tanzania (2016), Demographic and Health Survey and Malaria Indicator Survey, P.328

461 World Bank (2015), The Cost of the Gender Gap in Agricultural Productivity in Malawi, Tanzania and Uganda, P.3

462 MoHCDGEC(2016), Tanzania Country Gender Profile October 2016 P.82

463 United Republic of Tanzania (2016), Demographic and Health Survey and Malaria Indicator Survey 2015-2016, P.62-63

In terms of women's political participation, the GGI is above the average of participating countries in terms of the percentage of parliamentarians and ministers of state. A quota system has been introduced for members of the National Assembly, and the percentage of female members of the National Assembly, which was set at 15 percent in the 1977 Constitution, has increased with each amendment to the Constitution, and the current Constitution stipulates that 30 percent of the members must be women (Article 66, Section 1-b of the Constitution). As of January 2019, 37% of 393 seats, or 145 seats, were held by women, ranking 27th out of 193 countries according to UN Women statistics[464].

Table 5-1 ： Gender Gap Index 2020 (Tanzania)

	Rank	Score	Average	Female	Male	Female/Male
Economic participation and opportunity	63	0.698	0.582			
Labour force participation rate, %	27	0.919	0.661	81.0	88.1	0.93
Wage equality for similar work, 1-7 (the best is 7)	65	0.676	0.613	-	-	4.73
Estimated earned income, int'l $ 1,000	18	0.765	0.499	2.1	2.8	0.77
Legislators, senior officials and managers, %	111	0.303	0.356	23.3	76.7	0.30
Professional and technical workers, %	105	0.755	0.756	43.0	57.0	0.76
Educational attainment	127	0.921	0.954			
Literacy rate, %	118	0.878	0.899	73.1	83.2	0.88
Enrolment in primary education, %	1	1.000	0.757	82.9	79.9	1.04
Enrolment in secondary education, %	1	1.000	0.954	27.3	25.8	1.06
Enrolment in tertiary education, %	138	0.538	0.931	2.8	5.2	0.54
Health and survival	49	0.978	0.958			
Sex ratio at birth, %	1	0.944	0.925	-	-	0.97
Healthy life expectancy, years	65	1.056	1.034	58.0	54.9	1.06
Political empowerment	50	0.254	0.239			
Women in parliament , %	27	0.585	0.298	36.9	63.1	0.58
Women in ministerial positions, %	72	0.294	0.255	22.7	77.3	0.29
Years with female/male head of state (last 50 years)	73	0.000	0.190	0.0	50.0	0.00

Source ： World Economic Forum(2020), Global Gender Gap Index Report 2020, P.207

The SIGI in Table 5-2 (see 3.1.1.2) indicates that among the four areas of discrimination which are 1) Discrimination in the family; 2) Restricted physical integrity; 3) Restricted access to productive and financial resources; and 4) Restricted civil liberties, Discrimination in the family is a serious situation, and the legal framework for child marriage and divorce is particularly weak. In addition, although statutes provide for equal rights for men and women in inheritance and land ownership, local customary law and Islamic law tend to give priority to men over women, and this is regarded as a factor in women's economic marginalization. Tanzania is basically a patrilineal society, but about 20% of the population, mainly in the southeast, is said to be matrilineal[465]. In these societies, women inherit land and property in principle, but men cannot inherit land, which has become a problem. In recent years, there have been cases where men have been forced to inherit land in violation of custom and men have filed lawsuits claiming inheritance rights[466]

[464] https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2019/women-in-politics-2019-map-en.pdf?la=en&vs=3303, last accessed on 5 Jan 2021.
For the general election held in October 2020, the gender ratio could not be confirmed because the list of members had not yet been posted on the parliament's website as of the end of January 2021

[465] Brigit Erglert et al (2008), Women's land rights and privatization in eastern Africa

[466] Ibid

Table 5-2：Gender-Related Indicators (Tanzania)

Gender Development Index (GDI) 2020a		Gender Inequality Index (GII) 2020b		Social Institutions and Gender Indicators (SIGI) 2019c	
Figures	Groups	Figures	Rank	Figures	Categories
0.948	3 / 5 steps	0.556	140 / 189 countries	46% of	High
The closer the number is to 1, the smaller the gender gap		The closer the number is to zero, the more gender equal the situation.		The lower the number, the more gender equal the situation.	

Source： a UNDP (2020), Gender Development Index 2020
b UNDP (2020), Gender Inequality Index 2020
c OECD (2019), SIGI Country Profile 2019: Tanzania

5.1.1.3. Status of SGBV

Since comprehensive data on SGBV has not been collected in Tanzania, the current status of SGBV was reviewed based on multiple data sources related to SGBV, including health-related data and police crime statistics.

1) Status of Physical Violence, Sexual Violence, and IPV

Physical and sexual violence is widely experienced, especially among women who experience IPV, which is as high as 1 in 2. According to 'Tanzania Demographic and Health Survey and Malaria Indicator Survey 2015-2016 (TDHS-MIS)', among women aged 15-49 years, the percentage of women who have experienced physical violence after the age of 15 is as high as 40%[467]. In addition, 17% of women have experienced sexual violence[468]. When referring to the breakdown of perpetrators (see Figure 5 1 and Figure 5 2), in both cases of physical and sexual violence, the majority of victims/survivors were victimized by current or past spouses/partners, indicating that many women have experienced IPV.

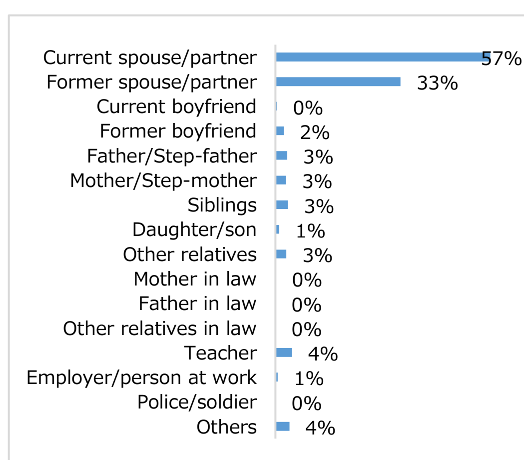

Figure 5-1：Persons Committing Physical Violence against women (Tanzania)

Source：TDHS-MIS, P.380

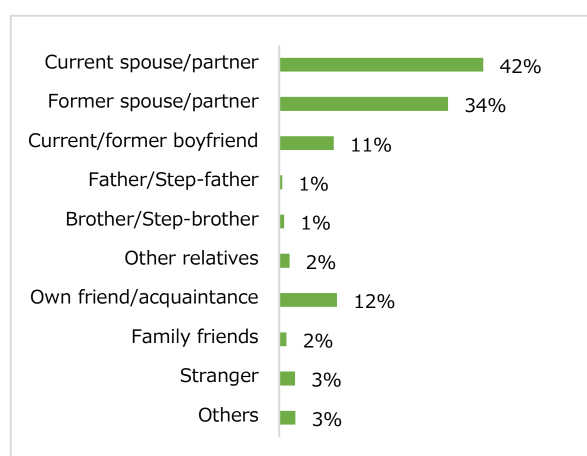

Figure 5-2：Persons Committing Physical Violence against women (Tanzania)

Source：TDHS-MIS, P.383

Among women aged 15-49 who have ever been married, 50% have experienced at least one form of IPV, physical, sexual, or psychological violence, which confirms the seriousness of IPV victimization[469]. Of the women who experienced IPV, 70% were injured in some way, indicating that many women are victims/survivors of violence that results in injury[470]. The percentage of women who have experienced IPV

[467] United Republic of Tanzania (2016), Demographic and Health Survey and Malaria Indicator Survey 2015-2016, P.376
[468] Ibid, P. 381
[469] Ibid, P. 391
[470] Ibid, P. 394

varies greatly by region, with the Western Zone and Lake Zone, such as Shinyanga (74%) and Tabora (64%), having very high figures (see Figure 5-3)[471]. Looking at data by annual wealth quintile (see footnote 72), which divides respondents' annual household income into five equal groups, the percentage of women who have received IPV tends to be higher the lower the annual household income[472]. These data suggest that regional and household economic conditions have an impact on IPV victimization.

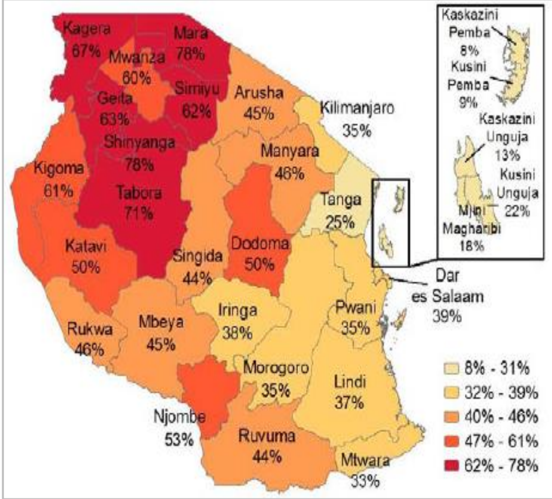

Figure 5-3：Percentage of Women Who experienced IPV by Regions (Tanzania)

Source：TDHS-MIS 2015-2016 P.372

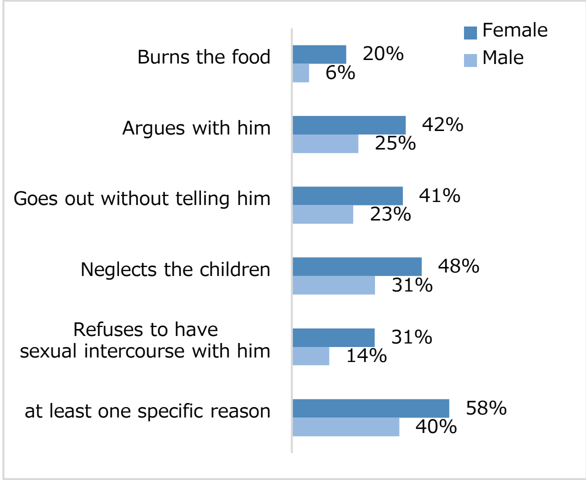

Figure 5-4：Attitude towards Wife Beating (Tanzania)

Source：TDHS-MIS, P.350-353

One of the factors contributing to the prevalence of IPV is the strong perception among both men and women that husbands are sometimes justified in beating their wives. 40 percent of men and 58% of women believe that husbands are sometimes justified in hitting their wives, confirming that physical violence by spouses can be justified, especially among women (see Figure 5 4)[473]. The percentage of women who believe that wife beating can be justified was 60% in 2004 and 54% in 2010, and there has been no significant change in perceptions in the decade up to 2015 (for men, the figures were 42% in 2004 and 38% in 2010, also largely unchanged)[474]. Rural areas are also more likely to tolerate IPV than urban areas, with 62% of women and 41% of men in rural areas believing that wife beating is sometimes justified, compared to 51% of women and 37% of men in urban areas. The figures are particularly high for women in the Western Zone (70%) and Lake Zone (68%), indicating that there is a large regional variation in perceptions of IPV[475].

The most common place for women to seek help when they are victims/survivors of physical or sexual violence is their own family, at 56%[476]. Victims/survivors tend to talk to their own family, their spouse's/partner's family, friends, neighbors, and other people close to them, while those who talk to the police are low in both cases with 5% for sexual violence and 10% for physical violence, confirming the low level of reporting to the police[477]. The SGBV that were reported to the police can be seen in the crime statistics (see

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471 United Republic of Tanzania (2016), Demographic and Health Survey and Malaria Indicator Survey 2015-2016, P. 390
472 Ibid, P. 391
473 Ibid, P.350-353
474 Ibid, P,330
475 Ibid, P.350
476 Ibid, P.399
477 Ibid, P.399

Figure 5-5). Tanzania National Bureau of Statistics has been publishing annual crime statistics since 2014 and the latest statistics are only available until 2016, but a review of those statistics shows that the number of rapes has gradually increased over the three years from 2014 to 2016. In addition to rape, sexual violence and assault resulting in injury are also on the rise. Although the trend of increase or decrease of DV is unclear since DV was not included in the statistics until 2015, and it was listed for the first time in 2016, the police responded to 400 domestic violence cases, according to the report in 2016[478]. Based on a report by the Legal and Human Rights Centre (LHRC), a non-governmental organization that refers to police statistics, there were 3,709 rape cases reported to the police in the first six months of 2019, up from 3,583 in the same period in 2018[479].

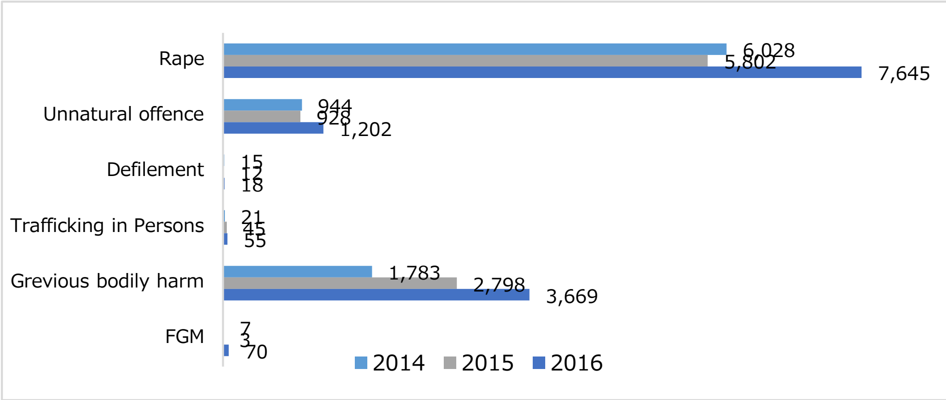

Figure 5-5：Number of SGBV Cases in Crime Statistics in the Police 2014-2016 in Tanzania

Source：Tanzania National Bureau of Statistics , Crime and Traffic Incident Statistics Report 2014, 2015, 2016

2) Status of Witchcraft-related Violence (WRA)

In addition to child marriage and FGM, which are discussed later, another harmful practice is Witchcraft-related Violence (WRV) or Witchcraft-related Accusations (WRA) in this region. This is a form of violence found not only in Tanzania, but also in Africa[480], South Asia, Southeast Asia, and the Pacific where witchcraft is widely accepted. People are accused of using "witchcraft" if they have some physical characteristics or are nearby when unnatural events occur, and they are marginalized from their communities, assaulted, robbed, or murdered. Women, especially elderly women, are more likely to be targeted as "witches" than men, which is why it is sometimes considered a form of SGBV (other targets include children, people with disabilities, and people with leukoderma). In Tanzania, both the use of witchcraft and accusing others of witchcraft are prohibited by law, but in some areas such as the Lake Zone and the Southern Highlands Zone, elderly women are frequently assaulted and killed for their involvement in witchcraft[481]. In 2013, there were 765 cases of WRV, in which 505 women and 260 men were killed, but the number of victims/survivors is reported to be decreasing due to stricter police control in Tabora and Shinyanga provinces[482]

Tanzania is also a source, transit, and destination country for trafficking in persons, where women and girls are trafficked from rural areas to urban areas for domestic work and sexual exploitation through employment

[478] Tanzania National Bureau of Statistics (2017), Crime and Traffic Incident Statistics Report Jan-Dec 2016, P.18

[479] LHRC(2020), Summary of the Tanzania Human Rights Report, P,30

[480] The same violence can be seen in the other four target countries of this research, but since Tanzania classifies WRV as SGBV in the "Tanzania Country Gender Profile," it is included in the results of the Tanzania survey.

[481] MoHCDGEC(2016), Tanzania Country Gender Profile October 2016 P.101

[482] LHRC (2019), Tanzania Human Rights Report, P.5

agencies, and men and boys are victims/survivors of forced labor in agriculture and mining. Many countries in Africa, the Middle East, and Asia are targeted for overseas sending. The Tanzanian government enacted the Anti-Trafficking in Persons Act in 2008 to prohibit trafficking in persons, and has been working to strengthen police capacity to crack down on trafficking and provide shelters to protect victims/survivors. Currently, eight shelters are operated by NGOs under contract. However, a number of challenges have been identified, including the lack of comprehensive data collection on trafficking in persons, budgetary allocations for prevention and response to trafficking in persons not being made as planned, and courts imposing fines more often than imprisonment out of the penalties of imprisonment and fines provided by law[483]. In 2020, 19 cases of trafficking in persons were investigated, of which at least 13 were prosecuted and 5 were convicted. The police and immigration authorities reportedly identified 170 victims/survivors, 159 of whom were women and girls[484].

3) Status of Child Marriage and Teenage Pregnancy

In Tanzania, the legal age of marriage is 18 for males and 15 for females, and with court permission, females can marry as young as 14, so the legal framework prohibiting child marriage is not fully developed, although marriage to a child attending school is prohibited (see 5.1.2.1). The median age of first marriage for men and women is reported to be 19.2 and 24.5 respectively[485]. In particular, there are regions where the median age of first marriage for women aged 20-49 is relatively low, ranging from 18.4 years in the Western Zone to 18.5 years in the Southern and Lake Zones[486]. In addition to the fact that girls are considered ready for marriage when they reach puberty, the payment of bride price from the male to the female at the time of marriage, which is practiced in many areas, is said to induce child marriage among girls[487]. It is also pointed out that in Tanzania, about 30% of children between the ages of 5 and 14 are engaged in some form of child labor[488], and for children who are working, and marriage is perceived as a way to escape abuse and exploitation at work[489]. In addition, polygamy is permitted in the country under Islamic law and customary law, which have the same legal validity as the statute. In the TDHS-MIS 2015-2016, 18% of married women reported that their spouses had other wives, compared to 21% in the 2010 TDHS, a slight decrease in the figure[490].

In TDHS-MIS 2015-2016, 14% of women aged 25~49 had their first sexual intercourse at age 15 or younger, and 61% at age 18 or younger. The age of first sexual intercourse tends to increase with years of schooling and household income.[491]. In addition, 37% of women at age 18 and 56% at age 19 have experienced pregnancy or childbirth, indicating that more than half of the respondents are pregnant in their teens[492]. This ratio tends to be lower with longer years of schooling as well as age at first marriage (See Figure 5-6) .The percentage of women who have experienced pregnancy or childbirth between the ages of 15 and

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483 US Department of States(2020), 2020 Trafficking in Persons Report: Tanzania

484 Ibid

485 United Republic of Tanzania (2016), Demographic and Health Survey and Malaria Indicator Survey 2015-2016, P.94

486 Ibid, P.95

487 https://www.hrw.org/report/2014/10/29/no-way-out/child-marriage-and-human-rights-abuses-tanzania, last accessed on 6 Jan 2021

488 U.S. Department of Labor (2019) 2019 Findings on the Worst Forms of Child Labor: Tanzania

489 Human Rights Watch(2014) No Way Out: Child Marriage and Human Rights Abuses in Tanzania

490 United Republic of Tanzania (2016), Demographic and Health Survey and Malaria Indicator Survey 2015-2016, P.92

491 Ibid,P.96,97

492 Ibid, P.118

19 is 27% across Tanzania, with a large difference between urban and rural areas, ranging from 19% in urban areas to 32% in rural areas[493]. There was also a marked difference by region, with the lowest rate of 16% in the northern zone and the highest rate of 38% in the western zone[494]. By region, Katavi in the western zone and Tabora in the central zone were very high at 45% and 43%, respectively. The Adolescent Fertility Rate (number of births per 1,000 women aged 15-19) was 132[495], significantly higher than the sub-Saharan African average of 101 (2018)[496]. The trend of the DHS over the past six times has been generally downward: 144 in 1991-92, 135 in 1996, 138 in 1999, 132 in 2004-05, and 110 in 2010. However, in 2015-16, it has returned to the level of 10 years ago[497]. Based on these data, the rates of child marriage and teenage pregnancy in Tanzania are high, and both show large differences by years of schooling and region.

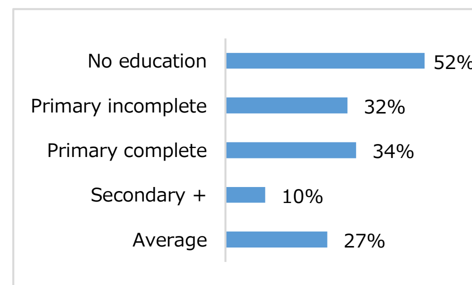

Figure 5-6 : Percentage of Women who experienced Pregnancy or Childbirth at age of 15-19 (Tanzania)

Source : TDHS-MIS2015-2016 P. 118

Child labor, pregnancy and marriage are considered to be the main reasons for female students dropping out of secondary education. According to data released by the Ministry of Education in 2012, 71% of female students drop out of secondary education due to truancy and 11% due to pregnancy[498], but it is estimated that many drop out due to pregnancy, and that about 5,500 girls drop out due to pregnancy every year[499]. The practice of expelling pregnant girls has been going on since the 1960s, with schools requiring mandatory pregnancy tests before and during school, and expelling students if they are found to be pregnant[500]. The Education Act does not mention the conditions for expelling students, only that the Minister of Education "may make regulation….to prescribe the conditions of expulsion or exclusion from schools of pupils on the grounds of age, discipline or health".[501]. However, the 2002 Education Regulations (Expulsion and Exclusion of Pupils from Schools) gives schools and school boards the power to expel students in the following three cases[502]:

1) The persistent and deliberate misbehaviour of the pupil is such as to endanger the general discipline or the good name of the school; or
2) the pupil has committed a criminal offence such as theft, malicious injury to property, prostitution, drug abuse or an offence against morality whether or not the pupil is being or has been prosecuted for that offence;
3) A pupil has entered into wedlock:

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493 United Republic of Tanzania (2016), Demographic and Health Survey and Malaria Indicator Survey 2015-2016, P.118

494 Ibid, P.118

495 Ibid, P.113

496 https://data.worldbank.org/indicator/SP.ADO.TFRT?locations=ZG&most_recent_value_desc=false, last accessed on 14 Dec 2020.

497 United Republic of Tanzania (2016), Demographic and Health Survey and Malaria Indicator Survey 2015-2016, P.113

498 MoHCDGEC(2016), Tanzania Country Gender Profile October 2016 P.83

499 https://www.worldbank.org/en/news/factsheet/2020/03/31/tanzania-secondary-education-quality-improvement-program-sequip, last accessed on 6 Jan 2021.

500 Center for Reproductive Rights (2013), Forced Out: Mandatory Pregnancy Testing and the Expulsion of Pregnant Student in Tanzanian Schools

501 http://wbgfiles.worldbank.org/documents/hdn/ed/saber/supporting_doc/AFR/Tanzania/EPS/Education_Act_1978.pdf, last accessed on 14 Dec 2020.

502 https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/85491/95733/F226315636/TON85491.pdf, last accessed on 14 Dec 2020.

This regulation does not refer to pregnancy, and the school is not required to expel the student, only that the school's decision to expel the student is acceptable, but in practice, if a student is found to be pregnant, she will be expelled and is rarely allowed to return to school after giving birth[503]. In 2015, the UN Committee on the Rights of the Child raised concerns about the expulsion of pregnant girls from school and forced pregnancy tests, and recommended that three measures be taken: ensuring the continuation of education for pregnant girls, stopping the use of pregnancy tests, and helping girls who have been expelled because of pregnancy to return to school[504]. However, in June 2017, President Magufuli announced in a public speech that he would not allow pregnant girls to continue their education or return to school, stating that " "As long as I am president … No pregnant student will be allowed to return to school … After getting pregnant, you are done."[505] Prior to that, in 2016, the Education Act was amended to prohibit marriage between students enrolled in primary and secondary education, and prohibit sexual intercourse with female students, with a maximum penalty of 30 years in prison[506]. Some have interpreted the President's statement as a call to prevent teenage pregnancies and to apply the provisions of the revised Education Act more strictly, rather than to expel pregnant girls[507]. However, as the TDHS-MIS shows, teenage pregnancies are not decreasing, school expulsions continue, girls who become pregnant or give birth cannot receive schooling, and girls are placed at an extreme disadvantage while the perpetrators are not sufficiently prosecuted[508]. International condemnation of this situation led the World Bank, which had planned to implement the Secondary Education Quality Improvement Program (SEQUIP) in Tanzania, to freeze the program in 2018. SEQUIP was launched in 2020, and the Minister of Education, Science and Technology said in a statement that SEQUIP is a program that will help 6.5 million children, including girls who have dropped out of school for various reasons such as pregnancy, and the government will ensure that these students have access to education under SEQUIP[509]. What SEQUIP provides for children who have dropped out of school is education through the Alternative Education Pathway (AEP), which is an educational facility other than public education such as private schools and open schools. Although the AEP allows students to take re-entry exams to public schools[510], it is still unclear how this will work in practice. There is no change in the policy of expelling pregnant girls from public schools, and there is criticism that the AEP does not sufficiently guarantee access to public education because education at the AEP is not free but requires tuition[511].

4) Status of FGM

Tanzania is one of around 30 countries where FGM is still practiced. The Sexual Offences Special Provisions Act (SOSPA) prohibits the practice of FGM on girls under the age of 18 and carries a penalty of

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503 Center for Reproductive Rights (2013), Forced Out: Mandatory Pregnancy Testing and the Expulsion of Pregnant Student in Tanzanian Schools, P.46

504 United Nations (2015), Committee on the Rights of the Child: Concluding observations on the combined third to fifth periodic reports of the United Republic of Tanzania, P.15

505 https://www.equalitynow.org/tanzania_ban_sexual_violence_not_teen_mother_s_access_to_education?locale=es , last accessed on 6 Jan 2021.

506 https://evaw-global-database.unwomen.org/fr/countries/africa/united-republic-of-tanzania/2016/law-prohibiting-child-marriage-education-act, last accessed on 6 Jan 2021.

507 Interview with UNFPA Tanzania.

508 https://www.equalitynow.org/tanzania_ban_sexual_violence_not_teen_mother_s_access_to_education?locale=es, last accessed on 6 Jan 2020.

509 https://www.theeastafrican.co.ke/tea/news/east-africa/tanzania-allows-learning-for-teen-mothers-1439912, last accessed on 6 Jan 2020.

510 https://www.worldbank.org/en/news/factsheet/2020/03/31/tanzania-secondary-education-quality-improvement-program-sequip, last accessed on 6 Jan 2020.

511 https://www.hrw.org/news/2020/04/24/tanzania-q-ban-pregnant-girls-and-world-bank-education-loan, last accessed on 6 Jan 2020

imprisonment of not less than 5 years and not more than 15 years, or a fine of not more than 300,000 Tanzanian Shillings (Tshs), or both[512]. In addition, In the National Plan of Action to End Violence Against Women and Children 2017-2022 (NPA-VAWC), a national strategy for the elimination of VAWC, One of the eight major themes, "Social norms and social values," designates FGM as a harmful practice and sets a reduction in the practice of FGM as one of its targets (See (1) in 5.2.2.1)[513].

According to the TDHS-MIS 2015-2016, 10% of women aged 15-49 years in Tanzania have undergone FGM[514], with the most common type of FGM being a procedure in which all of the labia and some or all of the labia minora are removed (Type II according to the WHO definition), accounting for 81% of those aged 15~49 years[515]. The "Sewn Closed" procedure (in which all of the labia minora and part or all of the labia majora are cut and sutured, and a hole is made for the passage of urine and blood; Type III according to the WHO definition) is performed in 7% of cases, and the removal of part or all of the clitoris (Type I according to the WHO definition) in 3%[516]. In the past four DHSs, the rate was 18% in 1996 and 15% in 2004-05 and 2010, showing a decreasing trend[517]. This can be confirmed by the fact that the implementation rate decreases with age among those aged 15-49, which is 19% for those aged 45-49, but 5% for those aged 15-19[518]. The implementation rate varies greatly by region, with the Central Zone showing a high rate of 46% and the Northern Zone showing a high rate of 22% (see Figure 5-7)[519].

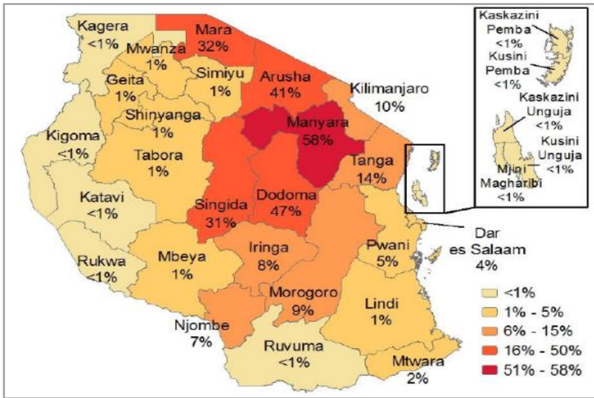

Figure 5-7：Women Aged 15 -49 Who Have Undergone by Region (Tanzania)

Source：TDHS-MIS 2015-2016 P.360

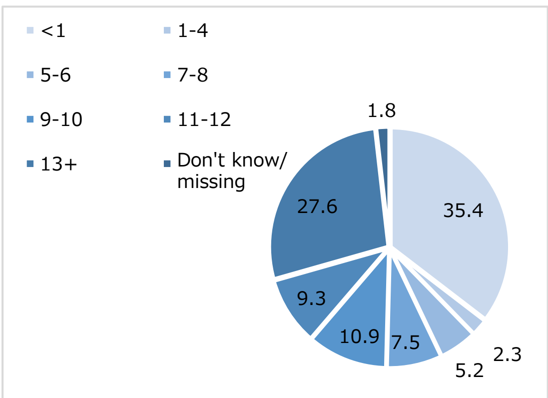

Figure 5-8：Age at Which FGM was Undergone among Women aged 15-49 (Tanzania)

Source：TDHS-MIS 2015-2016 P.364

In addition, in Tanzania, FGM is often performed at less than 1 year of age. As shown in Figure 5-8, among women aged 15-49 years who underwent FGM, the largest proportion, 35%, underwent the procedure at less than 1 year of age, and 35% underwent the procedure between 1 and 12 years of age[520], indicating an overall tendency to undergo the procedure at a younger age than in Kenya. (In Kenya, the most common age group is 10-14 years old at 43%, with 2% under 5 years old. See Figure 3-6). In the TDHS 2004-05 and 2010, 28%

512 SOSPA was enacted as an additional provision to Article 169 of the Penal Code
513 MoHCDGEC(2016), National Plan of Action to End Violence Against Women and Children 2017-2022
514 United Republic of Tanzania (2016), Demographic and Health Survey and Malaria Indicator Survey 2015-2016, P.363
515 Ibid, P.363
516 Ibid, P.363
517 Ibid, P.359
518 Ibid, P.363
519 Ibid, P.363
520 Ibid, P.364

and 32% of the patients were under one year of age, respectively, and the number increased further in 2015-2016[521]. There were also regional differences in the age of treatment, with 52% of those who underwent FGM in the Central Zone being under one year of age, and 63% and 58% of those who underwent FGM in the Southern Highlands and Lake Zones being 13 years of age or older, respectively[522]. Among women aged 15-49 years, 15% of women who underwent FGM said that FGM was required by their religion, compared to 2% of women who did not undergo FGM, and 13% of women who underwent FGM and 1% of women who did not undergo FGM said that FGM practices should be continued[523].

According to a report by UNFPA, FGM in Tanzania is often rooted in traditional beliefs rather than religion, and is required due to a tendency to value virginity, or as a rite of passage to adulthood, or as a condition for marriage[524]. In some cases, the amount of bride price received by the female relative from the male relative at the time of marriage may be reduced if the woman hasn't undergone FGM[525]. FGM as a preparation for marriage is closely related to child marriage, and women who undergo FGM are often also victims/survivors of child marriage[526]. It has also been pointed out that some communities perceive FGM as a treatment for vaginal and urinary tract infections, but that this is likely an attempt to justify the practice of FGM on the pretext that it is a treatment[527]. In fact, although there are infections caused by FGM, there is no medical evidence that FGM itself is effective as a treatment for infectious diseases.

The Government of Tanzania is said to be developing a new national strategy to eliminate FGM[528], but as of December 2020, it has not yet been published. In Tanzania, international organizations such as UNFPA and UN Women, as well as NGOs, are working to prevent FGM through awareness raising activities, negotiations with community leaders and circumcisers, alternative vocational training for circumcisers, and Alternative Rites of Passage (ARP)[529]. Therefore, as shown by the DHS, the implementation rate is decreasing. The school vacations in December are considered to be the "cutting season" when FGM is most commonly practiced, but recently, FGM has also been practiced during the summer vacations, and NGOs and CBOs have been visiting the homes of girls and women at risk of FGM and persuading their parents to prevent FGM. In some cases, girls are placed in safe spaces. However, as in Kenya, there are reports of an increase in the practices of FGM in medical institutions[530] and an increase in the number of girls being treated at an early age[531], which calls for further efforts to eliminate FGM.

As in Kenya, male circumcision (MC) is also widely practiced in Tanzania, with 80% of males receiving MC in the TDHS-MIS 2015-2016. The government recommends spontaneous MC in medical institutions rather than traditional MC in terms of HIV prevention[532].

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[521] United Republic of Tanzania (2016), Demographic and Health Survey and Malaria Indicator Survey 2015-2016, P.360
[522] Ibid, P.364
[523] Ibid, P.365, 366
[524] UNFPA (2018), Fact Sheet: Female Genital Mutilation in the United Republic of Tanzania, P.3
[525] Ibid
[526] Ibid
[527] Ibid
[528] Ibid
[529] ARP means some kind of ritual or ceremony as a rite of passage to replace FGM, to eradicate FGM.
[530] In Tanzania, about 70% of FGM is performed by traditional circumcisers but some parents prefer to receive the procedure from a midwife in a hospital immediately after birth.
28 Too Many (2013), Country Profile FGM in Tanzania
[531] MoHCDGEC(2016), Tanzania Country Gender Profile October 2016, P.100
[532] Ministry of Health and Social Welfare (2009), Situational Analysis for Male Circumcision in Tanzania

5.1.2. Laws and policies relating to SGBV

5.1.2.1. Laws

1) Constitution

After the country became the United Republic of Tanzania in 1964, the "Interim Constitution of Tanganyika and Zanzibar" was adopted, followed by the current "Constitution of the United Republic of Tanzania" in 1977, which has undergone many changes and amendments since then. In April 2015, a draft of the new constitution was prepared and a referendum was scheduled to be held, but it was postponed due to objection from the opposition parties, and the constitutional review process has not resumed until the end of 2020. The main articles related to gender equality in the Constitution are as follows:

Table 5-3 : List of Articles Relating to Gender Equality in the Constitution of Tanzania

Article	Description
9	The state authority and all its agencies are obliged to direct their policies and programmes towards ensuring: e.that every person who is able to work does work, and work means any legitimate activity by which a person earns a living;
11	2. Every person has the right to self education, and every citizen shall be free to pursue education in a field of his choice up to the highest level according to his merits and ability.
12	1. All human beings are born free, and are all equal. 2. Every person is entitled to recognition and respect for his dignity.
13	1. All persons are equal before the law and are entitled, without any discrimination, to protection and equality before the law. 2. No law enacted by any authority in the United Republic shall make any provision that is discriminatory either of itself or in its effect. 3. The civic rights, duties and interests of every person and community shall be protected and determined by the courts of law or other state agencies established by or under the law. 4. No person shall be discriminated against by any person or any authority acting under any law or in the discharge of the functions or business of any state office. 5. For the purposes of this Article the expression “discriminate” means to satisfy the needs, rights or other requirements of different persons on the basis of their nationality, tribe, place of origin, political opinion, colour, religion, sex or station in life such that certain categories of people are regarded as weak or inferior and are subjected to restrictions or conditions whereas persons of other categories are treated differently or are accorded opportunities or advantage outside the specified conditions or the prescribed necessary qualifications except that the word "discrimination" shall not be construed in a manner that will prohibit the Government from taking purposeful steps aimed at rectifying disabilities in the society. 6. To ensure equality before the law, the state authority shall make procedures which are appropriate or which take into account the following principles, namely: a.when the rights and duties of any person are being determined by the court or any other agency, that person shall be entitled to a fair hearing and to the right of appeal or other legal remedy against the decision of the court or of the other agency concerned; b.no person charged with a criminal offence shall be treated as guilty of the offence until proved guilty of that offence; c.no person shall be punished for any act which at the time of its commission was not an offence under the law, and also no penalty shall be imposed which is heavier than the penalty in force at the time the offence was committed; d.for the purposes of preserving the right or equality of human beings, human dignity shall be protected in all activities pertaining to criminal investigations and process, and in any other matters for which a person is restrained, or in the execution of a sentence; e.no person shall be subjected to torture or inhuman or degrading punishment or treatment.
16	1. Every person is entitled to respect and protection of his person, the privacy of his own person, his family and of his matrimonial life, and respect and protection of his residence and private communications.

Article	Description
23	1. Every person, without discrimination of any kind, is entitled to remuneration commensurate with his work, and all persons working according to their ability shall be remunerated according to the measure and nature of the work done
24	1. Every person is entitled to own property, and has a right to the protection of his property held in accordance with the law. 2. Subject to the provisions of subarticle (1), it shall be unlawful for any person to be deprived of property for the purposes of nationalisation or any other purposes without the authority of law which makes provision for fair and adequate compensation.
29	1. Every person in the United Republic has the right to enjoy fundamental human rights and the benefits of the fulfilment by every person of his duty to society, as provided in Articles 12 to 28 of this Part of this Chapter of the Constitution. 2. Every person in the United Republic has the right to equal protection under the laws of the United Republic. 3. No citizen of the United Republic shall have a right, status or special position on the basis of his lineage, tradition or descent. 4. It is hereby prohibited for any law to confer any right, status, or special position upon any citizen of the United Republic on the basis of lineage, tradition or descent. 5. In order that all persons may benefit from the rights and freedoms specified by this Constitution, every person has the duty to so conduct himself and his affairs as not to infringe upon the rights and freedoms of others or the public interest.
66	b.women members being not less than thirty percentum of all the members
78	1. For the purposes of the election of women Members of Parliament mentioned in Article 66(1) (b), political parties which took part in the general election in accordance with the procedure laid down and obtained at least five percentum of the total valid voters for Parliamentary election, shall propose to the Electoral Commission the names of women on the basis of the proportion of votes obtained by each party in the Parliamentary election.

Source: UN Women Global Gender Equality Constitutional Database

2) International and Regional Conventions

Tanzania has ratified various international conventions as members of the United Nations, AU, EAC, and SADC. The international and regional conventions ratified and the international development frameworks adhered to are as follows:

Table 5-4：International and regional conventions relating to SGBV ratified by Tanzania

Name of the convention (year of adoption)	Ratification
International conventions（UN）	
International Covenant on Civil and Political Rights (ICCPR) (1966)	1976
International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966)	1976
Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) (1979)	1985
United Nations Convention on the Rights of the Child (1989)	1991
Beijing Declaration and Platform for Action (1995)	1995
UN Security Council Resolution1325(2000)	2000
Protocol to prevent, suppress and punish trafficking in persons, especially women and children, supplementing the United Nations Convention against Transnational Organized Crime（2000）	2006
Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women (1999)	2006
Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2000)	2003
Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (2000)	2004
Regional Convention（（AU、EAC、SADC 等）	
African Charter on Human and Peoples' Rights (1981)	1984

Name of the convention (year of adoption)	Ratification
African Charter on the Rights and Welfare of the Child (1990)	2003
Solemn Declaration of Gender Equality in Africa (SDGEA) (2004)	2004
Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) (2003)	2007
African Youth Charter (2006)	2012
SADC Protocol on Gender and Development (2008)	2010
East African Community (EAC) Prohibition of FGM Bill (2016)	2016
2019 regional Declaration and Action Plan to End Cross-Border FGM (2019)	2019

Source：Office of the United Nations High Commissioner for Human Rights (OHCHR)

In Tanzania, after ratification of an international convention, a new domestic law corresponding to that convention must be passed. Although some of the content of CEDAW and the Maputo Protocol has been reflected in Tanzania's domestic law, there are still provisions in statute law that contradict these international conventions. Article 6 of the Maputo Protocol stipulates that the legal age of marriage for women is 18, but Tanzania's Marriage Act allows marriage under the age of 18 (See (3) in this section). In addition, as with Kenya and DRC, medical abortion in cases of sexual violence, rape, or incest as required by Article 14 of the Maputo Protocol, or in cases where the continuation of the pregnancy endangers the mental or physical health of the mother or the life of the mother or fetus, is not fully permitted. According to the Penal Code, a woman who has an abortion can be imprisoned for 7 years and the person who performs the abortion can be imprisoned for 14 years. The Penal Code also states that a woman who performs a surgical operation on the fetus to preserve the life of the mother is not criminally liable if the operation is reasonable considering all the circumstances. Currently, abortion is only allowed when it is necessary to protect the life of the mother and does not apply to pregnancies resulting from SGBV, such as sexual violence. In this regard, CEDAW has pointed out to the Tanzanian government that it is necessary to allow abortion under the conditions required by the Maputo Protocol in law[533].

Although accurate data on abortion is not available, it is estimated that 405,000 abortions were performed in 2013, which is 36 abortions per 1,000 women aged 15-49, or 21 abortions per 100 live births[534]. There are regional differences in abortion practice, with the lowest rate in the Eastern Zone at 24 abortions per 1,000 women aged 15-49, and the highest rate in the Lake Zone at 51[535]. This is believed to be due to differences in contraceptive use and lack of SRH services. Also, it was found that unsafe abortions account for one-third of all hospitalizations for pregnancy complications and one-quarter of all maternal deaths[536]. Another study reported that the abortifacient agent, like Misoprostol and Mifepristone, are relatively easy to find in pharmacies in Dar es Salaam, and are widely used despite the fact that they are illegal[537]. Since around 2013, local and international NGOs have been advocating for the expansion of abortion provisions, but no concrete changes to the law have been made.

[533] CEDAW(2016), Concluding observations on the combined seventh and eighth periodic reports of the United Republic of Tanzania, P.17
[534] Guttmacher Institute (2015), Fact Sheet: Induced Abortion and Post abortion Care in Tanzania
[535] Ibid
[536] Center for Reproductive Rights(2020), Open Secret: The Toll of Unsafe Abortion in Tanzania
[537] I.H.Solheim et al (2020), Beyond the law: Misoprostol and medical abortion in Dar es Salaam, Tanzania

3) Domestic Law

Laws which are relevant to SGBV in Tanzania is as follows:

Table 5-5：List of Laws Relating SGBV in Tanzania

Name	Detail
Penal Code	➢ A woman who has an abortion shall be sentenced to seven years imprisonment and the person who performs the abortion shall be sentenced to fourteen years imprisonment. Performing a surgical operation on a fetus to preserve the life of the mother is not criminally liable if the performance of the operation is reasonable taking into account all the circumstances. The provisions on rape, sexual violence, sexual harassment or sexual exploitation in the Penal Code were replaced by new provisions by SOSPA in 1998.
Law of Marriage Act（LMA, 1971, Revised in 2002）	➢ If contracted in Islamic form or according to rituals recognized by Tanzanian customary law, polygamy may be practiced unless the opposite is proven. ➢ The legal age of marriage is 18 years for males and 15 years for females. With the permission of the court, a woman may marry at the age of 14. ➢ A woman who has not yet reached 18 years of age must obtain consent before marrying. Consent must be obtained from the father, the mother if the father is dead, or the guardian if both parents are dead. If the guardian is deceased or absent, consent shall not be required. The court may also give consent. ➢ No person shall have the right to inflict corporal punishment on his or her spouse.
The Sexual Offences Special Provisions Act（SOSPA, 1998）	➢ Rape of a girl or woman by a man is punishable by life imprisonment, or imprisonment for not less than 30 years and a fine; rape of a girl under 10 years of age is punishable by life imprisonment. A man is guilty of rape if he has sexual intercourse with a girl or woman under the following circumstances 1) not being his wife or being his wife who is separated from him without her consenting to it at the time of the sexual intercourse; 2) with her consent where the consent has been obtained by the use of force threats or intimidation or by putting her in fear of death or of hurt or while she is in unlawful detention; 3) with her consent when her consent has been obtained at a time when she was of unsound mind or was in a state of intoxication induced by any drugs, matter or thing, administered to her by the man or by some other person unless proved that there was prior consent between the two; 4) with her consent when the man knows that he is not her husband, and that her consent it given because she has been made to believe that he is another man to whom, she is, or believes herself to be, lawful married; 5) with or without her consent when she is under eighteen years of age, unless the woman is his wife who is fifteen or more years of age and is not separated from the man. ➢ Even the slightest penetration of the genitals can prove a crime. Evidence of resistance, such as physical injury, is not required to prove that sexual intercourse took place without consent. ➢ Any person who has custody of a child under the age of 18 years who neglects, injures, or mutilates the female genitals of the child, or assaults, sickens, or neglects the child in a manner likely to cause bodily or mental harm, shall be imprisoned for not less than 5 years and not more than 15 years, fined not more than 300,000 Tshs , or both fined and imprisoned, and shall be ordered to pay compensation in an amount determined by the court. Other provisions are also made for sexual violence other than rape, sexual exploitation of children, sexual harassment, and trafficking in persons.
Land Act (1999, Revised in 2004)	➢ Women have the equal rights as men to acquire, possess, acquire, and utilize land. Customary occupation of land is also allowed.
Village Land Act（1999）	➢ Women has the equal right as men to acquire land according to customary law on Village and Land.
Anti-Trafficking in Persons Act（2008）	➢ Prohibits trafficking in persons for the purpose of sexual and labor exploitation, with a penalty of 2-10 years imprisonment and a fine of Tshs. 5-100 million, or both, for crimes against adults.

Name	Detail
	For crimes against children, the penalty is 10 to 20 years imprisonment and a fine of Tshs. 5 to 150 million, or both. ➢ Provide victims with psychosocial counseling, family tracing, family reunification, and temporary shelter
The HIV and AIDS Prevention and Control Act (2008	➢ Prohibit compulsory HIV testing and allow only spontaneous testing based on the consent of the person (except in the case of perpetrators of sexual crimes and when ordered by a court). ➢ Prohibit the unauthorized disclosure of information about infected persons. ➢ If the HIV test is positive, the spouse or sexual partner must be informed that the test is positive and that there is a possibility of infection.
The Law of the Child Act (2009)	A person under the age of 18 is defined as a child. * It does not refer to the age of marriage.
Law Prohibiting Child Marriage (2016) *A Part of Education Act	1) It shall be unlawful under any circumstance for: (a) any person to marry a primary or secondary school girl or a school boy; or (b) a primary or secondary school boy to marry any person. 2) Any person who contravenes any provision of subsection (1) commits an offence and shall, on conviction, be liable to imprisonment for a term of thirty years. 3) Any person who impregnates a primary school or a secondary school girl commits an offence and shall, on conviction, be liable to imprisonment for a term of thirty years. 4) Any person who aids, abates or solicits a primary or secondary school girl or a school boy to marry while pursuing primary or secondary education commits an offence and shall, on conviction, be liable to a fine of not less than five million shillings or to imprisonment for a term of five years or to both. 5) Every Head of School shall keep record and submit to the Commissioner or his representative a detailed quarterly report of cases of marriages and pregnancies under subsection (1), (3) or (4) and legal actions taken against the offenders. 6) Notwithstanding anything in this section, the provisions of the Penal Code relating to sexual offences against girls or children under eighteen shall, where appropriate, apply mutatis mutandis in relation to primary and secondary school girls and boys under the age of eighteen.
Legal Aid Act（2017）	➢ Persons in need or their representatives who wish to receive legal aid may apply for legal aid services from a legal aid provider. ➢ Legal aid services shall be provided by an attorney or paralegal.

Source：Created by the author based on legal documents

The legal system in Tanzania is pluralistic. In addition to statute law, customary law and Islamic law are considered valid, and each law has different provisions. There are also several contradictions and vulnerabilities in the legal framework surrounding SGBV. In particular, there are challenges in the provisions on sexual violence, inter-marital sexual violence, DV, FGM, child marriage, and land ownership and inheritance. As mentioned in 5.1.1.3, 75% of women who experience sexual violence in Tanzania are victimized by a current or former spouse or partner[538], and the number of women experiencing inter-marital sexual violence is very high. In spite of this, SOSPA does not prohibit marital rape in cases of cohabitation, although it can constitute rape if the partner is not the wife or if they are separated. In addition, SOSPA criminalizes the rape of women and girls by men, but not the rape of male victims/survivors (sexual acts between adult men are prohibited by the Penal Code). Law Prohibiting Child Marriage provides that the provisions of the Penal Code and SOSPA apply to boys under the age of 18, but not to men. In terms of the application of penalties, it has been reported that in cases where underage boys and girls became pregnant as a result of sexual intercourse, whether consensual or not, in actual trials only the boy was prosecuted and

[538] United Republic of Tanzania (2016), Demographic and Health Survey and Malaria Indicator Survey 2015-2016, P.383

convicted, while the girl was acquitted[539].

DV is not mentioned in SOSPA or in any other law. The LMA prohibits corporal punishment of spouses, but there are no penalties. In the Criminal Code, "violence" is defined as violence that results in some form of bodily injury, and there are no provisions to prevent forms of violence other than physical or sexual violence, such as psychological or economic violence. In addition, FGM is prohibited for girls and women under the age of 18, but there are no provisions to protect women from FGM over the age of 18. There are penalties for parents or guardians who allow their children to undergo FGM, but there is no mention of penalties for circumcisers or intermediaries.

The illegality of child marriage is not clearly defined and there are inconsistencies in the law: the LMA states that girls can marry at the age of 15 and even 14 with court permission, while Law Prohibiting Child Marriage prohibits marriage to a girl or boy attending primary or secondary school, or pregnancy resulting from sexual intercourse with a girl attending primary or secondary school. It is up to the courts to decide which law applies in actual cases, and the LMA may take precedence[540]. In addition, Law Prohibiting Child Marriage does not cover boys and girls who are not in school. As shown in Table 5-1, given that the secondary school enrollment rate for both boys and girls is less than 30%, it is difficult to prevent child marriage and teenage pregnancy with this law alone. In response to this situation, legal organizations and NGOs in Tanzania have continued to advocate for changes to the LMA's legal marriage age provisions. As a result, in July 2016, the High Court ruled that Articles 13, minimum age of marriage, and 17, consent for marriage under 18, of the LMA are unconstitutional, and in October 2019, the Supreme Court upheld the High Court's ruling and instructed the Government to raise the minimum age of marriage for women to 18 or above within one year. The Attorney General appealed against this decision on the basis that "child marriage is a means of protecting pregnant girls", but the appeal was dismissed[541]. As of December 2020, more than a year after the Supreme Court's decision, the minimum age of marriage has not been revised, and the reasons for this are not clear. Some interviewees said that there has been opposition from religious groups[542], but the Tanzania Women Lawyers Association (TAWLA), which has been advocating for the revision of the LMA, said, "At least none of the religious leaders that TAWLA has been consulting with are opposed to it, and we are just waiting for the government to take action, but nothing has been done yet[543].

Regarding land ownership, which is one of the causes of women's economic vulnerability, in addition to the Land Act and the Village Land Act, customary laws applied in some areas do not allow women to inherit clan land, and inheritance of property other than land is also set at a lower rate. As a result, not only are women disadvantaged during marriage, but they are also forced out of their homes after the death of their spouse because they are unable to inherit property. According to Islamic law, which is also still in effect, a widow inherits one-eighth of her spouse's property[544]; and the LMA provides for property ownership during

[539] Tanzania Women Lawyers Association (2014), Review of Laws and Policies related to gender based violence of Tanzania mainland, P. 15

[540] Interview with Plan International Tanzania on 26 Nov 2020, TAWLA on 7 Dec 2020.

[541] https://edition.cnn.com/2019/10/23/africa/tanzania-court-child-marriage-ban-intl/index.html, last accessed on 7 Jan 2021.

[542] Interview with Plan International Tanzania on 26 Nov 2020.

[543] Interview with TAWLA on 7 Dec 2020.

[544] Tanaka, Yumiko (2016), [How "Modernization" Changed the Status of Women: Changes in Gender and Land Rights in Rural Tanzania]「Kindaika」ha Josei no Chii wo Donoyouni Kaetaka – Tanzania Nouson no Gender toTochikenn wo Meguru Hensen, Shinhyoron, P. 32, Japanese

marriage, but does not provide for property division in the event of divorce, separation, or bereavement[545]. Because of this inconsistency in the legal provisions, and the fact that the legal provisions do not fully address equal land ownership between men and women[546], which is supposed to be allowed by statute, there has been a lot of discussion and advocacy on women's land ownership in Tanzania over the years. On the other hand, the Legal Aid Act enacted in 2017 guarantees the right to receive legal aid and allows paralegals as well as lawyers to provide legal aid services. Paralegals have provided support in legal consultations and lawsuits related to women's land ownership[547], and it is expected that the recognition of legal aid by paralegals will lead to enhanced access to justice for socially vulnerable groups, including victims/survivors of SGBV[548]

5.1.2.2. Policies and Policy Implementation towards the Elimination of SGBV

1) Policies to Eliminate SGBV

A main policy NPA-VAWC for prevention and response to SGBV has been developed and the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) is leading the implementation of the NPA-VAWC. The policies, regulations and guidelines aimed at eliminating SGBV are as follows:

Table 5-6：List of Policies and Standards Relevant to SGBV in Tanzania

Name of the Document	Detail
Women and Gender Development Policy 2000 Issued by Ministry of Community Development , Gender and Children	It is a policy created to ensure that gender mainstreaming is reflected in all policies and programs. It aims to promote gender equality across the board in relevant fields, and stipulates that the National Machinery will assign and coordinate Gender Focal Points (GFP) in each ministry.
National Strategy for Gender Development 2005 Issued by Ministry of Community Development , Gender and Children	It identifies the central issues for achieving gender equality, and sets out the institutions that will respond to each issue and the specific objectives or tasks for that purpose. It sets out 20 issues such as justice and human rights, education, economic empowerment, or others. Violence against women and children is mentioned within the theme of justice and human rights, but there is no mention of prevention or response aimed at eliminating violence.
Police Gender and Children's Desk Action Plan 2013-2016 Issued by Tanzania Police Force	It is a three-year action plan developed by the Tanzanian Police Force to increase the effectiveness and efficiency of its response to SGBV and violence against children, which includes plans to expand the establishment and strengthen the functioning of the Police Gender and Children's Desk (PGCD).
The National Road Map Strategic Plan to improve reproductive, Maternal Newborn Child & Adolescent and Health in Tanzania 2016-2020 (ONE PLAN Ⅱ) Issued by MoHCDGEC	It is a revised version of the roadmap developed to reduce maternal, neonatal and infant mortality, and aims to provide equitable and quality health care services by extending the scope and coverage to children and adolescent males and females. Considering SGBV and VAC as serious public health challenges in Tanzania, the roadmap establishes baselines and endlines based on the outcome review of its predecessor, ONE PLAN, for the provision of appropriate services for SGBV and VAC, acceptance of reports within 72 hours, and awareness-raising activities aimed at mobilizing men to address SGBV issues and increasing the number of male community health workers (CHWs).
Gender-Based Violence and Violence against Children Job Aid (2017) Issued by MoHCDGEC	It revises and updates the SGBV Guidelines for the Health Sector developed in 2011, setting out specific procedures for dealing with victims/survivors of SGBV, especially sexual violence, including reception, obtaining consent, preserving

545 Ibid, P.31
546 Ibid, P. 33
547 Interview with TAWLA on 7 Dec 2020.
548 Helen Dancer (2018), Power and Rights in the Community: Paralegals as Leaders in Women's Legal Empowerment in Tanzania

Name of the Document	Detail
	evidence, prescribing emergency contraceptives, and conducting HIV/AIDS testing and PEP. Referral procedures are also described.
National Integrated Case Management System Framework (2017) Issued by MoHCDGEC	It defines case management procedures for the prevention of and response to VAWC, including SGBV. It is designed to ensure effective coordination and referral with relevant ministries, agencies, judicial institutions, and many other related fields such as health care, HIV/AIDS prevention, and education. It trains community case workers (CCWs) as implementers of case management at the local level.
National Plan of Action to End Violence Against Women and Children 2017/18-2021/22 (NPA-VAWC) Issued by MoHCDGEC	It is a five-year plan for the elimination of VAWC developed after a review of its predecessor, the 2001-2015 National Action Plan. It sets out to prevent and respond to all forms of VAWC through multi-sectoral collaboration. The eight strategies set out are as follows: 1) Strengthening the households by empowering men, women, girls and boys in the pursuit of social economic opportunities 2) Norms and values that empower women and support non-violent, respectful, positive, nurturing and gender-equitable relationships 3) Creating and sustaining safe and accessible spaces for women and children throughout our communities 4) Promote positive parent-child relationships and reduce violent parenting practices 5) A Tanzanian society that understands and embraces the changes in laws that are proposed and implemented, which protect and respond to violence 6) A comprehensive and integrated protection system delivering coordinated, quality and timely support to women and children affected by violence 7) A comprehensive and integrated protection system delivering coordinated, quality and timely support to girls and boys affected by violence 8) A National comprehensive integrated, effective and efficient coordination mechanism and informs decision making on VAWC prevention and response intervention.

Source：Created by the author based on policy documents

In the process of developing the NPA-VAWC, a review of the National Plan of Action for the Prevention and Eradication of Violence against Women and Children 2001-2015 was conducted and the following issues were identified:

- Fragmentation and duplication of coordination structures among key players from Ministry, Departments and Agencies and other stakeholders;
- Inadequate service provision for survivors of violence, combined with myth on utilization of health services;
- Social dominance of men in many settings intensified by their stronger economic position in society;
- Limited parental care to support the costs of maintaining children financially at the family level;
- Limited awareness and knowledge on social, economic and legal rights among women and men; and
- Existence of cultural of silence associated with stigma, fear and social alienation which discourage reporting of violence

In addition, relevant stakeholders such as government agencies, international organizations and NGOs analyzed the current situation of VAWC in Tanzania and identified 18 issues. As a result of this analysis using

the WHO's INSPIRE model[549], the eight strategies listed in Table 5-6 were developed. The NPA-VAWC sets an impact indicator of "50% reduction of VAWC by 2021/22". And In order to implement the strategy, the NPA-VAWC has identified nine areas: 1) Poverty related to VAW; 2) Poverty related to VAC; 3) Norms and values related VAW; 4) Norms and values related to VAC; 5) Parenting, family supports and relationships related VAWC; 6) Implementation and enforcement of laws related VAWC; 7) Response and support services related VAWC; 8) Safe schools and life skills related VAWC; and 9) Coordination, monitoring and evaluation related VAWC; and 31 indicators to be achieved by 2021/22, respectively (see Table 5-7). In order to achieve this, the following five areas have been identified as approaches to implementing the NPA-VAWC: 1) Getting to the right legal framework; 2) Going to scale on response; 3) A greater focus on prevention; 4) Strengthen data collection, analysis and reporting; and 5) Strengthen the movement to end violence, and; 6) Better co-ordination and collaboration at all levels. The NPA-VAWC has identified improved coordination and collaboration at all levels in the five areas of strengthening the movement for the elimination of nuclear weapons as an approach to implementing the NPA-VAWC, and is promoting the establishment of coordination mechanisms as described in (3) in this section.

Table 5-7：List of Indicators in NPA-VAWC

NPA-VAWC Impact Indicators
1. Eliminate violence against women by 50% in 2021/22 2. Eliminate violence against children by 50% in 2021/22
Poverty Related VAW Operational Targets
1. Increase women accessing financial services from 51.2% to 65% 2. Increase women groups graduated to Savings and Credits Cooperative Societies (SACCOS) from 1% to 15% 3. Increase women membership in Village Community Banking (VICOBA) from 79% to 85%.
Poverty Related VAC Operational Targets
1. Reduce 35,916 children living in street by half 2. Reduce child labor from 29% to 9% 3. Increase education support for girls from poor families from 23.4% to 53.4%.
Norms and Values Related VAW Operational Targets
1. Increase the proportional of VAW survivors who experienced any violence and reported within 72 hours after an event from 30% to 65% 2. Increase the proportion of councils with active community based VAW prevention programmes from 0% to 20% 3. Increase the proportion of household members aged 15-49 reached with VAW messages and IEC materials from 0% to 55% 4. Reduce sexual violence from 17.2% to 8% 5. Reduce physical violence against women aged 15-49 from 39% to 10% 6. Reduce emotional violence from 36.3% to 18%.
Norms and Values Related VAC Operational Targets
1. Reduce teenage pregnancies from 27% to 5% 2. Reduce FGM prevalence from 32% to 11% 3. Reduce child marriages from 47% to 10%
Parenting, Family Supports and Relationships Related VAWC Operational Targets
1. Increase parenting skills to parents and other care givers from 72 districts to 113 districts 2. Increase under five early childhood development and stimulation programmes/services by 50% from 122,500 children.
Implementation and Enforcement of Laws Related VAWC Operational Targets
1. Increase VAW cases convicted from 8% to 50% 2. Increase VAC cases convicted from 7% to 50% 3. Reduce length of VAW judicial proceedings from 4 years to 12 months 4. Reduce length of VAC judicial proceedings from 4 years to 12 months.
Response and Support Services Related VAWC Operational Targets
1. Increase One Stop Centres delivery of services from 4 to 26 2. Increase the proportion of VAC survivors who experienced any violence and reported within 72 hours after an event from 30% to 65% 3. Roll out and operationalize Police Gender Children's Desk from 417 police stations to 600.
Safe Schools and Life Skills Related VAC Operational Targets
1. Reduce dropout due to pregnancy cases by half from 251 and 3,439 in primary schools and secondary schools respectively 2. Increase district Junior Councils from 108 to 185 3. Increase children's clubs in schools from 398 to 13,200 4. Maintain gender parity in schools' completion at 1:1 5. Increase schools teaching life skills from 0% to 70% 6. Increase sanitary towels support to girls from poor families from 1% to 20%
Coordination, Monitoring and Evaluation Related VAWC Operational Targets
1. Increase VAWC baselines and targets data for informed decision from 24% to 85%.

Source：NPA-VAWC P.10-11

In Tanzania, the process of developing the UNSCR 1325NAP would start in 2020, and UN Women is providing technical support with the support of the Government of Denmark[550]. It is also reported that the MoHCDGEC is working on a new action plan to address domestic violence[551].

[549] To prevent and respond to violence against children, the following seven areas (INSPIRE) are analyzed: Implementation and enforcement of Laws, Norms and Values, Safe environments, Parent and caregiver support, Income and economic. WHO (2016), INSPIRE: Seven Strategies or Strategies for Preventing and Responding to Violence against Children.

[550] https://tanzania.um.dk/en/news/newsdisplaypage/?newsID=6664C48E-BF56-46CE-B363-218F17E3B138, last accessed on 20 Jan 2021.

[551] https://allafrica.com/stories/202102020353.html, last accessed on 3 Dec 2020.

2) Policy Implementation Structure

The national machinery in Tanzania is the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), which is also leading efforts to eliminate SGBV. The ministry is also leading the effort to eliminate SGBV. The Ministry of Health, Community Development, Gender, Elderly and Children (MCDEC) was established in 1992 and initially dealt with issues related to women in general as the Ministry of Community Development, Women's Affairs and Children. With the introduction of the concept of "Gender and Development," it became the Ministry of Community Development, Gender and Children in 2000, and then merged with the Ministry of Health in 2016 to take its current form. As the national machinery, it is responsible for the promotion of gender equality and the empowerment of women. As shown in the organizational chart in Figure 5-9, the Ministry is divided into two sections, "Health" and "Community Development, Gender, Elderly and Children", each with its own Under-Secretary, under which each department is assigned a specific task. The Gender Development Division is in charge of gender issues. The three main roles are 1) implementation and oversight of government policies and strategies, 2) coordination on the implementation of policies for gender equality and women's empowerment, and 3) monitoring and evaluation. The Gender Development Division is further divided into Gender Mainstreaming Section and Women Development Section, with the Women's Development Section in charge of SGBV. The main responsibilities are as follows:

- Developing, reviewing, monitoring and evaluating the implementation of gender policies
- Implementing, managing, evaluating, and reporting on international and regional agreements and conventions on women (e.g., CEDAW, Maputo Protocol)
- Developing mechanisms to prevent and eliminate violence against women.
- Coordinating and implementing activities to commemorate International Women's Day.
- Promoting and overseeing the use of the Women Development Fund (WDF)[552].
- Collecting, processing, storing, managing, and analyzing women-related data and statistics
- Promoting and coordinating the development of women's entrepreneurship.
- Develop, promote, implement, and coordinate women's economic empowerment strategies.

Prior to the merger with the Ministry of Health, only 66% of all posts were staffed, indicating a shortage of budget and staff, and posts are being increased in response to internal institutional assessments and CEDAW recommendations[553]. The MoHCDGEC has also deployed Gender Focal Points (GFPs) in relevant ministries, provincial and county governments, and although the GFPs are supposed to take the lead in establishing gender committees. However, only a few gender committees have been established[554], and some ministries are reportedly not fully aware of who the GFP is[555].

552 It is a fund established in 1995 to support livelihood improvement activities aimed at the economic empowerment of women. It provides grants to local women's groups and other organizations.

553 CEDAW(2014), Consideration of reports submitted by States parties under article 18 of the Convention Seventh and eighth periodic reports of States parties due in 2014 United Republic of Tanzania, P. 13

554 MoHCDGEC(2016), Tanzania Country Gender Profile October 2016, P.29

555 FAO (2012), Gender stock-taking in the Forestry Department, P. 18

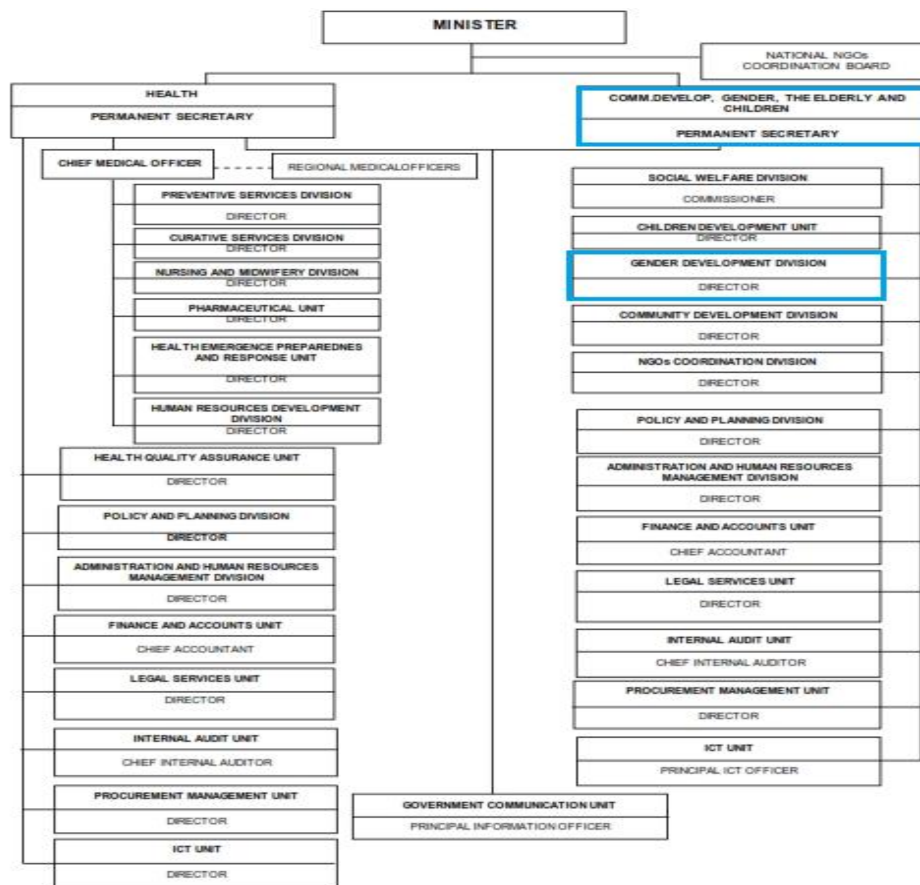

Figure 5-9：Organization Chart of MoHCDGEC as of July 2018

Source：The website of MoHCDGEC

3) Coordination Mechanism

The SGBV prevention and response in Tanzania is being carried out in line with the NPA-VAWC strategy, and the Annual Stakeholder's Meeting (ASM) is held once a year as a coordination mechanism to manage the implementation of the strategy. The ASM is chaired by the Under-Secretary of the Prime Minister's Office, where relevant ministries, international organizations, donors, NGOs, or others, report on their progress and analyze issues. Under the ASM, coordination mechanisms are established at the central and local government levels, respectively. At the central government level, the NPA-VAWC Secretariat, led by the MoHCDGEC, will coordinate the following committee[556] :

A. National Protection Steering Committee (NPSC)

It provides overall policy guidance and coordination for the NPA-VAWC. The meeting is held biennially and its members include the Office of the President, the President's Office - Regional Administration and Local Government (PO-RALG), the Ministry of Finance and Planning, the MoHCDGEC, Ministry of Industry and Trade, Ministry of Agriculture, Livestock and Fisheries, Ministry of Constitution and Legal Affairs, Ministry of Home Affairs, Ministry of Education, Science, Technology and Vocational Training, as well as international organizations, donors, NGOs and civil society. The main roles are as follows.

[556] MoHCDGEC(2016) , National Plan of Action to End Violence against Women and Children in Tanzania 2017/18-2021/22, P.27-31

- Ensure implementation of the NPA-VAWC conforms to Tanzania's international treaty and convention obligations, government policies, laws and guidelines;
- Ensure the NPA-VAWC is mainstreamed into government plans and strategies at all levels;
- Ensure adequate resources are allocated for NPA-VAWC activities;
- Liaise with DPs for fund raising to support NPA-VAWC implementation;
- Review and approve NPA-VAWC annual plans;
- Provide policy guidance in overall coordination and implementation of the NPA-VAWC;
- Establish sub-committees, task forces and commissions when required; and
- Provide oversight on reaching targets set in the plan.

B. National Protection Technical Committee (NPTC)

The MoHCDGEC serves National Protection Technical Committee (NPTC) as the chair and secretariat, and its members include the Office of the Prime Minister, PO-RALG, the Ministry of Home Affairs (responsible for police, prisons, immigration, and human trafficking), the Ministry of Finance and Planning, the MoHCDGEC, the Ministry of Constitution and Legal Affairs, the Ministry of Education, Science, Technology and Vocational Training, and the Ministry of Agriculture, Livestock and Fisheries; external organizations such as the Tanzania Commission for AIDS (TACAIDS), Commission for Human Rights and Good Governance, and other external organizations, as well as international organizations, donors, NGOs, and civil society. Meetings will be held on a quarterly basis. The main roles are as follows:

- Disseminate the NPA-VAWC;
- Coordinate, support and jointly monitor implementation of NPA-VAWC at all levels;
- Review and approve thematic working group annual plans and provide guidance on improvement of NPA-VAWC implementation;
- Advocate for the allocation of national resources to women and children related programmes and interventions;
- Liaise with DPs and other stakeholders for resource mobilization to support NPA-VAWC implementation;
- Ensure regional and international treaty obligations related to addressing violence against women and children are integrated into national development plans and programmes;
- Report quarterly, semi-annually, and annually on implementation, including physical and financial status to NPSC through the NPA-VAWC National Coordinator.

C. Thematic Working Groups (TWGs)

Eight thematic working groups have been established to promote the MPA-VAWC: 1) Household Economic Strengthening; 2) Norms and Values; 3) Safe Environment; 4) Parenting, Family Support and Relationship; 5) Implementation and Enforcement of Laws; 6) Response and Support Services; 7) Safe Schools and Life Skills; and 8) Coordination, Monitoring, and Evaluation. In addition to the relevant government agencies, relevant partners supporting the implementation of the NPA-VAWC are included. Meetings are held once a month to discuss the implementation of the NPA-VAWC and determine the future direction. Each TWG is chaired by the Secretary of the respective sector ministry. The main roles of the TWGs are as follows:

- Analyzing, presenting and discussing progress reports on the implementation of NPAVAWC interventions on their respective thematic areas;
- Linking and facilitating communication between the various partners' efforts to implement the NPA-VAWC so as to avoid needless duplication and overlap;
- Mapping and coordinating all partners working on the same thematic areas in the country; and
- Providing technical support to NPA-VAWC implementers.

D. The Regional NPA-VAWC Committee

To implement and confirm the progress of NPA-VAWC in each region, the Regional NPA-VAWC Committees have been established. The members are local government officials, police, social welfare, education, medical, legal, prison, labor, community development, and representatives of civil society and women's groups. The main roles are as follows:

- Monitor and evaluate implementation of NPA-VAWC in all Councils in the region;
- Ensure that all Council plans and budgets include NPA-VAWC interventions;
- Provide technical backstopping to LGAs on effective implementation of NPA-VAWC;
- Consolidate regional NPA-VAWC progress reports and submit to PO-RALG for further consolidation;
- Convene the regional stakeholders' biannual meeting

The NPA-VAWC stipulates that under the Regional NPA-VAW Committee, Protection Committees with similar functions are established at the provincial, district, and village levels to provide a consistent coordination mechanism from the village level to the central government level. Each of the committees below the county level is currently being established with the support of UNFPA, UNICEF, USAID and NGOs such as Plan International Tanzania, and some of these committees are taking the lead in local activities. The coordination mechanisms at the local government, provincial, district and village levels are coordinated by the PO-RALG, which reports to the NPSC and NPTC, holds annual stakeholder meetings, and conducts monitoring and evaluation.

5.1.2.3. Initiatives by the Government of Tanzania

The government's efforts to eliminate SGBV mainly include the following three points:

- Establishment of Police Gender and Children's Desk (PGCD)
- Operation of Child Helpline 116
- Establishment and Operation of OSC

1) Establishment of Police Gender and Children's Desk (PGCD)

The Tanzania Police Force is in charge of the PGCD, a dedicated unit within the police station for victims/survivors of SGBV to report to police officers. The need for the PGCD was raised by the Tanzania Police Female Network (TPFNet), a voluntary non-profit organization of female police officers, which was established in 2007 to improve communication between women and the police in the community. In accordance with the PGCD Action Plan from 2013, PGCDs were established in Dar es Salaam, Iringa, Kilimanjaro, Mara, Mbeya, and Mwanza, and it were expanded to across the country afterword. With the support of UN Women and others, PGCDs are currently deployed in 420 police stations in Tanzania and Zanzibar. Both male and female police officers are deployed, and when a case is received, they respond in collaboration with local partners such as medical institutions and NGOs. They also provide advice on

preserving evidence and provide information on emergency contraceptives and PEP if the victims/survivor has visited within 72 hours. The facilities and equipment required for PGCD are as follows:

Table 5-8：Equipment and Materials in PGCD

Equipment	Materials
➢ Reception and recording room ➢ Interview room and child-friendly interview room ➢ Rest room for survivors and witnesses ➢ Improved wash room	One table, two chairs, sofas, cupboards, filling cabins, books, telephone, calendar, wall clock, dust bin, fan, air conditioners, curtains, toys, and camera, mattress, and mosquito nets, etc.

Source：USAID(2016), Tanzania Police Force Response to Gender-Based Violence and Violence against Children: Planning for the Future, P.13

According to the regulations, PGCDs must be equipped to ensure the privacy of victims/survivors in a manner that is independent or isolated from regular police station, but not many of the 420 PGCDs have the infrastructure and personnel to function as per the standards. A review of the PGCD Action Plan in 2016 assessed 167 PGCDs in six states and found 31 out of 417 PGCDs to be fully functional[557]. After the review, the plan aims to have 157 out of 167 PCDs fully functioning by 2020. The review also found that most of the PGCDs did not have adequate referrals and no local service mapping, so the post-review plan aims for 75% of PGCDs to have established referral procedures and completed service mapping by 2020. In addition to infrastructure and referrals, other issues identified include lack of confidentiality of cases due to lack of proper training, difficulty in communicating with victims/survivors in terms of language for people who speak local languages other than English and Swahili, lack of communication between the community and the police, lack of adequate staffing due to turnover of police officers, geographical inaccessibility[558]. The NPA-VAWC has set one of its indicators to increase the number of PGCDs to 600 by 2021/22 (see (1) in this section). TFP Net is also strengthening the network and training of female police officers deployed in PGCDs, and visiting schools across the country to raise awareness on violence and gender to prevent SGBV[559].

2) Establishment and Operation of Child Helpline 116

In Tanzania, there is no official SGBV helpline, only a Child Helpline to respond to violence against children, which has been in operation since 2013 and is available free of charge 24 hours/365 days, through C-Sema, a private organization commissioned by the government, with support from UNICEF and UNFPA. When a report is received at the helpline, the operators and counselors work with PGCD, medical institutions, NGOs or other relevant organizations to respond. C-Sema records and analyzes data related to the cases it has responded to in order to understand the current situation and use it to improve the response. In 2019, they responded to 3,760 calls and consultations. In 2019, we responded to 3,760 reports and consultations[560], an increase from 1,072 in 2017 and 1,854 in 2018, partly due to the fact that they are increasing the number of operators every year to strengthen the response capacity. The most common types of victimization accepted are rape and sodomy[561]. In March-April 2020, when the COVID-19 outbreak began to spread, the number of calls increased more than usual, and UNFPA responded by increasing the number of operators and counselors

557 USAID(2016), Tanzania Police Force Response to Gender-Based Violence and Violence against Children: Planning for the Future, P.13
558 Ibid, P.10-11
559 https://www.unwomen.org/en/news/stories/2018/10/in-the-words-of-faidah-suleiman, last accessed on 7 Jan 2021.
560 It received 111,347 calls, 107,587 of which were silent, abusive, or harassing.
C-Sema (2020), Annual Report 2019, P.2
561 It is a legal term for "unnatural offence. It refers not sexual intercourse between genitals, such as vaginal intercourse, but sexual intercourse between non-genitals and genitals, such as anal intercourse and oral sex. It may also refer only to sexual intercourse between people of the same sex.

to ensure continuity of services[562]. UN Women is also advocating to the MoHCDGE and other relevant agencies to set up an SGBV helpline that can be used not only by Child Helpline but also by victims/survivors of non-child violence.

3) Establishment and Operation of One Stop Centres (OSCs)

An OSC to provide comprehensive services to victims/survivors of SGBV was planned with the support of relevant ministries, police, prosecutors, judicial organizations, international NGOs such as Save the Children, UNICEF, UNFPA, and DANIDA. After opening in Zanzibar in 2011, it has been established in the mainland of Tanzania. The establishment and operation of OSCs is under the jurisdiction of the MoHCDGEC, and they are located in medical institutions in each region (some OSCs are located in hospitals managed by the police). Each OSC is supposed to be available 24 hours a day, 7 days a week, and SGBV victims/survivors can receive free medical services, psychosocial support and referral to judicial services such as legal aid, police response. At the time of drafting the NPA-VAWC (2016), four OSCs had been established, and the plan aims to establish 26 OSCs nationwide by 2021/22. But as of December 2020, only 14 OSCs had been established[563]. In order to establish a center, it is necessary to coordinate with many related organizations, and a certain amount of funds are needed to provide free services with judicial personnel and professional medical staff around the clock. However, the government has not been able to secure a sufficient budget for the establishment and operation of such centers[564].

5.1.3. Initiatives by International Organizations, Bilateral Aid Agencies, NGOs and Other Private Sector Organizations, and JICA

5.1.3.1. Efforts by International and Bilateral Organizations

In Tanzania, international organizations such as UN Women, UNFPA, and UNICEF are implementing SGBV-related programs and supporting relevant ministries and agencies. As a bilateral aid agency, USAID has a long track record of support in this area, and several other donors are supporting implementation. The following are some of the initiatives by donor agencies that were identified in the course of the study.

Table 5-9：List of International and Bilateral Aid Agencies working on SGBV in Tanzania

Organization	Detail
UN Women[565]	It supports the Government's efforts in promoting gender equality and empowering women. The main activities are as follows: ➢ Realizing Gender Equality through Empowering Women and Adolescent Girls This program is supported by KOICA and implemented in collaboration with UNFPA. It provides support to rural women and girls with the aim of socio-economic empowerment of women and adolescent girls. Project Period：3 years from October 2020 Budget：USD5,000,000 Target Area：Singida, Sinyanga Activities：Empowering female farmers, enhancing their access to value chains, strengthening their competitiveness in the market, or others ➢ Supporting the Government in developing and implementing gender policies and SGBV national strategies ➢ Promoting women's participation in political decision-making

562 https://tanzania.unfpa.org/en/news/stepping-support-national-child-helpline-116, last accessed on 7 Jan 2021.
563 Interview with UNFPA Tanzania on 2 Nov 2020.
564 Ibid
565 Interview with UN Women Tanzania on 27 Nov 2020.

Organization	Detail
	➢ Economic empowerment of women ➢ Reviewing key policies on trade, employment, energy and mineral industries to help address the needs of women traders, farmers and entrepreneurs ➢ Strengthening women's access to justice in collaboration with justice related organizations ➢ Strengthening implementation of the Gender Responsive Budget (GRB) It has been providing technical support for the implementation of GRB (Gender Responsive Budgeting in Public Policy), which Tanzania has adopted. ➢ Coordination of relevant institutions on gender equality, women's empowerment, and SGBV prevention and response ➢ Strengthening capacity and improving access to basic services for victims/survivors of SGBV It have been strengthening service delivery and improving access to SGBV victims/survivors through training for police officers deployed in PGCD and operational support for OSCs. ➢ Improvement of gender-related data collection system As one of the 12 target countries of the UN's international gender statistics project "Making Every Woman and Girl Count", it is providing technical support in organizing existing data, collecting statistics in line with gender indicators, and integrating SDG indicators.
UNFPA[566]	It has provided support in four areas: SRHR, youth empowerment, gender equality, and population and development. For SGBV, the following activities are being carried out within the framework of SRHR and gender equality. ➢ Technical support to the government in policy formulation, law making and their implementation ➢ Capacity building of service providers It has been providing training on standard procedures and basic services to SGBV-related service providers from national to local levels, including PGCD police officers and other police and administrative officials. ➢ Awareness-raising activities at the community level Activities are mainly aimed at transforming social norms, starting with community leaders and religious leaders to raise awareness. As an approach to transforming social norms and values, community dialogue is used to facilitate sessions in which staff members discuss SGBV and harmful practices within the community, based at the Knowledge Centre facilities that have been established in several communities. Training for community leaders on how to respond to SGBV cases in their communities and awareness raising activities for men are also conducted. ➢ Awareness-raising activities through the media Through television, radio, and community radio, it provides talk sessions to discuss traditional social norms and values, and information on services, support, and referral sources available to SGBV victims/survivors. ➢ Providing information related to SGBV Information is provided on women's empowerment, how women and girls can recognize their rights and get support for gender equality and prevention of SGBV. ➢ Implementation of "Realizing Gender Equality through Empowering Women and Adolescent Girls" in collaboration with UN Women ➢ Operational support for Child Helpline 116
UNICEF[567]	In order to expand the protection system for the prevention and response to violence, abuse and exploitation against children, which is one of the main targets of the NPA-VAWC, the following activities are being implemented ➢ Strengthen the legal and regulatory framework

566 Interview with UNFPA Tanzania on 2 Nov 2020.
567 https://www.unicef.org/Tanzania/what-we-do/child-protection, last accessed on 6 Jan 2021.

Organization	Detail
	➢ Establishment and strengthening of VAWC Protection Committees at the region, ward and village levels ➢ Strengthen capacity of regional social welfare offices ➢ Facilitate the establishment of PGCDs ➢ Strengthen capacity of local medical and health facilities including OSCs ➢ Identification and coordination of cases of violence and abuse against children across health, police and social welfare departments ➢ Supporting the operation of Child Helpline 116 ➢ Establishment of a comprehensive child protection management information system to provide statistical information ➢ Strengthening child protection systems in Burundi refugee camps
USAID[568]	➢ Community Health and School Welfare System Strengthening Program The National Integrated Case Management System has been introduced to prevent the transmission of HIV/AIDS and support victims/survivors of SGBV by training CCWs, supporting their activities, and informing them of policies and laws. It supports the establishment of VAWC protection committees at the region, ward, and village levels as defined by the NPA-VAWC, identifies victims/survivors of SGBV, supports referrals, and recommends HIV testing for victims/survivors of sexual violence. ➢ BORESHA HABARI（Tanzania Media and Civil Society Strengthening） BORESHA HABARI promotes gender equality and better governance through the media, and conducts awareness-raising activities through television and radio with the aim of empowering women to raise their voices and the impact they have, including increasing the number of reported cases. ➢ WAACHE WASOME（Let Them Learn） WAACHE WASOME supports girls in public secondary schools to continue their schooling and learning by conducting awareness-raising activities in schools and communities, motivating girls to attend school, training teachers and facilitators, and empowering girls through club activities. The program also teaches girls about the risks they face, including SGBV, and how to respond to them, with the aim of helping schools and communities avoid SGBV, strengthen their response when they are affected, and increase their resilience. In 2019, an early warning system on students at risk of dropping out of school was launched to identify students who are likely to drop out of school, such as teenage pregnancies and girls who have experienced SGBV (sexual violence from teachers and boys, sexual harassment in class, etc.) in school, and to proactively strengthening. Girls who are not attending school are being identified and encouraged to attend school in collaboration with local government and communities. In Tanzania, there are serious challenges for girls who have become pregnant and given birth to go back to school, so the focus is on preventive activities on how to avoid unwanted pregnancies in the first place. ➢ FEED the FUTURE It is working to develop the younger generation by strengthening their access to the value chain in agribusiness and increasing their economic empowerment. In addition to providing training on business, entrepreneurship and leadership, strengthening the linkages between the core generation and the younger generation in the community, and training on life skills, it also provides training on family planning, SRHR, and SGBV. In this context, the emphasis is on increasing the capacity to make more correct choices about SGBV, especially DV, unwanted pregnancy, and HIV/AIDS. In the case of teenage pregnancies and childbirths among the target population, appropriate referrals are made and information on accessing relevant services is provided. In addition, it also supports girls who are unable to attend school due to pregnancy in the schools covered by the WAACHE WASOME program mentioned above. ➢ Other activities include strengthening the capacity of PGCD and providing funding for the establishment of OSCs.

568 Interview with USAID Tanzania on 3 Nov 2020.

Organization	Detail
World Bank	Tanzania Secondary Education Quality Improvement Program (SEQUIP)[569] To improve enrollment and quality of education in secondary education, which has been free since 2016, the project improves teaching skills through professional development and IT training, strengthen STEM education, and support girls who drop out of school due to pregnancy. Girls who have dropped out of school are provided with AEP to help them continue their studies (See (3) in 5.1.2.1).
UK AID[570]	Scaling up Family Planning in Tanzania In order to enhance access to family planning services, following activities has been implemented; outreach activities in refugee camps, host communities, rural and urban areas; providing information on family planning services and SRH; improving services for victims/survivors of sexual violence; procuring materials and equipment for family planning; strengthening the supply chain; and training of service providers. The implementing organizations are UNFPA and Marie Stopes International.
KOICA[571]	Through funding to UN Women and UNFPA, Realizing Gender Equality through Empowering Women and Adolescent Girls is being implemented. In response to the impact of the COVID-19 pandemic, it has provided additional equipment and materials to support livelihood improvement.
DANIDA[572]	It supports advocacy on women's rights and awareness raising activities, and facilitates planning and establishment of OSCs. It also conducts activities to improve business skills and livelihoods of rural women to support prevention of SGBV and social reintegration of victims/survivors. In 2020, it supported the initiation of the process to formulate UNSCR 1325NAP.
The Government of Sweden[573]	It supports increased access to SRH services focused on adolescent men and women and young mothers to increase their opportunities to make informed choices about their sexuality. It also supports women to increase their political participation in decision-making and representation in politics, with the aim of enhancing women's leadership skills and changing gender norms for women to be accepted as leaders.

Source：Created by the author based on interviews and relevant documents

5.1.3.2. Efforts by NGOs and Other Private Sector Organisations

In Tanzania, there are many NGOs and other private organizations that are engaged in activities related to gender mainstreaming and gender equality, including prevention and response to SGBV. In this section, the activities of the organizations which were interviewed and the organizations and companies which were identified in the literature review are described.

1) Plan International Tanzania[574]

Plan International Tanzania is focusing on the elimination of FGM and child marriage in its prevention and response to SGBV. The main activities are as follows:

- Trainings on Girls
  It has been empowering girls through issue-based activities by comprehensively teaching them life skills, how to protect themselves from SGBV, where are places with risks in the community, what are the risks of SGBV (risk indicators), and building relationships inside and outside the school.
- Awareness-raising activities for tribal leaders, traditional leaders, religious leaders and men
  In order to involve men in the prevention and response to SGBV, it provides them with opportunities to

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569 https://www.worldbank.org/en/news/factsheet/2020/03/31/tanzania-secondary-education-quality-improvement-program-sequip, last accessed on 6 Jan 2021.
570 https://devtracker.fcdo.gov.uk/projects/GB-GOV-1-300415, last accessed on 6 Jan 2021.
571 Interview with UN Women on 27 Nov 2020.
572 https://um.dk/en/danida-en/strategies%20and%20priorities/country-policies/tanzania/, last accessed on 6 Jan 2021.
573 https://www.swedenabroad.se/en/about-sweden-non-swedish-citizens/tanzania/development-cooperation-with-Tanzania/, last accessed on 7 Jan 2021.
574 Interview with Plan International Tanzania on 26 Nov 2020.

learn about laws and policies, and to discuss the impact of FGM and child marriage on girl's physical and mental health. In many cases, tribal leaders are actively involved in FGM, keeping track of schedules and coordinating activities, so educating community and local leaders is effective.

- Operation od Safe Spaces
  Since there is often no one in the community or school that girls can trust to talk to, it runs a number of Safe Spaces as an environment where girls and women can feel safe to raise their voices and ask for help and information about SGBV. Safe Spaces are also used as bases for awareness-raising activities, and various dialogue sessions on SGBV are held not only for girls and women but also for their parents. Safe Houses for girls and women at high risk of SGBV are also being operated in collaboration with local NGOs, such as Hope for Girls and Women Tanzania, described below, where girls and women fleeing FGM and child marriage are sheltered and can stay temporarily (for 2~3 months) until the cutting season is over. Since the government does not run shelters, the need for these facilities is very high.

- Awareness raising on gender equality
  It conduct awareness-raising activities to communicate basic knowledge like what gender is or what SGBV is, and provide opportunities for people to think about that the norms they have traditionally accepted as normal (e.g., a husband beating his wife) are not normal.

- Capacity building on PGCD
  Training of PGCD police officers are provided on case management methods for SGBV victims/survivors, preservation of evidence and survivor-centered approach, to support them in gaining the knowledge and skills to respond appropriately.

- Coordination with VAWC Protection Committee
  In collaboration with Protection Committees set up at the Region, Word and Village levels, it has been helping communities improve their response to violence against children, including SGBV. The committees are composed of staff from various local administrations and community members such as lawyers, teachers or community health workers, and aim to help them become aware of what problems children are facing and understand appropriate responses.

- Awareness raising and dissemination of information on SRHR
  It provides education for girls and women about the services available at medical and public institutions, basic knowledge about pregnancy and childbirth, and the effects of teenage pregnancy.

2) Tanzania Women Lawyers Association (TAWLA)[575]

TAWLA is a local NGO established in 1990, whose membership consists of women lawyers and other judicial personnel, and conducts law and policy reviews, research, community awareness-raising activities, and media campaigns to promote gender equality. The main activities related to SGBV are as follows:

- Legal aid services
  It provides legal aid services available to women and children in need, including those who are unable to pay for access to judicial services. The service is available every Monday and Wednesday from 9:00 a.m. to 5:00 p.m. at the following locations: Dar es Salaam, Dodoma, Arusha, Mwanza, and Tanga. It

575 Interview with TAAWLA on 7 Dec 2020.

also provides legal aid through a dedicated hotline every Monday through Friday.

- Advocacy and review of gender-related law and policies
  It has been conducting comparative research on gender mainstreaming in constitutions and laws, baseline studies on gender mainstreaming, review of land laws and cases, and analysis of laws and policies related to SRHR, as well as advocacy for policy makers, judicial officials, parliamentarians, local governments, and other stakeholders based on these studies. In recent years, advocacy for changing the legal age of marriage for women has been conducted.

- Activities related to women's rights in land acquisition and use
  To ensure that policies and laws are implemented to promote women's rights in land acquisition and use, the Gender Land Task Force was established with other organizations to conduct policy analysis, training, capacity building of stakeholders such as local government, community leaders, land court members, and community members, members of land courts, and community members, preparation and distribution of simplified versions of land laws, and media campaigns through television and radio. Training for paralegals to support women in exercising their rights to land is also conducted.

3) TUSONGE[576]

TSONGE is a local NGO that supports vulnerable men and women, especially women (75% of direct beneficiaries are women). The main activities are as follows:

- Sustainable income generating activities
  It is economically empowering women in vulnerable positions. In order to support women to access income, economic benefits and economic activities and to lift them out of poverty, the project provides educational opportunities on financial literacy and supports small-scale livelihood improvement activities. In addition, since it is difficult for individuals to open a bank account, a group of about 30 women are organized to receive loans and cooperate to conduct business on their own initiative. Through these activities, they would not only be able to earn income but also be able to meet the educational needs of their children. The target group includes victims/survivors of SGBV. They teach agriculture, animal husbandry, dressmaking, and producing hygiene products according to the request of each target group. Many of the businesses are related to agriculture, such as small-scale vegetable gardens and farm work. The program also provides guidance on how to grow quality crops, how to access to the market to sell produced crops and negotiate the price so that it would not be unfairly reduced, and how to strengthen market competitiveness.

- Activities on social justice and social inclusion
  It conducts awareness-raising activities for community members, including men, on respect for human rights, promotion of gender equality, and elimination of SGBV. It also recommends that the perspectives of women and men (including the elderly, youth, people with disabilities) be included in all processes such as planning, implementation and M&E, in addressing development issues in communities, and has developed a checklist for social inclusion. Consultation is also conducted on international conventions ratified by the government, Tanzanian laws, policies and strategies, and what and how to implement

[576] Interview with TUSONGE on 17 Nov 2020.

them at the community level, and supports the process of putting laws and policies into practice.

- Implementation of ‘Advancing Equality through Human Rights Education’
  ‘Advancing Equality through Human Rights Education’, an SGBV-focused project funded by the Embassy of Canada, is scheduled for 2019~2023 to be conducted. It promotes the empowerment of women and girls and the participation of men and women in the community through capacity building, awareness raising, strengthening linkages with CBOs, and supporting stakeholders. The project also provides coaching to women on parenting skills and human rights education, as well as meetings and strategy development with decision-makers. The project was funded again after receiving high praise for the results of similar activities for four years starting in 2014.

4) Hope for Girls and Women Tanzania[577]

‘Hope for Girls and Women Tanzania’ is a local NGO established in 2017 in Serengeti, Mara. Region in Mara, there are many cases of FGM, child marriage and other forms of SGBV. Its main activities are as follows:

- Awareness raising at the community level
  Targeting community leaders, religious leaders and other relevant stakeholders, it is conducting awareness-raising activities using approaches such as community dialogues, film screenings, and extracurricular activities in schools, on what SGBV is and what its impacts are.

- Training on ‘Digital Champions’
  In order to make awareness-raising activities more effective and sustainable, and to increase the number of SGBV reports, volunteers called ‘Digital Champions’ are being trained. Digital Champions are selected from the female members of the VAWC Protection Committee in the community, and are trained on basic knowledge about gender and SGBV, how to use the smartphones provided by the organization to map safe and unsafe areas in the community, and report SGBV cases on the application. The smartphones are equipped with an Open Data Kit (ODK)[578] for real-time reporting and information gathering. Digital Champions are also responsible for organizing club activities for out-of-school girls. As of November 2020, there are 87 Digital Champions in Serengeti and 60 in Butiama (one from each community's VAWC Protection Committee).

- Operation of Safe Houses
  It operates two Safe Houses, one in Butiama and the other in Serengeti, Mara Region, to protect victims/survivors of SGBV. When the Safe Houses receives SGBV victims/survivors, it works with the PGCD to provide judicial services, counseling, referrals to medical facilities, and in some cases, essential items like food and clothing are provided. If victims/survivors don’t have any safe place for their own, they can also stay at the Safe House for a while. The organization has received many requests to set up Safe Houses in other areas, but have not been able to establish to lack of enough funds.

- Activities on Elimination of SGBV
  When a girl at high risk of FGM are protected, the Safe Houses keep the survivor until the end of the

[577] Interview with Hope for Girls and Women Tanzania on 24 Nov 2020.
[578] It is set of tools that allows users to send data collected using a mobile device to an online server.

cutting season. Then, together with the police, government officials or clinical psychologists, staff members visit the families and explain to them the effects of FGM on the body and that FGM is illegal. Once it is confirmed that the family has been convinced, a consent form is signed by the police and others, and the girl would be returned home. Following-up is conducted with the family and school every three months afterward. Digital Champions also provide more frequent follow-up. In many cases, however, the parents are preparing for the unveiling ceremony of the FGM and may feel embarrassed by the girl's escape and refuse to accept her back into their home. In such cases, the girl is kept in the Safe Houses and supported to attend school or vocational school. The organization also conducts ARP for the elimination of FGM.

5) Unillever Tea Tanzania[579]

Unilever Tea Tanzania has launched "Strengthening Unilever's Women's Safety Work to Prevent and Respond to Sexual Harassment and other forms of Gender-Based Violence" in partnership with UN Women in Mufindi and Nyombe in Iringa, where Unilever operates tea plantations, which will last for 2 years since 2019. Unilever Tea Tanzania is one of the largest private companies in the region, employing many local women. The focus on women's empowerment came about after a 2014 assessment found that women in the target communities were vulnerable to all forms of violence and had little voice in the household. The program is part of UN Women's global program "The Safe Cities and Safe Public Space", which has been promoted since 2010, and will target approximately 6,000 workers and their families, and up to 1,000 women small-scale farmers in the surrounding areas, with training and awareness-raising activities on SGBV aimed at ensuring that existing laws and policies are implemented and social norms and values are transformed. In implementation, the program is strengthening collaboration with various stakeholders, including the police, paralegals, community health workers, and religious leaders.

6) Crowd2Map Tanzania[580]

Crowd2Map Tanzania is a crowdsourcing initiative that has been working with UNFPA, Hope for Girls and Women Tanzania, and other organizations to coordinate a volunteer network effort to fill in the gaps on rural maps using Open Street Map, an open source mapping application, since 2015. Volunteers from all over the world fill in the information on an online platform using satellite images and other information, and volunteers in each region in Tanzania add the names of communities, schools, roads, or others on those filled locations. Once a child at risk of FGM is identified, it may be difficult to go to the house to protect girls in rural areas because the house is not marked on the map, so victim/survivor protection organizations use this additional information to respond to emergency rescue requests.

5.1.3.3. Efforts by JICA

In Tanzania, JICA has not implemented any initiatives specific to SGBV prevention or response, but it has resources and knowledge that can be utilized in the following related areas.

1) Agriculture

Agriculture is a key industry in Tanzania and is also a key driver of economic growth in the ODA Policy of the Government of Japan for Tanzania. JICA has been promoting gender mainstreaming in the agricultural

[579] https://www.unwomen.org/en/news/stories/2020/1/feature-un-women-and-unilever-team-up-in-tanzania, last accessed on 8 Jan 2021.

[580] https://crowd2map.org/, last accessed on 8 Jan 2021.

sector through the technical cooperation projects "Technical Cooperation in Supporting Service Delivery Systems of Irrigated Agriculture (TANRICE 1)" (2007-2012) and "Project for Supporting Rice Industry Development in Tanzania (TANRICE 2)" (2012-2019). As noted in 5.1.1.2, although about 70% of women in Tanzania are reported to be engaged in agriculture, they often work unpaid within the household and do not earn enough. They are also less competitive in the market than men due to problems of land use and acquisition, and limited access to productivity-enhancing technologies and equipment. In the two projects mentioned above, a gender mainstreaming model for rice farming support was established by adopting initiatives from a gender perspective, such as setting the ratio of male to female participants in training programs at 50:50, conducting gender awareness training, and assigning gender instructors to agricultural training centers[581]. As a result, it is reported that the cooperation between men and women in agricultural work has been strengthened, gender-trained participants have actively conducted awareness-raising activities in the community, and marital relations in the home have been improved and DV has been reduced[582]. In the successor project, in addition to the gender training, it is expected that SGBV training will be implemented, aiming to engage not only women but also men in prevention and response to SGBV. It would be effective to collaborate with the VAWC Protection Committee, which is being established in each Region, Ward, and village, to raise awareness, map local services, and provide information on PGCD and OSC services. In addition, support for the promotion of the activities of SACCOs and VICOBA[583], which are set as one of the indicators by NPA-VAWC to strengthen the financial access of women small farmers, could be considered.

2) Health

In the health sector, the technical cooperation project "The Project for Strengthening Hospital Management of Regional Referral Hospitals" (2015~2020) was implemented to improve the quality of Regional Referral Hospitals (RRHs), by "strengthening hospital management," "strengthening the organizational structure of referral hospitals," and "strengthening hospital governance through hospital management councils". Prior to this, from 2010 to 2014, the project "Strengthening Development of Human Resource for Health" was implemented, introducing the 5S-KAIZEN-TQM methodology to a total of 67 public hospitals in mainland Tanzania to help improve their work environment and work content. Although these projects do not specifically mention the need to identify gender issues or gender mainstreaming, interviews with project staff indicate that "there has been no need to have specific 'gender There has been no need to have specific 'gender perspectives' as their focus is on improvement of the tasks and problem solving"[584]. As part of efforts to improve the quality of health care services, there are many things that can be done in cooperation with the police and judicial officials, such as strengthening the capacity to deal with victims/survivors of SGBV and ensuring that Police Form No. 3 (see 5.1.5.5), which can only be filled out by medical personnel in public hospitals, is completed. In addition, since most OSCs for victims/survivors of SGBV are located in RRHs, it is important to strengthen the functioning and positioning of OSCs in the management of RRHs. Among the regions where OSCs have been established at RRHs, especially in Shinyanga Region, the percentage of women who have experienced sexual violence was the highest in the TDHS-MIS 2015-2016 as described in 5.1.1.3, RRHs have a significant role to play in the response to SGBV.

[581] JICA (2016), Country Gender Profile: Tanzania Final Report, P.45
[582] Ibid, P.45
[583] SACCOs and VICOBA are both savings and deposit cooperatives in villages.
[584] JICA (2016), Country Gender Profile: Tanzania Final Report, P.41

3) Local administration and governance

In order to support the promotion of decentralization in Tanzania, a participatory planning methodology, "Opportunities and Obstacles to Development" (O&OD) to all local governments, has been developed through the "Strengthening Participatory Planning and Community Development Cycle for Good Local Governance (2009-2014)" and "Strengthening Participatory Planning and Community Development Cycle Strengthening Participatory Planning and Community Development Cycle for Good Local Governance - Phase 2" (2015-2020)". These projects emphasized that residents solve their own problems to the extent possible, and that central and local governments support their spontaneous and proactive participation in the decision-making and implementation process. In terms of prevention and response to SGBV, the NPA-VAWC has established Protection Committees at the local levels, and they are expected to take a proactive role in addressing SGBV as a local issue. Since the members of these committees include local government officials, it is expected that a mechanism will be established to directly reflect the needs of SGBV at the community level through each committee in the participatory planning process promoted by the project. At the same time, the Gender Responsive Budgeting[585] introduced by the Government of Tanzanian will be further promoted in local administration, which will enable budget allocation and policy implementation that reflect the needs of communities related to SGBV prevention and response.

5.1.4. COVID-19 Infection Status and Its Impact on SGBV

In Tanzania, the first case of COVID-19 infection was confirmed on March 16, 2020, and by mid-May, 509 people had been infected and 21 people had died, but since then the number of infected people has not been disclosed. After the first case was confirmed, schools and universities were closed and parts of cities were closed as well, but in June, the government changed its policy and took its own measures without taking any special measures while neighboring countries introduced lockdowns and movement restrictions. After nearly three months of closure, all schools reopened on June 29, citing "a dramatic reduction in infection. As of the end of December 2020, there is no official data to measure the impact of COVID-19 on SGBV. Although there were no major restrictions on economic activities, the number of tourists from abroad decreased dramatically, and people working in the tourism and tourism-related informal sectors in the vicinity of major cities and national parks are said to have fallen into economic distress[586]. In addition, people were encouraged to refrain from using public facilities, which made it difficult for them to access health care and justice in some areas[587]. Based on the results of the literature review and interviews, the impact of COVID-19 on SGBV in Tanzania is summarized below:

1) Increased number of SGBV report

Since Tanzania does not have an SGBV hotline, it is not possible to confirm an increase in the number of SGBV calls. But it is reported that the newly established COVID-19 Hotline199 received many calls from SGBV victims/survivors as a result of the pandemic. Of the 4,200 consultations received in May, 2,000 were about SGBV[588]. In June, the Hotline received 13,000 SGBV reports and consultations[589].

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585 https://core.ac.uk/download/pdf/132687681.pdf, last accessed on 5 Jan 2020.
586 Interview with USAID on 3 Nov 2020.
587 Interview with UN Women Tanzania on 27 Nov 2020.
588 Interview with UN Women Tanzania on 27 Nov 2020.
589 https://data.undp.org/gendertracker/, last accessed on 6 Jan 2021.

2) Increased number of SGBV against children like child marriage and FGM

The number of cases of FGM increased during the school closure period. There were cases of girls living in boarding schools who were forced to undergo FGM while they were back home due to the closure[590], and cases of girls at high risk of FGM who were taken into care at Safe Houses run by NGOs[591]. Similarly, there are reports of an increase in unwanted pregnancies due to the closure of schools. In recent years, with the widespread use of smartphones, there have been more opportunities to meet the opposite sex through social networking sites during the closure period[592]。

In light of the fact that most perpetrators of SGBV are family members, relatives, or neighbors, the risk of children being exposed to violence, including SGBV, has increased as a result of prolonged stays at home[593]. In addition, child marriages were reported to have increased in households that were economically disadvantaged by COVID-19[594].

3) Lack of support for victims/survivors of SGBV and disruption of awareness-raising activities related to prevention.

Because medical facilities prioritized the response to COVID-19, women who had been sexually violated often did not receive adequate medical care. Pregnant and nursing mothers were also inadequately catered for, and in some cases were unable to give birth in hospitals[595]. In addition, the Government banned the gathering of large numbers of people in public spaces, which forced NGOs and CBOs to suspend their awareness-raising activities related to the prevention of SGBV[596].

4) Significant economic impact on women and increased risk of violence against vulnerable women

Some of the local markets were temporarily closed, and many of the beneficiaries of livelihood support, including SGBV victims/survivors, could not sell their products and were unable to earn any income. Even after the market reopened, shoppers did not visit the market as often as before it was closed, so many women lost their income[597]. In addition, some households lost their jobs. The pandemic had a significant negative impact on the economy, and there were cases of violence by the head of the household due to stress, and cases of forced sex in exchange for money or goods[598].

Tanzania is also highly dependent on the tourism industry, so even though there was no domestic lockdown, the economic impact on the tourism industry was significant due to the rapid decrease in the number of tourists from abroad. A high percentage of the younger generation worked in tourism-related industries such as hotels and restaurants, and among them, women were the most affected by the decline in income[599]. Women who were selling souvenirs near the national park in the Lake Zone sometimes engaged in sex trade with local people in exchange for money or goods because of the lack of tourists[600].

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[590] https://genderlinks.org.za/news/covid-19-exposed-girls-in-tanzania-to-fgm/, last accessed on 7 Jan 2021.
[591] Interview with Hope for Girls and Women Tanzania on 24 Nov 2020.
[592] Interview with Class for Everyone on 13 Oct 2020.
[593] Interview with Plan International Tanzania on 26 Nov 2020.
[594] Interview with UNFPA Tanzania on 2 Nov 2020.
[595] Interview with TUSONGE on 17 Nov 2020.
[596] Ibid
[597] Interview with TUSONGE on 17 Nov 2020.
[598] Interview with USAID Tanzania on 3 Nov 2020.
[599] Interview with USAID Tanzania on 3 Nov 2020.
[600] Interview with Hope for Girls and Women Tanzania on 24 Nov 2020.

As described in 1) to 4), information was obtained on the increase in child marriage and FGM due to the economic impact of prostitution and school closure. It was also reported that many women were unable to access public services due to restrictions on movement and assembly and tight medical facilities.

As of December 2020, there were no measures taken by the Tanzanian government to address the impact of the COVID-19 pandemic on SGBV. Many of the organizations interviewed mentioned strengthening their efforts within their existing programs, and none of them indicated that they had started new support related to SGBV. The information confirmed in the literature review and online interviews can be summarized as follows.

As the next, the actions taken by aid agencies and NGOs regarding the impact of the COVID-19 pandemic on SGBV would be described... As of December 2020, the Government of Tanzanian has not implemented any measures to address the impact of the COVID-19 pandemic on SGBV[601]. Even among the organizations interviewed, many mentioned strengthening their efforts within their existing programs, and none indicated that they had started new support related to SGBV. The information confirmed in the literature review and online interviews can be summarized as follows.

Table 5-10：Response to SGBV under COVID-19 pandemic by the Government, International Organizations and NGOs in Tanzania

Organization	Detail
UN Women[602]	➢ Additional provision of materials and equipment, such as sewing machines and smart phones, was made in support of existing women's livelihood improvement. ➢ It has been proposing to the police to establish an SGBV Hotline to deal with the increased number of SGBV due to the pandemic. It is expected to use it as an SGBV hotline even after the pandemic is over.
UNFPA[603]	➢ It supported the development of content for COVID-19 Helpline 119. ➢ In Child Helpline 116, which UNFPA has been supporting, guidelines to address SGBV under COVID-19, increased the number of counselors, and provided training to operators and counselors are supported. In addition, in collaboration with Child Helpline 116's contractor C-Sema, a chatbot #Malezi was developed to support adolescent males and females in obtaining information on SRHR and reporting SGBV cases. ➢ To cope with the increasing number of SGBV cases, OSCs and other services were disseminated, especially through the media. Since there was no lockdown but movement was somewhat restricted, the media was used to provide information effectively. ➢ SRH services were strengthened, Dignity Kits were distributed, and post-rape care kits were deployed in three refugee camps in Kigoma Region. ➢ In order to continue SRH services for women and girls, it conducted COVID-19 infection prevention and control training and provided PPE and other supplies at hospitals supported by existing projects.
OCHA	➢ In response to COVID-19 in Tanzania, an emergency appeal of about USD160, 000,000 has been prepared, and for SGBV, it is expected to strengthen the response to victims/survivors and strengthen prevention through awareness raising, information provision and advocacy[604].

601 https://data.undp.org/gendertracker/, last accessed on 6 Jan 2021.
602 Interview with UN Women Tanzania on 27 Nov 2020.
603 Interview with UNFPA Tanzania on 2 Nov 2020.
604 OCHA(2020), Flash Appeal for COVID-19 Tanzania July to December 2020

Organization	Detail
USAID[605]	➢ Awareness raising related to the prevention of COVID-19 infection and SGBV was conducted within the existing educational support programs
Plan International Tanzania[606]	➢ Sanitary products were distributed to approximately 300 girls. ➢ As part of risk communication in humanitarian crises, awareness raising activities related to SGBV prevention using media were conducted. Since more time spent at home keeps children exposed to risks for a longer period of time, awareness-raising activities at the community level, media campaigns, and posters and flyers on child marriage were conducted.
Hope for Girls and Women Tanzania[607]	➢ 62 girls targeted by FGM in Mara have been rescued and are being sheltered at Safe Space in Butiama and Serengeti, which provides shelter and vocational training to the girls and women who are protected.

Source：Created by the author based on interviews and relevant documents

5.1.5. Needs and challenges

In this section, the current needs and challenges related to SGBV measures based on the results of the literature review and interview survey, according to the analytical framework presented in Figure 1-4

5.1.5.1. Coordination, Monitoring and Evaluation and Data Collection and Management

Table 5-11：Status and Challenges on Coordination, Monitoring and Evaluation, and Data Management

Sectors	Status	Challenges
Coordination	▪ A central level coordination body, technical committee and thematic working groups have been organised to manage the implementation of the NPA-VAWC ▪ It defines the role and membership of a meeting body to coordinate the implementation of the NPA-VAWC at the regional, ward and village levels, which is currently being established with the support of donor agencies and NGOs in various regions.	▪ It is planned that more than the total 10,000 of committees will be established at the local administrative level, but it is supposed to be difficult to establish them independently in areas where there is no support from aid agencies or NGOs. ▪ Strengthening vertical coordination like central-regional-ward-village is needed.
Monitoring and evaluation	▪ The monitoring and evaluation of the NPA-VAWC is regulated by the MoHCDGEC and the respective Coordinating Councils.	▪ Inadequate monitoring and evaluation due to lack of staffing and capacity, and lack of data.
Data collection and management	▪ DHS, police crime statistics, medical data, or other relevant data, are collected and managed respectively. ▪ Management of Gender-related data is supported by UN Women ▪ GBV-MIS was deployed in humanitarian response in refugee camps in Kigoma Province	▪ A comprehensive SGBV database integrating medical, police, judicial and other data doesn't exist. ▪ Forms of violence other than SGBV (mainly sexual violence) dealt with by medical institutions and the police do not appear in the data, making it difficult to ascertain the actual situation.

The NPA-VAWC, the national plan for the elimination of VAWC, sets coordination and monitoring and evaluation as one of the eight strategies and aims to strengthen the coordination system to manage the implementation of the policy and the monitoring and evaluation system based on data. With regard to coordination, coordination meetings are to be established at the central and local levels to manage progress and make decisions, respectively, and member institutions and stakeholders are to be defined (see (3) in 5.1.2.2). However, a total of more than 10,000 Protection Committees are planned to be established at the local administrative level, and while UNFPA, USAID, and NGOs are taking the lead in supporting the establishment of these committees in some areas, in other areas, however, communities will have to take the initiative in establishing and managing them. In addition, the structure is such that all coordination meetings are linked at the central-region-ward-village level, with the MoHCDGEC at the central level and the PO-LARG in charge of collaboration and coordination for local administration, but it is not easy to coordinate such a huge number of meeting bodies. On the other hand, international organizations and NGOs have been conducting awareness-raising activities and collaborating with stakeholders based on Protection Committees

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[605] Interview with USAID Tanzania on 3 Nov 2020.
[606] Interview with Plan International Tanzania on 26 Nov 2020.
[607] Interview with Hope for Girls and Women Tanzania on 24 Nov 2020.

at the district and village levels, and it is expected that these committees will become the main body to promote prevention and response to SGBV in each region.

The NPA-VAWC is planning to comprehensively review the data collection and management and enhance it with systems and tools. At present, medical institutions, police, judiciary, Child Helpline 116, or other relevant organizations. Collect and manage their own data, and there is no database that can collect these data in an integrated manner. Police data is also recorded for cases handled by the PGCD, but it is not managed as a centralized data set. In the refugee camps in Kigoma Region, the GBV-MIS[608], a system for managing SGBV information, is used to manage the number of SGBV cases, but there are no concrete plans to introduce a system like the GBV-MIS for responses other than humanitarian assistance. Tanzania is one of the 12 target countries for the UN's international gender statistics project "Making Every Woman and Girl Count", and with the technical support of UN Women, various gender data is being developed, but the development of SGBV data has not yet been completed. In addition, the NPA-VAWC has estimated a budget of USD150 million over five years for data collection and management, but due to insufficient government budget allocations and donor funding, funding is not proceeding as planned[609].

5.1.5.2. Prevention and Awareness Raising

Table 5-12 : Status and Challenges on Prevention and Awareness Raising

	Prevention and Awareness Raising	
Sectors	Status	Challenges
Law and policy	▪ There is an article in the Constitution that prohibits discrimination against women. ▪ There are provisions in law to prevent sexual violence and FGM ▪ There are laws against having sexual relationship and marriage with students attending primary and secondary education. ▪ The NPA-VAWC 2017/18-2021/22 has been developed and is being implemented. ▪ UNSCR1325NAP is currently under development.	▪ No laws to prevent DV, IPV or inter-marital rape. ▪ Child marriage is not completely prohibited because the legal age of marriage for women is 15years (or 14years with permission) and there are conflicting legal provisions on child marriage ▪ There are customary and Islamic laws that contain discriminatory provisions regarding women's use and ownership of land. ▪ SGBV is not a priority issue in Gender policy or Gender strategy ▪ There are areas where FGM is often practised despite the law prohibiting FGM ▪ There is no provision for punishing those who arrange FGM. ▪ FGM for women over the age of 18 is not a criminal offence.
Police (Tanzania Police Force) Justice (Ministry of Constitution and Legal Affairs)	▪ PGCDs have been set up in police stations and police officers are responsible for SGBV prevention in their areas ▪ Regular SGBV training in police stations and SGBV training for police officers are provided in cooperation with international organizations and NGOs	▪ The number of female officers deployed in PGCD is insufficient. ▪ Police officers' understanding of the law, specific referral procedures, evidence preservation procedures and other practical matters may be inadequate.
Medical care (MoHCDGEC)	▪ 46% of sexually active single women and 32% of married women use some form of modern contraception	▪ The use of modern contraceptive methods among sexually active women aged 15-19 is 33.1%, less than 46% which is the average rate for the 15-49 age group.
Education (Ministry of Education, Science and Technology)	▪ Limited SRHR education and education on HIV/AIDS prevention is provided. ▪ Extra-curricular activities to educate students and teachers about SGBV are conducted by NGOs and international organisations	▪ There is no education on SGBV prevention or response in the formal curriculum. ▪ No comprehensive SRHR education or sexuality education in schools ▪ Girls and women who do not attend school find it difficult to buy sanitary products ▪ Inadequate training for teachers on prevention of SGBV ▪ No precautions are taken against SGBV in schools
Other public services	▪ Free Child Hotline receive VAC report and provide orientation for victims/survivors.	▪ No hotline on SGBV has been set up. ▪ Not enough awareness of what support and information services are available for victims/survivors of SGBV

In order to prevent SGBV, the first step is to develop a legal framework, but as stated in (3) in 5.1.2.1, there are no clear legal provisions for prohibiting DV, IPV, and internarial rape, and child marriage is not completely prohibited due to inconsistencies within the current legal system. In addition, no legal framework has been established for women's use and ownership of land and SGBV for men. The current gender policy and gender strategy, which were prepared in 2000 and 2005, respectively, do not clearly set the elimination of SGBV as a central issue and need to be revised to meet the current situation. On the other hand, the NPA-VAWC, which

608 Since international organizations and NGOs working on the SGBV response in humanitarian response have been collecting different data with different terminology and methods, it has been difficult to integrate them. This is a platform for SGBV data. It is currently being used to collect and analyze SGBV data for humanitarian assistance in 25 countries, including Tanzania.

609 Interview with UNFPA Tanzania on 2 Nov 2020.

has been implemented since 2017, sets clear strategies and indicators for the elimination of SGBV, especially VAWC, and the activities of the Government and donor organizations are based on this plan. However, as of December 2020, no public SGBV hotline, which is one of the basic infrastructures for prevention and response to SGBV, has been established. In light of the current situation where domestic violence and IPV are very common, there is a high need for a hotline where people can report, consult, receive counseling and referrals over the phone, and UNFPA is advocating to the government for its establishment. Training for police officers deployed to PGCD was conducted by UN Women in the past, and the training module was incorporated into the training at the police academy, and all police officers are now trained in case management of SGBV. But the quality of case management by police varies and needs to be more standardized[610].

In the education sector, sexuality education that incorporates elements of Comprehensive Sexuality Education (CSE)[611] developed and promoted by UNESCO has been a part of the school curriculum (not as a separate class, but as part of science and social studies classes). However, it is not sufficiently implemented due to lack of skills of teachers and consideration of local religious and cultural practices[612]. Teenage boys and girls do not have the opportunity to acquire correct knowledge about contraception and sexually transmitted diseases, despite the fact that teenage pregnancy definitely exists because correct sexual knowledge and information is not taught in schools to prevent unwanted pregnancies[613]. According to TDHS-MIS 2015-2016, 46% of sexually active single women, that means single women who have had sexual intercourse in the 30 days prior to the survey, and 32% of married women use some form of modern contraception like condoms, IUDs and pills, compared to 33% of sexually active women aged 15-19. The number of women using contraceptive methods is low compared to other generations[614].

[610] Interview with UN Women Tanzania on 27 Nov 2020.
[611] CSE is defined as "provision of young people with age appropriate, scientifically accurate, nonjudgmental and culturally relevant information and opportunities to explore attitudes, practice decision making, communication and other skills needed to make informed decisions about their sexual and reproductive sexual and reproductive health and well-being". At the beginning of the program, the focus was on sex education for the prevention of HIV/AIDS infection, but now the content is not only about children and sex, but also about human rights, gender, and diversity. In 2013, UNESCO and the Ministers of Health and Education of 20 countries in East and Southern Africa agreed to introduce CSE in each country, and the implementation of CSE has been promoted. UNESCO (2015), Comprehensive Sexuality Education in Teacher Training in Eastern and Southern Africa
[612] Magreth Bilinga et al (2014), Teaching Sexuality Education in Primary Schools in Tanzania: Challenges and Implications
[613] Interview with USAID Tanzania on 3 Nov 2020.
[614] United Republic of Tanzania (2016), Demographic and Health Survey and Malaria Indicator Survey 2015-2016, P.141

5.1.5.3. Protection of Victims/Survivors

Table 5-13 : Status and Challenges on Protection of Victims/Survivors

	Protection of Victims/Survivors	
Sectors	Status	Challenges
Law and policy	▪ Specific targets for the protection of victims/survivors have been set in the NPA-VAWC	▪ The NPA-VAWC is not generally known to the public
Police (Tanzania Police Force) Justice (Ministry of Constitutional and Legal Affairs)	▪ The PGCD, where police officers corresponding to the SGBV are posted, is located at 420 police stations across the country. ▪ A PF3 is created by the police and medical authorities when a victim/survivor of sexual assault seeks to prosecute the perpetrator. ▪ An SOP for police response to SGBV has been developed, which requires that if the police receive a report from a victim/survivor of rape or sexual assault, they should be directed to a medical facility within 72hours. ▪ Vulnerable women and children are entitled to receive legal aid.	Availability ▪ Few organisations and paralegals are able to provide legal aid. Accessibility ▪ Police stations and PGDC are geographically too far away to visit without transport or transport costs ▪ Victims/survivors have to go back and forth between the police station and the hospital to get PF3. Acceptability ▪ Few PGCDs have the adequate facilities and equipment to meet the guidelines. ▪ Many PGCDs with no individual buildings allocated. ▪ Police officers tend to avoid dealing with DV as a 'family matter' ▪ Trust for police and judiciary is not sufficiently fostered among the public. ▪ Victims/survivors receive blaming from police officers after reporting cases ▪ Victims/survivors may be charged for on-site support and for issuing documents by police Quality ▪ Police officers do not enough understand the law and SOPs. ▪ Procedures for dealing with SGBV in the judicial process have not been established
Medical care (MoHCDGEC)	▪ In some regions, OSCs have been established to provide comprehensive services (medical care, psychosocial care, police and judicial referral) to victims/survivors of SGBV free of charge. ▪ Medical institutions are responsible for providing treatment, counselling, testing for HIV/hepatitis B/sexually transmitted diseases, prescribing emergency contraceptives, and assisting in the preservation of evidence to victims/survivors of rape and sexual assault.	Availability ▪ Low number of OSC installations ▪ Abortion is prohibited in cases of pregnancy resulting from rape, and unsafe abortions are widely practiced. Accessibility ▪ OSC is geographically too far away to be accessible ▪ Medical institutions other than OSCs require medical fees to SGBV victims/survivors. Quality ▪ Insufficient SGBV training and supply of materials and equipment to OSC staff ▪ Some OSCs are not staffed and equipped according to the guidelines.
Education (Ministry of Education, Science and Technology)	▪ Schools are responsible for identifying students who are at high risk of SGBV, and for immediately referring to the relevant authorities and initiating a response if a student is a victim/survivor of SGBV.	▪ Students may be exposed to SGBV by other students or teachers at school ▪ Most pregnant students are expelled. ▪ Identifying pupils at risk of child marriage and FGM in advance and preventing them from dropping out are not implemented enough.
Other public services	▪ Free Child Hotline receive VAC report and provide orientation for victims/survivors.	▪ Some communities do not have an established referral process. ▪ There are no public shelters or Safe Spaces, and most facilities are run by NGOs, many of which lack the funds to run them.

The OSCs being set up by the MoHCDGEC are still few in number and most of them are located at RRHs in the central part of the region. The services provided are free of charge, but access is difficult for those living in remote areas due to the cost of transportation. In addition, there are currently three OSCs in Dar es Salaam, but one of them has not been officially approved by the MoHCDGEC because its facilities and quality do not meet the guidelines for the establishment of OSCs[615]. There is an urgent need to expand the facilities and equipment of OSCs and PGCDs, improve the quality of services provided, and strengthen the capacity of staff. In addition, while it is estimated that each victim/survivor of SGBV costs USD38-53[616], most of the OSCs operate with donor funding and technical support, so the sustainability of the facility operation must be considered.

When people are affected by SGBV, few of them report to the police, and most of them consult their family members, community leaders, or other people close to them. Through awareness-raising activities by the MoHCDGEC and other government agencies and NGOs, such as OSC, PGCD, and legal aid, it must be widely known within the community what services are available and where. Although SGBV training is regularly provided to police officers within the police force, there are many cases where people do not report

615 Interview with TAWLA on 7 Dec 2020.

616 USAID (2015), Costs of Delivering Services for Gender-Based Violence at Health Facilities in Tanzania, P.10

the incident for fear of harassment or bribery demands from police officers. Therefore, it is necessary to provide comprehensive training not only on response procedures but also on professional ethics and survivor-centered approach to service providers and duty bearers[617].

5.1.5.4. Rehabilitation and Social Reintegration of Victims/Survivors

Table 5-14 : Status and Challenges on Rehabilitation and Social Reintegration of Victims/Survivors

	Rehabilitation and Social Reintegration of Victims/Survivors	
Sectors	Status	Challenges
Law and policy	▪ The importance of supporting victim/survivors' rehabilitation and social reintegration into society has been mentioned in policies. ▪ The law requires the perpetrator to pay compensation to the victim/survivor.	▪ No concrete policies have been formulated at the central or local level for the autonomy and social reintegration of victims/survivor. ▪ Compensation would not be paid until the perpetrator has served the sentence.
Medical care (MoHCDGEC)	▪ Medical institutions have a role to provide a continuum of care after being affected by SGBV.	▪ Treatment and transport costs is required for ongoing counselling services to address HIV, sexually transmitted infections, trauma and PTSD
Education (Ministry of Education, Science and Technology)	▪ It is practically impossible for girls who have experienced pregnancy and childbirth to return to public schools. ▪ Supporting the education of pregnant and childbearing girls is provided by UN, NGO and other programmes (e.g. providing their own educational programmes and childcare services)	▪ Girls who drop out due to pregnancy or childbirth are almost always expelled from school, and few are able to return to school. ▪ The Government and World Bank programmes encourage girls who become pregnant or give birth to use alternative means of education.
Other public services	▪ There is a public fund WDF that gives grants to women's groups. ▪ The NPA-VAWC recommends the establishment of SACCOS and VICOBA	▪ No public services aimed at the autonomy and reintegration of victims/survivors of SGBV is exist. ▪ The budget size of the public funds is small and it is not easy to obtain.
Other	▪ NGOs have implemented livelihood support programmes.	▪ Women who become pregnant in their teens are likely to have shorter periods of education and therefore less likely to find work and more likely to be economically deprived ▪ Most livelihood support is provided by NGOs and relies on donor funding, which does not ensure sustainability

There is no public support for the rehabilitation and social reintegration of SGBV victims/survivors by the Government. International organizations and NGOs provide livelihood support and vocational training, but all of these are dependent on donor funding and don't ensure sustainability. The NPA-VAWC has as its indicator the promotion of women's economic empowerment through the establishment of systems such as village savings associations and the strengthening of access to financial services, but the establishment of SACCOS or VICOBA requires professional support from NGOs and other organizations, and operation is difficult without regular follow-up after commencement... Although compensation for victims/survivors of sexual violence is provided by law, it isn't easy to actually receive payment because it must be paid after convicted perpetrators complete their sentence (the penalty for sexual violence is more than 30 years in prison). Pregnant and childbearing girls are virtually unable to return to school and often marry outright. However, if they have access to NGOs and other support, they can receive vocational training and livelihood support. In addition, they can't go back to just public schools; enrollment in private schools is not considered a problem, so they may be able to attend private schools if their parents have the financial means to do so.

617 Interview with NGO.

5.1.5.5. Prosecution and Rehabilitation of Perpetrators

Table 5-15: Status and Challenges on Prosecution and Rehabilitation of Perpetrators

	Prosecution and Rehabilitation of Perpetrators	
Sectors	Status	Challenges
Law and policy	▪ There are provisions in the law to punish perpetrators of sexual violence, FGM and the sexual exploitation of girls attending public schools.	▪ DV, IPV and intra-marital rape are not defined as crimes. ▪ Often perpetrators are not prosecuted, even though the law requires it. ▪ Perpetrators often try to avoid prosecution by unofficially offering settlements or marriage to the victims/survivors.
Police (Tanzania Police Force) Justice (Ministry of Constitutional and Legal Affairs)	▪ PGCD and other police officers in each police station have a role to investigate SGBV cases and arrest perpetrators. ▪ After completing the investigation,the case will be referred to the prosecutor if it is deemed necessary. ▪ PF3s produced by police and medical institutions are used as evidence ▪ The prosecutor's office will review the evidence, and if it is deemed appropriate to prosecute, the case will be brought to the court, if it is deemed necessary ▪ Police officers have been trained on how to preserve evidence and investigate SGBV	Availability ▪ Fewer female prosecutors and judges ▪ No psychosocial care or counselling is provided in prison ▪ There is no rehabilitation programme in terms of relapse prevention Acceptability ▪ Police may charge a fee for creating a PF3 ▪ Police may not prosecute suspects for accepting bribes ▪ Judicial officials may recommend informal settlements. Quality ▪ Initial police response may be inadequate to preserve evidence and prosecute suspects ▪ The prison is not kept in an appropriate environment
Medical care (MoHCDGEC)	▪ If a victim/survivor of sexual assault wishes to prosecute the perpetrator, a PF3 will be completed by the healthcare provider	Acceptability ▪ Some healthcare professionals do not complete PF3 ▪ Some health professionals will not treat a victim/survivor unless they have PF3 in advance. ▪ Many medical institutions charge a fee for the creation of PF3, though it should be free of charge.
Education (Ministry of Education, Science and Technology)	▪ NGOs and other organisations are working in some schools to raise awareness of the need to avoid becoming a perpetrator of violence through extra-curricular activities	▪ There is no education or awareness-raising to prevent people from becoming perpetrators of violence, except in some schools. ▪ No recurrence prevention training is provided

In order for a victim/survivor of violence to file a complaint against a perpetrator, a Police Form No. 3 (PF3) needs to be completed. This is a form that can only be issued by the police station, but the victim/survivor has to go back and forth between the police station and the hospital to fill out the form because the doctor has to fill out some parts of the form issued by the police. There is no police presence at OSCs, so even if the victim/survivor is treated at an OSC, he or she has to go to the police station where the referral is made. It is reported that some doctors mistakenly believe that the victims/survivorshould not be treated without a PF3, and in such cases, the victim/survivor may be asked to go to the police station and then back to the hospital[618]. There are also doctors who refuse to fill out the PF3 because they are under the misconception that if they fill out the form, they will have to testify in court, and they cannot testify from a professional point of view, or they are too busy to attend court[619]. Many hospitals charge a fee for filling out a PF3, around Tshs. 5,000 in Dar es Salaam and Tshs 2,000 to Tshs 3,000 in other areas of the country[620]. The difficulty in obtaining PF3 is one of the factors that prevent the prosecution of perpetrators.

In many cases, forensic evidence is not properly preserved, which makes it nearly impossible to prove the existence of genital penetration, and even when it is possible to prosecute, it is difficult to obtain a conviction. Many prisons do not provide adequate conditions, such as housing more inmates than they can hold or not providing enough food, electricity, and water[621]. In the absence of detention of pre-trial defendants and inmates in the same facilities, and the division of residential areas according to age and seriousness of crime, little psychosocial support and rehabilitation programs are provided to rehabilitate perpetrators and prevent recurrence.

618 USAID(2016), Lessons from Gender-Based Violence Initiative in Tanzania, P.16

619 Ibid

620 Tanzania Women Lawyers Association (2014), Review of Laws and Policies related to gender based violence of Tanzania mainland

621 US. Department of States (2019), 2019 Tanzania Human Rights Report

5.2. The Result of the Second Round of the Research in Tanzania

In the second round of the research, no field research was conducted for Tanzania, but an additional online desk research and review of pilot studies were conducted. This section describes the results of the additional research, an overview of the pilot studies and proposals of new JICA interventions.

5.2.1. Results of Additional Data Collection and Analysis

In Tanzania, former President John Magufuli died in mid-March 2021, and then Vice President Samir Suluhu Hassan from Zanzibar took over as president. While there have been no changes in gender or GBV policies as a result of the change in presidents, the policy announced by former President Magufuli regarding the treatment of pregnant female students in public schools has been reversed. The former president had indicated in 2017 that he would not allow pregnant girls to continue their education or return to school (see 5.1.1.3), but in November 2021, Joyce Ndalichako, Minister of Education, Science and Technology, stated that "pregnant school girls will be allowed to continue with formal education after delivery", indicating that the new government would change the policy of former President Maguful[622].

In accordance with the old policy, many public schools have been conducting compulsory pregnancy tests and expelling pregnant female students, but this change will allow them to keep enrolling in school or return to school after delivery without being forced to drop out if they become pregnant. Although it has not been confirmed what measures have been taken at schools since the Minister's announcement, it is expected that girls who have had to drop out of school due to pregnancy will be able to continue their education. On the other hand, since teenage mothers are often in a vulnerable socio-economic position, a change in government policy alone is not enough; there is a significant needs to establish a system that can provide comprehensive and continuous support for pregnant and childbearing girls, including support during pregnancy, postpartum care, and infant care.

5.2.2. Monitoring of the pilot study

In Tanzania, a pilot activity has been conducted, and the second round of the research remotely monitored the pilot study. A summary of the pilot study is as follows:

Table 5-16：The Summary of the Pilot Study (Tanzania)

Items	Detail
Partner	Legal and Human Rights Centre (LHRC)
Project Period	October 2021 ~March 2022 (6 months)
Target Are	Mwananyamala Regional Referral Hospital (RRH and its surrounding area, Dar es Salaam Region
Outline	➢ Strengthen the capacity of OSCs established at Mwananyamala RRH ➢ Conduct SGBV training for OSCs and medical staff at RRH ➢ Strengthen the system for prevention and response to SGBV, including the VAWC Committee in the area surrounding Mwananyamala RRH ➢ Conduct SGBV training for local stakeholders such as police (PGCD) and VAWC Committee members ➢ Conduct educational activities for local residents on SGBV prevention and response ➢ Development of awareness-raising tools

622 https://www.aljazeera.com/news/2021/11/24/tanzania-allow-students-attend-school-after-giving-birth, last accessed on 24 Dec 2021

In Tanzania, the MoHCDGEC has been promoting the establishment of OSCs as facilities to provide comprehensive support to victims/survivors of SGBV (see 5.1.2.3). By the end of 2021, 14 OSCs have been established nationwide, but even in areas where OSCs exist, many residents are unaware of their existence and role. In addition, some OSCs are not able to provide the required level of service because of insufficient training and other technical support for the personnel and staff assigned to them... Among the three OSCs established in Dar es Salaam, this pilot study has been enhancing the capacity of the Mwananyamala Regional Referral Hospital (RRH), as well as the capacity of the VAWC Committee (see 5.1.2.2 3) and PGCD (see 5.1.2.3) established in the surrounding areas, and strengthening their mutual cooperation would contribute to the establishment of an appropriate system for prevention and response to SGBV in the area.

The OSC at Mwananyamala RRH is open from 9:00 to 15:30 on weekdays and does not operate on weekends. Although the guidelines stipulate that OSCs should be available to victims/survivors 24 hours a day, the OSC at Mwananyamala RRH is staffed by only one doctor and one social worker from the medical staff of the RRH, making it difficult to provide services 24 hours services. Also, procurement of medical materials and medicines is not sufficient[623]. Although it would be desirable for the medical staff of Mwananyamala RRH to take turns in responding to OSCs, training on SGBV and training especially on responding to sexual violence are not sufficiently provided. In order to improve the capacity to deal with victims/survivors of SGBV, technical training was conducted not only for staff in OSCs but also for the entire medical staff of RRH. A questionnaire survey conducted prior to the training revealed that the role of the OSCs was not well known even within Mwananyamala RRH, and 35% of the 163 respondents were unaware of the OSCs' existence even though it was located within the same hospital. Many of the staff members also perceived that they had no or inadequate knowledge or experience on how to deal with victims/survivors of SGBV (e.g. case management, forensic measures, survivor-centered approach, first aid for victims/survivors of sexual violence).

A three-day training on SGBV was conducted in November 2021 and attended by 33 medical staff including doctors, nurses, laboratory technicians and social workers from RRH, as well as education officers, gender officers, social welfare officers and PGCDs from the area. The training covered various topics such as laws and policies related to SGBV, survivor-centered approach, case management techniques, evidence preservation methods, medical measures for victims/survivors, and resources available in the area. A pre-post comparison of the training confirmed that the participants' knowledge and understanding of many items such as SGBV and its related concepts, the role of OSCs, appropriate responses to victims/survivors of SGBV, and relevant resources in the region had improved. In addition, a capacity building training for PGCD in Kinondoni district, where Mwananyamala RRH is located, was conducted in December 2021 and 49 participants attended.

As of January 2022, the following outcomes and results have been identified through this pilot activity

- At Mwananyamala RRH, forensic examinations that were previously handled by one laboratory technician are now being conducted by three technicians in order to strengthen capacity including response to SGBV victims/survivors.

[623] Interview with staff in OSC at Mwananyamala RRH on April 2021.

- It is expected that Mwananyamala RRH would be able to properly conduct forensic examinations of physical evidence in sexual violence cases. However, some of the technicians have never used the examination kits for sexual violence before, and it has become clear that comprehensive technical training for dealing with SGBV victims/survivors is still needed[624].
- The management of Mwananyamala RRH has started to consider 24/7 operation of the OSC to improve the current situation where the OSC is closed until 15:30 on weekdays and completely closed on weekends and holidays.
- The establishment of OSCs is one of the policies set out in the NPA-VAWC 2017/18-2021/22, the national policy for the elimination of VAWC, and it is expected that OSCs will be established throughout Tanzania. The function of One-Stop Centers, which provide comprehensive support to victims/survivors of SGBV, have a wide range of services such as medical, judicial, and psychosocial support, which requires a multi-sectoral approach from related ministries and agencies. However, at present, it is not clear which organization is responsible for what on the operation of OSCs, and there is no sufficient arrangement for staffing and budget allocation for the operation. Because of the multi-sectoral approach for OSCs, it is necessary to clarify the responsibilities of all institutions involved and to institutionalize the operation of OSCs in relevant policies to ensure the quality and sustainability of the services.
- Two sexual violence cases, both cases of children who were sexually violated in the yard of their homes that came to light through this pilot study were promptly refurbished and the victims/survivors were properly protected.

Awareness-raising tools such as documentary videos, posters, and flyers have already been created for use in the awareness-raising activities, and it is planned to conduct awareness-raising activities for the VAWC Committee, schools, and other stakeholders in the community after January 2022.

5.2.3. New Interventions for Elimination of SGBV

Based on current status and challenges described in 5.1.5, and in light of experience and comparative advantages in providing assistance by JICA side in Tanzania to date, and JICA schemes, knowledge and experience that can be utilized, following two ideas are proposed to address the issues identified:

Table 5-17：Intervention for Tanzania 1

Items	Details
Overview	As a facility that provides comprehensive support to victims/survivors of SGBV, the capacity of OSCs to respond in accordance with the survivor-centered approach is strengthened. Specifically, a pilot hospital is selected from 14 OSCs to strengthen its capacity to provide more effective support to victims/survivors of SGBV through 1) conducting training for staff to deepen their understanding of the survivor-centered approach, 2) enhancing the response capacity of OSCs through the development of guidelines, and 3) establishing a collaborative system and response model for prevention and response to SGBV based on OSCs.
Project objectives	Capacity to deal with victims/survivors of SGBV in accordance with the survivor-centered approach in OSCs is strengthened.
Scheme	Individual Expert

[624] It was confirmed that not only laboratory technicians but also physicians and other medical staff do not have sufficient knowledge about forensic testing (based on reports from the organizations implementing the pilot study).

Items	Details
Counterpart	MoHCDGEC
Partner organizations	➢ Regional Referral Hospitals ➢ Regional Department of Health ➢ PGCD ➢ VAWC Committee ➢ Local administrative officer on gender ➢ NGO, CSO
Expected outcomes	1. Promote understanding of the survivor-centered approach among health care providers and relevant staff, including OSC 2. Clarify the procedures for responding to victims/survivors of SGBV by health care providers, including OSC, and relevant staff. 3. Strengthen the capacity of health care workers to respond to victims/survivors of SGBV, especially victims/survivors of sexual violence 4. Establish collaboration among local stakeholders in SGBV prevention and response, such as PGCD, VAWC Committee, gender officers, and school officials, led by OSC. Local level response model for SGBV elimination is also established 5. Conduct awareness-raising activities among local residents using the awareness-raising tools developed in the pilot study, and understanding of the efforts to eliminate SGBV is promoted.
Remarks	Many of OSCs are located in the regional referral hospitals (RRHs), which are the core hospitals in the region. JICA has been strengthening health administration in RRHs through projects such as "Project for Capacity Development in Regional Health Management, and its Phase 2" (2008~2011, 2011~2014) and "Strengthening Management of Regional Core Hospitals" (2015~2020). JICA has been strengthening the health administration of provincial referral hospitals through projects such as "Project for Capacity Development in Regional Health Management, and its Phase 2" (2008~2011, 2011~2014) and "Project for Strengthening Hospital Management of Regional Referral Hospitals" (2015~2020). JICA is considered to have a network not only with the MoHCDGEC, but also with regional health departments and RRHs, and the management that contributes to the operation of OSCs (Mwananyamala RRH, which is the target of the pilot study, was also one of the RRHs supported in the project).

Table 5-18：Intervention for Tanzania 2

Items	Details
Overview	The SGBV hotline, one of the basic infrastructures to support victims/survivors of SGBV, has been established and operated in many countries and is being used to support victims/survivors, but in Tanzania, there is no official SGBV hotline and victims/survivors do not have the tools to report or consult about the cases. Therefore, the project aims to strengthen the protection system for victims/survivors of SGBV through 1) building a referral system to support victims/survivors of SGBV, 2) establishing and operating an SGBV hotline/call center, and 3) conducting awareness raising activities related to prevention and response to SGBV.
Project objectives	The establishment and operation of the SGBV hotline strengthen the protection system for victims/survivors of SGBV.
Scheme	Technical Cooperation
Counterpart	MoHCDGEC
Partner organizations	➢ OSCs ➢ Medical Institutions ➢ Ministry of Constitution and Legal Affairs ➢ PO-RALG ➢ PGCDs ➢ Local governments

Items	Details
	➢ NGO, CSO
Expected outcomes	1. A referral system for support of SGBV victims/survivors is established in collaboration with MoHCDGEC, PGCDs, OSCs and other relevant organizations for handling SGBV victims/survivors 2. SGBV hotline/call center is established to support SGBV victims/survivors and share information. 3. SGBV hotline/call center operation strengthen the protection system for SGBV victims/survivors 4. Awareness-raising activities for local residents using the awareness-raising tools developed in the pilot activities are conducted to promote understanding of the efforts to eliminate SGBV.

Chapter 6 : The Result of the Research in the Republic of Madagascar

6.1. The Result of the first Round of the Research in Madagascar

6.1.1. Overview

6.1.1.1. Social and Economic Situation

The Republic of Madagascar (hereinafter referred to as "Madagascar") is an island nation consisting of Madagascar Island and surrounding islands in the West Indian Ocean off the southeastern coast of Africa. The population of Madagascar is approximately 26.97 million people[625], most of whom are of Malay and African descent, and consists of about 18 tribes, including the Melina and Vetireo[626]. The official languages are Malagasy and French, and French is used for official documents.

Since its independence from France in 1960, the country has repeatedly experienced political crises caused by coups d'état and other events, which have worsened the economy and created a vicious cycle of new political instability[627]. In terms of the administrative structure, the country followed the administrative division of the French colonial period even after independence, but as a result of legislation for restructuring, it was decided in 2015 that the country would have a four-tier structure of provinces, Prefectures, districts, and arrondissements Administratifs (6 provinces, 22 Prefectures, 119 districts,). There is also a smaller traditional administrative unit called 'fokontany', where the traditional leader of the community often serves as the head of the fokontany.

GNI per capita is USD520 in 2019 (Atlas method), which is not enough high in sub-Saharan Africa, but the economic situation has been recovering since the political crisis was resolved in 2009, with GDP growth reaching 4.9% in 2019 (GDP breakdown is: primary industry: 24%, secondary industry: 18%, and Tertiary industry: 58%)[628]. Almost 80% of the population is engaged in agriculture, and the country is a major exporter of agricultural products such as spices (vanilla, cloves, etc.) and coffee, as well as rich in marine resources such as fish and shellfish. The major industries are construction, which is expected to be in demand in the medium to long term, tourism, which takes advantage of its unique biodiversity, and mining, including platinum, gold, and nickel. The national development plan ' Plan National de Development 2015-2019 (PNC)' focuses on 5 priorities: 1) governance, rule of law, security, decentralization, democratization, and national unity; 2) macroeconomic stability and promotion of national development; 3) inclusive growth and integrated regional development; and 4) human resource development for national development; and 5) adding of value to natural resources and strengthening resilience to natural disasters. As a result of the efforts made so far in accordance with the PND, there has been a gradual improvement in the economy, education, health and other sectors. However, 77% of the population still lives below the international poverty line (USD1.90/day), and poverty remains a major social issue[629].

While Madagascar is blessed with abundant natural resources, it is also prone to disasters and vulnerable to climate change. In particular, the southern part of the country has been suffering from natural disasters such as droughts, cyclones, and floods for many years. Combined with that poverty has limited access to basic

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[625] https://data.worldbank.org/country/MG, last accessed on 9 Feb 2021.
[626] https://www.mofa.go.jp/mofaj/area/madagascar/data.html#section1, last accessed on 9 Feb 2021.
[627] JICA(2019), [JICA County Profile; Madagascar] Madagascar kyouwakoku JICA kunibetsu bunseki paper, Japanese
[628] https://data.worldbank.org/indicator/NY.GDP.MKTP.CD?locations=MG, last accessed on 9 Feb 2021.
[629] In 2019, when Mr. Rajoelina, who headed the interim government after the coup of 009, became president, a new National General Policy (PGE: Politique Générale de l'Etat) was formulated, which aims to become "an emerging country based on solidarity for the pride and well-being of the Malagasy people. In line with this policy, the PND 2019-2023 was supposed to be formulated, but as of December 2020, it has not yet been announced.

services such as health, water, and sanitation, natural disasters have developed into a serious humanitarian crisis. The ongoing drought in the south of the country over the past few years has resulted in 1.27 million people in need of assistance, including food and water supplies. OCHA issued an emergency appeal in December 2020, asking the international community for USD 75,900,000 in support[630].

6.1.1.2. Gender Disparities

In Madagascar, male-dominated social norms are strong and often described as "male is strong and female is weak" (the weak gender is called "Fanaka Malemy (Fragile Furniture)")[631]. While men, as the "head of the family," have various powers and decision-making authority, married women are considered to be in a subordinate position to their spouses, and are mainly engaged in unpaid work at home, such as housework, childcare, nursing care, and helping in the family business[632]. In this context, public support for women and vulnerable groups is inadequate, and other than support from international organizations and NGOs, community connections are almost the only important safety net for women[633]. Male-dominated social norms tend to make women socially and economically vulnerable, but it is not easy for women to change such community norms or break traditional culture, such as a custom that women are called "Akoho vavy maneno" (a hen that cackles)[634].

The 2020 Gender Gap Index (GGI) shows no significant difference in labor force participation rates, and estimated annual incomes are generally similar, although men's are higher (see Table6-1). However, it is estimated that 73% of the country's working women are engaged in agriculture[635], and many women work as domestic servants, which means that the income gap between men and women is actually large, since women work mainly in the informal sector[636]. In particular, women in rural areas have limited access to means of production such as machinery and materials, loans, and markets, and the annual agricultural income of a male-headed household is USD343, while that of a female-headed household is USD195[637], which is very low. Few women appointed to management level positions (see Table6-1) also shows the disadvantageous position of women in the labor market. The percentage of women in parliament is relatively high for sub-Saharan Africa, but lower than the average of GGI participating countries, with 13 out of 63 seats in the Senate and 29 out of 115 seats in the House of Representatives, according to UN Women data for 2019, ranking 108th out of 193 countries worldwide[638]. It is also reported that only 6% of all women hold decision-making positions at the local government level[639].

The OECD SIGI (see 3.1.1.2) indicates that there is great concern about Discrimination in the family and Restricted civil liberties among four areas: Discrimination in the family, Restricted physical integrity, Restricted access to productive and financial resources, and Restricted civil liberties. In particular, the weak legal framework regarding gender equality, divorce, child marriage, and women's right to work has had a negative impact, and Madagascar is classified as "High," the second most discriminatory country on a five-

630 OCHA (2020), Madagascar's Grand Sud Flash Appeal at a Glance
631 USAID (2020), USAID/Madagascar Gender Analysis for the 2020-2025 Country Development Cooperation Strategy, P.16
632 AfDB(2017), Profil Genre Madagascar
633 Ibid, P.18
634 http://worldpolicy.org/2016/03/15/gender-equity-in-madagascar/, last accessed on 11 Jan 2021.
635 AfDB(2017), Madagascar Country Strategy Paper, P.10
636 Ibid
637 AfDB(2019), Madagascar Country Strategy Paper Annex 5, P.10
638 UN Women (2019), Women in Politics
639 Groupe de la Banque Africaine pour le Développement(.2017). Profil Genre Pays République de Madagascar

point scale that indicates the severity of gender-based discrimination (see Table 6-1).

Table 6-1 : Gender Gap Index 2020 (Madagascar)

	Rank	Score	Average	Female	Male	Female/Male
Economic participation and opportunity	22	0.769	0.582			
Labour force participation rate, %	18	0.942	0.661	85.0	90.2	0.94
Wage equality for similar work, 1-7 (the best is 7)	41	0.707	0.613	-	-	4.95
Estimated earned income, int'l $ 1,000	6	0.830	0.499	1.3	1.5	0.83
Legislators, senior officials and managers, %	78	0.466	0.356	31.8	68.2	0.47
Professional and technical workers, %	92	0.904	0.756	47.5	52.5	0.90
Educational attainment	95	0.980	0.954			
Literacy rate, %	104	0.937	0.899	72.4	77.3	0.94
Enrolment in primary education, %	1	1.000	0.757	77.8	77.7	1.00
Enrolment in secondary education, %	1	1.000	0.954	31.0	28.7	1.08
Enrolment in tertiary education, %	110	0.933	0.931	5.1	5.5	0.93
Health and survival	83	0.974	0.958			
Sex ratio at birth, %	1	0.944	0.925	-	-	0.97
Healthy life expectancy, years	95	1.042	1.034	59.5	57.1	1.04
Political empowerment	96	0.151	0.239			
Women in parliament , %	111	0.189	0.298	15.9	84.1	0.19
Women in ministerial positions, %	49	0.376	0.255	27.3	72.7	0.38
Years with female/male head of state (last 50 years)	70	0.000	0.190	0.0	50.0	0.00

Source : World Economic Forum(2020), Global Gender Gap Index Report 2020, P.229

Table 6-2 : Gender Related Index (Madagascar)

Gender Development Index (GDI) 2020a		Gender Inequality Index (GII) 2020b		Social Institutions and Gender Indicators (SIGI) 2019c	
Figures	Groups	Figures	Rank	Figures	Categories
0.952	2 / 5 steps	—	—	48% of	High
The closer the number is to 1, the smaller the gender gap		The closer the number is to zero, the more gender equal the situation.		The lower the number, the more gender equal the situation.	

Source : a UNDP (2020), Gender Development Index 2020, b UNDP (2020), Gender Inequality Index 2020
c OECD (2019), SIGI Country Profile 2019: Madagascar

In addition, Madagascar is considered to be extremely vulnerable to climate change as mentioned above and is ranked 4th in the world as a country at high risk from climate change in the Global Climate Change Risk Index for 2020 published by a German environmental NGO[640]. In particular, extreme weather events such as droughts and heavy rains make it difficult to secure adequate living conditions, water, and food. In recent years, the importance of incorporating a gender perspective in climate change measures has been emphasized, as natural disasters caused by accelerated climate change have a significant negative impact on women and girls. In Madagascar, the effects of climate change are more pronounced on women in various ways, such as economic deprivation due to decreased land productivity and depletion of water sources, and increased burden of nursing and caring for sick people in the household[641]. Women's adaptation to climate change is further challenged by low literacy rates (72.4% for women compared to 77.3% for men in 2018), low access to information, and limited access to appropriate agricultural production technologies.

640 https://www.germanwatch.org/en/17307, last accessd on 8 Jan 2020.
641 AfDB(2019), Madagascar Country Strategy Paper Annex 5, P.11

6.1.1.3. Status of SGBV

Since comprehensive data on SGBV has not been collected in Madagascar, this research provides an overview of the current situation of SGBV based on several data related to SGBV, including health-related data and police crime statistics.

1) Status of Physical Violence, Sexual Violence and IPV

According to the Multiple Indicator Cluster Survey (Enquête par grappes à indecatuer multiples, MICS2018)[642] conducted in 2018, 32% of women between the ages of 15 and 49 have experienced physical violence[643]. The percentage of women who have experienced physical violence varies greatly by region: 43% in Analamanga Prefectures, where the capital, Antananarivo, is located, and 43% in Anosy Prefectures in the south, while the figures are lower in Atsimo-Atsinanana Prefectures, which is adjacent to Anusi Prefectures, and 14% in Melaki Prefectures in the east[644]... There was no significant difference between urban and rural areas at 36% and 31%, but currently married women were more likely than never married women to have experienced physical violence, at 46% and 34% respectively[645]. In addition, 88% of the perpetrators of physical violence were current spouses/partners, indicating that even among women who have never been married, physical violence by current and past partners is common (see Figure 6-1), indicating that IPV is a common cause of victimization.

In addition, 14% of women aged 15-49 have experienced sexual violence[646]. The highest percentage was 23% in Vakinankaratra, and the lowest was 3% in Atsimo-Atsinanana[647]. The highest percentage of perpetrators were past spouses/partners, and among women who had never been married, current/past boyfriends were the highest (see Figure 6-2).

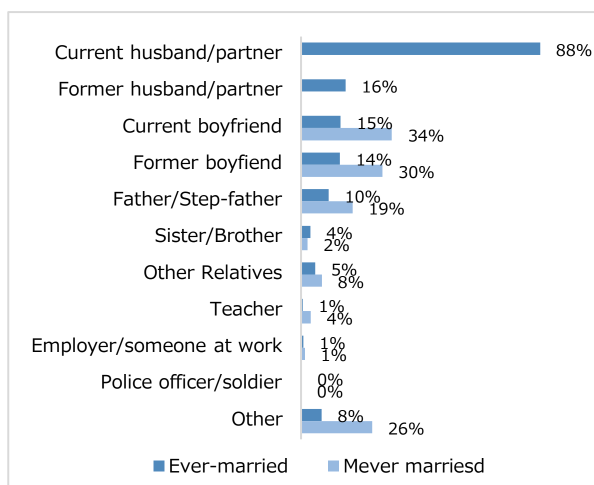

Figure 6-1 : Persons Committing Physical Violence against women (Madagascar)

Source : MICS2018 P. 715

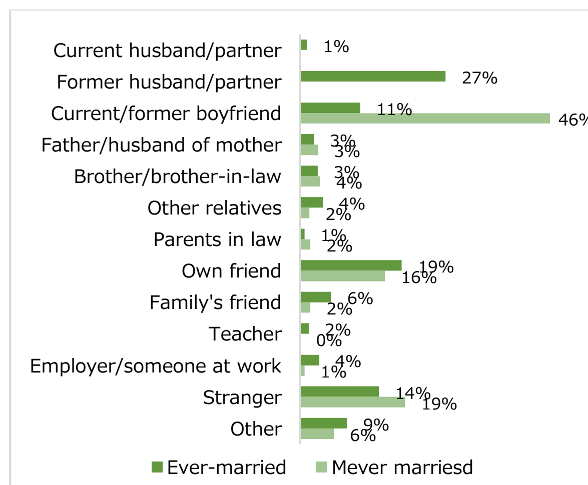

Figure 6-2 : Persons Committing Sexual Violence against women (Madagascar)

Source : MICS2018 P. 717

642 According to The DHS Programme of USAID, the latest DHS data collection was conducted in April-July 2020, and the data is currently being organized and analyzed. Therefore, for basic data on SGBV in Madagascar, MICS 2018 was referred in this research.

643 Institut National de la Statistique(2019), Enquête par grappes à indecatuer multiples, P.713

644 Ibid, P.713

645 MICS 2018 divides women's marital status into three categories: currently married women, women who have never been married, and women who have died or divorced from their spouses, with "currently married women" referring to married women excluding those who have died or divorced from their spouses.

646 Institut National de la Statistique(2019), Enquête par grappes à indecatuer multiples, P.716

647 Ibid, P.716

According to the same MICS 2018, the number of women who have received some form of IPV is very high at 41%[648]. More than 50% of the respondents in central provinces such as Analamanga, Vakinankaratra, Itasy, and Alaotra-Mangoro, and nearly 50% of the women in Northern provinces such as Sofia and Betsiboka have experienced IPV, confirming the severity of IPV in central and Northern provinces. In MICS 2018, data by wealth quintile (see footnote 72), which divides respondents' annual household income into five equal groups, shows that the number of women experiencing IPV tends to increase as household income increases (see Figure 6-33). In the group with the lowest, 36% of women experienced IPV, and the percentage increased as income increased, to 47% in the group with the highest[649]. This means that poverty may not necessarily be one of the main reasons for IPV in Madagascar, although other countries in this research have found that a higher percentage of women experience IPV with lower household income (e.g., Tanzania, Rwanda). In addition, 8% of women aged 15-49 have experienced violence against their spouse/partner, and the percentage tends to increase with income.

One of the reasons for the high rate of IPV is that both men and women have strong perceptions of the permissibility of physical violence by husbands against their wives in the country. In the survey on the perceptions of wife beating, 41% of women and 29% of men believe that there are cases where husbands are justified in beating their wives, which are both high. As in the other countries surveyed, a higher percentage of women than men affirmed this, with the most common responses being "neglect of children" for women and "arguing with spouse/partner" for men (see Figure 6-4). While there was little difference in perceptions by age among women, a higher percentage of men in the lower age groups reported that wife-beating could be justified, with 31% for the highest in age group 20-24, 25% for the lowest in age groups 45-49 and 40 – 44[650]. Among women, those with no education were the least likely to say that wife-beating could be justified, at 19%, followed by 23% of women who had completed primary

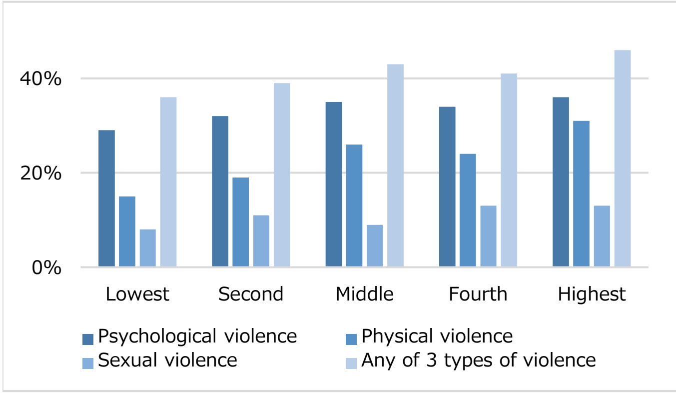

Figure 6-3：Persentage of Women who have experienced IPV by wealth quintile (Madagascar)

Source：MICS2018 P. 724

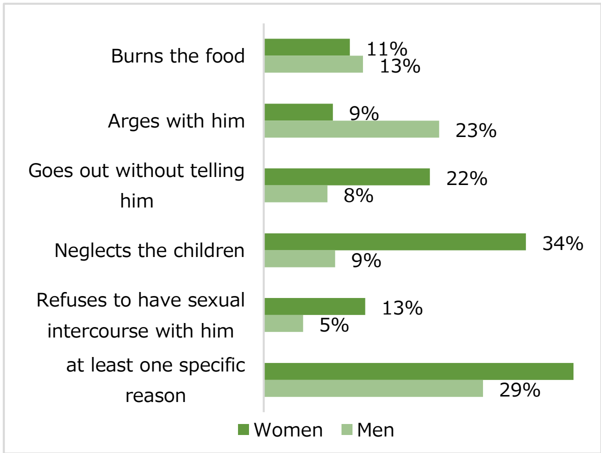

Figure 6-4：Attitude towards Wife Beating (Madagascar)

Source: MICS2018 P. 594-597

648 Institut National de la Statistique(2019), Enquête par grappes à indecatuer multiples, P.716
649 Ibid, P.723
650 Ibid, P.597

education and 21% of women with secondary education or higher. This indicates educated women are more likely to say that wife beating can be justified (among men, those with secondary education the least likely)[651]. Data by wealth quintile showed that the lowest and highest groups for both men and women were less likely to accept IPV, while the middle group was more likely[652]. In other words, it should be noted that items that are often cited as influencing the incidence and acceptance of IPV, such as shortened schooling age and low household income[653], are not necessarily the main factors that increase the impact in Madagascar.

2) Number of SGBV Cases

Based on crime statistics obtained from the Ministère de la Sécurité Publique (the ministry with jurisdiction over the police), the number of SGBV cases and other data are shown as following (for 2020, the data covers the period January to October). The most common SGBV case that the police responded to in 2019 and 2020 was DV, with the number of reported DV cases that were responded to (investigated and referred to the prosecution) being around 50% in 2019, but nearly 70% in 2020 (see Figure 6-5 and Figure 6-6). The next highest number of cases is rape, with a response rate of about 60% in 2019 and 70% in 2020.

In 2017, with the support of UNFPA, the police established the Women's Response Unit, named as Brigade Féminine de Proximité (BEP, see 6.1.2.3), to improve their capacity to respond to SGBV. In some cases, no response has been made even though a report has been received, because it was not possible to rush to the site due to lack of transportation or other constraints, or because it was not possible to fully understand the grounds for initiating an investigation. On the other hand, there were a certain number of cases such as DV where the police rushed to the site after receiving a report, but did not start responding because the parties involved told them that the problem had already been solved when they arrived at the site[654]. In Madagascar, more than 73% of women who have been subjected to violence have never tried to seek help or even talk to someone about the violence, according to a survey[655].

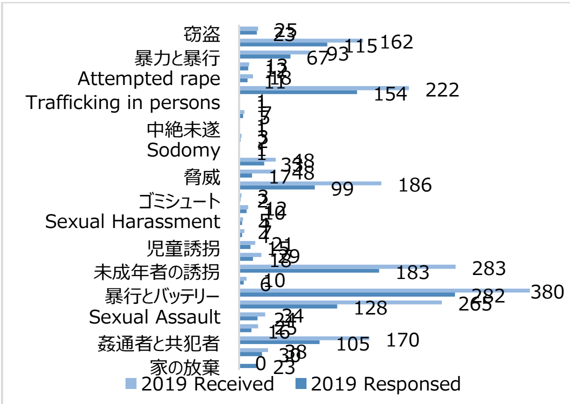

Figure 6-5：Number of cased received and responses by the police in Jan-Dec 2019 (Madagascar)
Source：Ministère de la Sécurité Publique

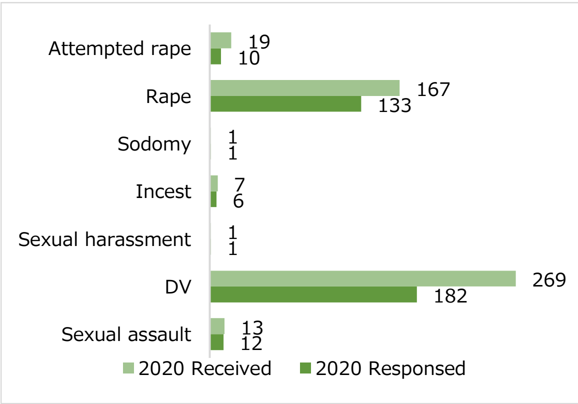

Figure 6-6：Number of cased received and responses by the police in Jan-Oct 2020 (Madagascar)
Source：Ministère de la Sécurité Publique

651 Institut National de la Statistique(2019), Enquête par grappes à indecatuer multiples, P.595
652 Ibid, P. 595, 597
653 Zohre Ahmadabadi et al (2017), Income, Gender, and Forms of Intimate Partner Violence
Abigail Weitzman(2018), Does increasing women's education reduce their risk of intimate partner violence? evidence from an education policy reform: compulsory schooling and intimate partner violence
654 Interview with Ministère de la Sécurité Publique 20 Nov 2020.
655 Ministere de la Population, de la Protection Sociale et de la Promotion de la Femme (2020), Perception des Femmes sur les Impacts de la Pandemie de COVID-19 et les Violences Basees sur le Genre a Madagascar, P.8

Madagascar is also a source country for trafficking in persons, with women and children being victims/survivors of trafficking to countries in the Middle East, Asia and elsewhere. Children from poor families, mainly in rural and coastal areas and in urban areas, are also victims/survivors of trafficking for the purpose of forced labor and sexual exploitation in domestic work, mining, fishing, agriculture and tourism. These are prohibited by the Anti-Trafficking in Persons Act, but as Figure 6-5 shows, the police responded to one case of trafficking in persons in 2019, and there was no entry for trafficking in persons in the data for 2020. The Government has provided training to police officers on trafficking in persons, established support facilities for protected children, and conducted awareness-raising campaigns, but there has been inadequate detection of traffickers and judicial procedures, and little enforcement of punishment against illegal traffickers[656]. There is a need for coordination and cooperation among stakeholders and strengthening of law enforcement systems, such as establishing cooperation among corresponding ministries, creating common protocols, and establishing data collection systems.

3) Status of VAC and Child Labor

In addition to IPV, sexual violence and sexual exploitation against children are considered serious issues in Madagascar. Ministere De La Population, de la Protection Sociale et de la Promotion de la Femme (MPPSPF), in collaboration with UNICEF, conducted a study entitled "Étude sur les violence envers les enfants á Madagascar" in 2016. The study found that various forms of VAC, including physical violence, sexual abuse, and rape, occur in all settings, including households, schools, communities, and child labor sites[657]. It also confirms that violence and abuse against children is rarely reported due to lack of trust in the justice system, unstable economic conditions, a perceived need to avoid social discord in the community, and intimidation by perpetrators and others involved[658].

Within the family, sexual violence against girls aged 0-14 years by male relatives (uncles, grandfathers, cousins, etc.) was the most common (few boys' aged 0-14 years experienced sexual abuse, See Figure 6-7)[659]. In addition, physical violence and psychological violence such as neglect, which are called 'discipline', also occur frequently, and are more often directed at girls than boys[660]. The risk of VAC is even higher when parents are divorced and married to another spouse (as shown in Figure 6-1, nearly 20% of perpetrators of physical violence against unmarried women in MICS 2018 were the spouse of the father/mother). VAC in schools is also widespread, and interviews with school personnel in the same survey revealed that of the 258 cases of violence, 53% were physical violence, including corporal punishment, 32% were psychological violence, and 16% were

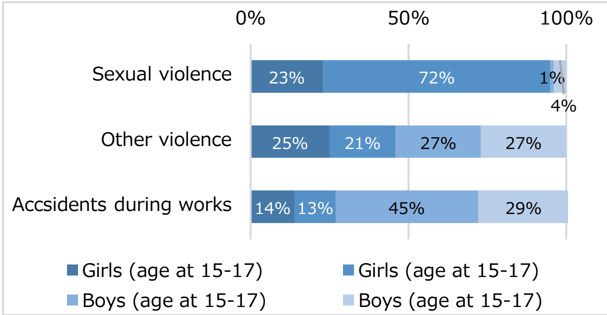

Figure 6-7：Types of VAC by Gender and Age (Madagascar)

Source：UNCEF(2017), Bulletin d'Information sur la Violence et les Blessures des Enfants à Madagascar

[656] US Department of State (2020), 2020 Trafficking in Persons Report Madagascar
[657] MPPSPF (2016), Rapport Étude sur les violence envers les enfants á Madagascar, P.7-12
[658] MPPSPF (2016), Rapport Étude sur les violence envers les enfants á Madagascar
[659] Ibid
[660] Ibid

sexual violence[661]. 14% of girls aged 15-19 reported being sexually violated at school[662]. While schools have a key role to play in protecting children from violence, there is a high risk that children would become targets of violence.

It is estimated that more than 28 %, which is 2 million, of children between the ages of 5 and 17 are engaged in some form of labor, and many children in Madagascar are forced to work to meet basic household needs for food, water and education due to the precarious economic situation within their households[663]. While most children are engaged in agriculture and fishing, girls often leave rural areas for urban areas, or are sold, to work as domestic servants, where they are often victims/survivors of sexual violence by their employers and their family members[664]. In addition, because Madagascar is a popular tourist destination, it is also "child prostitution tours," and children under the age of 18 are often sexually exploited by tourists through tourist agencies[665].

The most common person to talk to when a child is a victim/survivor of SGBV, including sexual violence, is their mother, followed by the father and friends, and public institutions and organizations that should receive reports and take appropriate action, such as the police and social workers, were rarely recognized as places to talk to[666].

4) Status of Child Marriage and Teenage Pregnancy

In 2007, Madagascar amended its Marriage Act to raise the legal age of marriage from 14 years old for women and 17 years old for men to 18 years for both. However, the Act states that people under the age of 18 can marry if the court permits it with the request and consent of their parents for "serious reasons" (what "serious reasons" mean is not specified). In order to promote compliance with the legal age of marriage, the Act requires that all marriages be registered with the government through the submission of a marriage certificate. However, there are still many cases where marriages are not registered.

According to the MICS 2018, among respondents aged 20-49, a high percentage of women married under the age of 18 (37%) and under the age of 15 (12%)[667]. There is a large difference between urban and rural areas, and differences by region are also evident. In rural areas (40%), the figure is higher than in urban areas (27%)[668]. By region, child marriage is more prevalent in the southern and eastern parts of the country, with nearly 60% in the provinces of Atsimo-Atsinanana (59%), Atsimo-Andrefana (58%), and Androy (55%). On the other hand, Analamanga had the lowest rate at 18%[669].

The percentage of child marriages is lower, the longer the woman has been in school, and the group with the lowest wealth quintile has the highest percentage of child marriages at 49%, suggesting that the number of years of schooling and the economic status of the household have a significant impact on child marriages (see Figure 6-8). For women aged 20-24, the rate of under-18 marriage is 40%, which is higher than the rate

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661 MPPSPF (2016), Rapport Étude sur les violence envers les enfants á Madagascar
662 Ibid
663 Ibid. Labor Act allows children over age of 15 to engage in light work (i.e., work that is not beyond their capabilities and is not likely to harm their health, physical, mental, spiritual, moral, or social development).
664 US Department of State (2019), 2019 Country Reports on Human Rights Practices： Madagascar
665 Ibid
666 MPPSPF (2016), Rapport Étude sur les violence envers les enfants á Madagascar
667 Institut National de la Statistique(2019), Enquête par grappes à indecatuer multiples, P.542
668 Ibid
669 Ibid

for all women aged 20-49 (37%)[670]. By household income, the rate of under-18 marriage in this age group is significantly higher among the poor, suggesting that the percentage of child marriages is increasing among the younger generation due to economic factors (see Figure 6-8), although it is not enough to determine this based on just the results of MICS2018. It should be noted that 12% of males aged 20-49 were married before the age of 18, and child marriage among boys is also widespread in almost the same areas where child marriage among girls/ boys is prevalent[671].

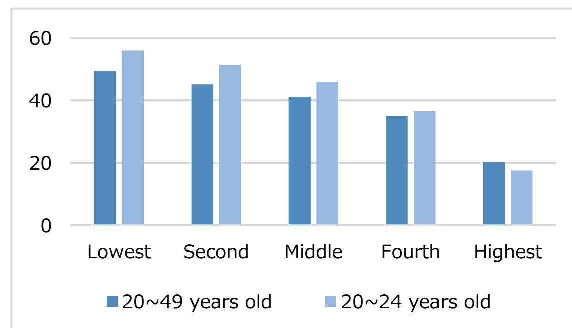

Figure 6-8：Marriage under age of 18 among wome by age groups (Madagascar)

Source：MICS 2018 P. 545

In the three years prior to the implementation of MICS 2018, the average Adolescent Fertility Rate (births per 1,000 women aged 15-19) was 151, and 30% of women aged 20-24 had a baby before the age of 18, indicating high prevalence of teenage pregnancy in Madagascar[672]. The Adolescent Fertility Rate is linked to the rate of child marriage, which is high at over 200 in the provinces of Androy, Atsimo-Andrefana, and Melaky[673] (according to a World Bank survey, the average for the sub-Saharan Africa region in 2018 was 110[674]). In terms of contraception, 41% of sexually active women aged 15-49 who are not married (who have had sexual relationship in the 30 days prior to the survey) use some form of modern contraceptive method, but the lowest rate is 35% among women aged 15-17, indicating that younger age groups tend to have higher rates of not taking adequate contraceptive measures. The percentage of single women using contraception was higher in rural areas than in urban areas[675]. In most cases, when a girl becomes pregnant, the decision to marry is made after consultation between family members[676]. Even in cases where a girl is a victim/survivor of rape and becomes pregnant, discussions are held between the victim/survivor's family and the perpetrator, and it is common for the girl to marry the perpetrator in order to "dispel honor" of the victim/survivor's family. Child marriage and young pregnancy are not considered abuse or VAC in the community[677]. In addition, pregnancy and childbirth at a young age, around 15 years old, carries a high risk of serious conditions such as birth fistula[678] due to pressure on the uterus, as the skeletal structure is not fully developed[679].

Since the aforementioned amendment to the Marriage Act, the government has been working to combat child marriage by participating in the AU's 2015 Campaign to End Child Marriage in Africa and developing a national strategy to combat child marriage. However, as the above data shows, child marriage is still widely

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670 Institut National de la Statistique(2019), Enquête par grappes à indecatuer multiples. P. 545
671 Ibid, P.546
672 Ibid, P.542
673 Ibid, P.149
674 https://data.worldbank.org/indicator/SP.ADO.TFRT?locations=ZG&most_recent_value_desc=false, last accessed on 14 Dec 2020.
675 Institut National de la Statistique(2019), Enquête par grappes à indecatuer multiples, P.158, 159
676 MPPSPF (2016), Rapport Étude sur les violence envers les enfants á Madagascar
677 Ibid
678 In Madagascar, it is estimated that 4,000 women are affected by fistula each year, most of them between the ages of 15 and 19. National Institute of Statistics(2013), Enquête Nationale Sur le Suivi des Objectifs du Millènaire pour le Dèveloppement Â Madagascar (ENSOMD) 2012-2013
679 https://www.unfpa.org/news/malagasy-women-wounded-child-marriage-and-its-aftermath, last accessed on 10 Jan 2021.

practiced, especially in rural areas and in the southern and eastern parts of the country. There are reports of forced marriages in some areas, with parents forcing girls under the age of 10 to marry. In the northwest, there are tribes where the custom of marriage capital is still practiced, and it has been pointed out that the payment of money and livestock from the male to the female relatives encourages child marriage for economic reasons. In some areas, there are reports of child marriage and forced marriage for boys around the age of 15. In addition to economic reasons and traditional practices, young pregnancy and child marriage are widely practiced due to a number of factors such as insufficient awareness of the law itself and lack of access to appropriate SRHR information among adolescent boys and girls. Ongoing efforts on various fronts, including legal frameworks, prevention and awareness-raising in communities and schools, and protection of victims/survivors, are needed.

Since the aforementioned amendment to the Marriage Act, the government has been working to combat child marriage by participating in the Campaign to End Child Marriage by the AU in 2015 and by developing a national strategy to eradicate child marriage. However, as the above data shows, child marriage is still widespread, especially in rural areas and in the south and east of the country. There are reports of forced marriages in some areas, with parents forcing girls under the age of 10 to marry[680]. In the northwest, there are tribes where the custom of paying bride price is still practiced, and it has been pointed out that the payment of money and livestock from the male to the female relatives encourages child marriage for economic reasons[681]. In some areas, there are reports of child marriage and forced marriage for boys around the age of 15[682]. In addition to economic reasons and traditional practices, teenage pregnancy and child marriage are widely practiced due to a number of factors such as insufficient awareness of the law and lack of access to appropriate SRHR information among adolescent boys and girls. Ongoing efforts on various fronts, including legal frameworks, prevention and awareness-raising in communities and schools, and protection of victims/survivors, are needed.

6.1.2. Laws and policies relating to SGBV

6.1.2.1. Laws

1) Constitution

The current Constitution of Madagascar was enacted through a referendum held on December 11, 2010. The Constitution prohibits all forms of discrimination based on gender, social status, origin, religious beliefs, or other factors. Items related to gender equality in the Constitution are as follows:

Table 6-3：List of Articles Relating to Gender Equality in the Constitution of Madagascar

Article	Detail
Preamble	Convinced of the necessity of the Malagasy society to recover its originality, its authenticity and its Malagasy character, and to inscribe itself in the modernity of the millennium while conserving its traditional fundamental principles and values based on the Malagasy family that includes, and privileging a framework of life allowing a « living together » without distinction of region, of origin, of ethnicity, of religion, of political opinion, or of gender. considering the geopolitical situation of Madagascar and its voluntarist participation in the dialog of nations, and making its own, notably: ➢ The International Charter of the Rights of Man;

[680] US Department of State (2017) 2016 Country Reports on Human Rights Practices： Madagascar
[681] CEDAW (2015), Concluding observations on the combined initial to fifth periodic reports of Madagascar
[682] Madagascar Coalition of Civil Society Organizations (2015) Shadow Report on Madagascar

Article	Detail
	➢ The Conventions relative to the rights of the child, to the rights of women, to the protection of the environment, to the social, economic, political, civil and cultural rights, Considering that the development of the personality and of the identity of all Malagasies is the essential factor of the durable and full development of which the conditions are, notably: ➢ the preservation of peace, the practice of solidarity and the duty of preserving the national unity in the implementation of a policy of balanced and harmonious development; ➢ the respect for and protection of the fundamental freedoms and rights; ➢ the establishment of a State of law by virtue of which those governing and those governed are submitted to the same juridical norms, under the control of an independent Justice ➢ the elimination of all forms of injustice, of corruption, of inequality and of discrimination ➢ the rational and equitable administration of the natural resources for the needs of the development of the human being; ➢ the good governance in the conduct of public affairs, thanks to transparency in the administration and the accountability of the depositaries of the public power; ➢ the separation and the equilibrium of power exercised through democratic procedures; ➢ the implementation of effective decentralization, through the granting of the largest rehabilitation to the decentralized collectivities both at the level of the competences and level of financial means; ➢ the preservation of human security.
5	All nationals of the two sexes enjoying the exercise of their civil and political rights are electors within the conditions determined by the law. The quality of being elector is lost only by a decision of justice becoming definitive.
6	All individuals are equal before the law and enjoy the same fundamental freedoms protected by the law without discrimination founded on gender, the level of instruction, wealth, origin, religious belief or opinion. The law favors the equal access and the participation of women and men in public employment and to the functions in the domain of the political, economical and social life.
8	The right of all persons to life is protected by the Law. No one may be arbitrarily deprived of life.
15	Any citizen has the right to be a candidate to the elections specified by this Constitution, under reserve of the conditions established by the law.
17	The State protects and guarantees the exercise of the rights that assure the individual the integrity and the dignity of their person, and their full physical, intellectual and moral development.
20	The family, natural and fundamental element of the society, is protected by the State. All individuals have the right to found a family and to transmit by inheritance their personal assets.
21	The State assures the protection of the family for its free development as well as that of the mother and the child through a legislation and the appropriate social institutions.
23	Every child has the right to instruction and to education under the responsibility of the parents within respect for their freedom of choice. The State engages itself to develop professional training.
24	The State organizes a public education, gratuitous and accessible to all. Primary education is obligatory for all.
28	No one may be prejudiced in their work or in their employment for reason of gender, of age, of religion, of opinions, of origins, of belonging to a trade-union or of political convictions.

Source: UN Women Global Gender Equality Constitutional Database

2) International and Regional Conventioin

Madagascar has ratified various international conventions on human rights as a member state of the UN, AU and SADC. The international and regional treaties ratified and the international development frameworks adhered to are as follows:

Figure 6-9：International and Regional Conventions Relating to SGBV Ratified by Madagascar

Name of the convention (year of adoption)	Ratification
International conventions（UN）	
International Covenant on Civil and Political Rights (ICCPR) (1966)	1971
International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966)	1971
Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) (1979)	1989
United Nations Convention on the Rights of the Child (1989)	1991
Beijing Declaration and Platform for Action (1995)	1995
UN Security Council Resolution1325(2000)	2000
Protocol to prevent, suppress and punish trafficking in persons, especially women and children, supplementing the United Nations Convention against Transnational Organized Crime（2000）	2005
Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2000)	2004
Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (2000)	2004
Regional Convention (AU, SADC)	
African Charter on Human and Peoples' Rights (1981)	1992
African Charter on the Rights and Welfare of the Child (1990)	2005
Solemn Declaration of Gender Equality in Africa (SDGEA) (2004)	2004
Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) (2003)	Signed in 2004, Not ratified
African Youth Charter (2006)	Signe in 2014, Not ratified
SADC Protocol on Gender and Development	2008

Source：Office of the United Nations High Commissioner for Human Rights (OHCHR)

As of December 2020, the Maputo Protocol has not been signed by 2 out of the 55 AU member states and has been signed but not ratified by 11 member states[683]. Madagascar is one of the counties which signed but not ratified yet. The reason for the lack of ratification is that Article 14 of the Maputo Protocol calls for medical abortion in cases of sexual violence, rape, incest, or when the continuation of pregnancy endangers the mental or physical health of the mother or the life of the mother or fetus, while Madagascar's Penal Code prohibits abortion. This is regarded as contradiction between the Maputo Protocol and the domestic law. The Penal Code does not allow for any abortion, even therapeutic abortion on the grounds of danger to the mother or fetus (the maximum penalty is death). According MPPSPF, they have submitted the draft of bills to parliament on many occasions to allow therapeutic abortion, but all have been rejected[684]. There was a revision of the Family Planning Act in 2017, in which the Ministry of Health attempted to include the permissibility of therapeutic abortion and abortion in pregnancies resulting from rape, which was approved by the House of Representatives, but the bill was passed by the Senate after the provisions pertaining to abortion were removed. As explained by MPPSPF, the main reason why abortion is not allowed is religion, and since Christians, especially Catholics (about 34% of the population in Madagascar is Catholic), do not allow any abortion, the bill to allow abortion has not been accepted for many years. If the Government were to allow abortion, it would face a strong backlash from religious groups, making it difficult to amend the law, and illegal and unsafe abortions, both therapeutic and elective, are widely practiced. Although many women

[683] https://www.maputoprotocol.up.ac.za/, last accessed on 10 Jan 2021.
[684] Interview with MPPSPF on 18 Nov 2020.

have abortions, they are kept secret because it's illegal, and the relevant ministries do not know the exact number of abortions performed. The MPPSPF is aware that illegal abortions are also responsible for maternal deaths (maternal mortality rate in Madagascar is 335 per 100,000 live births in 2017[685], which is lower than the sub-Saharan African average of 534, but still high).

3) Domestic Law

Laws pertaining to the prevention and response to SGBV in Madagascar are as follows:

Table 6-4：List of Laws Relating SGBV in Madagascar

Name of law	Detail
Penal Code, 2000	➢ Physical violence against another person is prohibited. ➢ Any act of sexual penetration of another person by violence, coercion, threats, intimidation, or surprise is rape. Rape is punishable with hard labor if committed against a child under 15 years of age or against a woman who is obviously pregnant or known by the perpetrator to be pregnant. In all other cases, rape or attempted rape shall be punishable by imprisonment for a term of not less than five years and not more than ten years; whoever indecently assaults or violates a child under fifteen years of age or a woman in a state of apparent or known pregnancy shall be punished with hard labor. ➢ Whoever makes an act of service or within the scope of him/her duties conditional upon obtaining a favor of a sexual nature, or demands a favor of the same nature before obtaining for himself/herself or another a job, promotion, reward, medal, benefit of any kind or favorable decision, shall be punished by imprisonment from one to three years and a fine from five hundred thousand to two million francs. ➢ A person who intentionally injures or beats spouse shall be imprisoned for from two to five years if the injury or beating did not cause the disease or occupational physical disability provided for in Article 309, and shall be subject to hard labor for a certain period of time if the injury or beating was caused by inability to work for more than 20 days, premeditation, or ambush. ➢ Any person who procures (including attempts) an abortion for a pregnant woman or a woman presumed to be pregnant shall be punished by imprisonment from one to five years and a fine of 90,000 to 1,800,000 francs. If it is proven that the practice is habitual, the punishment shall be imprisonment for from five to ten years and a fine of from 900,000 to 3,600,000 francs. A woman who procures an abortion for herself (including attempted) and agrees to use the means presented shall be punished by imprisonment for not less than six months and not more than two years and a fine of not less than 18,000 and not more than 360,000 francs.
Loi N° 2003 -044 Portant Code du Travail (Labor Act, 2003)	➢ All workers with the same occupational qualifications, same job, same productivity, regardless of origin, sex, age or position, shall be paid the same salary. ➢ Pregnancy shall not be used as a reason for refusing to hire a woman, terminating her employment contract during the probationary period, or declaring her transfer. ➢ An employer may not terminate the employment contract of a female employee if it is discovered that she is pregnant. ➢ Women and children shall be allowed 12 consecutive hours of rest per day. ➢ The employment of women in night work, especially in factories, manufacturing industries, mines, quarries, construction sites and workshops, whether public or private, secular or religious, is prohibited, even if such establishments are of a professional or charitable nature. However, night work for women may be permitted by the Minister in charge of labor in certain

685 https://data.worldbank.org/indicator/SH.STA.MMRT?end=2017&locations=MG&start=2000, last accessed on 10 Jan 2021.

Name of law	Detail
	establishments upon request of the employer and after an investigation of the conditions of employment by the competent labor inspector
Décret N° 2007-563 du 3 juillet 2007 relatif au travail des enfants (Decree on Child Labor, 2007)	➢ The recruitment, use, provision, or employment of children for the purpose of prostitution, pornography production, or commercial sexual exploitation is prohibited.
Loi N° 2007-022 du 20 août 2007 relative au mariage et aux régimes matrimoniaux (Marriage Act, 2007)	➢ The legal age of marriage shall be eighteen years for both sexes. However, before reaching that age, and for grave reasons, the presiding judge of the court of first instance may, at the request of the parents or guardians, and with their express consent and that of the child, authorize the marriage. ➢ In case of grave circumstances, the wife may temporarily leave the marital home in the form and under the conditions prescribed by custom (commonly known as "mishintaka"). Mishintaka may be exercised when the husband has grossly neglected the duties arising from the marriage. ➢ The husband is the head of the family. ➢ If one spouse has grossly neglected the spousal duties arising from the marriage, the other spouse may file for divorce if the maintenance of the joint life has become intolerable.
Loi n° 2014-40 du 20 janvier 2015 sur la lutte contre la traite des êtres humains (Anti Trafficking in Persons Act, 2014)	➢ Trafficking in persons is the recruitment, transportation, transfer, harboring, or entertainment of persons by means of coercion, abduction, fraud, deception, abuse of power, or taking advantage of a vulnerable position... Offering or receiving money or benefits for the purpose of exploiting prostitution or domestic servitude shall be punished by imprisonment for a term of two to five years and a fine. ➢ Forcing a person to marry by means of violence, deprivation of liberty, pressure, or threats shall be punished by imprisonment for a term of from six months to two years and/or a fine of from 500,000 to 2,000,000 Malagasy ariary (MGA).
Loi n°2019-008 relative à la lutte contre les Violences Basées sur le Genre (GBV Act 2019)	The law provides for imprisonment and fines for the following acts: ➢ Threats, retaliation or reprisals against victims/survivors of gender-based violence, their families, witnesses or complainants, with the aim of obstructing the fulfillment of responsibilities or criminal prosecution ➢ Violating the bodily integrity of children or women in accordance with custom or tradition ➢ Sexually penetrating a spouse through violence, coercion, or intimidation ➢ Unnatural sexual acts against another person through violence, coercion, or threats ➢ Coercing others to perform acts, including sexual ones, by threatening them with words, gestures, writing, messages, etc. ➢ Acts and/or statements that are harmful to the psychological, mental, or physical health of the victim ➢ Statements and/or acts that have sexist connotations ➢ Acts that deprive or restrict the right of a spouse/partner in marriage to obtain financial resources

Source：Created by the author based on legal documents

The GBV Act was submitted to Parliament in December 2019 and promulgated on January 16, 2020. While rape and spousal physical violence have been considered crimes under the Penal Code, the GBV Act defines GBV in Chapter 1 as all forms of violence, including sexual violence, physical violence, harmful practices, sexual harassment, as well as internarial rape, psychological violence, and economic violence, which have not been specified as crimes before. Chapter 2 provides for imprisonment and fines. Chapter 3 provides for the protection and care of victims/survivors and is in line with the survivor-centered approach,

including that the state shall provide medical assistance, psychosocial support and judicial support to victims/survivors, that victims/survivors shall be able to access judicial proceedings anonymously, and that victims/survivors shall be able to have a trial without having to appear in court. According to MPPSPF, in order to enforce the law, it is necessary to issue a decree that clarifies how the act will be implemented, and as of November 2020, when the interviews were conducted, they were still in the process of selecting a consultant to draft the decree, expecting to complete drafting the decree by January 2021 at the latest[686]. Since the GBV Act was enacted, several articles on sexual violence and domestic violence have been published in the newspapers and other media, and the momentum to prosecute SGBV has increased, but the Act is still new and not well known to the general public. It is necessary to make the contents of the Act widely known through educational activities and campaigns.

On the other hand, there are still many barriers for women to access justice when they divorce or become victims/survivors of DV/IPV, such as lack of awareness of domestic laws on women's rights, unequal gender perspectives of law enforcement officials and traditional leaders, lack of trust in the justice system, lack of access to courts in rural areas, and the cost of legal fees and medical certificates borne by victims/survivors[687]. For example, outside of urban areas, local customary rules may still apply, and although the Marriage Act allows either a man or a woman to file for divorce, unilateral divorce and possession of parental rights by the man is customary in rural areas[688]. In some cases, women with birth fistula due to child marriage and teenage pregnancy are divorced by spouses without their consent. The Marriage Act also recognizes the practice of "mishintaka," which allows a woman to leave her home for a certain period of time without divorce if her spouse fails to fulfill the obligations arising from the marriage. While this allows women to escape violence, it has been pointed out that it hinders proper protection of victims/survivors and prosecution of perpetrators because women who leave their homes rarely report spousal violence or prosecute perpetrators in accordance with the judicial system[689]. A major challenge is to make the law known to the public, increase the number of reports to judicial institutions, and strengthen the system to ensure that the judicial system is applied. In addition, law enforcement agencies such as the police and the judiciary must review their procedures and regulations in order to enforce the law, but these processes have not yet begun.[690].

6.1.2.2. Policies and Policy Implementation towards the Elimination of SGBV

1) Policies to Eliminate SGBV

The National development policy, PND2015-2019, has as one of its goals "strengthening the fight against all forms of trafficking and abuse of persons" under the section "strengthening justice and security and respecting dignity and human rights. The following is a summary of the relevant policies and guidelines currently in place for SGBV:

Table 6-5：List of Policies and Standards Relevant to SGBV in Madagascar

Document	Detail
Plan d’Action National Genre et Développement (PANAGED) 2004	A national plan for gender policy to be implemented over five years (2004-2008), with the following three key issues for SGBV:

686 Interview with MPPSPF on 18 Nov 2020.
The decree hasn’t been endorsed yet as of January 2022/

687 CEDAW(2015), Concluding observations on the combined sixth and seventh periodic reports of Madagascar, P.3-4

688 OECD (2019), SIGI Country Profile 2019: Madagascar, P.3

689 Ibid, P.4

690 Interview with Ministère de la Sécurité Publique on 20 Nov 2020.

Document	Detail
Issued by MPPSPF (National Plan of Gender and Development)	➢ Support for victims/survivors of violence ➢ Enhance prosecution of perpetrators of violence ➢ Create Social Dynamism for the Fight against Violence
Guide Pratique de la Prise en Charge Medicale des Victimes de Violence Sexuelle, 2012 Issued by Ministry of Public Health (The Guidelines for Medical Care for Victims/survivors of Sexual Violence)	A guideline describing the standard response procedures for victims/survivors of sexual violence in medical institutions. JICA provided technical support in preparing the guideline. According to an interview with MPPSPF, it is still used as a standard guideline in the medical field
Curriculum de Formation sur la Prise en Charge Medicale des Victimes de Violences Sexuelles, 2014 Issued by Ministry of Public Health (Training material for medical care for victims/survivors of sexual violence)	A training curriculum that describes how to respond to victims/survivors of sexual violence in medical institutions. It is intended not only for physicians, but also for all service providers (including public and private) working in healthcare institutions. The modules are as follows: ➢ Module A: General information on sexual violence ➢ Module B: Promotion of the fight against sexual violence ➢ Module C: Medical Care for Victims/survivors of Sexual Violence ➢ Module D: Rights and Legislation ➢ Module E: Information system
Plan Stratégique National en Santé de Reproduction des Adolescents 2016-2020 Issued by Ministry of Public Health (National Strategy for Adolescent Reproductive Health)	To address teenage pregnancy, infant and maternal mortality, the following strategies would be implemented targeting adolescents and young adults ➢ Reduce maternal and infant mortality, especially among adolescents and young adults between the ages of 10 and 24. ➢ Improve the political, legal, institutional and socio-cultural environment for the development of SRH-related activities for adolescent men and women. ➢ Implement health programs on SRH for adolescents and young adults, and strengthen the knowledge and skills of targeted adolescents and young adults, community actors, leaders and other stakeholders. ➢ Monitor and evaluate SRH interventions for adolescent men and women.
Stratégie Nationale de Lutte Contre le. Marriage d'Enfants 2018-2022 Issued by MPPSPF (National Strategy on Combating Child Marriage)	In order to eradicate child marriage, the following four strategies have been established to reduce the practice of child marriage to 21.2% by 2022 ➢ Increase the commitment of local governments, communities, and families to prevent child labor and marriage and protect children from such practices. ➢ Increase the capacity of children to protect themselves from child marriage and teenage pregnancy. ➢ Increase the capacity and commitment of policy implementing agencies to protect children from child marriage and teenage pregnancy, including the care of pregnant girls. ➢ Coordinate activities to prevent child marriage.
Stratégie Nationale de lutte contre les Violences Basées sur le Genre 2017-2021 Issued by MPPSPF (GBV National Strategy)	It sets following 5 priorities to reduce SGBV : 1) Prevention of violence 2) Enhancing legal, medical, and social responses 3) Promoting socioeconomic reintegration of SGBV victims/survivors and psychosocial support for perpetrators 4) Coordination, monitoring, and evaluation 5) Conducting related activities that complement the above four points

Source：Created by the author based on the policy documents

Specific policies for SGBV in Madagascar are described in Stratégie Nationale de lutte contre les Violences Basées sur le Genre 2017-2021. In order to reduce SGBV, five priority areas have been established, each with

three to six strategic goals, and each strategic goal has two to three specific strategies, stipulating not only prevention of SGBV, protection of victims/survivors, and support for social reintegration, but also psychosocial support and coordination for perpetrators, monitoring, and data collection (See Table 6-6).

Table 6-6：Priorities and Strategic Objectives in National Strategy on GBV in Madagascar

Axis 1: Prevention of violence
Strategic objective1: Reduce the factors of legal, socio-economic, occupational and cultural vulnerability
Strategic objective2: Strengthen national political commitment in programmes related to prevention and response to SGBV, including crisis situationisation
Strategic objective3: Improve knowledge of SGBV prevention and response
Axis 2: Enhancing legal, medical, and social responses
Strategic objective1: increase response services for victims of SGBV
Strategic objective2: Strengthen the professional capacity for comprehensive care (legal, medical and psychosocial)
Strategic objective3: Improve comprehensive or multi-sectoral management systems for victims of SGBV
Strategic objective4: Increase the reporting rate of victims of SGBV
Strategic objective5: Strengthen prevention and response to SGBV in humanitarian crises
Strategic objective6: Strengthen support for victims of trafficking in persons
Axis 3: Promoting socioeconomic reintegration of SGBV victims and psychosocial support for perpetrators
Strategic objective1: Rehabilitate victims of SGBV and provide psychosocial support to perpetrators
Strategic objective2: Strengthen the resilience of victims of SGBV
Axis 4: Coordination, monitoring and evaluation
Strategic objective1: Operationalise the coordination mechanisms for SGBV prevention and response at different levels
Strategic objective2: Effectively manage information and data on SGBV, including crisis situations
Strategic objective3: Develop a strategic framework for the fight against SGBV, adapted to the local context
Axis 5: Conducting related activities complementing the above 4 points
Strategic objective1: Advocate and lobby for relevant ministries and agencies
Strategic objective2: Carry out research to develop effective SGBV measures
Strategic objective3: Disseminate information related to SGBV

Source：Stratégie Nationale de lutte contre les Violences Basées sur le Genre

Stratégie Nationale de lutte contre les Violences Basées sur le Genre 2017-2021 is due for implementation in 2021, but according to MPPSPF, as of November 2020, specific discussions on revisions had not yet begun. However, according to an interview with MPPSPF, as of November 2020, no concrete discussions on the revision have started. Prior to the revision, a review of the five-year results must be conducted, but no concrete discussions on the review have started, and the revision of Plan d 'Action National Genre et Développement (PANAGED), which was already due for implementation in 2008, would be prioritized[691]. According to the MPPSPF and UNFPA, the draft of the revised Plan d'Action National Genre et Développement would be submitted to the Cabinet for approval by the Cabinet and the President by the end of 2020[692].

2) Policy Implementation Structure

Ministere De La Population, de la Protection Sociale et de la Promotion de la Femme (MPPSPF), which promotes gender mainstreaming and gender equality in Madagascar, is the government agency responsible for improving the status of women, through developing and implementing policies and strategies, coordinating, monitors, and providing technical advice. MPPSPF has three departments under the Secretary-General: Population, Social Protection, and Promotion of Women, and SGBV is in charge of Direction de la Promotion de la Femmethe (the directorate of promotion of women). The role of Direction de la Promotion de la Femmethe in relation to SGBV is as follows[693]:

➢ Development of laws and policies

It is responsible for the drafting and development of laws and policies related to SGBV, including the

[691] Interview with MPPSPF on 18 Nov 2020.
[692] Interview with MPPSPF on 18 Nov 2020, UNFPA Madagascar on 23 Nov 2020.
[693] Interview with MPPSPF on 18 Nov 2020.

GBV Act and the SGBV National Strategy, with technical support mainly from UNFPA. It also has the responsibility to raise funds for policy implementation in line with the national strategy.

- Regular training related to SGBV
  The agendas of training has been updated in line with the passage of the GBV Act, and training has been provided on various topics such as how to respond to SGBV cases, how to deal with victims/survivors, and the referral system. In addition, since each ministry concerned has its own procedures and protocols related to SGBV, it has been trying to standardize them for a comprehensive response. Currently, training is being provided to MPPSPF staff in all six provinces. It also provides training not only to staff and social workers in the ministry, but also to various related service providers such as medical doctors, clinical psychologists, and staff of the Ministry of Justice, prosecutors, and lawyers. The training is conducted once a year and a refreshment training is planned for 2021.

- Cooperation, coordination and reporting with other relevant ministries
  The MPPSPF is responsible for coordination and collaboration with other relevant ministries in charge on justice, health, the Police, or others. With regard to SGBV, the MPPSPF has a coordinating function in all aspects, including prevention, response to perpetrators, and response to victims/survivors. The MPPSPF also compiles and reports to the government on the status of policy implementation.

- Data collection on SGBV
  They receive a report every six months summarizing the reports and consultations from victims/survivors that have been handled by SGBV victims/survivorsupport facilities such as the CECJ (see 6.1.2.3). In addition, the number of cases handled by the Vonjy Centre (see 6.1.2.3), a comprehensive support center for victims/survivors of SGBV operated by the Ministry of Health, and reports to the Ligne Verte Nationale 813, an SGBV hotline, are also compiled.

The MPPSPF led the formulation of the GBV Act and continue to play a key role in implementing various tasks such as institutional design for the enforcement of the Act and formulation and updating of various policies, but due to insufficient staffing and budget, there are many tasks that are not being addressed, such as policy formulation and updating and operation of the coordination mechanism described in (3) in this section. UNFPA provides technical support, but since it is the MPSPPF that leads the response to the gender sector, including SGBV, it is expected that the leadership of the MPSPPF needs to be strengthened[694].

3) Coordination Mechanism

The SGBV-related coordination mechanisms in Madagascar are the GBV Platform and the GBV Group. In addition, a grassroots child protection network, the Réseaux de protection de l'Enfant (RPE), responds to VAC.

A. GBV Platform

The GBV Platform has been established as a national coordinating body to respond to SGBV. It was initially established as an organization to prevent and respond to SGBV, and its members include not only relevant ministries and agencies, but also donors, international organizations, civil society groups, and NGOs. However, according to MPPSPF, it is not functioning practically at present. The GBV Platform is mentioned

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694 Interview with UNFPA Madagascar on 23 Nov 2020.

in Stratégie Nationale de lutte contre les Violences Basées sur le Genre 2017-2021, but it is not a sustainable coordinating body for a number of reasons, including the lack of a decree or law stipulating its authority and role in running this coordination council. The MPPSPF has stated that since the GBV Act is newly passed, the GBV Platform must be re-defined in the decree for enforcement of the GBV Act[695]. In addition, it was planned that a provincial-level Regional Platform would be organized under the central-level National Platform, but the National Platform is currently not functioning and just a few Regional Platforms have been organized, but due to the lack of a decree, no substantial activities have been carried out[696].

B. Gender Group

The Gender Group is a coordination body set up with members of the GBV Platform, whose establishment was announced in July 2020. UNFPA and MPPSPF serve as the secretariat, and it includes relevant ministries (e.g. health, justice, and education), international organizations (e.g., UNFPA, UNICEF, ILO, World Bank), bilateral aid agencies (e.g., USAID, GIZ), donors (e.g., EU, French Embassy), international NGOs, local NGOs, and CBOs. Since it has just been established, the details of its activities and schedule would be discussed near future, but basically, its main objective is to coordinate among actors and strengthen the institutional framework.

C. Réseaux de protection de l'Enfant (RPE)

The PRE is a child protection network that MPPSPF started to set up as a pilot in 2004, and has been established and supported throughout the country with the cooperation of UNICEF since 2009, with the aim of coordinating among various actors involved in child protection. Local governments, police, prosecutors, medical institutions, community leaders, CBOs, NGOs and others are members of the network, which identifies cases of violence and exploitation against children, including sexual violence and trafficking in persons; provides protection, medical services and psychosocial support to victims/survivors; and links victims/survivors to judicial institutions and victims/survivorsupport facilities such as the Vonjy Centre (see 6.1.2.3). Currently, more than 700 RPEs have been established across the country[697], but not all of them carry out substantive activities as all activities are basically volunteer-based. In the evaluation conducted in 2013, there were many RPEs that were not actually active, and lack of coordination and communication among stakeholders, reliance on individual goodwill, and lack of management efforts were specified as issues[698]. MPPSPF aims to continue to strengthen its response to violence against children, including SGBV, through the revitalization of RPEs.

6.1.2.3. Initiatives by the Government of Madagascar

In addition to the revision and enactment of laws and the development of various policies and guidelines, there are four main government initiatives related to SGBV:

- Police response and establishment of the Brigade Féminine de Proximité (BFP)
- Establishment of Chaine pénale anti-violences basée sur le genre (CPA-VBG)
- Establishment of Ligne Verte Nationale 813
- Establishment and operation of support facilities for victims/survivors of SGBV

695 Interview with MPPSPF on 18 Nov 2020.
696 Ibid
697 IOM (2015), Etat des lieux sur la traite des personnes à Madagascar, P.27
698 UNICEF (2016), Rapport Etude sur la violence contre les enfants Madagascar

1) Police response and establishment of the Brigade Féminine de Proximité (BFP)[699]

When the police receive a report of SGBV, they protect the victims/survivorsecure witnesses, preserve evidence (including investigation on the site and raiding the house), prepare 'de lettre de réquisition à personne qualifiée' (LPRQ, a document necessary to conduct a forensic investigation), and provide medical Referrals. If the victim/survivor wishes to prosecute the perpetrator, they provide support to the victim/survivor regarding the judicial process, and when the victim/survivor needs special care, prioritize for providing those supports (medical, psychosocial care, or other services.). In the case of victims/survivors of sexual violence, they refer victims/survivors to support facilities such as Vonjy Center (See (4) in this section) where appropriate responses can be implemented. If the victim/survivor needs financial support, they refer victims/survivors to NGOs that provide food, daily commodities, and livelihood improvement activities, and negotiate with male household members. After investigating a case, they prepare a report and hand it over to the prosecutor, who gives instructions to the police on whether or not to prosecute the perpetrator.

With the support of UNFPA, the police began establishing BFPs in 2017 to prevent and respond to SGBV. BFPs are units of female police officers who have received specialized training in SGBV response, first established in Antananarivo in 2017, and are gradually being established across the country. As of November 2020, BFPs in police headquarters in all six provincial capitals and one more unit in urban areas have been established, for a total of seven units. BFP female officers have expertise in response to victims/survivors of SGBV (counseling, maintaining confidentiality, advising on judicial procedures, etc.), preserving evidence, and conducting investigations. Since 2018, they have been directly receiving and responding to calls from SGBV victims/survivors and witnesses. UNFPA has also developed a case management system for SGBV, and BFP is following this system for case management. In addition to responding to SGBV, BFP also provides support to vulnerable groups such as street dwellers and street children. Child protection is also part of the mandate, and BFP police officers are deployed near schools.

Apart from BFP, Brigade de la police des moeurs et la protection des mineurs (BPMPM) also deals with sexual crimes against minors (under 18 years old). The BPMPM was established in 1991, and as of November 2020, 16 units have been established across the country.

Other activities conducted by the police on SGBV are as follows:

- Training of police officers on SGBV has been provided, especially on the basic policy "Zero Tolerance against SGBV". All police officers, not just BPF and BPMPM, are required to respond appropriately to SGBV.
- The police have been conducting awareness-raising activities for the elimination of violence at the community level in collaboration with the local government for more than 10 years, and encourage parents to report when their children are victimized by SGBV. It also conducts lectures and extracurricular activities in schools to educate and inform children about their rights (such as the right to report to the police even if they are under 18 years old), how to protect themselves from violence, and laws and policies related to violence. The importance of reporting is also conveyed to the children, and

[699] Interview with Ministère de la Sécurité Publique on 20 Nov 2020.

witnesses are also educated that they have a duty to report and that not reporting is supporting the perpetrator.

As mentioned above, the police conduct various awareness-raising activities, but since no specific budget has been allocated for SGBV prevention and awareness-raising, the police collaborate with external organizations such as international organizations and NGOs when implementing activities.

The police consider the lack of reporting of SGBV to be an urgent issue, and recognize the need to implement initiatives to increase reporting[700]. In particular, perpetrators of sexual violence are often relatives, neighbors, or people with power in the community such as teachers, religious leaders, and people with high social status, in which case parents and relatives are hesitant to report. In cases where the perpetrator is a relative, the victim/survivor may be financially dependent on the perpetrator, making it more difficult to report. Also, while the police are looking to further strengthen their response to SGBV under the GBV Act, the number of police officers deployed in the BFP is still low[701]. There are few female officers in the police force as a whole, not just in the BFP, accounting for only about 10% of all police officers[702]. There is also a lack of infrastructure such as vehicles and telephones, so even if a report is made, there are times when the police cannot arrive at the scene due to a lack of vehicles, or are unable to apprehend the perpetrator or protect the victim/survivor (the victim/survivor has to use their own vehicle or pay for their own transportation)[703].

2) Establishment of Chaine pénale anti-violences basée sur le genre (CPA-VBG)

In November 2020, the Ministry of Justice announced the nationwide launch of the CPA-VBG and its membership. This is a judicial mechanism to be set up in the courts of each province and composed of members of the criminal justice authorities. The objective is to strengthen the prosecution, management and review of SGBV cases to ensure that criminal and the GBV Act are enforced. It has already been established in Antananarivo in 2019 and would be launched in various courts in other provinces and would be the body responsible for the prosecution, investigation and judicial determination of SGBV-related crimes under the statute. It would also have the duty to report monthly to the competent administration on SGBV cases, responses and prosecutions.

3) Establishment of Ligne Verte Nationale 813

The MPPSPF operates an SGBV hotline, Ligne Verte Nationale 813, through which SGBV victims/survivors can receive counseling services, referrals to nearby medical facilities and lawyers, and information on how to report to the police. The number and content of calls received by the hotline are reported weekly to UNFPA, MPPSPF and the Ministry of Interior. There are 11 staff members (social workers) and they collaborate with the BFP in responding to the calls received. According to Figure 6-10, psychosocial support (counseling) and referral to

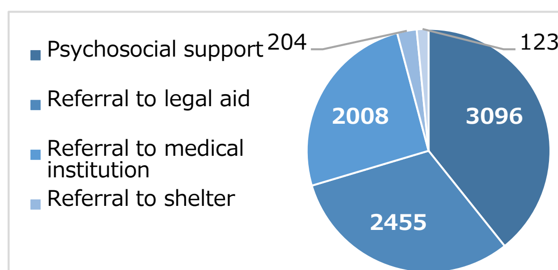

Figure 6-10：Cases Received by 813 between 25 Apr to 30 Set in 2020.

Source：Data from MPPSPF

700 Interview with Ministère de la Sécurité Publique on 20 Nov 2020.

701 Ibid

702 Ibid

703 Ibid

legal aid are the most common responses. The Government does not have the budget to operate this hotline, and it is currently funded by UNFPA. In addition, Ligne Verte 147 has been established for VAC, and Ligne Verte 511 has been established separately for counseling adolescent boys and girls and providing information on SRH.

4) Establishment and operation of support facilities for victims/survivors of SGBV

In Madagascar, there are three major types of facilities that provide medical, judicial, and other services to victims/survivors of SGBV, and they differ in their roles, the services they provide, the number of facilities established, and the ministries that have jurisdiction over them. The functions of each facility are shown in Table 6-7.

Table 6-7：Supporting Facilities for SGBV victims/survivors in Madagascar

	CECJ	Vonjy Centre	Centre de Prise en charge intégré
Classification	Legal Aid and Counselling Centres	One Stop Centre	One Stop Centre
Target	Victims/survivors of SGBV	Victims/survivors of SGBV under the age of 18	Victims/survivors of SGBV
Services	➢Legal aid ➢Psychosocial support (counselling) ➢Referrals to medical and police services	➢ Legal aid ➢ Medical services ➢ Psychosocial support ➢ Shelters ➢ Police response	➢ Legal aid ➢ Medical services ➢ Psychosocial support ➢ Shelter (only in Manjakaray) ➢ Police response
Fee	Free	Free	Free
Staff	➢ Social Worker ➢ Lawyers ➢ Paralegals etc.	➢ Doctors ➢ Nurses ➢ Police officers ➢ Lawyers ➢ Social Workers etc.	➢ Doctors ➢ Nurses ➢ Police Officer (BFP) ➢ Lawyers ➢ Social Workers etc.
Competent authorities and organisations	➢ MPPSPF ➢ NGOs Some facilities are run by MPPSPF and UNFPA, others by NGOs	➢ MSP ➢ UNICEF Staff members are deployed by various ministries, including MPPSPF and the police	➢ MPPSPF ➢ FITIA Association (NGO) Staff members are deployed by various ministries, including MPPSPF and the police
Regions	22 Préfectures 12 CECJ are run by MPPSPF Others are run by NGOs.	5 provinces 6 facilities ➢ Antananarivo, Antanananarivo ➢ Nosy Be, Antsiranana ➢ Mahajanga, Mahajanga ➢ Toamasina, Toamasina ➢ Toliara, Toliara ➢ Fort-Dauphin, Toliara	2 facilities in Antananarivo ➢ Mahamasina ➢ Manjakaray

Source：Created by the author

CECJ is a facility that provides counseling services, legal aid, and referral to medical and judicial services for victims/survivors of SGBV. UNFPA issued a Call for Proposal for the construction of CECJ in 2008, and interested NGOs raised their hands and the facility was built with funding from UNFPA. After that, as MPPSPF has started to establish public CECJs since 2010, there are facilities operated by NGOs and facilities established by MPPSPF. Some of the CECJs operated by MPPSPF and some of the NGO CECJs are funded by UNFPA for their operation. The CECJs are located in 22 prefectures, basically in the capitals, but some prefectures also have branch offices at the districts, level.

The Vonjy Centre, established and operated by the Ministry of Health with support from UNICEF, is a one-stop center that provides comprehensive support to victims/survivors of SGBV under the age of 18, including medical assistance, psychosocial support, legal aid, and police response (not available to those over 18). It also protects a victim/survivor of trafficking in persons. The first Vonjy Centre was built in Antananarivo in 2015, and as of November 2020, six facilities have been established and are operating in five provinces. All facilities are attached to or adjacent to public hospitals. The Vonjy Centre in Nosy Be,

Antsiranana Province, was constructed with support by Japanese embassy (Grant Assistance for Grassroots Human Security Projects)[704]. According to the data provided by the MPPSPF, the number of cases per year varies greatly from one facility to another, and the facility in Antananarivo with the highest number of cases has insufficient capacity in terms of both facilities and personnel.

Centre de Prise en charge intégré was established by MPPSPF with the support of UNFPA and is the first one-stop center available to all SGBV victims/survivors. The first facility was opened during the 16 Days Campaign in November-December 2019 and the second facility was opened during the same period in 2020. Both facilities are located in Antananarivo city and consisted of a hearing room, a medical consultation room, a lawyer's office, a training room for social workers, and a waiting room for BFP. The second facility is equipped with a shelter, where up to six people can stay temporarily. Both facilities are operated in collaboration with the FITIA Association, which is a local organization run by First Lady Mialy Rajoelina, see 6.1.3.2).MPPSPF and UNFPA would like to expand the Centre de Prise en charge intégré and set up in all provinces, and there is an idea to make the CECJ in each prefecture a one-stop center, but no concrete plans have been made due to lack of funding prospects[705].

6.1.3. Initiatives by International Organizations, Bilateral Aid Agencies, NGOs and Other Private Sector Organizations, and JICA

6.1.3.1. Efforts by International and Bilateral Organization

Since UN Women doesn't have its own field office in Madagascar, UNFPA has become the lead agency in the area of gender. In addition, several other international and bilateral aid agencies are working in the field related to SGBV. The contents can be summarized as follows:

Table 6-8：List of International and Bilateral Aid Agencies working on SGBV in Tanzania

Organization	Detail
UNFPA[706]	➢ Supporting for the development of laws and policies UNFPA provided technical support in the development of the GBV Act (the French Embassy and UNICEF also supported this process) and is currently supporting the preparation of a decree to enforce the Act. UNFPA is not involved in the dissemination of the GBV Act, which is the responsibility of the Government, CBOs and NGOs. It is also currently working with UNDP to support the development of the UNSCR 1325 NAP. ➢ Operational support for CECJ and Centre de Prise en charge intégré It provides technical support and funding for CECJ and Centre de Prise en charge intégré. ➢ Distribution of Dignity Kit ➢ Training of service providers on the Minimum Initial Service Package (MISP)[707] ➢ Training of young volunteers in SRH and SGBV prevention and awareness ➢ Provision of surgery to birth fistula patients
UNCEF[708]	➢ Development of legal and policy frameworks for prevention and response to VAC ➢ Support for RPE activities ➢ Provide technical support and funding to the Vonjy Centre ➢ Research on the development and implementation of a code of conduct for tourism stakeholders

[704] https://www.mofa.go.jp/mofaj/gaiko/oda/region/page22_000665.html, last accessed on 10 Jan 2021.
[705] Interview with MPPSPF on 18 Nov 2020.
[706] Interview with UNFPA Madagascar on 23 Nov 2020.
[707] It is a package of minimum services needed to meet women's specific health needs in a humanitarian crisis. It consists of five components, including coordination among support organizations involved in reproductive health, prevention of sexual violence, and response when it occurs
[708] https://www.unicef.org/Madagascar/en, last accessed on 10 Jan 2021.

Organization	Detail
	In response to the widespread use of forced labor of children, particularly child sexual exploitation, in the tourism industry in Madagascar, a code of conduct to be followed by tourism operators has been developed, and monitoring and surveys related to its implementation have been conducted. ➢ Launch of a dedicated portal for Madagascar on online sexual abuse and exploitation. It is a system that allows Internet users in Madagascar and abroad to safely and anonymously report images and videos of sexual abuse of Malagasy children on the Internet. In Madagascar, many adolescents are forced to send sexually explicit images and videos in the process of finding a partner through social networking sites (so-called 'sexortion').
UNDP	➢ Supporting for development of UNSCR1325 NAP[709]
World Bank[710]	➢ Implementing 'Fiavota Cash Transfer Program' In collaboration with UNICEF, the project is strengthening social safety nets through cash transfers to socially vulnerable people in drought-affected areas. Although the program is not specific to victims/survivors of SGBV, about 80% of the beneficiaries are women, and it has been reported that the program has increased women's participation in economic activities and decision-making processes within the family, as well as enabled them to send their children to school and avoid child marriage.
USAID[711]	➢ Improving Market Access Partnership and Access to Commodities Together Program (IMPACT) IMPACT is a program being implemented during 2018-2023 to promote UHC in Madagascar, strengthening access to medicines and medical products in malaria prevention and response, maternal and child health, and family planning. A survey on gender equality, including the current status of SGBV, is being conducted in the implementation program.
AFD[712]	➢ It Implemented the "Morbidity and Mortality Phenomenon of Unwanted Pregnancy-Related Diseases Project" through funding to Médecins du Monde, an international, and provided medical support and awareness-raising activities related to SRHR.
The government of the Republic of Korea[713]	➢ It funded to establishment for Vonjy Centre in Fort-Dauphin, Toliara

Source：Created by the author based on the interviews and literature review

6.1.3.2. Efforts by NGOs and Other Private Sector Organizations

In Madagascar, there are many organizations that are engaged in activities related to gender mainstreaming and gender equality, including prevention and response to SGBV, and local NGOs are particularly active. In this section, the activities of organizations that were interviewed and those that were identified in the literature review are shown below.

1) Catholic Relief Services (CRS)[714]

CRS is a Christian international NGO, and in Madagascar, it is active in the southern region, focusing on promoting gender equality and preventing and responding to SGBV. It has received funding from donors such as USAID and OFDA, and has also collaborated with MPSPPF and UNFPA in its activities. The main activities are as follows.

[709] https://www.mg.undp.org/content/madagascar/fr/home/blog/InterventionColloque1325.html, last accessed on 10 Jan 2021.
[710] http://documents1.worldbank.org/curated/en/619731551754900188/pdf/MADAGASCAR-SOCIAL-SAFETY-PP-02112019-636873336954728263.pdf, last accessed on 10 Jan 2021.
[711] USAID (2019), Improving market partnerships and access to commodities together (IMPACT) program Gender equality and social inclusion (GESI) analysis and action plan
[712] https://mg.ambafrance.org/, last accessed on 10 Jan 2021.
[713] https://www.unicef.org/madagascar/en/press-releases/sixth-centre-vonjy-opened-tolagnaro-accommodate-children-victims-sexual-violence, last accessed on 10 Jan 2021.
[714] Interview with CRS on 24 Nov 2020.

- Development of Gender Champions

  It provides training to volunteers (called as 'Gender Champions') and train them as volunteers to conduct awareness raising activities on human rights, women's rights, gender equality, or SGBV in the community level. The volunteers include both women and men so that they can work with different groups and play complementary roles to each other. The most recent project, funded by USAID, worked in three regions and trained volunteers as one per village, total of 684 Gender Champions. The project is also advocating to the MPSPPF to use Gender Champions as gender focal points in the region. Since the recent evaluation of each Gender Champion revealed variations in motivation and understanding. CRS has been calling on MPPSPF to use the most highly motivated volunteers as gender focal points.

- Awareness raising at the community level

  It conducts awareness raising activities on gender equality at the community level. Both men and women are approached in awareness-raising activities, especially in encouraging both husbands and wives to participate in household decision-making and use of assets. With regard to SGBV, awareness raising activities are conducted using picture books that depict what gender is and what SGBV is all about.

- Response to SGBV victims/survivors

  It provides advises victims/survivors of SGBV on judicial procedures, works with the police, and provides referrals to medical services and psychosocial support

2) FIANTSO[715]

FIANSO is a local NGO that provides legal aid mainly for victims/survivors of SGBV, and established the first Legal Clinic in southeast Madagascar in 2007. The main activities are as follows:

- Operation of 'Trano Arozo'

  In 2007, with the support of UN and the Ministry of Justice, FIANSO opened a legal aid facility called Trano Arozo, which has almost the same functions as the CECJ, but is under the jurisdiction of the Ministry of Justice, to provide victims/survivors of SGBV with legal aid and advice on judicial services and referrals to lawyers, medical facilities and police. Referrals are made to lawyers, medical facilities and police. It is mainly staffed by paralegals. FIANSO would like to provide medical and psychosocial support within the facility, but are currently unable to do because they can't hire a doctor or clinical psychologist. On the other hand, Trano Arozo provides temporary shelters for women who are victims/survivors of DV and cannot return home. So far, six Trano Arozo have been established, and three of them located in the southeast are fully functional with the support of UNFPA. The remaining three were previously funded by the EU, but the support has ended. One of the three (in the southwest) has started to receive support from UNFPA, but two are scaling down their services because it is becoming difficult to operate without funding. The Legal Clinic in the southwestern part of the country, which is newly supported by UNFPA, is operated by another local NGO, but since it is composed of young staff members, FIANSO is strengthening its capacity through training.

- Awareness raising on combatting child marriage

  In rural areas, child marriage is not perceived as a violation of children's rights, and it is common for

715 Interview with FIANSO on 17 Nov 2020.

girls to be forced into marriage at a very young age. For example, in the Southwest, a girl who was the top student at her elementary school graduation was forced to marry her parents at the age of 13. In urban areas, the Marriage Act are well known and child marriages are relatively rare, but in rural areas, the existence of the Act is not known in the first place and it is easy to get married if the community leaders allow it. FIANTSO is taking steps to address this issue by discussing and negotiating child marriage with local traditional leaders in the southeast and southwest, and encouraging them to sign a charter banning child marriage in the region. Three traditional leaders have already signed the charter, but it took two years of negotiations to get there. There are also examples of traditional leaders at the provincial level who have agreed and are then consulting with traditional leaders at the district level. Although traditional leaders do not have legal power, they do have customary power and have a great deal of influence within their communities. If a traditional leader declares that he or she will not accept marriages under the age of 18, most people in the community tend to follow. FIANSO also educates and informs people about various laws and policies related to children's rights and women's rights.

3) Fianakaviana Sambatra（FISA）[716]

FISA is a local NGO in Madagascar that conducts SRH-related activities and is a member of the International Planned Parenthood Federation (IPPF). FISA has more than 50 years of experience in this field. Its main activities are as follows:

- Operation of clinics for SRH

  It operates seven SRH clinics across the country. The clinics provide medical care and psychosocial support to victims/survivors of SGBV, especially sexual violence, and also conduct awareness-raising activities for SGBV prevention at the clinics for young people. The clinics are also used as a base for awareness-raising activities to prevent SGBV among young people, and victims/survivors of SGBV are referred to the MPSPPF and reported to the police for investigation.

- Awareness raising at the community level

  Apart from the awareness-raising activities based at the above clinics, FISA is also conducting awareness-raising activities within the community. In order to widely spread awareness of what gender is, what SGBV is, or other elements, it works with a youth network (10-24 years old) consisting of volunteers to provide sexuality education and education about SGBV to the younger generation, and then conduct awareness raising and advocacy. For sexuality education, as a member of IPPF, FASA has a five-year strategy for 2016-2022 along the lines of IPPF Comprehensive Sexuality Education (CSE), which consists of seven modules including gender, SRHR and HIV prevention, violence prevention, diversity. When recruiting youth to serve as volunteers, it tries to recruit from school-based locations as well as reach out to the many youth who do not go to school. Sometimes it works with schools and teachers to provide the sexuality education mentioned above as part of extracurricular activities. In order to eliminate SGBV, it is important to change attitudes and behaviors, and for this purpose, the organization focuses on educating the younger generation and fostering a new generation that believes that SGBV should be eradicated. In addition, men are actively included in the target audience for awareness-raising activities.

[716] Interview with FISA on 24 Nov 2020.

- Technical advice for the national dissemination of CSE

  The education sector in Madagascar is currently promoting the integration of UNESCO's Comprehensive Sexuality Education (CSE, see footnote 609) into the formal curriculum (see 6.1.3.3), and FISA is working with Mary Stopes, an international NGO, and others to provide technical advice on the development of a Malagasy version of the curriculum through the integration of IPPF's CSE program with the UNESCO curriculum. Sexuality education for out-of-school children is also being provided as part of community awareness activities.

- Humanitarian response in southern area

  With regard to humanitarian assistance related to the drought in southern Madagascar, some activities have been implemented in 2019 and 2020 with funding from UNFPA, acting as an implementing organization for a UNFPA program funded by the Government of Japan. The activities are related to family planning, SRH services, establishment and operation of youth centers, establishment and operation of Mother Family Planning Centers, and livelihood support. In the area of livelihood support, young women would be trained in goat rearing and supported to earn income.

4) Federation pour la Promotion Feminine et Enfantine（FPFE）[717]

FPFE is a local NGO established in 2008, which has been running the CECJ and conducting various awareness-raising activities. It is currently active in 14 out of 22 prefectures. Its main activities are as follows:

- Response to SGBV victims/survivors

  CECJs provide orientation, advice on judicial procedures, counseling, and referrals (medical facilities, legal assistance, etc.) to victims/survivors of SGBV. 8 CECJs (Eastern, Southern, and Northern regions) are operated by FPFE, and the facilities of CECJs belong to FPFE (some CECJs are located in municipal facilities). The construction and operation of the facilities were funded by UNFPA, and although the funding from UNFPA ended in 2014, CECJ continues to operate with its own funds due to high needs. In particular, there is a high need for advice on judicial procedures and psychosocial support.

- Awareness raising at the community level

  They have been conducting door-to-door dialogues, raising awareness on women's rights and SGBV through community radio, and disseminating policies and laws. Also, they would like to widely publicize the GBV Act that came into effect in January 2020. First of all, they plan to train FPFE staff and members on the contents of the new Act, and set up workshops and meetings in the community to provide opportunities to inform people about the GBV Act. In addition, through the media and Door to Door Dialogue, they would like to strengthen access to justice and carry out awareness raising activities to eliminate the "Culture of Silence" in order to change the current situation of widespread non-punishment of perpetrators.

5) FITIA Association

FITIA Association was founded in 2010 by the First Lady of Madagascar, Mialy Rajoelina. It provides support in the areas of education, health, and community development. Ms. Rajoelina is also serving as the UNFPA Ambassador for the Fight against GBV from 2019. FITIA Association focuses on SGBV by "raising

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[717] Interview with FPFE on 19 Nov 2020.

awareness of the law," "strengthening the culture of Zero Tolerance," and "strengthening treatment and protection mechanisms". In addition to its proactive involvement in the process of enacting the GBV Act, FITIA Association has been involved in protecting the right of women and girls to education, running the Centre de Prise en charge intégré, and providing livelihood support to women.

6.1.3.3. Efforts by JICA

In Tanzania, JICA has not implemented any initiatives specific to SGBV prevention or response, but it has resources and knowledge that can be utilized in the following related areas

1) Education

In Madagascar, SGBV against children, including sexual violence against children, sexual exploitation, physical violence, child marriage, and teenage pregnancy, is serious, and the education sector has recognized these issues as challenges that deprive children of educational and developmental opportunities[718]. In 2017, UNESCO conducted an evaluation on the implementation of CSE, and based on the results, CSE was incorporated into the regular curriculum in Madagascar. The Ministry of National Education, which is in charge of developing the curriculum and providing training to teachers in line with international guidelines, plans to expand the introduction of CSE in a phased manner starting in 2019, with the aim of implementing the curriculum in all schools (public and private primary and secondary schools)[719]. CSE consists of eight key concepts, covering a wide range of topics such as human rights, relationships, SGBV, and contraception, and aims to foster social and sexual relationships that respect themselves and others through the study of these curricula[720]. In 2019, as part of the UN's "He for She" campaign, the Ministry of National Education is also implementing extracurricular activities related to sexuality education in 25 public elementary school in and around Antananarivo.

JICA has been implementing the project "'School for All': The project on support to educational development through community participation" (2016~2020) in Madagascar. The project has contributed to the establishment and revitalization of community-based democratic school management committees (FEFFI) by disseminating the participatory and decentralized school management model to approximately 2,650 public elementary schools in Analamanga and Amoron'i Mania in order to lay the foundation for the nationwide dissemination of the model for improving education. In promoting CSE, the understanding and cooperation of not only the Ministry of National Education, schools, and teachers, but also parents and communities are considered essential[721]. Through the revitalization of FEFFI and Parents' Associations (FRAMs), it is expected that in addition to strengthening the quality of education and school governance, there will be awareness raising and awareness to address child protection issues, including SGBV.

2) Agriculture

In the agricultural sector, the "Food and Nutrition Improvement Project" (2019-2024) is being implemented in Vakinankaratra, Amoron'i Mania and Itasy. The project aims to improve the nutritional status of women and children in the target areas by 1) strengthening multi-sectoral coordination in the field of nutrition, 2) strengthening the implementation system of nutrition improvement activities and the capacity of

718 Ministère de l'Education Nationale(2017), Plan Sectoriel de l'Education 2018-2022
719 Interview with UNFPA on 23 Nov 2020.
720 UNESCO (2018), International Technical Guidance on Sexuality Education: An evidence-informed approach
721 UNESCO (2018), International Technical Guidance on Sexuality Education: Revised Version, P.86

relevant stakeholders, 3) promoting behavior change among the population, and 4) strengthening the monitoring and evaluation system. In the case of 2), the project aims to improve nutrition status by using the approach of livelihood improvement activities and promoting behavioral changes related to dietary intake improvement through agriculture and food, maternal and child care and health, water and sanitation. Since the objective of the project is to improve the nutrition of women and children, many of the activities are targeted at women, such as increasing the percentage of female participants in agricultural training, and raising awareness about nutrition and health among women. In addition, the result of pre-evaluation on the project states that the project would "contribute to the empowerment of women and the promotion of gender equality through the planned awareness-raising activities for women and mothers"[722]. It is expected that these awareness-raising activities would lead to prevention and response to SGBV by including information on how to protect oneself from DV and IPV, and where to seek help if they are victimized by violence. According to the results of MICS2018, the percentage of women experiencing spousal/partner violence in Vakinankaratra and Itasy is much higher than in the rest of the prefectures (see 6.1.1.3), and the need for such information and awareness-raising activities is high.

6.1.4. COVID-19 Infection Status and Its Impact on SGBV

In Madagascar, since the first case of COVID-19 was confirmed on March 20, 17,714 people have been infected and 216 people have died as of December 24, 2020, according to the announcement. Since the first case was confirmed, measures such as suspension of international and domestic flights, closure of educational institutions, and closure of offices except for essential workers have been taken, which were gradually eased around September 2020 when the spread of the disease calmed down. Schools were closed for about seven months from March to September 2020, but remedial classes for some grades (like grades 5, 9, 12 where students have to take exams to obtain a completion certificate) were conducted in September 2020, and the schools were fully reopened on October 26 2020.

Regarding SGBV, MPPSPF and UNFPA collaborated to conduct an online survey on the impact of COVID-19 on women in April and May 2020, and the impact on SGBV was reported in the survey. There are also documents pertaining to the number of SGBV cases addressed by the CECJ obtained from MPPSPF, and based on these documents and the information collected through the literature review and online interviews, how SGBV has been affected by the COVID-19 pandemic was identifies as below. First, the results of the surveys by MPPSPF and UNFPA are summarized as follows.

Table 6-9：The Summary of the Result of the Questionnaire Survey by MPPSPF

Items	Detail
Respondents	Married: 49%, single: 40%, widowed or divorced: 11 Ages generally 20~39 years old
Area	40% in Analamanga, 32% in Atsimo-Andrefana, Others
Occupation	Office workers/NGOs: 21%, Civil servants: 16%, Self-employed: 21%, Part-time workers: 8%, Students: 13%, and Others: 9%.
Impact on life	➢ Economic deprivation: 62% ➢ Decline in income: 40% ➢ Unemployment: 16%. ➢ Limited access to basic services (health services, administrative services, etc.): 34%.

[722] JICA (2020), JICA Pre-Evaluation Sheet on 'Food and Nutrition Improvement Project', P.5 Japanese

Items	Detail
	➢ Increase in SGBV at the community level: 77%. (Psychological violence: 81%, physical violence: 61%, economic violence: 56%, sexual violence: 27%) 27.3% of respondents reported rape in their community, and respondents in Atsimo-Andrefana reported child and forced marriages (Atsimo-Andrefana is an area where marriages under the age of 18 are much high; see (4) in 6.1.1.3)。
Contact of report of SGBV cases under lockdown	➢ Public or private support center: 40%. ➢ Friends and relatives: 26%. ➢ Social workers: 22% ➢ Ligne Verte Nationale 813: 18%. ➢ Police or gendarmerie: 5%. ➢ Did not consult or report the incident anywhere: 17%. Reasons given were insecurity, embarrassment, not knowing where to go for support or help, etc. Of the respondents, 11% received some kind of social support during the lockdown, and some of them said they were sexually harassed by service providers
Changes in behavior and attitudes in the home	➢ Aggressive and emotional behavior toward family members (mainly husband and father): 46%. ➢ Signs of depression: 43%. ➢ Discord or conflict in the family: 40%. ➢ Excessive alcohol consumption: 24%. ➢ Increased physical aggression: 15%. ➢ Sexual violence: 10%.
Status of SGBV	➢ Women who experienced some form of violence during the lockdown: 50%. Psychological violence: 80%, economic violence: 32%, sexual violence: 26%, physical book power: 22%. ➢ Women who reported that COVID-19 pandemic worsened their living or family situation: 78%. Women who were members of any social or religious organization were less likely to have experienced violence than those who were not.
What they feel we need to do in the face of COVID-19	➢ Raising public awareness of women's rights and the elimination of SGBV: 42%. ➢ Respect for women's rights: 27%. ➢ Education of girls, boys, and women from an early age: 19%. ➢ Jobs and income that enable economic independence to avoid violence: 17%. ➢ Raising men's awareness of women's rights: 13%. ➢ Public services and their budgets: 11%. ➢ Listening and exchange of ideas: 6%

Source：MPPSPF(2020), Perception des Femmes sur les Impacts de la Pandemie de COVID-19 et les Violences Basees sur le Genre a Madagascar

The most common impact of the COVID-19 pandemic has been economic deprivation due to reduced income and unemployment, which has led to increased tensions and deteriorating relationships within the household, as well as an increase in various forms of violence, including psychological and economic violence. The survey also found that women play an important role in preventing the spread of COVID-19 in the home, and that women who have been primarily responsible for housework, childcare, and caregiving are now spending more time gathering information on COVID-19, securing hygiene products, and caring for children during the periods when they cannot go to school. It was also pointed out that the burden on women in the home has increased dramatically.

Next, based on the data obtained from the MPPSPF, the data pertaining to the number of victimizations and reports received at the CECJ (see 6.1.2.3), a facility that provides legal aid, counseling, and referrals to victims/survivors of SGBV, is shown in Figure 6-11. The lockdown started in mid-March 2020 and the

number of consultations increased rapidly around June. This is because many public facilities were forced to close temporarily to prevent the spread of infection when the lockdown began, and many CECJs were temporarily closed between March and May, and the number of consultants increased around June when they reopened[723]. According to the MPPSPF, from April 25 to September 20, the number of cases in Ligne Verte According to the MPPSPF, from April 25 to September 20, Ligne Verte Nationale 813 (SGBV hotline, see 6.1.2.3) received 1,747 reports of physical violence, 147 reports of sexual violence, 2,509 reports of psychological violence, and 1,681 reports of economic violence, an increase of about five times the usual number[724]. In addition, women were the victims/survivors in about 80% of all reports[725]. Online questionnaires and MPPSPF records indicate that the impact of COVID-19, especially the lockdown, has led to an increase in the number of SGBV cases, especially violence directed at women.

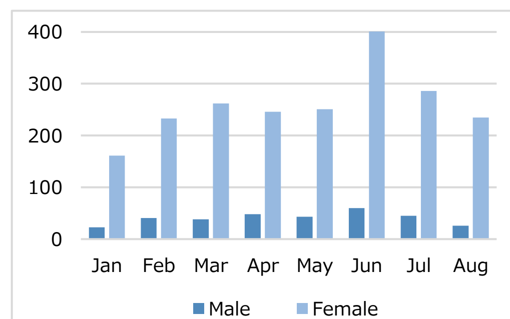

Figure 6-11 : Reports received by CECJ during Jan-Aug 2020

Source : Data shared by MPPSPF

The police were still active during the lockdown, but were unable to operate as usual due to travel restrictions. Therefore, they prioritized cases, especially in response to sexual violence against children and women[726]. In April, 34 out of 58 calls received by the BFP were from women who were victims/survivors of sexual violence, and the most common age group was women between 30 and 39 years old[727]. In addition, through the literature review and online interviews, the following information was identified as the impact of COVID-19 on SGBV.

1) Increased number of SGBV cases

The number of SGBV cases at household and community levels increased, and the number of SGBV cases reported to the NGO's own hotline also increased sharply during the lockdown[728]. In addition, women working in the informal sector were unable to engage in their usual activities such as selling vegetables on the streets, making it very difficult for them to earn an income. In such cases, they were forced to depend on male household members financially, but were often subjected to economic violence by their spouses[729].

2) Insufficient access to adequate services due to suspending of public services or transportation

During the lockdown period, NGOs and international organizations were not able to work in the field, which delayed the implementation and monitoring of projects. Communication with the community was also reduced, making it difficult to assess the current situation[730]. Many CECJs were temporarily closed to prevent the spread of infection, forcing staff to communicate with victims/survivors only by phone, which meant that

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[723] Interview with MPPSPF on 18 Nov 2020.
[724] Ibid
[725] Ibid
[726] Interview with Ministère de la Sécurité Publique on 20 Nov 2020.
[727] Interview with Ministère de la Sécurité Publique on 20 Nov 2020.
[728] Interview with CRS on 24 Nov 2020.
Based on the results of the interview with FPFE, CECJ, which is located in a tourist area, was an exception to the decrease in the number of consultations and reports of violence. This may be due to the fact that bars and restaurants have been closed down, which has reduced the consumption of alcohol, one of the factors that increase violence.
[729] Interview with FPFE on19 Nov 2020.
[730] Ibid

they had to pay for their own phone calls and victims/survivors who did not have phones were unable to contact them. In some areas, however, staff were able to operate CECJ and provide counseling and legal aid while adhering to the rules of physical distance[731]. The courts were also closed during the lockdown period, so there were no trials of SGBV cases[732].

As noted above, information from UNFPA, MPPSPF and other interviews and literature review revealed that despite the increase in SGBV, particularly psychological violence, due to the impact of the COVID-19 pandemic, police and court responses and service provision at CECJ were limited, making it difficult for victims/survivors in need of support to access these services. In response to this situation, the government of Madagascar, international organizations, and NGOs have taken the following actions:

Table 6-10：Response to SGBV under COVID-19 pandemic by the Government, International Organizations and NGOs in Madagascar

Organization	Detail
The Government of Madagascaar	➢ Conducting questionnaire survey related to SGBV by MPPSPF and UNFPA. ➢ Distribution of daily necessities and food (3~5kg rice, sugar, 1L oil) to vulnerable groups. As the target population includes sex workers, this response categorized as "Gender Sensitive" in the UNDP database[733]. ➢ Recognizing that the pandemic has increased the number of SGBV cases, awareness-raising activities, strengthening of coordination among relevant organizations, and capacity building of community health workers are being implemented to eliminate violence and support vulnerable populations[734].
UNFPA[735]	➢ In collaboration with the Ministry of Health, UNFPA launched a comprehensive program on SRHR, family planning, and response to SGBV called "Zéro décès maternels et violences basées sur le genre dans le contexte de l'épidémie du Covid-19 à Madagascar". The program provides psychosocial support to victims/survivors of SGBV, support to CECJ, and expansion of Ligne Verte Nationale 813 (funded by the governments of Norway and Japan). ➢ Dignity kits containing sanitary items were distributed to the most vulnerable women and girls to help them maintain good hygiene during menstruation. Although the lockdown has ended, the impact of COVID-19 will continue, and therefore, it is needed to provide support from a medium- to long-term perspective rather than a short-term perspective in order to undo the impact of this period. UNFPA has also launched a program to respond to COVID-19 with a supplementary budget of USD200, 000 from the Government of Japan, and is working with the Ministry of Health to distribute PPE to health workers in the drought-prone south.
UNICEF[736]	➢ Psychosocial support was provided to affected children and families, including children and families living on the streets, appropriate care for children without parental care, case management of children who have experienced some form of violence, including sexual violence and sexual exploitation due to the pandemic, and referral to service facilities. ➢ Social workers conducted home visits, radio broadcasts, food distribution, and awareness sessions to reduce the risk of violence against children
OCHA[737]	➢ OCHA issued an "Emergency Appeal for COVID-19 Madagascar June-August 2020" and requested the international community to support USD82, 000,000 to respond to COVID-19 in Madagascar. Regarding SGBV, in collaboration with relevant ministries and agencies, advocacy, service mapping, strengthening of regional networks, and support to service delivery

731 Interview with FPFE on19 Nov 2020.
732 Interview with FPFE on19 Nov 2020.
733 https://data.undp.org/gendertracker/, last accessed on 10 Jan 2021
734 Interview with Ministry of Public Health on 18 Nov 2020.
735 Interview with UNFPA Madagascar on 23 Nov 2020.
736 UNICEF (2020), COVID-19 Situation Report, Madagascar: 30 September 2020
737 OCHA (2020), emergency Appeal for COVID-19 Madagascar June-August 2020, P.15-16

Organization	Detail
	facilities would be undertaken to strengthen information and service delivery systems related to SGBV, and to strengthen protection systems against violence.
USAID[738]	➢ In existing maternal and child health programs, additional funding and equipment were provided to enable midwives to continue their work in the field and at medical facilities for women who were unable to receive SRH services due to limited access to hospitals as a result of the pandemic.
CRS[739]	➢ CRS has its own toll-free number (originally it was used to receive complaints and internal reports, but under the COVID-19 pandemic, it also functioned as a consultation service), and if beneficiaries requested assistance, it responded in cooperation with CBOs working in the community. In the community, volunteers who were provided with cell phones by the organization regularly contacted the staff of the organization to share information.
FPFE[740]	➢ During the lockdown period, CECJs had to be closed. Instead, it offered advice, referrals, and counseling over the phone. As of November 2020, all CECJs have resumed their activities.

Source：Created by the author based on the interviews and literature review

There are few international organizations active in Madagascar, and NGOs were forced to reduce their services or suspend their field activities during the lockdown. Rather than launching new activities to prevent and respond to SGBV, all organizations prioritized the continuation of essential services such as referrals and legal aid, providing services by phone and working with CBOs. Lack of funds, personnel, and infrastructure such as cell phones made it difficult to respond during the lockdown period. As of November 2020, when the online interview was conducted, the facilities had already reopened, but it was still hard to hold events and awareness-raising activities that attract large numbers of people. Therefore, some of the activities were changed, such as using online tools and holding events in smaller groups. However, events and awareness-raising activities that attract large numbers of people continue to be difficult.

6.1.5. Needs and challenges

In this section, the current needs and challenges related to SGBV measures based on the results of the literature review and interview survey, according to the analytical framework presented in Figure 1-4

6.1.5.1. Coordination, Monitoring and Evaluation and Data Collection and Management

Table 6-11 : Status and Challenges on Coordination, Monitoring and Evaluation and Data Collection

Sectors	Status	Challenges
Coordination	▪ The Gender Platform has been set up as a central level adjustment function. ▪ The new Gender Group was established in July 2020. ▪ RPEs have been established throughout the country as a coordinating and response function for child protection	▪ The Gender Platform is currently practically non-functional. ▪ Coordination functions for SGBV at the local level are almost non-existent ▪ More than700 RPEs have been established, but not all of them are active on an ongoing basis.
Monitoring and evaluation	▪ MPPSPF is responsible for monitoring and evaluation of SGBV-related policies	▪ Inadequate monitoring and evaluation has been conducted due to lack of staffing and capacity or lack of data
Data collection and management	▪ Data from police, Hotline813 and SGBV victim/survivor support facilities compiled by MPPSPF ▪ Sexual violence responded to in healthcare facilities (including public and private) is compiled monthly by Ministry of Public Health.	▪ There is insufficient SGBV database integrating medical, police, judicial and other data comprehensively ▪ Forms of violence other than SGBV (mainly sexual violence) dealt with by medical institutions and the police do not appear in the data, making it difficult to ascertain the actual situation.

The Gender Platform has been established as a coordinating mechanism for budget allocation and policy progress management, but it is currently practically inactive. As the Gender Platform at the central level is not functioning, the Gender Platform that is supposed to be established at the provincial level is also not

738 https://www.usaid.gov/Madagascar, last accessed on 10 Jan 2021.
739 Interview with CRS on 24 Nov 2020.
740 Interview with FPFE on 19 Nov 2020.

established or is not functioning. The MPPSPF recognizes that the establishment and operation of the Gender Platform must be stipulated in the newly enacted the decree of the GBV Act, and that its functions and roles must be clarified. UNFPA has identified the strengthening of MPPSPF's leadership in stakeholder coordination as a challenge[741].The Gender Group, launched in July 2020, is co-chaired by MPPSPF and UNFPA, and its members include many international organizations, donors, and NGOs. Therefore, it is not a government-led coordination mechanism.

In terms of data collection, there is no established mechanism that covers all aspects of health care, police, and judiciary. The MPPSPF is compiling data by the police, Ligne Verte Nationale 813, CECJ, and other support facilities, and medical institutions have separate data collection systems. In addition, in Madagascar, various organizations and groups such as international organizations and NGOs are conducting activities related to SGBV prevention and response, but these support groups also have their own data, and it is difficult to grasp the whole picture and analyze the current situation due to the lack of an integrated data system. UNFPA recognizes the urgent need to establish an integrated and coordinated real-time SGBV database (e.g. GBV-MIS, see footnote 606), which should be managed and operated by the MPSPPF, the national machinery[742].

Regarding monitoring, the MPPSPF is responsible for monitoring the implementation of the GBV National Strategy, and is collecting data, but the problem is that it does not have enough valid data. In addition, for the purpose of updating the GBV National Strategy, an evaluation must be conducted for the purpose of policy review, but the implementation of the review has not been specifically discussed.

6.1.5.2. Prevention and Awareness Raising

Table 6-12：Status and Challenges on Prevention and Awareness Raising

	Prevention and Awareness Raising	
Sectors	Status	Challenges
Law and policy	▪ There is a clause in the Constitution that prohibits discrimination against women. ▪ There are provisions in law to prevent sexual violence, domestic violence, IPV, forced marriage, trafficking and sexual harassment. ▪ The legal age of marriage is 18 years old for both men and women. ▪ The GBV National Strategy 2017-2021 is currently under implementation. ▪ UNSCR1325NAP is currently under development.	▪ Women can marry under the age of 18 with the permission of the court for "serious reasons", but it does not specify what those "serious reasons" are. ▪ Very high proportion of women who have experienced DV/IPV ▪ Number of teenage pregnancy is High ▪ The law prohibiting child marriage is not being observed. ▪ The GBV Act is not sufficiently well known ▪ The National Plan for Gender and Development has not been updated for more than a 10year.
Police (Police Nationale) Justice (Ministry of Justice)	▪ BFPs have been set up in police stations and police officers are responsible for SGBV prevention in their areas ▪ Regular SGBV training in police stations and SGBV training for police officers in cooperation with international organizations and NGOs	▪ There are not enough female police officers deployed in the BFP ▪ No budget allocated for SGBV prevention and awareness raising (awareness raising activities are carried out in collaboration with NGOs and international organisations)
Medical care (Ministry of Public Health)	▪ 40.6% of sexually active single women and 40.5% of married women use some form of modern contraception	▪ The use of modern contraceptive methods among sexually active women aged 15-19 is 35.3%, less than the average for the 15-49 age group (40.6%)
Education (Ministry of National Education)	▪ CSE has been adopted in some schools ▪ CSE is supposed to be introduced in all schools ▪ Extra-curricular activities on SGBV are being organised in some schools by the Ministry of Education, NGOs and international organisations.	▪ Access to information about SGBV and SRH for out-of-school children is limited, ▪ Training for teachers on prevention of SGBV is inadequate. ▪ Insufficient precautions are taken against SGBV in schools
Other public services	▪ A free hotline available to children, adolescent boys and girls, and victims/survivors of SGBV for advice and information	▪ Not enough awareness of what support and information services are available to victims/survivors of SGBV

In terms of the legal framework, the newly enacted GBV Act, the Penal Code and other laws cover various forms of violence, but they are not yet generally known and implementation efforts are still inadequate. In

741 Interview with UNFPA Madagascar on 23 Nov 2020.
742 Ibid

terms of budgeting, which is the second most important factor after the legal framework, the GBV National Strategy 2017-2021, which is currently in effect, stipulates a budget for each of the items set forth, but funding has not been able to keep pace. In addition, discussions on policies for 2022 and beyond have not yet begun, and there are no concrete plans to update the document, so there is uncertainty about securing future funding. The MPPSPF is currently prioritizing the update of the National Plan for Gender and Development, which has not been updated for more than 10 years since it was due for implementation, and it is expected that the plan will specifically include items related to SGBV. In particular, in order to promote efforts related to the implementation and dissemination of the law, relevant government agencies are expected to incorporate the budget for gender equality and SGBV prevention and response into their plans.

According to interviews with the Ministry of Public Health, the number of cases where medical institutions provide medical care and psychosocial support for victims/survivors of sexual violence is on the rise. In addition to the increase in violence itself, the Ministry of Public Health believes that this is because there has been an increase in the number of women receiving medical assistance through awareness-raising activities and the provision of information. Compounded harm is also occurring, such as women in child marriages being more vulnerable to DV and IPV, and more efforts are needed in violence prevention. Many NGOs are training volunteers for prevention and awareness raising activities, and by bringing in the younger generation as volunteers, they are able to raise awareness among their peers more effectively and introduce new methods. On the other hand, since volunteers are basically unpaid, providing them with incentives to continue their activities and maintaining their motivation is always a challenge[743]

The introduction of CSE in Madagascar is more advanced than in the other countries targeted in this research, and it is expected to be implemented as part of the regular school curriculum in the future. As sexual violence against children, sexual abuse, and teenage pregnancy are very common, the introduction of CSE in schools would be able to raise awareness of prevention. The Ministry of Youth and Sports has also been active in SRH, developing the social networking services 'Tanora Garanteen', which aims to provide guidance on SRH to adolescent boys and girls, establishing youth centers, and developing and distributing communication tools for parents on sexuality education[744]. It has also developed and distributed communication tools for parents on sexuality education. However, not only is it taboo to talk about sex and contraception with children in general in Malagasy families and communities, but parents, especially in the poorest areas, are too busy working to care for and communicate with their children[745]. In addition, many teachers are reluctant to provide sexuality education in schools[746]. Just introduction of CSE is not enough for schools, parents, and communities to become proactively involved in SGBV issues.

743 Interview with CRS on 24 Nov 2020.
744 Convention on the Rights of the Child(2020), Combined fifth and sixth periodic reports submitted by Madagascar under article 44 of the Convention, due in 2018, P.21-22
745 Interview with CRS on 24 Nov 2020
746 Interview with Ministry of National Education on 18 Nov 2020. The Ministry of National Education launched an initiative called "School for Parents" in 2013-2014. This initiative aimed to establish better communication between children and parents, and one of the issues it addressed was sexuality education, recommending that parents talk about sex with their children, teach them about it, and monitor their children closely. According to the person in charge, the implementation has already been completed, but there have been positive changes through this initiative.

6.1.5.3. Protection of Victims/survivors

Table 6-13 : Status and Challenged on Protection of Victims/Survivors

Sectors	Protection of Victims/Survivors — Status	Protection of Victims/Survivors — Challenges
Law and policy	▪ The GBV Act includes a section on victim/survivor protection. ▪ The GBV National Strategy sets out a strategy for the protection of victims/survivors.	▪ The policy has not been fully implemented
Police (Police Nationale) Justice (Ministry of Justice)	▪ BFPs specialising in women's issues such as SGBV have been set up in each province ▪ SOPs on dealing with SGBV in the police have been developed and require that if the police receive a report from a victim/survivor of rape or sexual assault, they should be directed to a medical facility. ▪ Vulnerable women and children can access legal aid at CECJ, Centre de Prise en charge intégré and Vonjy Centre	Availability ▪ Few organisations and paralegals are able to provide legal aid Accessibility ▪ Police stations and BFPs are geographically too far away to visit without transport or transport costs Acceptability ▪ Police officers tend to avoid dealing with domestic violence as a 'family matter' ▪ Trust for the police and judiciary is not sufficiently fostered. ▪ Victims/survivors may receive blaming from a police officer after reporting a crime Quality ▪ Police officers may not fully understand the law or SOPs. ▪ The police response to the new GBV Act has not yet been established ▪ Procedures for dealing with SGBV in the judicial process have not been established
Medical care (Ministry of Public Health)	▪ One-stop centres have been set up, such as the Vonjy Centre in 5 provinces and Centre de Prise en charge intégré in the capital, which provides comprehensive services for victims/survivors of SGBV (medical care, psychosocial care, legal aid, police procedures) free of charge. ▪ SOPs for treatment, counselling, testing for HIV/hepatitis B/sexually transmitted diseases, prescription of emergency contraceptives and preservation of evidence for victims/survivors of rape and sexual assault have been developed and training for service providers has been provided.	Availability ▪ Low number of one-stop centres ▪ Abortion is banned even in cases of pregnancy resulting from rape, and unsafe abortions are widely practiced Accessibility ▪ One-stop centres are geographically too far away to be accessible ▪ Victims/survivors need to pay for medical care in normal medical institutions other than one-stop centres. Quality ▪ Inadequate SGBV training for service provider staff, resulting in a lack of understanding of SOPs ▪ Inadequate supply of materials and equipment for dealing with victims/survivors of SGBV
Education (Ministry of National Education)	▪ Schools are responsible for identifying students who are at high risk of SGBV, and for immediately notifying the relevant authorities and initiating a response if a student is a victim/survivor of SGBV.	▪ Students may be exposed to SGBV by other students or teachers at school ▪ Most pregnant students would be expelled ▪ Identifying students at risk of child marriage or sexual abuse in advance and prevent them from dropping out is insufficient.
Other public services	▪ Free Hotline 813 receive cased and provide counselling and referrals.	▪ Some communities do not have an established referral process ▪ There are few public shelters or Safe Spaces, and many are run by NGOs, many of which lack the funds to run them.

Centre de Prise en charge intégré and the Vonjy Centre have been established as one-stop centers where victims/survivors of SGBV can receive comprehensive support (see Table 6-7). However, both facilities are few in number, especially the Centre de Prise en charge intégré, which is only available in the capital. Legal aid is available at CECJs, which are relatively easy to access even in rural areas, but there are very few facilities for medical assistance, and medical examinations are charged outside of the one-stop centers, which creates a cost barrier for victims/survivors. The Ministry of Public Health has developed SOPs and training modules based on the SOPs for dealing with victims/survivors of sexual violence, and conducted trainings in 2012, 2014, 2017, and 2018. In addition, training for health workers was provided by the Ministry of Public Health with funding from UNFPA, but it is currently only available in the northwest and southeast, where UNFPA and UNICEF mainly work, and human resource development has not been sufficiently implemented in the east and north[747].

The number of public shelters is limited with on at the Centre de Prise en charge intégré and one at each Vonjy Centre. NGOs take the lead in providing shelters and safe spaces for victims/survivors, but there are not enough to meet needs. Many of the NGOs that operate these facilities are dependent on funding from international organizations and donors, and some of them have scaled down their activities since the funding has stopped. On the other hand, CECJ, which is operated by MPPSPF and NGOs, plays an important role in protecting victims/survivors in each region by receiving consultations and reports from SGBV

[747] Interview with Ministry of Public Health on 18 Nov 2020.

victims/survivors and providing referrals to the police and medical institutions. MPPSPF would like to strengthen the functions of CECJ and expand its facilities such as one-stop centers and shelters, but no concrete plans have been discussed due to lack of budgetary prospects.

6.1.5.4. Rehabilitation and Social Reintegration of Victims/survivors

Table 6-14 : Status and Challenges on Rehabilitation and Social Reintegration of Victims/Survivors

	Rehabilitation and Social Reintegration of Victims/Survivors	
Sectors	Status	Challenges
Law and policy	■ The importance of supporting victim/survivors' rehabilitation and social reintegration into society has been mentioned in policies	■ No concrete policies have been formulated at the central or local level for the independence and reintegration of victims/survivors.
Medical care (Ministry of Public Health)	■ Medical institutions have roles to provide a continuum of care after being affected by SGBV	■ Victims/survivors have to pay for treatment and transport costs for ongoing counselling services to address HIV, sexually transmitted infections, trauma and PTSD
Education (Ministry of National Education)	■ There are programmes to encourage girls who have experienced pregnancy and childbirth to return to school and to provide remedial classes.	■ Girls who drop out of school due to pregnancy or childbirth almost always end up leaving school, and many then get married, so they rarely return to school
Other public services	■ There are reintegration programmes targeting the poor in rural areas	■ No public services aimed at the independence and reintegration of victims/survivors of SGBV is available.
Other	■ NGOs and others are implementing livelihood support programmes for women.	■ Women who become pregnant in their teens are likely to have shorter periods of education and therefore less likely to find work and more likely to be economically deprived ■ Most livelihood support is provided by NGOs and relies on donor funding, which does not ensure sustainability

The rehabilitation and social reintegration of victims/survivors is an area where efforts are lagging far behind those for victim/survivor protection. There are no public services for the reintegration of SGBV victims/survivors, and livelihood support activities are only implemented by international organizations and NGOs. Although poverty is one of the reasons behind SGBV, especially child marriage and teenage pregnancy, there is a lack of support for women's economic empowerment and livelihood improvement activities for self-reliance.

On the other hand, the Ministry of National Education encourages pregnant and childbirth girls to return to school and provides remedial classes called CRAN (Cours de Remise à Niveau) for girls who return to school after childbirth to help them catch up and continue their education while they were out of school. CRAN prepares not only pregnant and childbearing girls, but also working children[748] and children who are unable to attend school due to illness or financial reasons (many parents don't send their children to school if they can no longer afford it, but send them back when they can afford it) to return to school. The Ministry of National Education strongly encourages girls who have given birth to go back to school, but for the girls and their families, going back to school is a challenge, especially for the parents, who consider pregnancy and childbirth to be "shameful" and often immediately discuss with the other party to have the child married[749]. The Ministry of Public Education, with the support of UNICEF and other organizations, is conducting awareness-raising activities using teacher-parent roundtables, community stakeholders, and resources to bring pregnant and childbearing girls back to school.

[748] According to the interview with Ministry of National Education on 18 Nov 2020, child labor is also common in Madagascar, with parents sometimes forcing their children to work for several weeks instead of sending them to school during the busy harvest season of vanilla, a local specialty.

[749] Interview with Ministry of National Education on 18 Nov 2020.

6.1.5.5. Prosecution and Rehabilitation of Perpetrators

Table 6-15 : Status and Challenges on Prosecution and Rehabilitation of Perpetrators

	Prosecution and Rehabilitation of Perpetrators	
Sectors	Status	Challenges
Law and policy	■ There are provisions in the law to punish the perpetrators of various forms of SGBV, including sexual violence, sexual exploitation and child marriage. ■ The need to rehabilitate perpetrators is included in the GBV National Strategy, which plans to provide psychosocial support.	■ Often the perpetrator is not prosecuted, even though the law requires it ■ The perpetrators often try to avoid prosecution by unofficially offering settlements or marriage to the victims/survivors. ■ There is no provision for compensation to the victim/survivor
Police (Police Nationale) Justice (Ministry of Justice)	■ BFP and other police officers have responsibility to investigate SGBV cases and arrest perpetrators ■ As a result of the investigation, the case would be referred to the prosecutor if it is deemed necessary. ■ The prosecutor's office review the evidence the result, the case would be brought to the court if it is deemed necessary. ■ Police officers have been trained in SGBV evidence preservation and investigation methods.	Availability ■ The number of female prosecutors and judges is limited. ■ There is no psychosocial care or counselling is provided in prison ■ There is no rehabilitation programme in terms of relapse prevention Acceptability ■ Police and others stakeholders may take bribes and not prosecute suspects ■ The judicial process lacks respect for the confidentiality of witnesses and the protection of victims/survivors. Quality ■ Initial police response may be inadequate to preserve evidence and prosecute suspects ■ The prison is not kept in an appropriate environment
Medical care (Ministry of Public Health)	■ If the victim/survivor of a sexual assault wishes to prosecute the perpetrator, the Certificat Medical or Rapport d'Expertise Medico-Legale prepared by a medical institution may be used as evidence.	■ Although the writing of the Certificat Medical and Rapport d'Expertise Medico-Legale is taught in the training for SOPs for victims/survivors of sexual violence, there are health professionals who do not understand how to write them properly.
Education (Ministry of National Education)	■ NGOs and other organisations are working in some schools to raise awareness of the need to avoid becoming a perpetrator of violence through extra-curricular activities	■ No recurrence prevention training is provided

When rape by relatives, sexual abuse by family members, or incestuous relationships occur, in many cases they are treated the cases as family problems or covered up because they do not want to expose themselves to "shame", and are rarely reported to the judicial authorities. In criminal cases such as SGBV, the legal process is supposed to be free of charge, but both the defendant and the plaintiff need to call witnesses, and the victim/survivor's family may avoid the judicial process and refuse to appear in court because of the travel expenses incurred by the victim/survivor and the witnesses. Therefore, financial support is required for victims/survivors to prosecute the perpetrators, and if the perpetrators are convicted, compensation must also be imposed to cover these legal costs. There is also the added challenge of protecting victims/survivors and witnesses. Although the identity of witnesses should be kept secret until the hearing, when the prosecutor or judge summons the victims/survivors, perpetrators, and witnesses in advance of the trial to sort out the issues, all parties (including witnesses) are summoned at the same time, and after the hearing, sometimes they return to the village on the same bus[750]. The GBV Law stipulates that victims/survivors should be able to remain anonymous and participate in the trial remotely. In order to comply with the confidentiality of witnesses and the survivor-centered approach, it is essential to strengthen the capacity of judicial officials and educate them.

Regarding the rehabilitation of perpetrators from the perspective of preventing recurrence, the need for this effort is stated in the GBV National Strategy, and psychosocial support for perpetrators is supposed to be provided. But the extent to which this is actually implemented was not confirmed within the research. It is reported that the prisons are overcrowded, with the number of inmates always far exceeding the capacity, and that the conditions are harsh, with inadequate food and water supplies[751]. According to the Ministry of Public

[750] Interview with FPFE on 19 Nov 2020.

[751] US Department of States (2019), 2019 Country Report on Human Rights Practices: Madagascar

Health, many of the perpetrators of SGBV are dependent on alcohol and drugs, and therapeutic interventions for these conditions are important for both prevention and response to SGBV[752].

[752] Interview with Ministry of Public Health on 18 Nov 2020.

6.2. The Result of the Second Round of the Research in Madagascar

In the second round of the research, no field research was conducted in Madagascar, but an additional online desk survey and review of pilot activities were conducted. No major changes or additional efforts were identified since the first round of the research with regard to the policies and efforts for the elimination of SGBV in Madagascar. Therefore, this section provides an overview of the pilot activities and proposals of new JICA interventions.

6.2.1. Monitoring of the Pilot Study

The following pilot study has been conducted in Madagascar in Table 6-16.

Table 6-16：The Summary of the Pilot Study in Madagascar

Items	Detail
Partner	Federation pour la Promotion Feminine et Enfantine（FPFE）
Project Period	September 2021 - February 2020 (6 Months)
Target Area	Diana, Sava, Atsinanana, Analanjirofo, Amoron'i Mania, Haute Matsiatra, IhorombeMenabe, Sofia, Analamanga
Activities	In order to promote the GBV Act promulgated in January 2020, the following activities will be implemented. ➢ Conduct educational activities through participatory workshops in a total of 20 regions in 10 prefectures ➢ Conduct educational activities through radio and TV programs ➢ Develop and produce educational tools such as posters and flyers

The GBV Act promulgated in January 2020 defines SGBV as all forms of violence, including not only sexual violence, physical violence, harmful practices, and sexual harassment, but also intermarital rape, psychological violence, and economic violence, which were not previously specified as crimes in the Criminal Code, while previously only rape and physical violence against a spouse were considered crimes. It defines violence as all forms of violence, including not only sexual violence, physical violence, harmful practices, and sexual harassment, but also marital rape, psychological violence, and economic violence, which were not previously specified as crimes, and stipulates penalties. It also includes provisions for the protection and care of victims/survivors, including that the Government will provide medical assistance, psychosocial support, and judicial support to victims/survivors in line with the survivor-centered approach that victims/survivors will be able to receive judicial proceedings anonymously, and that victims/survivors will be able to receive justice without having to appear in court. (See 6.1.2.1)[753]. While the Act is groundbreaking in that it mentions forms of violence that have not been considered as SGBV, it is still a quite new law and is not yet fully recognized by the general public. Therefore, through this pilot study, it is aimed to raise awareness about the Act and the concept of SGBV as defined in the Act, which will lead to the strengthening of efforts to eliminate SGBV at the local level.

Participatory workshops were conducted in 20 regions of 10 prefectures. Participants included local government gender officers, MPPSPF regional officers, community leaders, mayors/councilors, staff of SGBV support facilities such as CECJ, volunteers, or other stakeholders. Participants discussed various forms of SGBV and shared their own experiences of victimization and support. This provided an opportunity for

[753] The Decree necessary to enforce the law has not yet been passed as of January 2022 (see 6.1.2.1).

participants to deepen their understanding of the GBV Act and available local resources. Through the awareness-raising activities, the following results were confirmed.

- The target areas for the awareness-raising activities were selected based on the statistics of MICS and other sources, and some of the areas were far from urban areas, where similar awareness-raising activities had not been conducted in the past, and the awareness-raising activities in this pilot study gave them the opportunity to consider about SGBV for the first time[754].
- The mayors/councilors who participated in the awareness-raising activities recognized the importance of knowledge on SGBV and began to promote the distribution of awareness-raising tools created in this pilot study to local residents. In particular, leaflets and other materials are distributed to young married couples who have just gotten married in order to help prevent IPV and domestic violence.
- In one of the target areas, the status of SGBV and the importance of activities to eliminate SGBV were recognized through awareness-raising activities, and after the awareness-raising activities were completed, the concerned people in the area discussed and decided to form the SGBV Squad. The SGBV Squad will work with local police to protect victims/survivors of SGBV.

In addition, radio and television programs to raise awareness of SGBV have been broadcast since November 2021, and public relations activities related to SGBV and the GBV Act are being developed more widely. Awareness-raising activities through the media will continue, and the results will be verified before the end of the project in March 2022.

6.2.2. New Interventions for Elimination of SGBV

Based on current status and challenges described in &.1.5, and in light of experience and comparative advantages in providing assistance by JICA side in Madagascar to date, and JICA schemes, knowledge and experience that can be utilized, following two ideas are proposed to address the issues identified:

Table 6-17：Intervention for Madagascar 1

Item	Detail
Overview	Strengthen the capacity of MPPSPF to formulate and implement SGBV policy through: 1) revising the GBV National Strategy 2017-2021 and formulate SGBV policy; 2) supporting the operation of the coordination mechanism; 3) supporting the collection and management of SGBV-related data; 4) establishing a system for handling SGBV cases under the GBV Act
Project objectives	The capacity of MPPSPF to formulate and implement SGBV policies will be strengthened.
Scheme	Technical Cooperation Project
Counterpart	MPPSPF
Partner organizations	Ministry of Public Health Ministry of Justice Ministry of National Education The National Police Force, BFP The Prosecutor-General's Office
Expected outcomes	1. The National Strategy on GBV 2017-2021 is revised and effective SGBV policies is formulated in line with the actual status of SGBV victims/survivors (PPSPF is currently prioritizing the update of the National Plan on Gender and Development).

[754] Interview with FPFE on 5 Jan 2022.

Item	Detail
	2. The operation of the GBV Platform and other coordination mechanisms related to SGBV are supported and the coordination mechanisms will be able to function properly. 3. A mechanism for integrated management of SGBV data, which is managed separately by relevant organizations, is established to ensure that the status of SGBV is properly understood, which enable evidence-based policy making. 4. SGBV cases are appropriately dealt with based on the GBV Act, and the system for protection of victims/survivors and prosecution of perpetrators are strengthened through cooperation with relevant organizations for the enforcement and application of the GBV Act and publicity at the grassroots level.

Table 6-18：Intervention for Madagascar 2

Item	Detail
Overview	In Madagascar, the number of one-stop centers to support victims/survivors of SGBV is still limited, and CECJs have been established throughout the country to provide just legal aid, psychosocial support, and referrals to relevant organizations at the regional level. As a major regional resource for SGBV victims/survivorsupport, CECJs are used as a regional fundamental facilities to strengthen capacity for effective SGBV victims/survivorsupport through: 1) enhancing the capacity of CECJ staff to respond to SGBV victims/survivors through training to deepen their understanding of the survivor-centered approach and the development of guidelines; and 2) establishing a model for case management by social workers
Project objectives	Capacity of CECJ to respond to victims/survivors of SGBV in accordance with the survivor-centered approach is enhanced.
Scheme	JICA Overseas Cooperation Volunteers (JOCV) ・Social Workers
Counterpart	MPPSPF
Partner organizations	➢ The National Police Force, BFP ➢ Ministry of Public Health ➢ Ministry of Justice ➢ NGO、CSO
Expected outcomes	1. Understanding of survivor-centered approach among CECJ staff is promoted 2. Procedures and referral sources for CECJ staff in dealing with victims/survivors of SGBV are clarified. 3. A model for social workers to provide protection and support (case management) for SGBV victims/survivors at the community level based on CECJ is established.

Chapter 7 : The Result of the Research in the Republic of Rwanda

7.1. The Result of the first Round of the Research in Rwanda

Rwanda was one of target countries for the 'Data Collection Survey on Measures against Gender Based Violence in Conflict Affected Countries in Africa (2019)'. In light of this, this research focused on collecting and analyzing information on new trends toward the elimination of SGBV in Rwanda, as well as the impact of COVID-19 and responses to it.

7.1.1. Overview

7.1.1.1. Social Economic Situation

The Republic of Rwanda (hereinafter referred to as "Rwanda") is located in the east of central Africa, bordered by DRC to the west, Uganda to the north, Tanzania to the east, and Burundi to the south. Rwanda is one of the smallest countries in Africa, with a population of 12.63 million (2019)[755] in a land area of 26,340 ㎢. The official languages are Rwandan, English, French, and Swahili.

The civil war had a major impact on the country's economy, devastating the domestic economy. Subsequently, with the recovery of agricultural production, donor assistance, and the implementation of proactive economic policies, GDP recovered to pre-civil war levels in 1999, and has maintained an average real economic growth rate of around 7% since 2010. The current First National Strategy for Transformation 2017-2024 (NSTI) sets the goal of becoming a "high-income country" by 2050. The strategy also aims for transformation in the three areas of economy, society, and governance, and positions the promotion of gender equality and gender mainstreaming as a cross-cutting issue. The GNI per capita is USD830 in 2019 (Atlas method)[756] and has been increasing relatively steadily since 2003. While agriculture, forestry, and fisheries account for about 30% of GDP (coffee and tea are the main export crops), the country is aiming for economic growth by improving the investment and business environment and developing the environment as an ICT country. Rwanda ranks 38th out of 190 countries and regions in the World Bank's 'Doing Business' Ranking (2020), and second among African countries[757].

In 2006, the administrative structure was changed from 12 prefectures to 5 provinces and 30 districts under the provinces. The current structure is Province - District - Sector - Cell - Village - Isibo.

7.1.1.2. Gender Disparities

The Rwandan Constitution clearly stipulates gender equality, and the country is actively promoting gender equality by incorporating gender perspectives into its current economic and development policies, such as the long-term national plan VISION 2050 and NST1. As a result, the country is ranked 9th out of 153 countries in the World Economic Forum's Gender Gap Index (GGI) for 2020. The introduction of a quota system for members of the National Assembly has been highly acclaimed worldwide as an initiative to promote gender equality. As of 2019, 38.5% (10 out of 26 seats) of the Senate and 61.3% (49 out of 80 seats) of the House of Representatives are occupied by women, far exceeding the constitutionally mandated 30%. This ranks first among 193 countries in the world in terms of the percentage of female members of parliament[758]. The percentage of female leaders at the local government level is also on the rise[759]. There is

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755 https://data.worldbank.org/country/RW, last accessed on 10 Jan 2020.
756 https://data.worldbank.org/indicator/NY.GNP.PCAP.CD?locations=RW, last accessed on 10 Jan 2020.
757 World Bank (2020), Doing Business 2020: Comparing Business Regulation in 190 Economies, P,4
758 UN Women (2019), Women in Politics
759 Republic of Rwanda (2019), Beijing +25 Rwanda Country Report, P.56

no difference in school enrollment rates between men and women, with women having a higher enrollment rate in secondary education (see Table 7-1). In addition, the introduction of gender-responsive budgeting was institutionalized into law in 2013 (Organic Law No. 12/2013/OL of 12 September 2013), and all sectors are required to include budgets for gender mainstreaming activities in their planning. As a result, the public sector has been promoting policy formulation and implementation from a gender perspective.

Table 7-1 ： Gender Gap Index 2020 (Rwanda)

	Rank	Score	Average	Female	Male	Female/Male
Economic participation and opportunity	79	0.672	0.582			
Labour force participation rate, %	1	1.000	0.661	84.7	84.1	1.01
Wage equality for similar work, 1-7 (the best is 7)	13	0.763	0.613	-	-	5.34
Estimated earned income, int'l $ 1,000	80	0.611	0.499	1.4	2.4	0.61
Legislators, senior officials and managers, %	135	0.164	0.356	14.1	85.9	0.16
Professional and technical workers, %	115	0.632	0.756	38.7	61.3	0.63
Educational attainment	114	0.957	0.954			
Literacy rate, %	111	0.895	0.899	69.4	77.6	0.89
Enrolment in primary education, %	1	1.000	0.757	95.1	94.4	1.01
Enrolment in secondary education, %	1	1.000	0.954	38.8	32.9	1.18
Enrolment in tertiary education, %	118	0.807	0.931	6.0	7.5	0.81
Health and survival	90	0.973	0.958			
Sex ratio at birth, %	1	0.944	0.925	-	-	0.98
Healthy life expectancy, years	102	1.037	1.034	61.0	58.8	1.04
Political empowerment	4	0.563	0.239			
Women in parliament , %	1	1.000	0.298	61.3	38.8	1.58
Women in ministerial positions, %	1	1.000	0.255	51.9	48.1	1.08
Years with female/male head of state (last 50 years)	58	0.015	0.190	0.7	49.3	001

Source ： World Economic Forum(2020), Global Gender Gap Index Report 2020, P.299

In the OECD's SIGI (see 3.1.1.2), which assesses gender disparities in four areas: Discrimination in the family, Restricted physical integrity, Restricted access to productive and financial resources, and Restricted civil liberties, Rwanda is classified as "Low" with no significant gender disparities (see Table 7-2). However, the number of women in managerial positions is still low, and women's access to justice is not sufficiently ensured (there are no legal aid services available for women with limited financial means in cases such as land and inheritance claims)[760].

Table 7-2 ： Gender Related Index (Rwanda)

Gender Development Index (GDI) 2020a		Gender Inequality Index (GII) 2020b		Social Institutions and Gender Indicators (SIGI) 2019c	
Figures	Groups	Figures	Rank	Figures	Categories
0.945	3 / 5 steps	0.402	92 / 189 countries	28% of	Low
The closer the number is to 1, the smaller the gender gap		The closer the number is to zero, the more gender equal the situation.		The lower the number, the more gender equal the situation.	

Source ： a UNDP (2020), Gender Development Index 2020

b UNDP (2020), Gender Inequality Index 2020

c OECD (2019), SIGI Country Profile 2019: Rwanda

760 OECD(2019), SIGI Country Profile 2019: Rwanda

While gender mainstreaming in policy and in the public sector is being promoted, the status and role of women in households and communities remains limited, with women engaging in unpaid work such as domestic work, childcare and caregiving in households and not fully participating in socio-economic activities[761]. A survey conducted in 2018 found that women spend an average of 25.3 hours per week on unpaid care while men take on an average of 13.5 hours per week, indicating that the burden of long hours of unpaid work is a disincentive for women to participate in paid economic, political, and social activities[762]. In the agricultural sector, where most women are engaged, women's participation in the processing, marketing and exporting of agricultural products is low, and in many cases the male heads of households sell the agricultural products and control the profits. Lack of equitable access to markets for women, as well as inadequate access to finance and agro-export businesses, limits women's sources of income to subsistence agriculture[763]. In education, although women are more likely to enroll in secondary education, men are more likely to go on to higher education, and the percentage of women in STEM education is about 30%[764]. This situation is one of the reasons why women do not have sufficient opportunities to enter higher paying technical and professional positions. In addition, while efforts are being made in the public sector, efforts toward gender mainstreaming in the private sector are not sufficient. In particular, it has been pointed out that the lack of promotion of women to managerial level positions and lack of response to sexual harassment hinders women's participation in society and women's entry into the labor market[765]。

In a summary, Rwanda is making progress in its legal and policy efforts toward gender equality, but more needs to be done to change fixed gender norms within households and communities and to increase women's participation in socio-economic activities.

7.1.1.3. Status of SGBV

In Rwanda, while gender equality policies are being actively promoted, SGBV remains a major social issue. In this section, it provides an overview of the current situation of SGBV based on several data related to SGBV, including health-related data and police crime statistics.

1) Status of Physical Violence

According to the Rwanda Demographic and Health Survey 2014-2015 (RDHS 2014-2015)[766], 35% of females aged 15-49 years have experienced physical violence, including SGBV, since the age of 15, and 39% of men aged 15-49 have experienced physical violence since the age of 15, indicating a high rate of physical violence among both men and women[767]. The breakdown of perpetrators (Figure 7-1) shows that for women, physical violence from current or past spouses/partners is very common, while for men, violence from spouses/partners is also common, but physical violence from police/soldiers or teachers is also common[768].

There are few differences in the percentage of people experiencing physical violence between urban and rural areas, or between districts, showing there are many people experiencing physical violence across the

761 USAID(2015), Gender Analysis for USAID/Rwanda Valuing Open and Inclusive Civic Engagement Project January 2015
762 Republic of Rwanda (2019), Beijing +25 Rwanda Country Report, P.19
763 Ibid, P52
764 https://www.universityworldnews.com/post.php?story=20200721142651162, last accessed on 10 Jan 2020.
765 Interview with UNDP Rwanda on 26 Oct 2020.
766 The latest version of the DHS as of January 2022, RDHS 2019-2020, was published in September 2021, but the first round of the research was conducted between August 2020 and March 2021, and therefore refers to RDHS 2014-2015.
767 National Institute of Statistics of Rwanda (2016), Rwanda Demographic and Health Survey 2014-2015, P.270. 271
768 Ibid, P.272

country[769]. However, 40% of women with no education and 36% of women with primary education have experienced physical violence, while 26% of women with higher education or more have experienced physical violence, indicating that there are significant differences in the experience of physical violence among female victims/survivors depending on their years of schooling [770]. In the case of males, victims/survivors with no education was 43%, 41% with completed primary education, and 26% with higher education[771], indicating that the number of years of schooling is related to the percentage of victims/survivors of physical violence for both males and females. According to the wealth quintile data (see footnote 72), which divides the respondents' annual household income into five equal groups, 44% of women in the lowest income group experienced physical violence, while 30% of women in the highest income group experienced physical violence. (For men, the percentage decreases as household income increases, but the difference is only about 2%)[772].

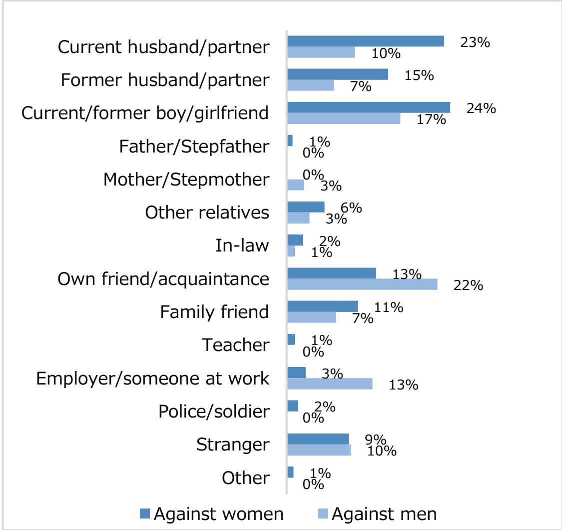

Figure 7-1：Persons Committing Physical Violence against women (Rwanda)
Source：RDHS 2015-2016 P.272

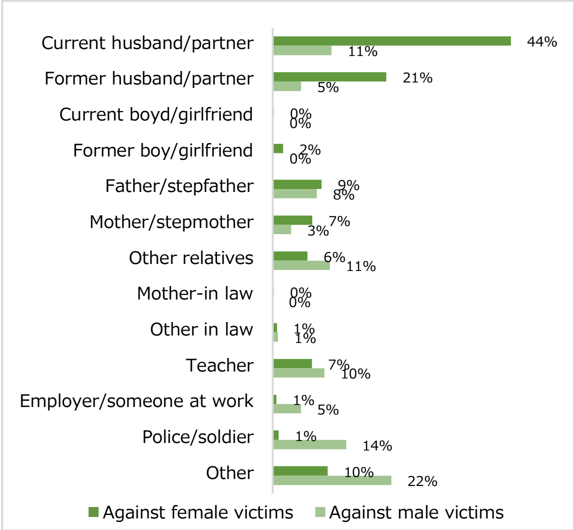

Figure 7-2：Persons Committing Physical Violence against women (Rwanda)
Source：RDHS 2015-2016 P.275

2) Status of Sexual VIolence

According to the RHDS 2014-2015, 22% of females aged 15~49 have experienced sexual violence since the age of 15, and 5% of males also aged 15~49 have experienced sexual violence since the age of 15[773]. Looking at the breakdown of perpetrators (Figure 7-2), current or past spouses/partners, and boyfriends were the most common perpetrators, with others including friends/acquaintances, relatives, and family friends. In addition, more women in urban areas (28%) than in rural areas (21%) experience sexual violence, with the highest percentage in Kigali (25%) and the lowest in Northern Province (19%)[774]. This confirms that women in urban areas are more at risk of sexual violence, and that there are large regional differences as well. Contrary to physical violence, 18% of women with no education, 23% of women with completed primary education, and 24% of women with higher education and above experienced sexual violence, with the

[769] National Institute of Statistics of Rwanda (2016), Rwanda Demographic and Health Survey 2014-2015, P.270. 271
[770] Ibid, P.270
[771] Ibid, P.270
[772] Ibid, P.270. 271
[773] Ibid, P.273. 274
[774] Ibid, P,273

percentage of those who experienced sexual violence being higher the longer they were in school (the trend was similar for men).

3) Status of IPV

According to the RHDS 2014-2015, 40% of women aged 15~49 years have experienced some form of IPV, indicating that a high percentage of women have experienced IPV. A breakdown of the perpetrators of physical and sexual violence (see Figure 7-1 and Figure 7-2) shows that most of the perpetrators of violence against women are spouses/partners or boyfriends, meaning that IPV is widespread. As for the forms of IPV, 31% of women have experienced physical violence, 27% have experienced psychological violence, and 12% have experienced sexual violence[775]. Among men aged 15-49, 20% had experienced some form of IPV (17% psychological, 11% physical, and 2% sexual)[776].

As shown in Figure 7-3, among married men and women aged 15~49, 17% of men and 41% of women believe that a husband may be justified in beating his wife, indicating that many women tolerate physical violence from their spouse/partner[777]. For women, neglect of children, refusing sexual intercourse, and going out without permission are each high numbers. For men, the figures are all low, but as mentioned above, more than 40% of women have experienced IPV, and of those, 31% have experienced physical violence, a situation in which men not believing that beating their wives is justified does not necessarily equate to not actually committing violence.

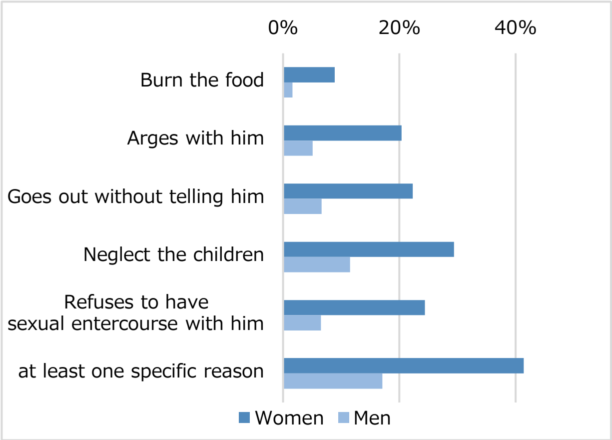

Figure 7-3 : Attitude towards Wife Beating (Rwanda)

Source : RDHS 2015-2016 P.254-255

It is confirmed that the percentage of people who experienced IPV is related to household income, years of schooling of the victim/survivor, and alcohol consumption status of the perpetrator. The higher the household income, the lower the percentage of those who experienced violence tends to be, with a large gap between the lowest and highest household income groups of 37% and 15%, respectively, for women who experienced IPV (see Figure 7-4)[778]. There is also a significant difference in the number of years of schooling for both male and female victims/survivors, with the percentage of victims/survivors receiving IPV decreasing as the number of years of schooling increases[779]. The alcohol consumption status of the perpetrator was also strongly correlated with the rate of IPV, with the highest percentage of both males and females who experienced IPV reporting that their perpetrator "Get drunk very often" due to alcohol consumption (see Figure 7-5). (Fewer female perpetrators reported "Get drunk very often," so the data are not shared)[780].

[775] National Institute of Statistics of Rwanda (2016), Rwanda Demographic and Health Survey 2014-2015, P.284-285
[776] Ibid, P.285-286
[777] Ibid, P. 254-255
[778] Ibid, P. 284-286
[779] Ibid, P. 284-286
[780] Ibid, P. 284-286

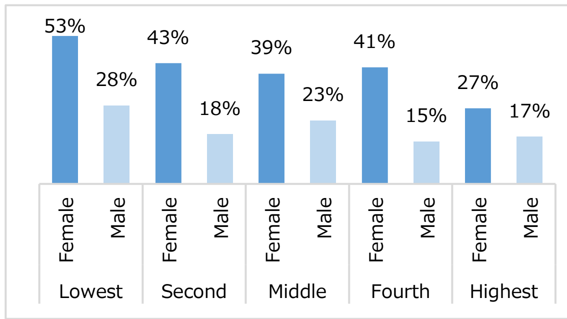

Figure 7-4：Percentage of Those who Experienced IPV by Gender and Wealth Quintile(Rwanda)
Source：RDHS 2015-2016 P.284－286

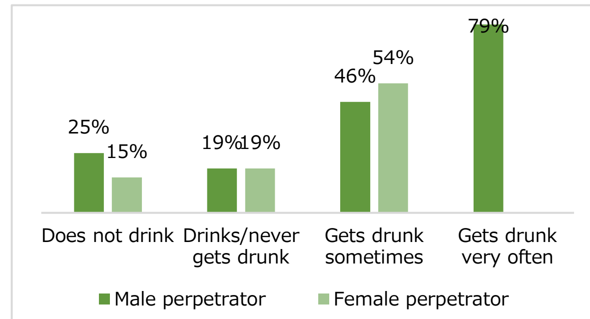

Figure 7-5：Alcohol Consumption of IPV Perpetrator by Gender (Rwanda)
Source：RDHS 2015-2016 P.284－286

3) Number of SGBV Cases

According to the Rwanda Statistical Year Book 2019 of the Rwanda National Bureau of Statistics, the number of victims/survivors of SGBV received in District hospitals across the country in 2015 to 2018 is shown in Figure 7-6. The data records physical and sexual violence separately, and for women, the number of visits for victims/survivors of sexual violence is almost double the number of visits for victims/survivors of physical violence. In 2017, the number of female victims/survivors of sexual violence was particularly high, with nearly 10,000 female victims/survivors receiving medical treatment at district hospitals.

Data on the number of SGBV cases handled by the Rwanda Investigation Bureau (RIB), which is in charge of criminal investigations, shows that the number of SGBV cases reported to the RIB is on the rise from 2017 to 2019 (Figure 7-7). In addition to the increase in the number of SGBV cases themselves, this can be attributed to the increase in the number of calls as a result of the development of various hotlines and the promotion of awareness-raising activities. The number of cases submitted to the prosecutor's office after an investigation was conducted more than doubled in 2019 compared to 2017, suggesting that investigative agencies are strengthening their systems to punish perpetrators. The number of SGBV cases handled by the Isange One Stop Centre (IOSC), which provides comprehensive support to victims/survivors of SGBV, has also increased from 13,624 in 2015/16, 15,143 in 2016/17, and 21,083 in 2017/18, indicating that more people are reporting and seeking assistance[781].

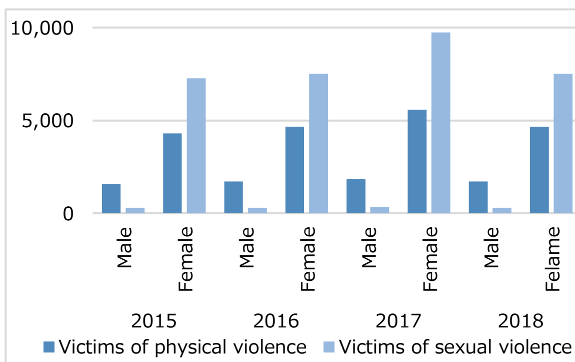

Figure 7-6：Victims/survivors who are Received by District Hospitals (Rwanda)
Source：NISR(2020)：Rwanda Statistical Year Book 2019, P.2

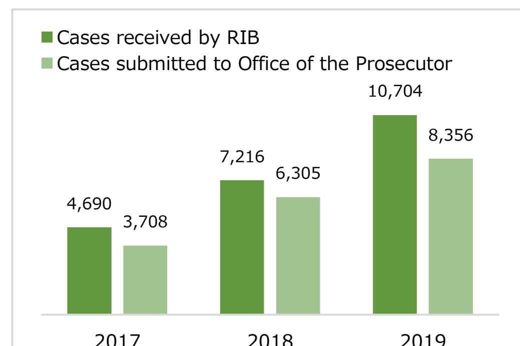

Figure 7-7：SGBV Cases Handled by Authorities from 2017 to 2019 (Rwanda)
Source：UNDP(2020)：Socio-economic Impact of COVID-19 in Rwanda、P.107

781 RIB (2020), Isange One Stop Centre Strategic Plan 2020-2025, P.20

4) Status of Child Marriage, Teenage Pregnancy, and VAC

In Rwanda, child marriage[782] and teenage pregnancy are major social issues. According to the RDHS 2014-2015, among women aged 25-49, 14% were married by the age of 18, 3% by the age of 15, and the median age of first marriage is estimated to be 21.9 years (23.2 years in urban areas and 21.7 years in rural areas)[783], while among men aged 30-59, 2.7% married before the age of 18 and 0% married before the age of 15, with a median age of first marriage of 25.4 years (28.2 years in urban areas and 24.8 years in rural areas)[784]. 30% of women married before the age of 20, and 50% married before the age of 22. It is obvious that women tend to marry at an earlier age[785].

In terms of childbirth, among women aged 25-29, 7% had experienced childbirth by the age of 18, and 22% by the age of 20, meaning that one in five women experienced childbirth in their teens[786]. The median age of first childbirth is estimated to be 22.7 years, slightly higher than the 22.4 years at the time of the RDHS in 2010. Data for women aged 15-19 show that 7% of women in this age group have become pregnant or given birth[787], with Kigali and the Eastern province having the highest number of women who have become pregnant or given birth before the age of 19, and a significantly higher percentage in the group with the lowest annual household income, indicating a correlation between regional characteristics and poverty and teenage pregnancy (Figure 7-8). The Ministry of Education recommends that girls who become pregnant and give birth at younger age return to public schools once they drop out, but very few actually return due to lack of support to care for the child, fear of stigma, and other socio-economic factors[788]. In addition, families rarely support girls in returning to school or finding work after childbirth, as young pregnancy is seen as a "shame" by families[789]

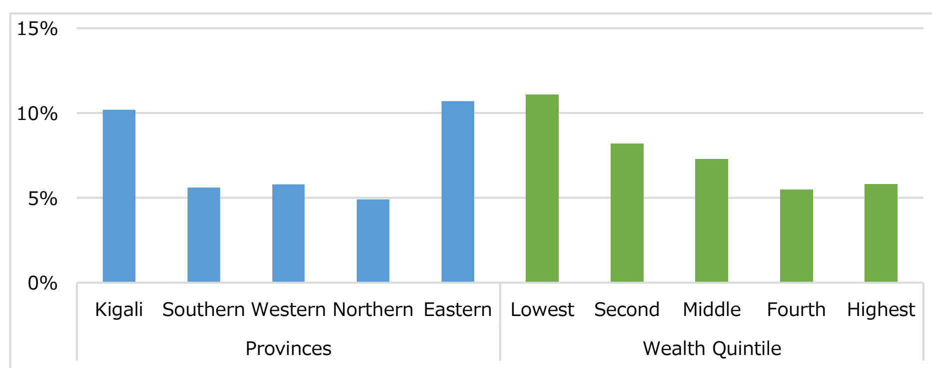

Figure 7-8 : Women who Experienced Pregnancy and Childbirth at the age of 15-19 in Rwanda

Source ; RDHS 2014-2015 P.74

According to the Violence against Children and Youth Survey in Rwanda 2015-2016 (VACYS), conducted by the Ministry of Health with the support of UNICEF and other organizations to assess the current situation of VAC, among respondents aged 18-24, 24% of females and 10% of males experienced some form of sexual

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782 Under Rwandan law, a person under the age of 21 is considered a minor, and the legal age of marriage is set at 21. However, in accordance with the international definition of a child as being under the age of 18, this section treats marriages under the age of 18 as child marriages.

783 National Institute of Statistics of Rwanda (2016), Rwanda Demographic and Health Survey 2014-2015, P. 55

784 Ibid, P.55

785 Ibid, P.55

786 Ibid, P.72

787 Ibid, P.73

788 Interview with UN Women Rwanda on 22 Oct 2020.

789 Interview with Rwanda Women's Network on 10 Nov 2020.

abuse before the age of 18[790]. Of these, 28% of males and 13% of females were first victimized at age 13 or younger, with more males experiencing their first sexual abuse at a younger age[791]. The most common perpetrators of sexual violence for both males and females were neighbors, indicating widespread sexual violence and sexual abuse targeting children in the community (see Figure 7-9)[792].

According to the survey report, males are more likely than females to be victims/survivors of physical and psychological violence, with 28% of female and 45% of male respondents aged 18-24 reporting that they had experienced their first physical violence from their parents or relatives before the age of 18[793]. The percentage of perpetrators of violence who were teachers, police or neighbors was also high, indicating that many children are victims/survivors of DV and corporal punishment at public spaces[794]. In addition, 12% of females and 17% of males said they had experienced psychological violence by their parents or relatives before the age of 18[795].

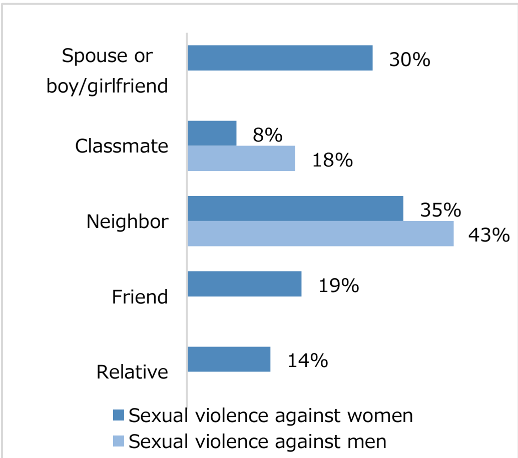

Figure 7-9：Perpetrators of Sexual Violence against Children under age of 18 in Rwanda

Source：VACYS P. 42

The report also states that many victims/survivors of violence against children suffer from psychological distress and suicidal thoughts[796]. In addition, 48% of women who experienced sexual abuse in their childhood became pregnant as a result of unwanted sexual intercourse, and some victims/survivors were found to have contracted sexually transmitted diseases as a result of sexual abuse. It is clear that violence against children has serious medium- to long-term effects on victims/survivors' bodies and minds[797]

7.1.2. Laws and policies relating to SGBV

7.1.2.1. Law

1) Constitution

The current Constitution in Rwanda was enacted in 2003 after the RPF came to power following a civil war, and was later revised in 2015. The Constitution clearly states that genocide will never be repeated. The sections related to gender equality are as follows:ル

Table 7-3：List of Articles Relating to Gender Equality in the Constitution of Rwanda

Article	Detail
2	Suffrage is universal and equal for all Rwandans. All Rwandans, both men and women, fulfilling the requirements provided for by law, have the right to vote and to be elected. Suffrage is direct or indirect and secret, unless this Constitution or any other law provides otherwise.

790 Ministry of Health (2018), Violence against Children and Youth Survey in Rwanda 2015-2016, P.39
791 Ibid, P.40
792 Ibid, P.42
793 Ibid, P.51
794 Ibid, P.51
795 Ibid, 56
796 Ibid, P.62-66
797 Ibid, P.62-66

Article	Detail
	An organic law governing elections determines conditions and modalities for conducting election
10	The State of Rwanda commits itself to upholding the following fundamental principles and ensuring their respect: 4. building a State governed by the rule of law, a pluralistic democratic Government, equality of all Rwandans and between men and women which is affirmed by women occupying at least thirty percent (30%) of positions in decision-making organs;
15	4°.building a State governed by the rule of law, a pluralistic democratic Government, equality of all Rwandans and between men and women which is affirmed by women occupying at least thirty percent (30%) of positions in decision-making organs;
16	All Rwandans are born and remain equal in rights and freedoms. Discrimination of any kind or its propaganda based on, inter alia, ethnic origin, family or ancestry, clan, skin color or race, sex, region, economic categories, religion or faith, opinion, fortune, cultural differences, language, economic status, physical or mental disability or any other form of discrimination are prohibited and punishable by law.
17条	The right to marry and found a family is guaranteed by the law. A civil monogamous marriage between a man and a woman is the only recognised marital union. However, a monogamous marriage between a man and a woman contracted outside Rwanda in accordance with the law of the country of celebration of that marriage is recognised. No one can be married without his or her free and full consent. Spouses are entitled to equal rights and obligations at the time of marriage, during the marriage and at the time of divorce. A law determines conditions, formalities and consequences of marriage.
18	The family, being the natural foundation of the Rwandan society, is protected by the State. Both parents have the right and responsibility to raise their children. The State puts in place appropriate legislation and organs for the protection of the family, particularly the child and mother, in order to ensure that the family flourishes.
19	Every child has the right to specific mechanisms of protection by his or her family, other Rwandans and the State, depending on his or her age and living conditions, as provided for by national and international law.
20	Every Rwandan has the right to education. Freedom of learning and teaching is guaranteed in accordance with conditions determined by law. Primary education is compulsory and free in public schools.
27	All Rwandans have the right to participate in the Government of the country, either directly or through their freely chosen representatives, in accordance with the law. All Rwandans have the right of equal access to the public service in accordance with their competence and abilities.
29	Everyone has the right to due process of law, which includes the right.
30	Everyone has the right to free choice of employment. All individuals, without any form of discrimination, have the right to equal pay for equal work.
46	Every Rwandan has the duty to respect and consider his or her fellow beings without discrimination, and to maintain relations aimed at safeguarding, promoting and reinforcing mutual respect, solidarity and tolerance.
56	Political organisations must always reflect the unity of Rwandans as well as equality and complementarity of men and women in the recruitment of members, in establishing their leadership organs, and in their functioning and activities.
57	Political organisations are prohibited from basing themselves on race, ethnic group, tribe, lineage, region, sex, religion or any other division which may lead to discrimination.
80	Political organisations are prohibited from basing themselves on race, ethnic group, tribe, lineage, region, sex, religion or any other division which may lead to discrimination.
139	The national commissions, specialised organs and national councils entrusted with the responsibility to help in resolving important issues facing the country are the following: 2. Specialized organza c. Gender Monitoring Office 3. National Councils a. National Women's Council

Source: Government of Rwanda (2015) 'The Constitution of the Republic of Rwanda of 2003 Revised in 2015'

2) International and Regional Conventions

Rwanda has ratified various international conventions as members of the United Nations, AU, and ICGLR. The international and regional conventions ratified and the international development frameworks adhered to are as follows:

Table 7-4：International and Regional Conventions Relating to SGBV Ratified by Rwanda

Name of the convention (year of adoption)	Ratification
International conventions（UN）	
International Covenant on Civil and Political Rights (ICCPR) (1966)	1975
International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966)	1975
Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) (1979)	1981
United Nations Convention on the Rights of the Child (1989)	1991
Beijing Declaration and Platform for Action (1995)	1995
Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women (1999)	2008
UN Security Council Resolution1325(2000)	2000
Protocol to prevent, suppress and punish trafficking in persons, especially women and children, supplementing the United Nations Convention against Transnational Organized Crime（2000）	2003
Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2000)	2002
Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (2000)	2002
Regional Conventions（AU, ICGLR）	
African Charter on Human and Peoples' Rights (1981)	1983
African Charter on the Rights and Welfare of the Child (1990)	2001
Solemn Declaration of Gender Equality in Africa (SDGEA) (2004)	2004
Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) (2003)	2004
African Youth Charter (2006)	2007
Declaration of Heads of States and Government of Members States of the ICGLR on Sexual and Gender Based Violence (Kampala Declaration) (2011)	2011

Source：Office of the United Nations High Commissioner for Human Rights (OHCHR)

Regarding the right to abortion as required by Article 14 of the Maputo Protocol, Rwanda's Penal Code prohibits abortion, but it can be performed if the woman's physical health or life is in danger, if the pregnancy is due to rape or incest, or if the continuation of the pregnancy threatens the health of the fetus. However, a woman who has an abortion without a court-ordered "The exemption from criminal liability" can be imprisoned for one to three years and fined 50,000 to 200,000 Rwandan francs.

3) Domestic Law

There are no changes in the domestic laws related to SGBV since the preceding survey conducted by JICA HQ in Rwanda[798]. The following laws, which were not mentioned in the report of the preceding study, are relevant to the efforts to eliminate SGBV.

[798] See the following report of the preceding survey
JICA (2019), Data Collection Survey on Measures against Gender Based Violence in Conflict Affected Countries in Africa, P.44

Table 7-5：List of Laws Relating SGBV in Rwanda (amendment on the result of the preceding survey)

Name	Detail
Law on Prevention and Punishment of Gender- Based Violence（No. 59/2008 of 10/09/2008, 2009）	➢ 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. Such act results in the deprivation of freedom and negative consequences. This violence may be exercised within or outside households them. ➢ It is forbidden to use threat of depriving someone of certain rights for the purpose of having them indulge in any gender based violence act. ➢ Gender based violence shall be one of the causes of divorce ➢ The parent, trustee or any other person responsible for a child shall protect the latter against any gender based violence ➢ A Prime Minister's Order shall determine modalities in which government institutions prevent gender based violence and for receiving, relieving, defending, medicating and assisting the victim for the purpose of rehabilitating his/her health. ➢ Notwithstanding other legal provisions, evidences or testimonies related to gender based violence shall be produced in the courts by any person holding them. ➢ Any victim of gender based violence or any other person affected by such violence shall have the right to claim for damages.
Law Governing Land in Rwanda (No. 43/2013 of 16/06/2013)	➢ All forms of discrimination, such as that based on sex or origin, in relation to access to land and the enjoyment of real rights shall be prohibited. ➢ The right to land for a man and a woman lawfully married shall depend on the matrimonial regime they opted for.
Law Governing Persons and Family (No. 32/2016 of 28/08/2016, revised in 2016)	➢ The minimum legal age for marriage is twenty-one (21) years. The Law Relating to the Rights and Protection of the Child Against Violence (No. 27/2001) defines marriage with a minor under the age of 21 as "forced marriage" and states that cohabitation with a child under 18 as husband or wife is punishable as rape of a child. Living with a child between the ages of 18 and 21 as a husband or wife is punishable by imprisonment of not less than six months and not more than two years and a fine.
Law Governing Matrimonial Regimes, Donations and Successions（N°27/2016 of 08/07/2016）	➢ Legitimate children of the de cujus succeed in equal portions without any discrimination between male and female children. ➢ The surviving spouse is entitled to take part in succession of the deceased spouse's estate.
Law Regulating Labour in Rwanda(N° 66/2018 of 30/08/2018)	➢ Sexual harassment in any form against supervisee is prohibited. ➢ It is prohibited to dismiss an employee for having reported or testified on sexual harassment committed by his/her supervisor ➢ If there is tangible evidence that an employee has resigned due to sexual harassment committed against him/her by his/her supervisor, his/ her resignation is considered as unfair dismissal.
Law Determining Offences and Penalties in General（No.68/2018 of 30/08/2018)	It defines defilement, rape, sexual violence, spousal sexual violence, bigamy, and sexual harassment as crimes, with penalties of imprisonment. For rape, it provides as follows: ➢ A person who causes another person to perform any of the following acts without consent by use of force, threats, trickery or by use of authority over that person or who does so on grounds of vulnerability of the victim, commits an offence: 1. insertion of a sexual organ of a person into a sexual organ, anus or mouth of another person; 2. insertion of any organ of a person or any other object into a sexual organ or anus of another person ➢ Life imprisonment in cases of rape by more than one person, if the victim dies as a result of the rape, if the victim is a relative of the second degree, or if the victims/survivorsuffers from an incurable disease as a result of the rape.

Name	Detail
	For defilement, it provides as follows: ➢ Any person who commits any of the sex related acts listed below on a child, commits an offence: 1. insertion of a sexual organ into the sexual organ, anus or mouth of the child; 2. insertion of any organ of the human body into a sexual organ or anus of a child 3. performing any other act on the body of a child for the purpose of bodily pleasure ➢ In the case of defilement of a child under 14 years of age, if the child suffers from an incurable disease or disability due to defilement of a child over 14 years of age, or if the child lives together as a couple after the defilement, life imprisonment is imposed under any circumstances. ➢ There is no penalty for defilement between children over the age of 14 without violence or threats. However, if a child who is 14 years old but has not reached 18 years old commits defilement against a child who is under 14 years old, he or she will be punished.

Source：Created by the author based on legal documents

In addition, the Ministerial Order n°002/08.11 of 11/02/2014 on Court Fees in Civil, Commercial, Social and Administrative Matters provides that 'actions relating to the protection of a child's rights and the fight against sexual violence shall be exempted from paying court fees'.

7.1.2.2. Policies and Policy Implementation towards the Elimination of SGBV

1) Policies to Eliminate SGBV

In Vision 2020, the country's long-term development strategy, the Government of Rwanda has identified GBV control as contributing to human development, social stability, governance, and building an inclusive socio-economic system. In 2011, the Government also formulated the National Policy against Gender-based Violence and its Action Plan, which sets out the support framework for GBV response, as well as strategic objectives, activities, and budgets in four areas: prevention, protection of victims/survivors, prosecution of perpetrators, and coordination. UNSCR 1325NAP has also been developed in 2009 and 2018 to set up activities and budget for prevention and protection of SGBV victims/survivors[799]

According to the Ministry of Gender and Family Promotion (MIGEPROF), one of the National Machinery, the National Policy against Gender-Based Violence is under revision as of November 2020. Since almost 11 years have passed since the policy was created in 2011, and it needs to be updated to reflect the latest situation in order to ensure appropriate budgeting and implementation of activities. The draft of the policy was prepared by consultants in December 2020 and is expected to be completed by the end of 2021 after review by relevant organizations. Some of the changes that have been made since 2011 include: addressing teenage pregnancies and associated school dropouts, scientific verification of evidence in rape cases (e.g., DNA testing), addressing SGBV within households, strengthening monitoring and evaluation systems, and actively promoting male involvement. Male involvement in the previous policy has been focusing on male as perpetrator, it is supposed to reconsider men as key partners in the fight against SGBV and plan to make them the main actors in the new policy[800]

[799] JICA (2019), Data Collection Survey on Measures against Gender Based Violence in Conflict Affected Countries in Africa, P.44
[800] Interview with MIGEPROF on 30 Oct 2020.

2) Policy Implemenatation Structures

National machineries in Rwanda are following 4 organizations[801]:

- MIGEPROF
- Gender Monitoring Office (GMO)
- National Women's Council (NWC)
- Forum des Femmes Rwandaises Parliamentaires (FFRP)

MIGEPROF is mainly responsible for the development of policy and legal frameworks, coordination of relevant institutions, fundraising, and capacity building, and GMO is responsible for the management of gender-related activities by ministries, NGOs, and others. NWC conducts advocacy on women's participation in society, equality of opportunity, response to SGBV, and women's economic empowerment. FFRP monitors and supports gender-related policies and activities from the perspective of parliamentarians.

MIGEPROF has been conducting regular awareness campaigns on SGBV prevention, including a 16-day campaign and awareness raising in schools on prevention of teenage pregnancy. It also organizes grassroots SGBV awareness activities at the community level. For example, in the Parents' Evening Forum (Umugoroba w'Ababyeyi), MIGEPROF staff members hold sessions for women, men, girls, and boys living in each village to discuss SGBV issues such as domestic violence and child abuse. In some districts, GBV Clinic sessions are held to discuss SGBV cases that exist at the community level with local government offices and the police in cooperation with partner organization, and to discuss how to respond to such cases. This session also aims to deepen the understanding of police officers and government officials about the legal framework and public services related to SGBV. In addition, MIGEPROF is also in charge of conducting awareness programs through the media such as radio and TV, including dramas and talk sessions to discuss the law and other relevant issues, mainly to raise awareness about services and mechanisms for the protection of children and victims/survivors of SGBV.

3) Coordination Mechanism

There were no significant changes in the coordination mechanisms at the central and local administrative levels from the preceding survey results[802]. For SGBV prevention and response, MIGEPROF is coordinating all SGBV-related activities. The GBV Steering Committee, chaired by MIGEPROF and vice-chaired by the Ministry of Health, consists of ministers (or ministerial-level officials) from ministries in charge of local administration, finance, justice, GMO, RIB, Rwanda National Police, and the Office of the Prosecutor. The GBV Technical Committee, which consists of technical staff from the ministries that are members of the GBV Steering Committee, meets quarterly basis to discuss concrete implementation of the issues discussed by the Steering Committee.

In addition, the Family Promotion and GBV Prevention and Response Sub-Cluster has been established as one of the three sub-clusters in the Gender and Family Promotion Cluster led by the Ministry of Health. In

[801] For the respective roles and activities of MIGEPROF, NWC and GMO, please refer to the preceding survey report. JICA (2019), Data Collection Survey on Measures against Gender Based Violence in Conflict Affected Countries in Africa, P. 47, 48

[802] JICA (2019), Data Collection Survey on Measures against Gender Based Violence in Conflict Affected Countries in Africa, P.45, 49, 50

this sub-cluster, MIGEPROF is supporting and coordinating the efforts of various partners, including international and local NGOs that are implementing activities related to SGBV prevention and response. Meetings of the sub-cluster are held quarterly, and MIGEPROF is in charge of research and follow-up for each activity, and participating organizations are required to report to MIGEPROF on the progress of their activity plans on a regular basis.

At the local level, the GBV Steering Committee meets four times a year to discuss issues related to SGBV. The members of this committee include MIGEPROF, local government officials, and service providers.

7.1.2.3. Initiatives by the Government of Rwanda

The major government initiatives related to SGBV are as follows:

- Establishment and operation of Isange One Stop Centre (IOSC)
- Establishment of Gender Desk in Police[803]
- Deployment of Access to Justice Officer[804]
- Establishment of Gender and Family Protection Officer[805]
- Establishment of toll free lines for victims/survivors of SGBV
  Several toll free numbers have been set up, including RIB GBV Hotline 3512, Police 112, MIGEPROF 2560, and GMO 5798 IOSC 3029.

The following additional information on IOSC was obtained in the research[806].

Table 7-6：Health Care System in Rwanda

Unit	Medical institution	Number of facilities/CHWs
Province	Tertiary hospitals	11
District	District hospitals	36
Sector	Health centres	499
Cell	Health posts	476
Village	CHWs	45011

*CHWs：Community Health Workers (voluteers)

Source：WHO(2017), Primary Health Care System Case study from Rwanda, P.6

IOSCs are one-stop centers that provide comprehensive support, which are medical care, psychosocial services, legal aid, judicial procedures, and social reintegration assistance, to victims/survivors of SGBV free of charge. 44 facilities have been established nationwide as of November 2020, with at least one IOSC in each district. Most of the IOSCs are located in district hospitals, which poses a challenge in terms of access for SGBV victims/survivors living in rural areas. Therefore, organizations in charge such as RIB and Ministry of Health, and other relevant organizations are currently working on a plan to decentralize the functions of IOSCs to rural areas so that they can provide services at a level closer to the community[807]. Primary health care system in Rwanda is divided into five levels, and as of 2017, there were 36 district hospitals across the country, where most of the IOSCs are located. Currently under consideration is a plan to gradually establish IOSC functions in health centers that are smaller in size than the district hospitals

[803] It was stablished by the police and military in 2007 to coordinate SGBV-related cases and collect GBV-related information. JICA (2019), Data Collection Survey on Measures against Gender Based Violence in Conflict Affected Countries in Africa

[804] Three Access to Justice Officers are assigned to each districts as SGBV countermeasures officials at the local administrative level, one of whom is assigned to focus on SGBV, to explain legal procedures to SGBV victims and to represent them in district courts. JICA (2019), Data Collection Survey on Measures against Gender Based Violence in Conflict Affected Countries in Africa

[805] One staff member from each district is appointed full-time or concurrently as the district focal point on family matters, child protection, and gender. It is also the focal point of MIGEPROF, NWC, and GMO. JICA (2019), Data Collection Survey on Measures against Gender Based Violence in Conflict Affected Countries in Africa

[806] Of the initiatives by the Government in this section, there was no additional information on initiatives other than the IOSC in this research.

[807] Interview with UNFPA Rwanda on 29 Oct 2020.

established at the sector level, eventually bringing the number of IOSCs to more than 500 (see Table 7-6)[808]. However, since community-level health facilities do not have sufficient medical equipment, medical personnel and investigators who can properly respond to victims/survivors of sexual violence, it is expected that health centers will mainly provide counseling and referral services, rather than the comprehensive support currently provided by IOSCs[809]. The IOSC Strategic Plan 2020-2025, which was jointly revised by MIGEPROF, UN Women and UNFPA in 2020, aims 1) Empowering IOSCs for effective prevention and response to gender based violence and child abuse, 2) Strengthening central and decentralized coordination and collaboration mechanisms for GBV and CA prevention and response; 3) Promoting behavior change communication strategy to raise community awareness on GBV and CA prevention and response; 4) Strengthening data management for effective monitoring and evaluation of GBV and CA related interventions; 5) Initiating a comprehensive program to facilitate reintegration of GBV and CA victims/survivors in their communities, and set up specific activities for each goal[810].

In addition, the following challenges are confirmed in the research:

- The number of victims/survivors of SGBV is increasing and the use of services at IOSC is also increasing, but there is not enough financial support to continue providing services free of charge. While it is great that the IOSC is becoming more widely known and that the number of users is increasing, it will be a more serious challenge for the government to secure a sustainable budget[811]
- There is a need for shelters where victims/survivors of GBV, especially DV and IPV, can stay temporarily. We are hoping to increase the number. However, it takes about three months to build and equip the shelters. In addition, IOSCs are often attached to hospitals, which often do not have sufficient space for shelters, and the cost of providing care and food for the women staying at the IOSCs is also an issue.
- There is an urgent need for shelters where victims/survivors of GBV, especially DV and IPV, can stay temporarily. MIGEPROF is currently operating short-term shelters at IOSCs in four districts (such as Gatsibo, Kayonza, Rusizi) as a pilot, and expects to increase the number. However, it takes about three months to build and equip the shelters[812]. In addition, IOSCs are often attached to hospitals, which often do not have sufficient space for shelters, and the cost of providing care and food for the women staying at the IOSCs is also an issue[813].
- Strengthening the capacity of IOSC service providers is also an issue. Since all IOSC service providers must be able to provide the same content and quality of service, training for service providers has been provided, especially on how to comply with SOPs. Continuous capacity building is essential, and it is needed to collaborate not only with the government agencies but also with the various organizations that are active in the IOSC for that purpose[814].

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[808] Republic of Rwanda (2019), 2019 Rwanda Voluntary National Review Report, P.77
[809] Interview with UN Women Rwanda on 22 Oct 2020.
[810] RIB(2020), Isange One Stop Centre Strategic Plan 2020-2025, P.28－29
[811] Interview with MIGEPROF on 20 Oct 2020.
[812] Ibid
[813] Interview with UNFPA Rwanda on 29 Oct 2020.
[814] Interview with UN Women Rwanda on 22 Oct 2020.

- There is a completely lack of support for SGBV victims/survivors to reintegrate into society after receiving services at IOSCs and other institutions[815].

While the IOSC has made great achievements as a comprehensive support facility for SGBV victims/survivors, four main issues were pointed out: limited access, insufficient funds for operation, lack of shelter functions, and the need to strengthen the capacity of service providers. As mentioned above, it is aiming to expand the function of access to the health center, and also planning to increase the number of shelters, but there is no prospect of dealing with the financial and human resource issues involved in operating them. The IOSC Strategic Plan 2020-2025 estimates the cost of the five-year plan at 5.4 billion Rwf, 50% of which is to be borne by the Government, and the rest of them are supported by foreign donors and the private sector with 40% and 10% respectively[816].

7.1.3. Initiatives by International Organizations, Bilateral Aid Agencies, NGOs and Other Private Sector Organizations, and JICA

7.1.3.1. Efforts by International and Bilateral Organization

This section summarizes the efforts of international organizations and bilateral aid agencies to prevent and respond to SGBV. Since assistance from World Bank, DFID (now FCDO), and the Government of Netherland was covered in the preceding survey, this research describes the organizations that conducted online interviews and the support provided by WFP, GIZ, and KOICA.

Table 7-7：List of International and Bilateral Aid Agencies working on SGBV in Rwanda

Organization	Detail
UN Women[817]	UN Women is promoting gender equality and women's empowerment, advancing women's rights, and addressing SGBV. UN Women Rwanda focusing on women's leadership development and women's economic empowerment, followed by SGBV prevention and response, and humanitarian assistance. Major activities related to SGBV prevention and response are as follows: ➢ SGBV prevention and awareness raising It supports awareness-raising activities for the Government and civil societies to promote behavioral change in the community level, as SGBV is rooted in strong social norms and gender unequal social norms should be changed to eliminate SGBV. UN Women has been working with various organizations and institutions, including the national police, security agencies such as RIB, civil society organizations, clinical psychologists, and IOSC, to support awareness-raising activities and strengthen their capacity. ➢ Technical support for law and policy making In collaboration with MIGEPROF, it is supporting law and policy making. A new SGBV policy is currently being drafted and a revised SGBV policy is expected to be passed in 2021. ➢ Project on Socio-Economic Integration of SGBV Victims/survivors SGBV victims/survivors, especially women who experienced teenage pregnancy, are forced to drop out of school and find it difficult to obtain a job that provides sufficient income with small children. UN Women Rwanda has developed a comprehensive package (psychosocial support for overcoming the experience of SGBV, medical support for children, communication with parents, and support for parents and their children) to help SGBV victims/survivors, and then assists the victims/survivors to identify their own aspirations and follow their preferred path, such as livelihood improvement activities or returning to school. These activities need to be implemented throughout Rwanda, but due to lack of sufficient funding, they are currently being implemented only in the northern provinces.

815 Interview with UNFPA Rwanda on 29 Oct 2020.
816 RIB(2020), Isange One Stop Centre Strategic Plan 2020-2025, P.58
817 Interview with UN Women Rwanda on 22 Oct 2020.

Organization	Detail
UNFPA[818]	➢ Capacity building of IOSC service providers ➢ Supporting implementation of laws and policies In order to support the implementation of relevant laws and regulations, training is provided to government agencies to prepare SOPs for various policies and IOSC operations, and to enhance the capacity of stakeholders to work together. ➢ Judicial support During the trial of SGBV cases, the victims/survivors do not have to appear in court and the prosecutor is supposed to proceed. However, victims/survivors are required to appear in court when seeking compensation from the perpetrators, so lawyers have launched an initiative to support these victims/survivors on a pro bono basis. The initiative also provides support to prosecute cases against communities where SGBV or child abuse has occurred. ➢ Support for girls who dropped out of school due to pregnancy and childbirth An initiative has been launched to enroll girls who dropped out of school due to pregnancy in technical schools, sponsored by a local bank; technical training for children who had to drop out of school as a result of being victims/survivors of SGBV; and income generation activities. ➢ Awareness-raising activities through the media It has created and broadcasted videos and animations that convey messages for the prevention of SGBV.
UNDP[819]	➢ Providing legal aid UNDP provides funding to the Rwanda Bar Association (RBA) to collect information on SGBV victims/survivors and provide legal aid to SGBV victims/survivors, including support for non-legal expenses such as transportation to court. (Normally, it costs around 5,000 USD to assign a lawyer). RBA also offers pro bono services by its lawyers, and aims to strengthen access to justice through free legal aid, with the aim of eliminating barriers to reporting SGBV cases. ➢ Implementation of Gender Equality Seal Project Gender Equality Seal Project is a project being implemented in partnership with UN Women, GMO and the Rwanda Private Sector Federation, scheduled for 2018-2023, to reduce gender inequality in the private sector by promoting the elimination of sexual harassment and other forms of SGBV in the workplace, improving work-life balance, and reducing the gender-based division of labor. In recent years, Rwanda has made considerable progress in addressing gender equality in the public sector, but the private sector has yet to make sufficient progress. As of November 2020, assessments and due diligence on the promotion of gender equality have been conducted for 22 of the 35 private companies (ranging from large corporations such as Marriott and Central Bank of Rwanda to small and medium-sized enterprises) and three public organizations that have endorsed the initiative. A Gender Committee has been established within the initiative, and members of this committee conduct assessments on a variety of issues, including whether sexual harassment is occurring, whether there is support for childcare or childcare services, and whether there are any deviations from the Action Plan.; and conduct another assessment one year later to ensure that the recommendations have been implemented. It is also motivating for companies to issue certifications such as Silver or Bronze depending on the results of the assessment. ➢ Supporting Rwanda Peace Academy (RPA) RPA is one of the PKO training centers built with the support of the Government of Japan, and UNDP is supporting the capacity building of RPA with the support of the Government of Japan. Regarding SGBV, UNDP is providing training to PKO and Rwandan army on the basic knowledge of SGBV and training on prevention of SEA. The project is also receiving a supplementary budget from the Government of Japan for FY2020[820].

818 Interview with UNFPA Rwanda on 29 Oct 2020.
819 Interview with UNDP Rwanda on 26 Oct 2020.
820 https://www.jp.undp.org/content/dam/tokyo/docs/Publications/FastFact/PKO_Project_Fact_Sheet_jpn_Rwanda.pdf, last accessed on 15 Dec 2020.

Organization	Detail
UNHCR[821]	➢ Case management of SGBV in refugee camps and cities, etc. UNHCR has been providing case management of refugee victims/survivors of SGBV, psychosocial support, community-based therapy activities, preparation and coordination of various SOPs and holding case management meetings in collaboration with other stakeholders. ➢ Awareness raising activities in refugee camps and some cities Since 2018, UNHCR Rwanda has been working with partners to raise awareness using the SASA![822] UNHCR Rwanda has placed this activity at the top of its priority list because of the number of SGBV issues that can be effectively addressed by using SASA! And it requires large amount of budget[823]. ➢ Legal Aid Legal aid is provided to refugees affected by SGBV. This includes raising awareness on the importance of early reporting and the importance of preserving evidence when accessing justice. ➢ SGBV screening in health facilities Population Council Kenya, in collaboration with UNHCR as a Regional Partner, has been conducting SGBV screening in health facilities in Kenya and Uganda. SGBV is also a public health issue, and through screening at medical facilities, it would be able to identify medical needs and interview people about other related needs. Doctors and nurses ask women and girls who visit health facilities specific questions about SGBV in private rooms with their consent to confirm for unreported abused children or women who are victims/survivors of SGBV (Such as 'Are you currently experiencing violence from your partner or spouse, or have you been in the past?'). In 2018, Rwanda also started screening in medical facilities, this is currently underway in five of the seven refugee camps. When a case is identified, referrals are made according to the victim/survivor's needs.
World Food Programme (WFP)[824]	➢ Joint Programme on Rural Women's Economic Empowerment (RWEE) In partnership with the Food and Agriculture Organization of the United Nations (FAO), the International Fund for Agricultural Development (IFAD) and UN Women, RWEE aims to contribute to the transformation of gender relations within communities and the elimination of DV and IPV through the empowerment of women in agriculture. Through the process of establishing and managing small-scale savings groups, teaching agricultural techniques, and providing financial management training to female farmers, as well as through the process of joint agricultural planning and management of income, property, and employment both by men and women within the households, the project aims to transform unequal gender relationships within households and communities.
GIZ[825]	➢ Decentralization and Good Governance (DGG) Programme In collaboration with the Ministry of Local Government, it is implementing a program on promoting decentralization and strengthening governance, in which it is helping to promote gender equality and the participation of socially vulnerable groups such as people with disabilities. In order to ensure that gender perspectives are incorporated into the decision-making process of local government, gender mainstreaming processes are being integrated into the process of policy formulation, budget allocation, monitoring and evaluation.

[821] Interview with UNHCR Rwanda on 2 Nov 2020.

[822] Raising Voice, a Ugandan NGO, has developed a method 'SASA! Approach "of community-based awareness-raising that encourages change from within the community. It consists of a four-stage approach: Start Thinking, Raise Awareness, Support women, men, and activists, and Take Action. At least one year is required to complete each stage.

[823] According to the interview from UNHCR, "UNHCR Rwanda has difficulty in obtaining funds as the budget is reduced by 16% every year compared to the previous year. In particular, awareness-raising activities using SASA! require a lot of funds and must be implemented continuously for at least four years, but we are not sure if we can implement the SASA! activities started in 2018 for four years. 2020 is the third year of the project, and UNHCR can obtain funding for the next year, it will be able to complete the four years. Also, after the completion of the four-year method, follow-up activities will continue to be necessary even after the four years are over, because the results must be compiled so that the community itself can voluntarily engage in activities'.

[824] https://medium.com/world-food-programme-insight/empowering-women-in-rural-rwanda-cf9db7d1cc6e, last accessed on 13 Jan 2021.

[825] https://gender-works.giz.de/competitions2018/rwanda-striving-for-gender-equality-in-local-planning-processes/, last accessed on 13 Jan 2020.

Organization	Detail
KOICA[826]	➢ Programme in cooperation with UNFPA The project "Empowering adolescents and young people in Rwanda to realize their human rights to equality, sexual and reproductive health and freedom from violence and discrimination" is being implemented with UNFPA from July 2020 to June 2023. Awareness-raising and training is being provided at the national level, in the districts (Rusizi, Karongi, Nyamasheke), and in six refugee camps with the dual objectives of 1) increasing the supply of SRH and SGBV-related services to youth and 2) strengthening access to education and socioeconomic opportunities for the most vulnerable youth generation. UNFPA Rwanda and KOICA have been in partnership since 2017.

Source：Created by the author based on interviews and literature review

7.1.3.2. Efforts by NGOs and Other Private Sector Organizations

In Rwanda, there is a number of NGOs and other private organizations that are engaged in activities related to gender mainstreaming and gender equality, including prevention and response to SGBV. In this section, the activities of the organizations we interviewed and the organizations and companies are described as following:

1) Rwanda Women's Network (RWN)[827]

RWN is a local NGO that promotes and supports women's empowerment at the grassroots level through policy advocacy and strengthening of networks of women's organizations. It has been funded by several international and bilateral donors such as UNFPA and UN Women.

➢ Running a clinic in collaboration with the Ministry of Health
The clinic provides awareness activities on family planning, SRH for youth, and SGBV prevention and response, as well as medical support.

➢ Raising awareness on gender equality and laws related to SGBV prevention and response
Awareness-raising activities are conducted at the community level to increase understanding of relevant laws and policies. Awareness raising on prevention of SGBV, especially sexual violence, domestic violence, and IPV is also conducted.

➢ Social and economic empowerment of women
Comprehensive activities are being implemented to improve women's financial literacy and to promote livelihood improvement activities. The main beneficiaries of these activities are women who use Safe Space (see below). With the help of a small loan, they acquire skills for income generating through relevant training. The most focused thing is for women to think and implement their own ways of earning income. Various activities such as growing vegetables, running a small store, making and renting out wedding dresses, and baking bricks (in areas where there is many construction work) are carried out.

➢ Promoting women's leadership
Initiatives are being made to foster governance and leadership of women, and to develop and strengthen the capacity of women in the medium and long term.

➢ Operation of Safe Space for Women
RWN operates a Safe Space where local women can gather to discuss gender-related issues, share

[826] https://rwanda.unfpa.org/en/news/celebration-growing-partnership-unfpa-koica-and-official-launch-three-years%E2%80%99-multilateral-0, last accessed on 12 Jan 2021.
[827] Interview with RWN on 10 Nov 2020.

information, and participate in awareness-raising activities (no shelter function). Counseling services are also available at the Safe Space. The operation of Safe Space not only provides various services to women, but also aims to strengthen networks among women. As of November 2020, they are operating 14 Safe Spaces in 7 districts and expect to raise funds to increase the number. As a long term support, operating a shelter is required to accept SGBV victims/survivors for a certain period of time. In order to operate a shelter, it is essential to ensure safety and confidentiality, and to do so, it is necessary to strengthen technical and financial capacity.

- Human Resource Development
  RWNN has been providing training for human resource development, including facilitators who work in Safe Space, community facilitators (paralegals) who educate people about laws and policies, service providers who take care of people infected with HIV/AIDS through home visits, and volunteers who educate people about gender equality and SGBV.

- Supporting for victims/survivors using social networking services
  RWN empower adolescent boys and girls and young mothers how to use social networking services and how to avoid risks on the Internet, and use Facebook Messenger and Chat Bot to deliver various messages about SGBV. Bot messages include basic question s such are "Do you know what SGBV is? “”Do you know what SGBV is?" and "Have you ever experienced such violence?”. It also displays an SOS function that allows them to contact the investigators or a hotline if they want to report the cases. If you are experiencing violence from partners, there is little knowledge of what the problem is or who to talk to about it, and social networking services are being used to raise awareness and provide opportunities to discuss these issues. RWN plans to link this function with medical services, so that it can be used by nurses and other medical professionals directly. Therefore, it enables victims/survivors to receive services over the network without having to visit a medical facility to protect their privacy, or to make an appointment over chat and receive care at a medical facility smoothly without additional explanation. Currently, many people in urban areas use smartphones, and in areas where smartphones and Internet use are not common, consideration is given to make these services available by placing devices that can be shared within the community, or by using smartphones through ambassadors (appointed people in the community who have smartphones).

2) Rwanda Men’s Resource Centre (RWAMREC)[828]

RWAMREC is a local NGO founded in 2006 with the mission of empowering men to support women's leadership, eliminating violence against women by men, and providing role models to promote positive masculinity in Rwanda. Currently, RWAMREC is funded mainly by foreign donors and international organizations such as UNFPA, UNDP, and the Canadian government. The main activities are following:

- Prevention against and response to SGBV
  It provides psychosocial support for boys and male victims/survivors of SGBV, economic empowerment for women, and community-level awareness-raising activities to transform Negative Masculinity and social norms.

[828] Interview with RWAMREC on 6 Nov 2020.

- Raising awareness on fatherhood, parenting, and child protection

  RWAMREC believes that it is important to encourage men to be engaged in unpaid work, such as childcare, housework, and nursing care. In Rwanda, unpaid work is a serious issue and a heavy burden on women. Through awareness raising on Fatherhood, it required men to commit SGBV prevention, safe motherhood, child health and unpaid work.

- Raising awareness through INDASHIKIRWA approach

  INDASHIKIRWA is an awareness-raising program that aims to transform stereotypical gender norms and reduce IPV victimization through training couples in attendance and together[829]. The program consists of 22 sessions on gender, human rights, GBV, or other relevant topics. Community facilitators are trained according to the contents of the training and then they conduct awareness sessions based in their communities.

- Raising awareness in schools

  Through mentorship and extracurricular activities in public schools, RWAMREC aims to raise awareness among boys to become non-violent men. Training in positive masculinity, gender equality, and non-violent communication, with the objective of helping boys grow up to be men with equitable gender norms.

- Advocacy for policies

  RWAMREC has been advocating for the inclusion of the Men Engagement Approach, which calls for the active involvement of men and boys, in national-level SGBV policies, family planning policies, SRH policies and other related policies.

- Evaluation and research

  RWAMREC had been conducting evaluations and research to assess the impact of the above mentioned approaches. A Randomized Controlled Trial (RCT) was conducted to evaluate the impact and found that there was a 45% reduction in the number of SGBV in some of the project sites. In areas where the INDASHYIKIRWA program, an approach to address IPV, has been implemented, it was shown a 55% reduction in IPV. It is currently implementing the program in a few more areas to further confirm its effectiveness and expects to gradually scale it up nationally.

Men are not monolithic, and with regard to SGBV, there are men who are victims/survivors as well as perpetrators, men who are role models who do not commit violence against women, single men, married men, and many other types of men. Therefore, it is not enough to take a single approach, but to take into account the diversity of men, and to implementing various approaches is required, such as programs for men only, programs for couples, programs for male students in schools, programs for local leaders and religious leaders.

3) Imbuto Foundation

Imbuto Foundation is headed by Rwanda's first lady, Janet Kagame, and is involved in activities related to health care, education, and youth empowerment. It has received funding from UNFPA, Ministry of Youth and Culture, and KOICA to implement the "iAccelerator" program. It is a mentorship-based pitch competition

[829] https://www.care.org.rw/our-work/programs/vulnerable-women/vw-projects/item/232-indashyikirwa-project, last accessed on Jan 2021.

that aims to provide seed funding, training, and skills development to young entrepreneurs to create innovative solutions that address SRHR, sexuality education, family planning, maternal and child health, mental health, and other population and public health challenges. Launched in 2016, the competition has so far selected projects to develop applications, awareness board games, and online games to help adolescent males and females obtain appropriate SRH information to avoid unwanted pregnancy, HIV/AIDS, and sexually transmitted diseases.[830]

7.1.3.3. Efforts by JICA

Though JICA has not implemented any initiatives specific to SGBV prevention or response in Rwanda, it is considered that JICA has relevant resources and knowledge in the ongoing ICT project for SGBV prevention and response. In the ICT sector, JICA has been implementing "The ICT Innovation Ecosystem Strengthening Project" since 2017. To promote the ICT national strategy, the project has been building and strengthening the "ICT innovation ecosystem," which will serve as an environmental foundation for launching new businesses, by strengthening relationships among various domestic and international stakeholders in the ICT sector, including relevant ministries and agencies, chambers of commerce and industry, ICT companies, investors, and educational institutions. The project is expected to "encourage active participation of young people and women, and promote their participation in social development through the participation of a certain number of young people and women at events" as a "gender activity integration project"[831]. However, as of November 2020, it had not been able to implement any activities related to gender equality and women's participation so far[832]. The project plans to set up and operate three fab labs in order to stimulate innovation not only in Kigali but also in rural areas. A fab lab is a facilities open to the public where people can freely create products using a variety of machine tools. If the fab lab can be introduced and used as a referral site for the support for rehabilitation and social reintegration of SGBV victims/survivors implemented by IOSC and other organizations, it may lead to support for SGBV victims/survivors to acquire manufacturing skills for their economic independence.

7.1.4. COVID-19 Infection Status and Its Impact on SGBV

In Rwanda, the first case of COVID-19 infection was confirmed in Kigali on March 14, 2020, and as of December 26, 2020, 7,817 people have been infected and 72 people have died[833]. The Government decided to close all schools on March 15 2020 to prevent the spread of the disease, and has since introduced measures such as the suspension of international commercial passenger flights, lockdowns, and border closures. After about eight months of closure, schools were reopened in stages from November 2020, but the number of infected people has been increasing rapidly since December, and it was announced that a lockdown including the closure of schools would be introduced again on January 18, 2021[834].

According to MIGEPROF, UN Women and UNFPA are jointly conducting a survey and analysis on the impact of COVID-19, including its impact on SGBV, entitled "Gender Rapid Assessment of the Impact of COVID-19 on Women and Men's Wellbeing in Rwanda"[835]. At the time of the interview, the results were

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830 https://rwanda.unfpa.org/en/news/fostering-innovation-respond-covid-19-challenges-rwanda, last accessed on 12 Jan 2021.
831 JICA(2017), JICA pre-evaluation sheet on 'The ICT Innovation Ecosystem Strengthening Project', P.4 Japanese
832 Interview with the expert on the project on 20 Oct 2020.
833 https://reliefweb.int/report/rwanda/update-covid-19-26-december-2020, last accessed on 11 Jan 2021.
834 https://www.africanews.com/2021/01/18/coronavirus-rwanda-and-malawi-shut-schools-as-cases-surge/, last accessed on 21 Jan 2021.
835 Interview with MIGEPROF on 30 Oct 2020.

expected to be released at the end of November 2020, but as of February 2021, it had not yet been released[836]. Since there are no other official surveys conducted by the Government or international organizations, there is no specific data on the increase or decrease of SGBV cases, but based on the results of the literature review and online interviews, the impact of the COVID-19 pandemic on SGBV can be summarized as follows:

1） Increased number of SGBV and VAC

According to MIGEPROF, a comparison of data before and after the pandemic shows a definite increase in the number of cases[837]. Although the Government has been vigilant about the increase in SGBV and child abuse since March 2020 considering serious situation. However, it has been confirmed that the lockdown has led to an increase in the number of victims/survivors of DV and IPV due to longer time spent at home and increased stress[838]. In addition, even after the end of the lockdown, the economic damage has continued, and the number of victims/survivors of DV, IPV, and defilement continues to be higher than before[839].

In refugee camps, it has been confirmed that unwanted pregnancies have increased. Each household lives in its own shelter in the refugee camps, but the shelters provided are not large enough to accommodate all members of the household. Providing shelters for five people are the standard, but in many cases, sometimes it's too small since eight to nine people live together. Younger generations feel that living in such shelters is not an environment where they can ensure their privacy, then they spend night time outside the shelters or gather with friends. In this context, they often experience drinking or drug use, or have sexual intercourse with the others, resulting in unwanted pregnancies (it is common for girls as young as 13 or 14 to become pregnant)[840]. COVID-19 has made life in shelters more difficult and has encouraged adolescent and youth to be unsafe environments. Unwanted and young pregnancies have increased since the COVID-19 pandemic[841]. At the GBV hotline operated in Mahama refugee camp, the number of consultations and calls has almost doubled since the introduction of the lockdown (240 in April and 270 in May, compared to 120 in February 2020)[842].

2） Insufficient access to essential services for SGBV victims/survivors due to lockdown

During the lockdown period, hospitals and IOSCs were open, but in many cases, victims/survivors were not able to access to these facilities directly because transportation was not available due to travel restrictions[843]. During this time, public services and other support were not fully provided.

As mentioned in (1) and (2) above, many agencies and organizations stated that SGBV, especially DV and IPV, increased due to the pandemic, and that access to necessary services could not be ensured due to movement restrictions caused by the lockdown. In response to this situation, the Government of Rwanda, international organizations, and NGOs have taken the following actions:

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836 When contacted by UN Women on February 15, 2021 to ask the progress, the response was that the results are currently being finalized by MIGEPROF.
837 Interview with MIGEPROF on 30 Oct 2020.
838 Interview with UNHCR Rwanda on 2 Nov 2020.
839 Interview with RWAMREC on 6 Nov 2020.
840 Interview with UNHCR Rwanda on 2 Nov 2020.
841 Interview with UNFPA Rwanda on 29 Oct 2020.
842 https://rwanda.unfpa.org/en/news/addressing-gender-based-violence-refugee-camps-during-covid-19-pandemic, last accessed on 12 Jan 2020.
843 Interview with UNFPA Rwanda on 29 Oct 2020.

Table 7-8：Response to SGBV under COVID-19 pandemic by the Government, International Organizations and NGOs in Rwanda

Organization	Detail
The Government of Rwanda[844]	➢ Implementation of Gender Rapid Assessment in cooperation with UN Women and UNFPA ➢ Supporting for female-headed households A total of 20,000 female-headed households were provided with food and other commodities in kind. The target population includes informal workers who earn their living on daily wages and self-employed people, mainly in the informal sector, who are unable to work due to COVID-19 lockdown. Beneficiaries are identified by the smallest administrative unit, Icebox, but households in need of assistance can also contact Isibo themselves using a dedicated toll-free number. In line with the social distancing protocol, distribution is done through door-to-door visits. In addition, communities and individuals with financial means can donate money, food, and other items through Isibo representatives, which will be used for distribution to vulnerable households. ➢ Media-based awareness campaigns Awareness programs pertaining to the prevention of SGBV have been conducted via radio and TV to convey awareness messages to prevent the increase of violence during the lockdown.
UN Women[845]	➢ Awareness-raising campaign on prevention and response to SGBV using the media In collaboration with GMO and Rwanda Religious Leaders Initiatives, UN Women produced a drama series on prevention and response to SGBV, including the use of hotlines and IOSC. ➢ Awareness-raising activities related to the prevention of SGBV and psychosocial support for victims/survivors In collaboration with the Association of Professional Psychosocial Counsellors, awareness-raising activities and psychosocial support for victims/survivors of SGBV are being conducted nationwide with funding from the Government of Japan (USD10, 000). Implementation is planned from September 2020 to May 2021. Online and face-to-face psychosocial support would be provided, as well as counseling for hotline operators (as operators are psychologically damaged by hearing about many SGBV cases). ➢ Collaborative activities with the RWN In collaboration with RWN, the following activities are being implemented in seven districts with funding from the Government of Japan (USD50, 000); planned to be implemented from September 2020 to May 2021. 1) Rapid Assessment on IPV and other SGBV 2) Operation of GBV Mobile Clinics Activities to raise awareness and foster accountability through discussions on SGBV with community leaders and various stakeholders. 3) Development and dissemination of educational tools Develop and disseminate communication materials and tools to raise community awareness on COVID-19 and SGBV prevention and control, mechanisms to address their impacts, and SRHR.
UNFPA[846]	➢ Establishment of a hotline to all IOSCs UNFPA had started to operate a hotline to provide telephone counseling and orientation to SGBV victims/survivors who do not have access to IOSCs. The Hotline4433 began operating in Mahama refugee camp as a pilot activity in 2018, and after confirming the benefits of talking on the phone, such as victims/survivors feeling more comfortable talking to service providers than dealing with them directly, the plan was to establish a hotline in each IOSC. It is working with RIB to set up hotlines in each IOSC. Some IOSCs already have hotlines, but not all facilities have had them. In facilities that do not have a hotline that connects to the ISOC, the hotline operated by the police accepts reports of cases,

[844] Interview with MIGEPROF on 30 Oct 2020.
[845] Interview with UN Women Rwanda on 22 Oct 2020.
[846] Interview with UNFPA Rwanda on 29 Oct 2020.

Organization	Detail
	and the police contact the ISOC. This meant that victims/survivors had to explain about the case several times and had to wait for a certain amount of time before being connected to the ISOC. With the establishment of this hotline, access to services would be strengthened. ➢ Distribution of Personal Protective Equipment (PPE) at IOSC UNFPA is planning to deploy and distribute PPE at IOSC using funding from the Government of Japan. The Ministry of Health procures PPE, but the distribution of PPE has been uneven, especially in rural areas. In this plan, PPE will be deployed at IOSCs across the country so that it will be able to be distributed in rural areas. The PPE will include masks, hand sanitizer, soap, etc. It is expected to start around January 2021. ➢ Conducting awareness campaigns related to SRHR of women and girls An awareness campaign focusing on SGBV and early pregnancy was conducted through webinars, social networking services, and radio and TV media events to engage the general public, especially the younger generation.
UNHCR[847]	➢ Awareness raising activities in refugee camps To raise awareness among the younger generation, WhatsApp is used to raise awareness about teenage pregnancy and other SRH issues, community radio and speakers are used to deliver messages, and hotlines for refugees are set up. ➢ Provision of remote case management As a result of the COVID-19 cases confirmed inside the refugee camps, some camps implemented particularly strict lockdowns and were unable to respond immediately to SGBV victims/survivors during that period. Therefore, remote case management was provided. Cell phones and prepaid cards were distributed to caseworkers, and PPE and other items were distributed to community mobilizers.
RWN[848]	➢ Providing Support via Mobile Phones For women who were unable to come to the Safe Space run by RWN due to the lockdown, a facilitator working at the Safe Space provided remote support by phone. ➢ Distribution of essential items to women Packages of foodstuffs such as rice, maize flour and cooking oil, soap, sanitary and hygiene products were provided to women at Safe Space.

Source：Created by the author based on interviews and literature review

Although the IOSC and hospitals continued to operate as usual during the lockdown period, there was a high need for remote counseling and referral services because many victims/survivors could not secure transportation to the facilities. In addition, since community radio and television are relatively widespread, MIGEPROF and international organizations have been conducting frequent media awareness campaigns since the past, and during the COVID-19 pandemic, a rapid and extensive media campaign was developed based on past experiences.

7.1.5. Needs and challenges

In this section, the current needs and challenges related to SGBV measures based on the results of the literature review and interview survey, according to the analytical framework presented in Figure 1-4

847 Interview with UNHCR Rwanda on 2 Nov 2020.
848 Interview with RWN on 10 Nov 2020.

7.1.5.1. Coordination, Monitoring and Evaluation and Data Collection and Management

Sectors	Status	Challenges
Coordination	▪ The GBV Steering Committee has been set up as a central level coordination function, with other bodies such as the GBV Technical Committee and the District Coordination Meeting.	▪ Coordination functions for SGBV at local level exist but do not function in some areas
Monitoring and evaluation	▪ MIGEPROF and GMO are responsible for monitoring and evaluation of implementation of SGBV-related policies	▪ Monitoring and evaluation is insufficient due to lack of staffing, capacity, and data.
Data collection and management	▪ MIGEPROF is taking the lead in building the GBV-MIS. ▪ The number of SGBVs responded to by the police, RIB and IOSC are being compiled.. ▪ Health care institutions count the number of cases of sexual and physical violence in the Health Management Information System (HMIS).	▪ Integration of the GBV-MIS with the HMIS is needed.

The GBV Steering Committee and GBV Sub-Cluster at the central level are held regularly as for the coordination function (see 7.1.2.2). On the other hand, some coordination mechanisms at the local administrative level are not fully functioning, as some districts have just started up and no meetings have been held yet[849]. In addition, even when coordination meetings are held at the district level, NGOs and CBOs, which are key stakeholders in the community, are not invited to the meetings in regular basis, and there are cases where participatory decision making and network building involving major related organizations in the community have not been achieved. In some cases, it is reported that the meetings themselves are not held at the sector or cell level[850].

In terms of data collection, the police, the Ministry of Health, RIB, and IOSC have each collected and managed data on the number of SGBV responses. In addition, the Health Management Information System (HMIS) of the Ministry of Health has been referred to as the main source of data on the current status of SGBV. However, since it was difficult to collect comprehensive data on SGBV just with HMIS, it was started to establish a new information management system specifically for SGBV, and with the support of UN Women, MIGEPROF and RIB collaborated to develop the Gender-Based Violence Management Information System (GBV-MIS). As of November 2020, the construction of this system is in the final stage.[851] Since GBV-MIS is a system that will be used by a variety of people, including clinical psychologists, investigators, gender officers, doctors, police, and prosecutors, in the development of the system, it have been receiving the perspectives of the service providers who will actually use the system, and have incorporated their feedback on the necessary functions. The system will be deployed in IOSCs, and some IOSCs have already started using it on a pilot basis. UN Women has started to provide training on how to use the GBV-MIS and plans to provide training to 300 people in FY2020[852]. Eventually, GBV-MIS and HMIS data will be merged and managed by the Rwanda Bureau of Statistics, which will make the data accessible to all stakeholders. On the other hand, the GBV-MIS is expected to be used as a tool for monitoring and evaluation. By being able to manage information related to SGBV in a centralized manner, it is expected that monitoring and evaluation will be more effectively conducted and reflected in policy planning. On the other hand, once the GBV-MIS is fully operational, it will be necessary to continuously provide training on its use, data management, and analysis to a large number of stakeholders, and to establish a structure for its implementation.

849 JICA (2019), Data Collection Survey on Measures against Gender Based Violence in Conflict Affected Countries in Africa, P.49
850 Ibid
851 Interview with MIGEPROF on 30 Oct 2020.
852 Interview with UN Women Rwanda on 22 Oct 2020.

7.1.5.2. Prevention and Awareness Raising

	Prevention and Awareness Raising	
Sectors	Status	Challenges
Law and policy	▪ There is a clause in the Constitution that prohibits discrimination against women. ▪ The law prohibits various forms of SGBV is in place. ▪ The legal age of marriage is 21years for both men and women. ▪ National Policy against Gender-Based Violence is under revision	▪ Very high proportion of women who have experienced DV/IPV ▪ The law prohibiting child marriage is not being observed. ▪ The law is not sufficiently well known
Police (Rwanda National Police, RIB) Justice (Ministry of Justice)	▪ Each IOSC is staffed by a RIB agent, who is in charge of receiving SGBV cases and investigating. ▪ Gender Desks have been set up in the police and military to take care of SGBV prevention in the region. ▪ Regular SGBV training within the police and RIBs, as well as SGBV training in cooperation with international organisations and NGOs	▪ Insufficient number of female police officers deployed to gender desk
Medical care (Ministry of Health)	▪ 34.9% of sexually active single women and 47.5% of married women use some form of modern contraception	▪ 11.6% of sexually active women aged 15-19 use modern contraceptive methods, which is extremely low compared to other age groups
Education (Ministry of Education)	▪ CSE is integrated into the school curriculum ▪ Extra-curricular activities on SGBV are being organised in some schools by the Ministry of Education, NGOs and international organisations.	▪ CSE is part of the curriculum but not offered as a stand-alone subject ▪ Access to information about SGBV and SRH for out-of-school children is limited. ▪ Inadequate training for teachers on prevention of SGBV ▪ Insufficient precautions are taken against SGBV in schools
Other public services	▪ Toll free line for SGBV is in place. ▪ Gender Officers are assigned at the district level who are responsible for activities related to SGBV. ▪ Many volunteers work at a local level to raise awareness and help solve local problems.	▪ Not enough awareness of what support and information services are available to victims/survivors of SGBV ▪ In some districts, gender officers are not fully active on SGBV ▪ No financial support or training provided for volunteers

The Government, administrations, donors and NGOs are actively engaged in prevention and raising awareness of SGBV. Community dialogues and consultations using various methods such as Parents' Evening Forum (Umugoroba w'Ababyeyi) by MIEPROF and INDASHIKYRWA or SASA! By NGOs, resulting to demonstrate the outcomes of change of behavior or mindset to contribute to elimination of SGBV. On the other hand, the Gender Officer, who is in charge of awareness-raising activities and data collection related to SGBV at the district level, is said to be inactive in this field in some districts, and there are differences in the activities implemented and their frequency depending on the region[853]. It is not easy to change the gender inequitable social norms that place women in a subordinate position in the household, and there is a need for continuous implementation of awareness programs. MIGEPROF recognizes the need to establish a comprehensive model for SGBV prevention and to build a structure of collaboration in order to effectively implement awareness-raising activities conducted at various levels, including national and local levels[854].

In schools, CSE (see footnote 609) was incorporated in the Competence Based Curriculum launched in 2016, and CSE is now supposed to be implemented in all public and private primary and secondary schools However, in reality, CSE is not implemented as a stand-alone subject in many schools, but rather as a part of subjects such as biology, science, and social science[855]. One of the background of this situation is said that there is a lack of knowledge and skills on teacher's side[856]. Another factor is that there is a deep-rooted perception among parents that CSE encourages sexual behavior in their children, and that teachers are afraid of the backlash from parents against the implementation of CSE in schools[857]. According to the RDHS 2014-2015, among sexually active women (who had sexual relations between 30 days prior to the start of the survey and the day of the survey) aged 15-19 years, only 12% use modern contraceptive methods (oral contraceptives,

[853] JICA (2019), Data Collection Survey on Measures against Gender Based Violence in Conflict Affected Countries in Africa, P. 50
[854] Interview with MIGEPROF on 30 Oct 2020.
[855] Hilary Stone (2019), Comprehensive sexuality education in Rwanda and Ontario: an important public health intervention
[856] Health Development Initiative (2019), Parents' knowledge, attitude and practices (KAP) towards comprehensive sexuality education in secondary schools in Rwanda
[857] Health Development Initiative (2019), Parents' knowledge, attitude and practices (KAP) towards comprehensive sexuality education in secondary schools in Rwanda

condoms, implants, etc.), which is extremely low compared to the average of 35% among sexually active single women aged 15-49[858]. Although talking about sexuality tends to be taboo in the household, education and awareness-raising for young people should not be regarded just as a school issue, but rather as an issue for the entire community, including parents and the community, to address proactively.

7.1.5.3. Protection of Victims/Survivors

	Protection of Victims/Survivors	
Sectors	Status	Challenges
Law and policy	▪ The law contains provisions for the protection of victims/survivors. ▪ A strategy for victim/survivor protection will be set out in the revised national GBV strategy.	▪ Laws and policies are not sufficiently well known
Police (Rwanda National Police, RIB) Justice (Ministry of Justice)	▪ Each IOSC is staffed by a RIB agent, who is in charge of receiving SGBV cases and investigating. ▪ Gender Desks specialising in SGBV and other women's issues have been set up in each district. ▪ For the report of SGBV, the RIB investigator is in charge of the investigation and the police and RIB are required to guide the victim/survivor to a medical facility if necessary. ▪ Access to Justice Officers are deployed to each district to provide legal aid	Availability ▪ Few organisations and paralegals are able to provide legal aid Accessibility ▪ Not being fully informed about how to access legal aid Acceptability ▪ Trust in the investigative bodies and the judiciary is not sufficiently developed Quality ▪ The law and SOPs are not fully understood by the investigating agency
Medical care (Ministry of Health)	▪ IOSCs in each district provide comprehensive services for victims/survivors of SGBV (medical care, psychosocial care, legal aid, police procedures) free of charge. ▪ SOPs for treatment, counselling, testing for HIV/hepatitis B/sexually transmitted diseases, prescription of emergency contraceptives and preservation of evidence for victims/survivors of rape and sexual assault have been developed and training for service providers has been provided.	Availability ▪ Number of IOSC is still low. Accessibility ▪ IOSC is geographically too far away to be accessible ▪ Medical facilities other than IOSCs require a medical fee. Quality ▪ Inadequate SGBV training for service providers and lack of understanding of SOPs ▪ Inadequate supply of materials and equipment for dealing with victims/survivors of SGBV
Education (Ministry of Education)	▪ Schools are responsible for identifying students who are at high risk of SGBV, and for immediately notifying the relevant authorities and initiating a response if a student is a victim/survivor of SGBV.	▪ Students may be exposed to SGBV by other students or teachers at school ▪ Most pregnant students would be expelled ▪ Identifying students at risk of child marriage or sexual abuse in advance and preventing them from dropping out is not enough.
Public services	▪ Each relevant agency has its own hotline where victims/survivors can report cases and receive counselling and referrals.	▪ There are few public shelters or Safe Spaces, and many are run by NGOs, many of which lack the funds to run them.

As a victim/survivor protection mechanism, comprehensive support for SGBV victims/survivors is provided mainly by the IOSC, which provides free medical care, psychosocial support, legal aid, judicial procedures, and other necessary assistance. However, outside of the IOSC, medical examination and treatment are not free of charge, making it difficult for victims/survivors residing far from the center of the district to receive proper support. Even in Rwanda, where the basic framework of laws, public services, and institutions are in place, there are still few cases reported to the police or investigative agencies, and it is necessary to continue to support judicial services and legal aid in order to increase the number of cases that are reported, investigated, and responded to appropriately.

Strengthening the capacity of IOSC and medical service providers and improving the quality of the services they provide are also issues that need to be addressed[859]. In particular, there is a need to strengthen screening capacity for referrals[860]. It is required that the staff members who deal with victims/survivors obtain as much information as possible in the initial screening stage to ensure effective referral. Because of the turnover of staff, IOSC and medical institutions need to provide ongoing training on referral and screening. In addition, standard procedures must be developed and disseminated for handling hotline calls at IOSCs[861], such as how to respond to calls, how to ensure confidentiality of information, and how to provide remote counseling. Since

858 Republic of Rwanda (2016), Rwanda Demographic and Health Survey 2014-2015, P. 86
859 JICA (2019), Data Collection Survey on Measures against Gender Based Violence in Conflict Affected Countries in Africa, P. 46
860 Interview with UNFPA Rwanda on 29 Oct 2020.
861 Interview with UNFPA Rwanda on 29 Oct 2020

it has been planning to expand its function to the local levels, it will also be necessary to secure and strengthen the capabilities of staff assigned to health centers, and adequate human resource development will need to be strengthened

In addition, the development of shelters where women fleeing SGBV, especially DV and IPV, can stay temporarily is an urgent issue in Rwanda. Currently, there are only a few public shelters which are operated by some IOSCs on a trial basis. In terms of establishment of shelters, in addition to ensure safety and security, arrangement for additional personnel and essential services for their stay in the shelter should be secured. Also, the establishment of a shelter itself may be opposed by residents in areas where traditional social norms are strong[862]. Currently, MIGEPROF is seeking donors to fund the establishment of shelters in IOSC[863].

7.1.5.4. Rehabilitation and Social Reintegration of Victims/Survivors

	Rehabilitation and Social Reintegration of Victims/Survivors	
Sectors	Status	Challenges
Law and policy	▪ The importance of supporting rehabilitation and social reintegration of victims/survivors of SGBV has been mentioned in policy and other documents.	▪ No concrete policy on autonomy and social reintegration of victims/survivors of SGBV has been implemented at the central or local level.
Medical care (Ministry of Health)	▪ Medical institutions has a role to provide a continuum of care after being affected by SGBV ▪ Following-up to support victim/survivors' social reintegration into society is implemented at IOSC.	▪ Treatment and transport costs for ongoing counselling services to address HIV, sexually transmitted infections, trauma and PTSD is required. ▪ IOSC focuses on follow-up, such as home visits, and is not able to provide specific support for victim/survivors' socio-economic empowerment and return to school.
Education (Ministry of Education)	▪ Girls who have experienced pregnancy and childbirth are encouraged to return to school.	▪ Most of girls who drop out of school due to pregnancy or childbirth end up schooling, and get married, so they rarely return to school
Other public services	▪ There is a social protection programme for vulnerable people.	▪ No public services for SGBV victims/survivors aimed at autonomy and social reintegration is available.
Other	▪ NGOs are implementing livelihood support programmes for women.	▪ Women who become pregnant in their teens are likely to have shorter periods of education and therefore less likely to find work and more likely to be economically deprived ▪ Most livelihood support is provided by NGOs and relies on donor funding, which does not ensure sustainability

In the online interviews for this research, many respondents indicated that the most lacking support is the area of rehabilitation and social reintegration of victims/survivors. The Government has implemented various social protection programs for vulnerable people, such as the Vision 2020 Umurenge Program (VUP), administered by the Ministry of Local Government, Good Governance, Community Development and Social Affairs, and One Cow per Poor Family, commonly known as GIRINKA, administered by the Ministry of Agriculture and Livestock Resources. However there is no public support to focus on victims/survivors of SGBV. The IOSC follows up on victims/survivors who have received services, but mainly through home visits to check on their situation, and does not provide support aimed at their economic independence or social reintegration due to lack of budget and capacity[864]. In order to address this situation, the IOSC's strategic plan for the period 2020~2025 sets comprehensive support for victims/survivors' reintegration into society as one of its strategic goals. The plan includes the development and provision of a Minimum Package for victims/survivors' economic independence and social reintegration, and the strengthening of local protection mechanisms to support victims/survivors. [865]。

In providing support for reintegration into society, it is necessary to respond flexibly according to each victim/survivor's situation and needs. If the victim/survivor is financially dependent on his/her spouse,

[862] Interview with UNFPA Rwanda on 29 Oct 2020.
[863] Interview with MIGEPROF on 30 Oct 2020.
[864] Interview with UNFPA Rwanda on 29 Oct 2020
[865] RIB (2020), Isange One Stop Centre Strategic Plan 2020-2025 , P.55

support for economic independence will be required, but it is desirable to be able to choose the content of support according to education, skills and areas of interest of victim/survivor's side. To this end, it is essential to offer a variety of programs and to collaborate with NGOs and other organizations that provide various types of support. In addition to financial support, assistance is also needed to strengthen the victim/survivor's ability to cope with his/her own situation, such as developing skills to negotiate with spouse within the household[866]. Support is also needed for the younger generation of women, such as those who dropped out of school due to teenage pregnancies. Although government policy encourages women to return to school after childbirth, very few mothers with children return to school because it is difficult for them to get an education or start working if they cannot take care of their children. Although some international organizations and NGOs have taken action, such as UNFPA's initiative to enroll girls who dropped out of school due to pregnancy in technical schools, sponsored by local banks, there is still a great lack of support for the needs.

7.1.5.5. Prosecution and Rehabilitation of Perpetrators

	Prosecution and Rehabilitation of Perpetrators	
Sectors	Status	Challenges
Law and policy	▪ There are provisions in the law to punish the perpetrators of various forms of SGBV, including sexual violence, sexual exploitation and child marriage.	▪ Often the perpetrator is not prosecuted, even though the law requires it. ▪ In some cases, the perpetrators try to avoid prosecution by unofficially offering to settle or marry the victim/survivor.
Police (Rwanda National Police, RIB) Justice (Ministry of Justice)	▪ SGBV victims/survivors can take their case to court free of charge ▪ The SGBV case are investigated by RIB agents. ▪ After investigation completed, the case would be submitted to prosecutors, if it is deemed necessary. ▪ Office of Prosecutors review the evidence, and cased would be brought to court, if it is deemed necessary.. ▪ Police officers and investigators have been trained on how to preserve evidence and investigate SGBV ▪ 3 Access to Justice Officers are ppointed in each district and 1out of 3 is dealing with specifically for SGBV. ▪ The Iwawa Rehabilitation Center (IRC) provides rehabilitation programmes for male offenders over the 18age of 18. ▪ MIGEPROF is considering strengthening its system for the verification of scientific evidence (e.g. DNA testing)	Availability ▪ Fewer female prosecutors and judges is available. ▪ Lack of capacity in the IRC and a large number of prisoners not undergoing rehabilitation programmes Acceptability ▪ Investigative authorities may not prosecute suspects for accepting bribes ▪ Judicial proceedings may lack regard for the confidentiality of witnesses and the protection of victims/survivors. Quality ▪ The prison is not kept in an appropriate environment
Medical care (Ministry of Health)	▪ Medico-legal reports prepared by the IOSC and medical institutions are used as evidence in cases where a victim/survivor of sexual assault is prosecuting the perpetrator.	▪ Medico-Legal Reports are not properly prepared by healthcare professionals and may not be used as evidence in court. ▪ In some cases, victims/survivors are unable to obtain a Medico-Legal Report because they are unable to visit an IOSC or medical facility
Education (Ministry of Education)	▪ NGOs and other organisations are working in some schools to raise awareness of the need to avoid becoming a perpetrator of violence through extra-curricular activities and CSE	▪ No recurrence prevention training is provided

With regard to the prosecution of perpetrators, the number of cases investigated or sent to the prosecutor's office has been steadily increasing through efforts to increase the number of reports and to strengthen the capacity of the RIBs in charge of investigating the cases (see Figure 7-7). In addition, the environment for victims/survivors of SGBV to carry out the judicial process is gradually improving, with victims/survivors being able to file cases for free (see (3) in 7.1.2.1), receive support for the judicial process and legal aid from the Access to Justice Officers deployed in each district. However, it is reported that there are still a huge number of cases that go unreported due to the persistence of social norms that prevent or discourage people from telling that they have been victims/survivors of SGBV and the practice of prosecution of perpetrators. At the community level, traditional community leaders are in charge of dealing with various internal issues, and when SGBV cases occur, they are dealt with by the leaders in the community, and in most cases, the

[866] Interview with UNFPA Rwanda on 29 Oct 2020.

victims/survivors are not properly cared for and the perpetrators are not punished[867]. Under these circumstances, the relevant ministries and supporting organizations continue to make efforts to increase the number of SGBV cases reported through capacity building of relevant personnel and awareness raising activities.

If a victim/survivor of rape or other sexual violence request to prosecute the perpetrator, a legal document called a Medico-Legal Report must be prepared by a medical institution. The Medico-Legal Report used to be free of charge, but now the Government is moving to use health insurance for the preparation of this document[868]. Therefore, people and refugees who aren't covered any insurance will have to bear this cost themselves (refugees can use the IOSC and other public services). In addition, because the procedures for preparing the Medico-Legal Report and the contents that should be included in the report are not sufficiently well known, there are cases in which the contents cannot be read as clearly indicating that the person has been a victim/survivor of rape, and such cases may be judged as insufficient evidence in court. Therefore, it is necessary to standardize the documentation procedures and contents, and to strengthen the capacity of medical personnel in dealing with victims/survivors of SGBV, including the preparation of such documentation[869]

As for the rehabilitation of offenders, there are currently three facilities that offer rehabilitation programs for them. One of them, the Iwawa Rehabilitation Center, provides education and vocational training for male offenders over the age of 18 (other facilities provide psychosocial and medical care). From 2011 to September 2019, approximately 22,000 people have completed the rehabilitation program and returned to their communities[870]. Many of them are from street children and the poor, and have been sentenced to prison for drug use, theft, and sexual crimes. The provision of such rehabilitation programs is essential in terms of preventing perpetrators from reoffending and ensuring the safety of victims/survivors, but the capacity of the facilities is not sufficient to accommodate the number of perpetrators, and many perpetrators return to their communities without undergoing adequate rehabilitation programs.

[867] Interview with UNHCR Rwanda on 2 Nov 2020.
[868] Interview with UNHCR Rwanda on 2 Nov 2020.
Rwanda has a mutual health insurance system called Mutuelle de Santé (CBHI) in which nearly 80% of the population is registered. https://www.rssb.rw/index.php?id=17&L=2, last accessed on 14 Jan 2021.
[869] Interview with UNHCR Rwanda on 2 Nov 2020.
[870] https://www.nrs.gov.rw/index.php?id=138, last accessed on 14 Jan 2021.

7.2. The Result of the Second Round of the Research in Rwanda

In the second round of the research, a field research was carried out in Rwanda with the following 3 objectives:

1) To conduct a more detailed analysis of the data and information which were not obtained in the primary survey through additional survey on responses and issues of SGBV
2) To monitor and review the pilot studies which have been implemented based on the results of the primary survey, and conduct analyses the issues and extract lessons and findings of the implementation, the process and outcomes.
3) To propose the direction and outline of specific project frameworks to address the SGBV issues based on the results of the primary and the secondary survey, taking into account the policy of assistance by Japanese government to each country and experience, comparative advantages, and available resources of JICA side

7.2.1. Schedule of the Field Research

The fieldwork in Rwanda was carried out from 22 November 2021 to 2 December 2021. A summary of the schedule is shown in Table 7-9.

Table 7-9：Schedule of the field research in Rwanda

Date	Location	Research
22 Nov	Kigali	Meeting with Rwanda Women's Network Visit JICA Rwanda Office
23 Nov	Kayonza	Interview with Gender Officer and Access to Justice Officer, Kayonza District Visit Women Safe Space run by Rwanda Women's Network Monitoring for the pilot study
24 Nov	Kayonza	Visit Isange One Stop Centre in Rwinkwavu District Hospital, Kayonza District Focus Group Discussion Monitoring for the pilot study
25 Nov	Gatsibo	Visit Isange One Stop Centre in Kiziguro District Hospital, Gatsibo District Monitoring for the pilot study
26 Nov	Gatsubo	Interview with Director of Good Governance, Gastibo District Monitoring for the pilot study
29 Nov	Karongi Kigali	Interview with KOPAKAKI Cooperative Interview with Rwanda Bridges for Justice
30 Nov	Kigali	Interview with MIGEPROF Interview with UNFPA Rwanda Interview with UN Women Rwanda
1 Dec	Rwamagana Kigali	Site visit on 'Project for Water Management and Capacity Building' Interview with JICA Agriculture Policy Advisor and JICA Nutrition Policy Advisor Interview with JICA Overseas Cooperation Volunteer
2 Dec	Kigali	Interview with MIGEPROF Interview with USAID Rwanda Debriefing on JICA Rwanda Office

7.2.2. Methodology

7.2.2.1. Additional Data Collection and Analysis

The field research involved a review of relevant literatures and documents and interviews with local people to collect and analyses data and information not obtained in the first round of the research. During the fieldwork, additional information was collected and analyzed, particularly in terms of Table 7-10.

Table 7-10：Research Items in the Field Research in Rwanda

#	Research Items
1	Actual situation of SGBV in Rwanda, including experience under the influence of COIVD-19
2	Current situation, capacity and challenges of government side to respond to SGBV In Rwanda, information will be collected on the following points in particular 4) Details of the structure and implementation measures related to the prevention of and response to SGBV in the Ministry of Gender and Family Promotion (MIGEPROF), including their response in local administration 5) Details of the structure and implementation measures for prevention and response to SGBV by local governments 6) Details of the structures and measures implemented by the MIGEPROF, local administrations, and other institutions and organizations to support rehabilitation and social reintegration of victims/survivors of SGBV (including cooperation between the government and private organizations 7) Details, functions and activities of coordination mechanisms for SGBV prevention and response at national and local government level 8) Current status on the establishment and operation of Isange One Stop Centre (IOSC) : number of IOSC established, operational structure, publicity in the community, cooperation with other organizations, etc.
3	Current status of assistance to the prevention of and response to SGBV, by bi-donors, UN agencies and NGOs
4	Current status of JICA projects to address gender issue in Rwanda JICA resources that can be used to support protection, rehabilitation and social reintegration of SGBV victims/survivors

The online interviews and review of relevant documents in the first round of research did not provide sufficient information on the response to SGBV by each local administration and the implementation of policies in each district under decentralization. In this field research, further information on "the details of the system and measures implemented by the local administration for the prevention and response to SGBV" are collected and analyzed in particular research item No.2 in Table 7-10. The main items of the research on implementation at local level are as follows:

Table 7-11：Research Items on implementation at local level in Rwanda

#	Item	Detail
1	Law & Policy	➢ Status of development or readiness of the district specific SGBV legislation ➢ Status of development, readiness or implementation of district-specific SGBV Policy
2	Status of SGBV	➢ Data related to SGBV at district level other than Demographic and Health Survey (DHS), data provided by National Institute of Statistics Rwanda
3	Staffing	➢ Staffing of local administrations by MIGEPROF or other national machinery, and the role and the responsibility of these officers to prevent from and respond to SGBV. ➢ Organizational structure and specific tasks related to the prevention of and response to SGBV within the local administration
4	Coordination	➢ Status of establishment, activities, and membership of district level and sub-district level SGBV coordinating committees, such as the District GBV Steering Committee and the District GBV Technical Working Group or others ➢ Status of coordination with other agencies and organizations such as IOSC, medical institutions, schools, police, NGOs or CSOs on SGBV issues. ➢ Status of development of databases for managing SGBV and related crimes, and systems for sharing those data
5	Budgeting	➢ Status of budget allocation for district specific SGBV Policy and other SGBV related measures
6	Others	➢ Status of support from donors such as UN agencies, the World Bank, and bilateral aid agencies ➢ Any specific influence of the spread of COVID-19 infection on SGBV issues in the district, and the implementation of special measures by local governments to deal with them

In order to obtain this information, the consultant not only conducted interviews with national machinery, but also selected district that have made some progress in dealing with SGBV and visited the target districts during the field research to collect and analyze the situation. Kayonza and Gatsibo Districts in the Eastern Province were selected to be visited, where the pilot study (see 7.2.4) would be conducted during the period of the field research.

7.2.2.2. Monitoring and Review of the Pilot Studies

In Rwanda, one pilot study has been implemented since the October 2021, based on the findings of the first round of the research. In order to monitor and review this pilot study, the collection of data and information has been conducted through the following methodologies in the sites of Kayonza and Gatsibo Districts.

Table 7-12：Methodologies of Monitoring and Reviewing of Pilot Studies in Rwanda[871]

Methodologies / Targets	Research Items
【Observation of activities】	
Awareness raising	Observing the implementation of each awareness-raising activity, with a focus on monitoring the methods and contents of the activities
【Key Informant Interview (KII)】	
Practitioners	Confirming the progress of studies, understanding the details of implementation, achievements and challenges
Local Stakeholders[872]	Identifying local SGBV issues, resources, feedbacks about pilot studies, needs beyond awareness raising, and partnerships with other groups and institutions
International Organizations, CSOs	Finding out relevant activities which are conducted by international organizations, NGOs or CSOs working in the region
Beneficiaries	Identifying local SGBV issues, resources, perceptions of pilot activities, and needs beyond awareness raising

The information collected through the above methods was organized and analyzed to identify challenges and achievements, and advisory was provided to the implementing organizations as necessary. Also, lessons and knowledge are extracted from the implementation of the two pilot studies for the development of the future support on the elimination of SGBV.

7.2.2.3. Research of Gender Mainstreaming Initiatives in Existing JICA Projects

One of the objectives of this research is to explore new JICA intervention proposals for addressing SGBV issues, as well as to explore possible resources and collaboration among existing and past JICA projects. In responding to SGBV issues, not only direct support such as policy implementation for the protection, prevention, and response of SGBV victims/survivors, but also behavioral change and awareness change through the promotion of gender mainstreaming initiatives will lead to elimination of SGBV. In this regards, the promotion of gender mainstreaming in fields such as agriculture, education, and industrial development has a great impact in terms of prevention and response to SGBV. In the field research, the consultant interviewed with stakeholders of the following two technical cooperation projects as targets (Table 7-10 5). Since both of the projects are expected to incorporate and promote gender mainstreaming initiatives in their preliminary project evaluation lists, the site visits with interviews and discussion were conducted.

- Project for Water Management and Capacity Building (April 2019~March 2024)
- Project for Strengthening Coffee Value Chain in Rwanda (May 2017~May 2020)

In addition, the consultant also interviewed JICA Agriculture Policy Advisor and Nutrition Policy Advisor to exchange opinions on their efforts in each field and the possibility of collaboration

[871] Rather than implementing all of the items for each pilot study, a combination of these methods was used and targeted, taking into account the research schedule.

[872] Participants in stakeholder consultations in the early stages of pilot activities (local government, police, judiciary, medical, educational and other officials, community leaders, religious leaders, women's groups, etc.)

7.2.2.4. Proposals for JICA Interventions

Based on the findings of both of the first and second round of the research, current needs and effective approaches to support SGBV issues in Rwanda has been considered, taking into account the ODA policy of the Government of Japan for Rwanda, the experience and assets of previous JICA projects, comparative advantages, and resources available in Rwanda and neighboring countries. Thus, the direction and outlines of frameworks for new projects for the protection, rehabilitation and social reintegration of victims/survivors of SGBV and the prosecution of perpetrators is proposed as a result of the above mentioned analysis.

7.2.3. Results of Additional Data Collection and Analysis

7.2.3.1. Functions and Roles of the National Machinery

In Rwanda, the national machinery responsible for promoting gender equality, including SGBV prevention and response, consists of: 1) Ministry of Gender and Family Promotion (MIGEPROF), 2) Gender Monitoring Office (GMO), 3) National Women's Council, and 4) FFRP (Forum des Femmes Rwandaises Parliamentaires)[873]. In this research, the interview with MIGEPROF is conducted to confirm roles of each organization and the implementation status of their measures for SGBV prevention and response.

Within MIGEPROF, the Family Promotion and Child Protection Directorate General is in charge of the formulation and implementation of policies related to SGBV. The Directorate General of Family Promotion and Child Protection has four officers under the Director General, and the Anti-GBV Specialist is responsible for SGBV. The NWC and the National Child Development Agency (NCDA, referred to as NCD in Figure 7-10) were established as subordinate organizations of MIGEPROF. The overall organizational chart of MIGEPROF is shown in Figure 7-10.

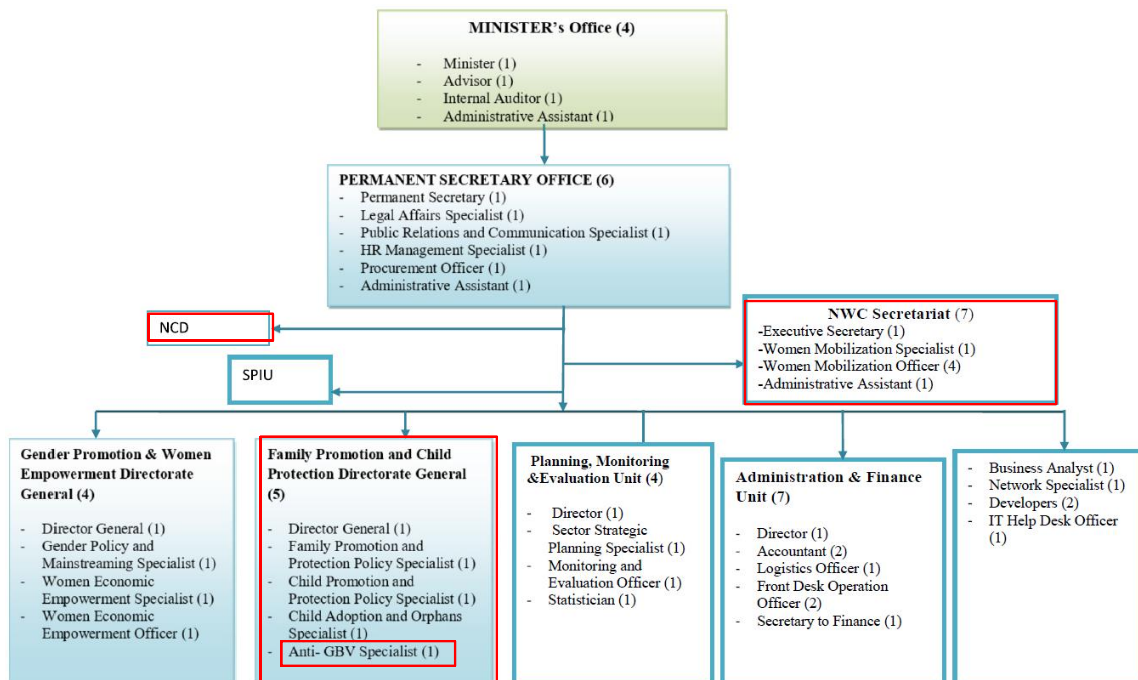

Figure 7-10：Organizational Chart of MIGEPROF as of August 2020

Source：Official Gazette no,24 of 10/08/2020

[873] See the following report of the preceeding research for functions of each organization: JICA (2019), Data Collection Survey on Measures against Gender Based Violence in Conflict Affected Countries in Africa, P. 47, 48

With regard to the elimination of SGBV, MIGEPROF is mainly responsible for three things: 1) coordination among stakeholders (see 7.2.3.4 for the coordination mechanism), 2) development of activities and tools for prevention, such as awareness-raising, and 3) training on SGBV and development of IOSC's standard operating procedure (SOP)[874]. As for training, MIGEPROF provides IOSC staff with training on the classification of SGBV, the overall picture of the investigation and legal process of SGBV cases, methods of evidence preservation, and methods of care for victims/survivors. In addition, MIGEPROF is promoting the implementation of the "Parents Evening Forum (Umugorobaw'Imiryango)", an activity started by MIGEPROF in 2013, where men and women in the community meet once a week (or once a month in some areas) to discuss local issues for conflict resolution at the grassroots level. It covers all issues such as SRH, SGBV, land ownership, youth awareness, constitution and laws, sanitation, child protection, etc. MIGEPROF supports this activity through local volunteers and promotes the resolution of issues, including SGBV, through community-level discussions.

MIGEPROF has also deployed a number of volunteers to support the resolution of household and gender issues at the community level. NWC, a sub-organization of MIGEPROF, has placed volunteers called "NWC Coordinators" in every district, sector, and cell and village level to support response to gender-related issues in the community, especially for vulnerable women and victims/survivors of SGBV. NCDA, also a sub-organization of MIGEPROF, has placed volunteers called "Inshuti z'Umuryango" (IZU, or ‘Friends of Family’) in all villages to provide support for child protection and resolution of family issues[875].

MIGEPROF is currently revising the National Policy against Gender-based Violence, which was formulated in 2011. The draft of the policy has already been completed and is now in the process of being reviewed by the relevant ministries and agencies and going through the approval process as of January 2022[876]. Through the interview, it was confirmed that MIGEPROF is aware of the following points as challenges[877].

- The lack of public schemes to support the socio-economic independence of vulnerable women, including victims/survivors of SGBV, is a major challenge. While there are social safety nets for the most vulnerable (such as welfare schemes), they are not specifically targeted at victims/survivors of SGBV or economically disadvantaged women. Victims/survivors of SGBV, especially teen mothers, are often socioeconomically marginalized and need support for social reintegration, specifically support for livelihood improvement and career development. The Business Development Fund (BDF), which was established to support small and medium-sized enterprises (SMEs) and start-up businesses, is a public fund that can be used by the general public. Women's Guarantee Fund, operated by BDF, provides women with a credit guarantee for collateral when they receive loans from financial institutions. However, this fund is not specifically for SGBV victims/survivors, and they must have a certain level of business knowledge and financial literacy in order to apply and start a small business.
- Strengthening the capacity of coordination mechanisms and volunteers at the local level is needed. MIGEPROF has facilitated efforts to address gender issues at the grassroots level by promoting the

874 Interview with MIGEPROF on 30 Nov 2021.
875 IZU was a volunteer established by the National Commission for Children (NCC), a subordinate organization of MIGEPROF. In 2020, the NCC was merged with the National Early Childhood Development Program (NCDA), which became a subordinate organization of MIGEPROF, and is now administered by the NCDA.
876 Interview with MIGEPROF on 30 Nov 2021.
877 Ibid

implementation of the 'Parents Evening Forum' and mobilizing various volunteers. These functions must be further enhanced to promote long-term approaches that will transform gender unequal relationships and stereotyped views of gender.

- Promoting the use of digital tools and technologies for women, especially young women and girls is required[878]. The use of digital technologies is essential in issues such as prevention and response to SGBV and gender equality. It should be promoted to support innovative efforts in the elimination of SGBV.

7.2.3.2. Initiatives for Elimination of SGBV by Local Governments

In local government, each administrative unit has a department in charge of gender and an administrative officer to prevent and respond to SGBV as one of the gender-related issues. In the district office, there are two vice mayors under the mayor, one in charge of "Economic Development" and the other in charge of "Social Affairs"[879]. The vice mayor for social affairs is in charge of the four units of health, education, social protection, and good governance, and each unit has its own director. The Good Governance Unit is responsible for 'Gender and Family Promotion', 'Youth, Sports and Culture', 'Civic Education, Good Governance', and the 'Joint Action Development Forum (JADF)', thus, Gender is under jurisdiction of the Good Governance Unit. The Gender and Family Promotion Officer is in charge of the implementation of gender policies, including elimination of SGBV. The central government does not deploy personnel to the districts for gender-related policies, and the implementation status of policies in each district is reported to the central government through the district mayor. Staff personnel in district is shown in Figure7-11.

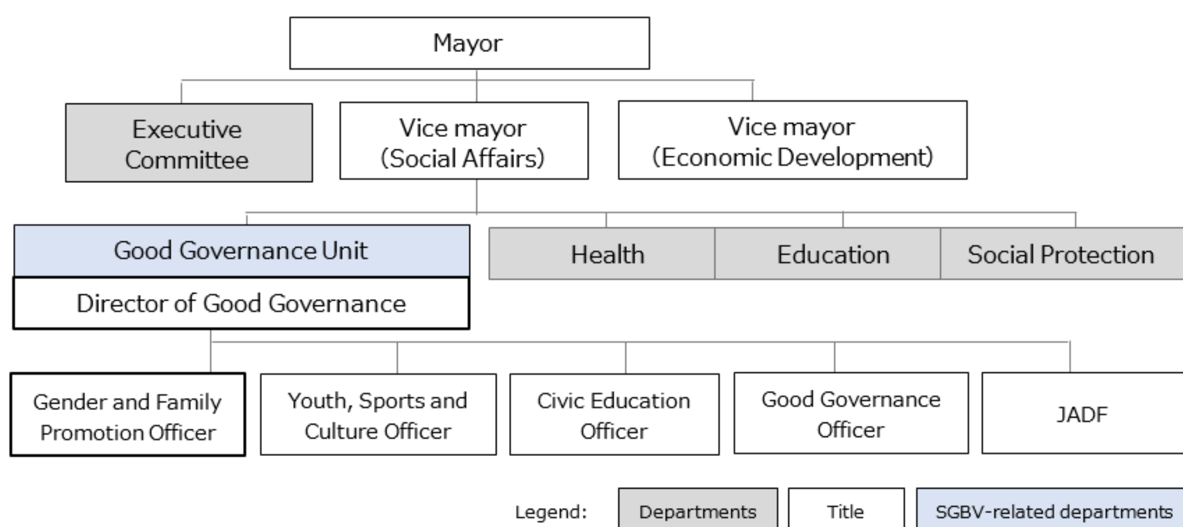

Figure 7-11 : Departments in charge of Gender and Staff Personnel in District offices

Source: Created by the author based on the interviews

Each district formulates an annual plan, and gender-related policies are included in the annual plan and implemented according to the plan. Since response to SGBV cases (protection of victims/survivors and

[878] The Ministry of ICT & Innovation (MINICT), with the support of GIZ, is implementing the Digital Ambassadors Program (DAP) across Rwanda from September 2017 to June 2024. The Digital Ambassadors Program (DAP) aims to improve digital literacy and access to online systems and services for Rwandans. DAP aims to improve the digital literacy of Rwandans and their access to online systems and services by training digital ambassadors and providing digital literacy training by ambassadors. https://www.minict.gov.rw/projects/digital-ambassadors-programme, last accessed on 25 Jan 2022.

[879] The Mayor and Vice Mayor are appointed by the District Assembly from among the district Assembly members. The term of office is five years, and they may serve up to two terms.

punishment of perpetrators) is centralized in the IOSC of each district at local level, the district administration is mainly in charge of policies related to the prevention of SGBV. Specifically, the district administration is responsible for 1) conducting awareness-raising activities related to gender equality, including the elimination of SGBV, 2) collecting and managing gender-related statistical data, and 3) providing training to stakeholders. Awareness-raising activities mainly consist of sessions to promote understanding of human rights and gender equality among local residents and to teach sector, cell, and village level leaders how to handle SGBV cases. Since gender-related issues require coordination with other sectors as well as good governance, it is working in collaboration with officers from other departments (mainly health and education)[880]. In addition, intervention and case management for reconciliation of DV and IPV cases is one of the duties of the Good Governance Unit. Specifically, the Director of Good Governance (or Gender and Family Promotion Officer), RIB investigators, police, and volunteers work as a team to visit families with problems such as DV and family discord, and through dialogue, reconcile family discord and resolve issues of violence[881].

In addition, the Ministry of Justice (MOJ) has its own branch at district level, Maison d'accès à la Justice (MAJ), and has assigned a total of three Access to Justice Officers (also referred to as MAJs, using the department's abbreviation) in each district. MAJs are staffed by licensed attorneys whose main role is to provide public legal aid to local residents in need of legal support. One of the three is dedicated to SGBV, and the term of office in each district is five years. When a victim/survivor of SGBV makes a report, the IOSC recommends that the victim/survivor receive medical support, conducts an interview about the case, and provides support for the legal process, including the trial in cooperation with MAJ. Since this support is free of charge, victims/survivors who cannot afford to pay legal fees can receive legal support from MAJ. Their phone numbers are published in public relations magazines and given to residents during educational activities, so that residents who need legal support can contact them directly.

Through this research, the following challenges were identified in the local government's efforts for the elimination of SGBV.

- Lack of support for rehabilitation and social reintegration of victims/survivors of SGBV
  IOSCs are in charge of protecting victims/survivors and prosecuting perpetrators, while the administration is mainly responsible for prevention, awareness-raising, and protection of victims/survivors. On the other hand, medium- and long-term support for victims/survivors of SGBV, especially teenage mothers and victims/survivors of sexual violence and IPV/DV, to become economically independent and reintegrate into society is only provided by some NGOs, and there is a lack of public support.
- Lack of staff with expertise in SGBV prevention and response.
  There is no dedicated staff for response to SGBV issues at the district, sector or cell level, with the Gender and Family Promotion Officer in the district and the Executive Secretary and Good Governance Officer below the sector responsible for SGBV prevention and response as part of their work. For those

[880] Interview with Gender and Family Promotion Officer in Kayonza District on 23 Nov 2021.
[881] Interview with Director of Good Governance in Gatsibo district on 26 Nov 2021.

officers, responding to SGBV challenges is one of many areas of responsibility, and the officers may not have expertise or sufficient experience in SGBV elimination[882].

- Lack of support for volunteers

  At the community level, not only the aforementioned NWC coordinators and Friends of the Family, but also NYC coordinators[883], NGO volunteers, and various other volunteers are involved in mediating family discord and dealing with SGBV victims/survivors. In addition to gender issues, voluntary-based activities to solve local problems are common in Rwanda, and working as a volunteer is considered to be an honor[884]. Volunteers have a high level of motivation and a sense of ownership, and it is easy to build a trusting relationship with other members of the community. On the other hand, there are some of the challenges as following:

  - Many volunteers have full-time jobs and have limited time to work (for example, many NWC coordinators are women who work as teachers in primary and secondary schools).
  - There is lack of financial support for transportation and communication costs, making it difficult to conduct activities in areas far from the center.
  - There are no regular training programs, which makes it difficult for volunteers to maintain their motivation and improve their skills. There are also no opportunities for volunteers to share their experiences with each other.

In order to stimulate the activities of volunteers and make them more effective, the administrative needs to provide financial assistance and appropriate training opportunities[885].

7.2.3.3. Roles of Isange One Stop Centre (ISOC)

Isange One Stop Centre (IOSC) is a facility established and operated by the Government of Rwanda to provide free and comprehensive services of medical, judicial and psychosocial support to victims/survivors of SGBV. Each IOSC is located in a district hospital of each district, and there are currently 44 IOSCs in operation throughout Rwanda (districts with multiple district hospitals also have multiple IOSCs). IOSCs are operated by the Ministry of Health, the district Health Unit, the RIB, and MIGEPROF. RIB, and MIGEPROF. The roles of each agency are as follows:

- Ministry of Health：Assignment of medical staff (doctors, nurses, and clinical psychologists) who work at the IOSC and budget allocation for staffing costs
- District Health Unit：Maintenance of the facilities, since IOSCs are usually located in district hospital's facilities operated ny district health units
- RIB: Reception and investigation of SGBV cases, and data management. In Rwanda, criminal investigations are conducted by the RIB and RIB assign one RIB investigator in each IOSC to handle SGBV cases.

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882 Interview with USAID Rwanda on 3 Dec 2021.

883 These volunteers are deployed nationwide by the National Youth Council (NYC), a subordinate organization of the Ministry of Youth and Culture.

884 Interview with NWC Coordinator 23 Nov 2021.

885 For IZU (Friends of the Family), UNICEF has been providing training through NCDA. https://www.unicef.org/Rwanda/child-protection, last accessed on 25 Jan 2022.

- MIGEPROF : Providing training and development of guidelines, as a ministry that promotes policies related to gender, including SGBV. It is also deploying equipment for the shelter attached to the IOSC.

Each IOSC has following 4 staff members:

1) RIB Investigator: Reception and investigation of all SGBV cases
2) GBV officer: Nurse who are belonging to the district hospital.
3) Medical Doctor: Belonging to the district hospital and responding to SGBV victims/survivors when they need medical treatment.
4) Psychologist: Belonging to the district hospital and responding to a SGBV victim/survivor when they need providing counselling services.

When a victim/survivor of SGBV visits to the IOSC, the case is first received and recorded by the RIB investigator, and then examined by the GBV Officer. If deemed necessary, a doctor or clinical psychologist examine and treat the victim/survivor, test for sexually transmitted diseases and HIV/AIDS, and prescribe emergency contraceptive pills. Particularly in cases of sexual violence, RIB investigators are responsible for the preservation of evidence, interviewing the victim/survivor about the details of the case, explaining the legal rights of the victim/survivor, preserving evidence, and investigating the case before referring it to the prosecutor. The investigation of sexual violence cases generally takes about six months[886]. Scientific evidence, such as bodily fluids or hair of the perpetrator, is preserved by the RIB, and forensic tests such as DNA testing are conducted if the doctor or judge deems it necessary[887].

At the level below district, the Ministry of Health also assigns one GBV officer (nurse) to each health center, which is a medical facility located at the cell level, and to each health post, which is a medical facility located at the sector level. At the health centers and health posts, GBV officers also receive SGBV cases and respond to victims/survivors, but since there are no doctors or clinical psychologists, victims/survivors are advised to go to the IOSC if they need medical examination or treatment. In such cases, an ambulance or other means of transportation would be arranged and provided. If the victim/survivor is a victim/survivor of sexual violence at night, he or she should contact the GBV Officer at the respective health center or health post for assistance (IOSC operates 24 hours a day)[888].

MIGEPROF recognizes the need to set up shelters in IOSCs so that SGBV victims/survivors can stay for a certain period of time to improve their physical and mental condition and reduce the risk of further SGBV. However, of the 44 IOSCs in Rwanda, only 4 have shelters. The IOSC at Rwinkwavu District Hospital that was visited during the field research is one of them, establishing a shelter for SGBV victims/survivors in the district hospital[889]. The shelter has several rooms equipped with beds and shelves, and is designed to accommodate up to nine victims/survivors. The period of stay is supposed to be approximately two to three months, and meals are provided by the hospital's cafeteria (the cost is borne by the district hospital). The shelter is also equipped with a kitchen that victims/survivors can freely use (equipment is provided by

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886 Interview with the IOSC at Rwinkwavu District Hospital on 24 Nov 2021.
887 Ibid
888 Interview with the IOSC at Kiziguro District Hospital on 25 Nov 2021.
889 The shelter was empty at the time of the visit, and the RIB investigator told that "victims are anxious about leaving their homes and hometowns, so they tend to prefer staying at home or at a friend's house in the neighborhood rather than at the shelter." Therefore, RIB investigators and GBV officers are continuously following up with victims who have returned to their homes and hometowns.

MIGEPROF). MIGEPROF is expected to continue to promote the installation of shelters at IOSCs, but no concrete plans have been made due to the lack of a sufficient budget[890].

At the local level, all responses to SGBV are centralized in the IOSC, and the protection of victims/survivors and prosecution of perpetrators are handled by the IOSC in cooperation with RIBs, district hospitals, MAJs, and prosecutors. The following issues were identified with regard to the protection of victims/survivors of SGBV and their rehabilitation and reintegration into society.

- There are victims/survivors who cannot receive services due to the physical distance to the IOSC. In addition, information about IOSCs is not sufficiently widespread, and many people do not know where to go when they are victimized. From the perspective of preventing unwanted pregnancies, sexually transmitted diseases, and HIV/AIDS, victims/survivors of sexual violence have to seek medical attention as soon as possible after being victimized (within 72 hours at the latest). But in many cases, victims/survivors do not go to an IOSC immediately, and seek advice after some time has passed. Even when they visit the IOSC, they do not go directly to the IOSC after being victimized, but go back to their homes first to take shower and clean up, making it difficult to prosecute the perpetrators because most of the scientific evidence, such as the perpetrators' body fluids and hair, is already lost (In Rwanda, without physical evidence, it's hard to prosecute perpetrators of sexual violence, or even if they can be prosecuted, they are rarely convicted[891]). It is needed to increase the opportunities for raise understanding of how to act and where to seek help when a person is a victim/survivor of SGBV.
- There is no financial support for transportation for victims/survivors, and transportation is not sufficiently provided. When visiting the IOSC, some kind of transportation such as an ambulance is arranged, but when returning home from the IOSC, there is no transportation support, which sometimes prevents teenage victims/survivors who cannot afford to come to the IOSC.
- Following-up victims/survivors is insufficient after providing support at IOSC .The follow-up provided by the IOSC is mainly medical and psychosocial support, allowing victims/survivors to regularly visit the IOSC for medical treatment, counseling, and group therapy. But socio-economic support is not provided by public institutions (only by some NGOs). Continuous follow-up is required for economic empowerment and social reintegration of women in vulnerable positions, such as teenage mothers.

7.2.3.4. Coordination Mechanism

In Rwanda, coordination mechanisms have been established at the central and local government levels respectively for gender-related issues, including the elimination of SGBV.

At the central level, the National GBV Steering Committee has been established as a coordinating function and is co-chaired by MIGEPROF and the Ministry of Health. MIGEPROF, Ministry of Health, Ministry of Finance and Economic Planning, Ministry of Local Government, Ministry of Youth and Culture, Ministry of Justice, GMO, NWC, RIB, Rwanda National Police, National Public Prosecution Authority (NPPA) and development partners are members, and meet biannually. In addition to the National SGBV Committee, there is another coordinating function called the Gender Cluster, which deals with gender issues in general, and under this cluster, there are 4 sub-clusters: 'Gender Equality and Women Empowerment', 'Family and GBV',

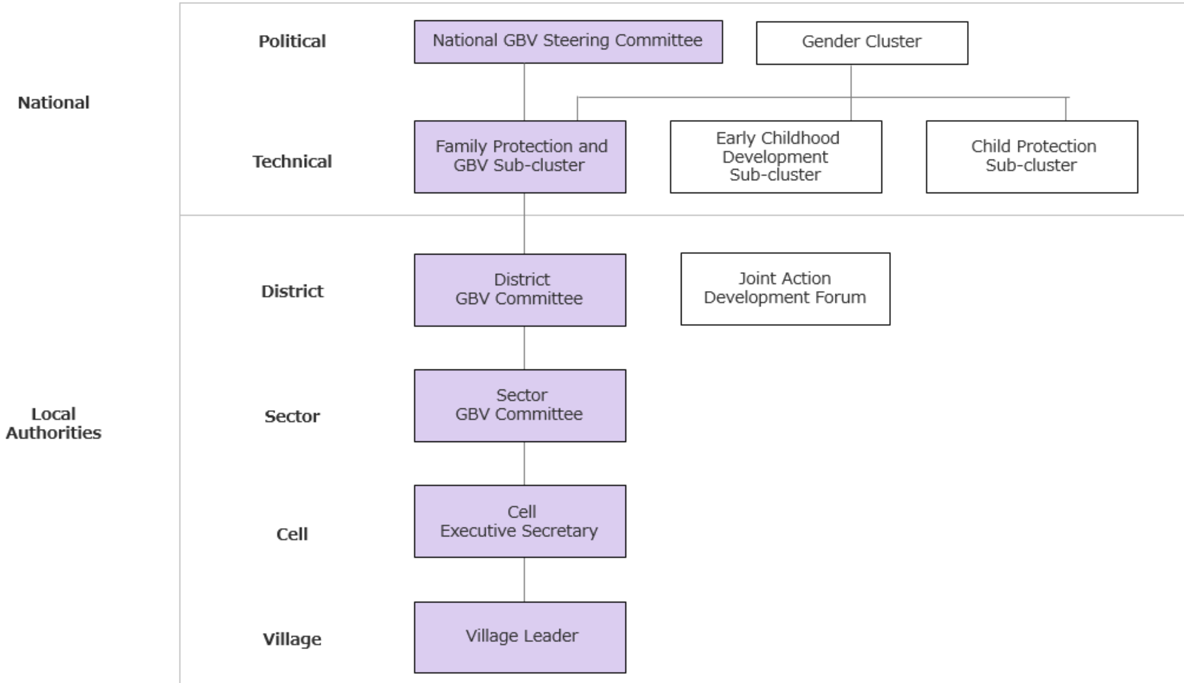
[890] Interview with the IOSC at Kiziguro District Hospital on 25 Nov 2021.
[891] Interview with Rwanda Bridges for Justice on 29 Nov 2021.

‘Child Protection’ and ‘Early Childhood Development Programme’[892]. The Family and GBV sub-cluster is also located under the National GBV Steering Committee, and has a function to discuss and coordinate technical issues related to the prevention and elimination of SGBV. It is co-chaired by MIGEPROF and the Ministry of Health, and has members from relevant ministries, NGOs, and development partners, and meets quarterly basis.

District GBV Committees and Sector GBV Committees have also been established at the district and sector levels respectively. The main participants of the District GBV Committee are the vice mayor in charge of social affairs, heads of the relevant four Units (health, education, social protection, and good governance), MAJ, police, RIB, IOSC officers, NWC coordinators, and other volunteers, and meet quarterly basis. NGOs and CBOs conducting GBV-related activities in the district are not members of the district GBV committees, but are invited to the meetings as needed to receive their opinions and hear reports[893]. The Joint Action Development Forum (JADF), under the jurisdiction of the Good Governance Unit, has been established as a meeting body to coordinate with NGOs. All registered NGOs in the district participate in the JADF, which is divided into sectors such as gender, education, and health to coordinate support and hold consultations. There is no meeting body for coordination of activities related to SGBV in cells and villages, and activities are managed and coordinated by the executive secretary in cells and the village leader in villages.

Each local government coordinates through its own coordination mechanism, and there is no particular obligation to communicate or report regularly to the central government. Only when some problems arise, they are supposed to consult with the higher-level coordination mechanism or relevant ministries[894]. An overview of the structure of the coordination mechanism is shown in Figure 7 12.

Figure 7-12：Coordination on Elimination of SGBV in Rwanda



Source: Created by the author based on the interviews

892 Interview with MIGEPROF on 30 Nov 2021.
893 Interview with Gender and Family Promotion Officer in Kayonza District on 23 Nov 2021.
894 Interview with MIGEPROF on 30 Nov 2021.

7.2.4. Monitoring of the Pilot Study

In Rwanda, a pilot study related to SGBV awareness and response are being implemented. A summary of the activities is shown in Table 7-13.

Table 7-13 : The summary of the pilot study in Rwanda

Items	Details
Partner	Rwanda Women's Network (RWN)
Project Period	October 2021~March 2022 (6 months)
Target Areas	16 sectors in 7 districts (Bugesera, Rwamagana, Kayonza, Gatsibo, Musanze, Rubavu, Nyarugenge)
Outlines	➢ Participatory workshops with SGBV victims/survivors and concerned parties ➢ Assessments of the actual status of SGBV casses among local residents and the use of support facilities ➢ Community outreach activities through the production and performance of a series of plays aimed at raising awareness of SGBV ➢ GBV mobile clinics to protect victims/survivors of SGBV ➢ Production and distribution of awareness and publicity materials on SGBV ➢ Radio awareness campaigns on national radio and community radio

In this research, among the above-mentioned activities, awareness-raising activities and GBV mobile clinics in Kayonza and Gatsibo districts were monitored.

7.2.4.1. Awareness Raising Activities

Ms. Anita Pendo, who has worked extensively as an influencer, presenter, DJ, and journalist, served as the facilitator for the SGBV awareness-raising activities for local residents. In the awareness-raising sessions, officers in charge of gender from the sector or cell, MAJs, RIB investigators, and NWC coordinators acted as local resource persons to raise awareness and provide information on SGBV. The content of the event included awareness raising on SGBV in general, such as "what is SGBV", a play by volunteers on the theme of SGBV, followed by a briefing by sector/cell officers in charge of gender and IOSC staff on the resources available in the region, and a presentation by MAJ on the forms of SGBV (sexual violence, physical violence, psychological violence, etc.), the laws that have been enacted regarding SGBV, the support provided by IOSC, and the legal aid provided by MAJ. Afterwards, there was a time for participants to voluntarily share their own experiences and problems they were facing. The entire session took approximately 2 to 2.5 hours.

In the SGBV-themed play, a mother and daughter are being violently attacked by an alcoholic father, and the son takes the father's side and no one help them. When IOSC staff and volunteers heard about the situation, they made home visits. The father tried to hide the problem by saying that it was just a mental health problem and not a violence problem, but the mother and daughter testified that DV was discovered and through the support of community resources, the violence was properly addressed. In addition to publicizing the existence of social services to solve family problems by IOSC personnel and volunteers to acquaint residents, this has a purpose to spread awareness that physical violence, especially DV and IPV, is not a trivial issue in the family but an illegal act, as many perpetrators commit violence with excessive alcohol consumption.

In the awareness session, there were not only government officials and MAJs, but also volunteers such as NWC coordinators who took the stage. Since SGBV is not well understood, these volunteers gave concrete explanations of the impact as a result of SGBV, citing examples of SGBV they have supported, and urged people to deepen their understanding of the seriousness of the consequences of violence.

Participants shared their experiences and current problems, and some asked about SGBV: "My son is an alcoholic who is very violent towards his family, he has been in jail four times because of his problems outside the home, and DV is still a serious problem. What should I do?" There were also a lot of consultations about things other than SGBV (e.g., the kitchen is broken and can't afford to fix it). Matters that could not be discussed in public or that required individual attention were dealt with at the GBV Mobile Clinic, which was held following the awareness-raising activities.

7.2.4.2. GBV Mobile Clinic

The GBV Mobile Clinics are being implemented in several districts in Rwanda by RWN, the pilot implementing organization. This is an intervention in which local resource persons such as gender officers at the district, sector, and cell levels, RIB investigator, MAJs, NWC coordinators, Friends of the Family, and NYC coordinators, receive individual consultations from victims/survivors of SGBV and provide advice, linkage with legal institutions, and referrals to the IOSC directly to the victims/survivors on the spot. Victims/survivors of SGBV often do not report or consult with the authorities for various reasons, such as not knowing where to go for help when they are victimized, or the IOSC or RIB station is physically far away. By providing individualized support, it is expected that victims/survivors of SGBV who have not been able to or have not consulted with anyone would be able to receive appropriate support.

For each counselor, two or three staff members (varying from MAJs, RIB agents, sector/cell level gender officers, etc.) were available for individual consultations, interviewed, and gave advice on future actions to be taken and explained about support from the administration. Specifically, the following consultations were conducted:

- A teenage mother who became pregnant after being sexually violated wants to find and prosecute the father (perpetrator).
    - It was explained to her that further investigation is needed and after taking her details, RIB investigator would start the investigation.
- A teenage mother, who was sexually abused and became pregnant and childbirth, was living with the abuser (not married), but was recently evicted from the house by the abuser along with her child. Since she is not officially married and has not registered the birth of her child, she is unable to receive support from the local authority and is in need of a place to live and food.
    - She needs to register her child's birth (ID registration) first, and the procedure was explained to her. Support for single mothers (public assistance) was explained, and it was decided to continue further interviews on the victims/survivors' own wishes regarding dealing with the male perpetrator.

7.2.4.3. Lessons Learned from the Pilot Study

Through the monitoring of the pilot study, the importance of the following points was confirmed:

- Direct intervention by duty bearers
  The IOSC is centrally responsible for dealing with SGBV, and people can go to the IOSC to get basic administrative services, but the function and role of the IOSC is still not well known at the community level, and many people, especially in areas far from the district hospital, are not aware of its existence. The GBV Mobile Clinic is attended various duty bearers, such as a sector and cell executive secretaries, MAJs, RIB investigators, police, and it is effective for victims/survivors who do not know where to go

for advice or who live in areas that are geographically distant from the IOSC and do not have adequate access to government services, as it provides a mechanism to directly consult with administrative officials. Also, by having various officers speak on the stage, participants can learn who is in charge and what role they play through educational activities. Since many cases of SGBV need to be dealt with by multiple agencies working together, having administrative officials in various positions in one place to respond can make the process more efficient. By involving as many administrative officials as possible when conducting awareness-raising activities and providing support to victims/survivors in this pilot study, it could create opportunities for contact with residents, which not only contributed to quick and reliable problem solving, but also helped to build trust between residents and the administration. On the other hand, in order to sustain the effectiveness of the outcome, it is also important to foster the ownership of each stakeholder so that similar activities as awareness-raising and GBV mobile clinics can continue to be implemented without the support of NGOs after the pilot study is completed.

- Proactive participation of volunteers

  As mentioned above, in Rwanda, volunteers are actively involved in solving local issues. There are a variety of volunteers working in the community, some of whom have been working for decades and have a plenty amount of experience and knowledge. Many volunteers who have been active for a long time have good facilitation skills and can raise awareness based on their actual experiences, including concrete examples. By participating in local educational activities, many volunteers were able to strengthen their own abilities and share their knowledge among volunteers, as there are not many opportunities for training and exchange among them. In addition, volunteers performed plays to raise awareness, which contributed to strengthening solidarity among volunteers and fostering their rehabilitation.

- Use of influencers and SNS

  In the awareness raising activities, it was widely announced that a well-known journalist in Rwanda would be the facilitator, and this influence led to the participation of many residents in the awareness session. Since it is critical to encourage the participation of a large number of local residents in community-level awareness-raising activities, it is important to obtain the cooperation of influencers who have a deep understanding of gender equality and the elimination of SGBV, and to make advance announcements using tools such as SNS. It leads to try to increase the number of people who are interested in the contents of the educational activities and who want to participate in them.

- Promoting understanding of specific cases of SGBV through drama

  As mentioned above, in this pilot study, a play on the theme of SGBV was performed as part of the awareness activities. In Rwanda, DV and IPV are not widely recognized as violent forms of SGBV, and husbands tend to direct violence against their wives and children.(see 7.1.1.3). In addition, the reality of the case caused by DV and IPV has not been sufficiently clarified, partly because what takes place within households is not easily visible to the outside. The scenario presented was based on the motif of a household where the husband is physically violent towards his wife and daughter. For audiences who do not necessarily think of DV and IPV as violence, it contributed to promoting their understanding of SGBV by showing specific examples of DV cases and interventions for their victims/survivors through theater. In order to improve the situation where the types of SGBV and their impact are not fully

understood, it would be effective to develop and use scenarios that model not only physical violence, but also psychological violence, socio-economic violence, sexual harassment, and various other cases to promote their understanding.

7.2.5. Proposal for JICA Interventions

Based on the results of both of the first and second round of the research, the directions of cooperation is proposed with specific interventions in which there is a high need for support in various fields related to the elimination of SGBV and where JICA's schemes, comparative advantages, and knowledge from existing projects can be utilized.

7.2.5.1. Strengthening Gender Mainstreaming Initiatives in Existing JICA Projects

Through interviews with project officials and policy advisors deployed by JICA, this research examined the possibility of promoting gender mainstreaming initiatives that contribute to the elimination of SGBV in existing irrigation projects, strengthening coffee value chain projects, agricultural policies and nutrition policies.

1) Irrigation

Rwanda has identified increasing agricultural productivity and stabilizing farmers' income as key development priorities, and is promoting the increase of irrigated area to achieve these priorities. JICA is implementing the "Project for Water Management and Capacity Building (WAMCAB)" (April 2019-March 2024) to strengthen the capacity of irrigation water use organizations in model districts to improve their skills to manage irrigation facilities. In the past, JICA has previously implemented a project “Smallholder Market Oriented Agriculture “(October 2014 - September 2019), which was under the “Smallholder Horticulture Empowerment & Promotion (SHEP) approach”. The Gender Mainstreaming Package (GMP) used in the project is also being used in the training at WAMCAB to provide gender training. The gender training by GMP focuses on promoting gender equality in farm management and does not mention prevention and response to SGBV such as IPV and DV. In the discussion with project stakeholders, it was confirmed that the inclusion of training on SGBV could be considered if the contents on SGBV is added to the training materials, so it is expected that the agenda on prevention and response to SGBV will be included as part of the training. In addition, irrigation and water user organizations operate by collecting water fees from members who farm on farmland developed by irrigation. But since it is hard to operate the cooperatives just with water fees, it is necessary to develop irrigation projects (dam management, aquaculture, etc.) in the future. At that time, it was confirmed that it would be possible to consider actively employing economically vulnerable women and victims/survivors of SGBV.

2) Strengthening coffee value chain

JICA implemented the "Project for Strengthening Coffee Value Chain in Rwanda (CUP)" (May 2017 - May 2020. In this research, the consultant visited a coffee production cooperative in Karongi District, which was a target of the CUP, and interviewed them about their efforts in gender mainstreaming and the elimination of SGBV.

In order to join the cooperative, one must own at least 100 coffee trees, and the membership fee is 100,000 Rwf every three years. For women and youth, the membership fee is discounted to 10,000 Rwf to encourage participation. They also actively support women by offering products that say "coffee beans produced only

by female members". During the coffee harvesting season, the cooperative hires about 200 women, who are members of the cooperative, to help with the harvesting and processing of the coffee beans to generate additional income[895]. The cooperative has obtained Rainforest and Fairtrade certifications, and one of the requirements for obtaining these certifications is to ensure gender equality, which includes the elimination of SGBV, training for eligible coffee growers, and active support for women. In addition, once the certification is obtained, regular audits are conducted to confirm the status of maintenance of the mandatory conditions through interviews with members, review of the list of participants in the training, and various regulations. Through these trainings and follow-ups, the cooperative promotes understanding of gender equality and the elimination of SGBV among its members[896].

JICA has launched the new project "Project for Strengthening and Promoting Coffee Value Chain in Rwanda (CUP2)" (September 2021 - September 2026), and it is expected that efforts such as those implemented by the above-mentioned coffee production cooperatives to improve market access and productivity for women producers, and training on SGBV and gender equality through the acquisition of various international certifications is expected to be incorporated in CUP2 to promote activities related to the elimination of SGBV.

3) Agrisulture policy

The Ministry of Agriculture and Animal Resources (MINAGRI) has identified gender as a cross-cutting issue in its “Strategic Plan for Agriculture Transformation 2018-2024”, ad developed and implemented “The Strategy for Gender and Youth Mainstreaming, 2019.” MINAGRI considers the large number of female farmers and their low agricultural productivity to be a challenge, and has been conducting training programs to improve access to financial services, assets, and agricultural skills for female farmers, and to strengthen their capacity. In addition, the ratio of male and female participants in various trainings conducted by MINAGRI is set at 50:50, and efforts are being made to mainstream gender within MINAGRI, including gender training for staff members[897].

These trainings are provided by the staff of the Rwanda Agriculture and Animal Resources Development Board (RAB), which is under MINAGRI, to MINAGRI staff. However, there is no staff with gender expertise in RAB. In addition, training related to gender has been provided, but it does not include contents related to SGBV. The discussion with JICA Agricultural Policy Advisor confirmed that once the SGBV training materials are developed, it might be possible to conduct the training within MINAGRI through RAB or in the training provided by MINAGRI to farmers.

4) Nutrition Policy

In Rwanda, nutrition policy mainly refers to policies related to child nutrition, and NCDA under MIGEPROF is in charge. In general, men are the most nutritious eaters in the household in Rwanda, and women and children, such as pregnant women, are often not given nutritious food. NCDA recognizes that gender inequality within households also contributes to the poor nutritional status of women and children[898].

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[895] Interview with KOPAKAKI Cooperative on 29 Nov 2021.
[896] Ibid
[897] Interview with JICA Agriculture Policy Advisor on 1 Dec 2021.
[898] Interview with JICA nutrition Policy Advisor on 1 Dec 2021.

The main nutritional challenges in Rwanda are stunting (mainly short stature and neurological disorders) and anemia (especially severe anemia in children), both of which require the intake of amino acids (proteins), mainly found in animal products, to prevent. These deficiencies have a significant negative impact on brain growth in particular, and if children do not receive proper nutrition as infants, their subsequent brain and physical development would be stunted. Therefore, nutrition policy considers nutrition in the "first 1,000 days of life", which refers to the period beginning right from a baby's conception through to two years of age, to be particularly important, and nutrition for pregnant women and infants is recognized as a critical issue for national policy. NCDA is conducting awareness-raising activities to promote nutrition among pregnant women and infants, and providing milk at the Early Childhood Development Centre established at the community level.

Strengthening the linkages between IOSCs and infant development centers at the district level would help to support teenage mothers and other women who are socioeconomically vulnerable and unable to secure adequate nutrition during pregnancy and child rearing. NCDA, which is in charge of nutrition policy, is a subordinate organization of MIGEPROF. Therefore, as a collaborative activity between MIGEPROF and NCDA, or as an activity led by local government, a structure can be established to provide nutritional support from Early Childhood Development Centres as part of follow-up activities for pregnant women and their children, including teenage mothers who received support from IOSC. For Example, referral from IOSCs to Early Childhood Development Centres, staff from Early Childhood Development Centres to provide nutrition guidance at IOSCs, or others. It is expected to be a support for victims/survivors of SGBV.

7.2.5.2. New Interventions for Elimination of SGBV

Based on the results of the first and second round of the research, challenges were identified in Rwanda in all 4 aspects of the research framework: Prevention and Awareness Raising, Protection, Rehabilitation and Social Reintegration of Victims/Survivors, and Prosecution and Rehabilitation of Perpetrators, as well as in the cross-cutting areas of Coordination, Monitoring and Evaluation, and Data Management. Based on the research framework, the current situation and issues in each area can be summarized as follows, which are articulated in 3.1.as well (the deficit indicates the issues to be covered in the proposal for JICA interventions).

Table 7-14：Status and Challenges on Coordination, Monitoring and Evaluation, and Data Management

Sectors	Status	Challenges
Coordination	▪ The GBV Steering Committee has been set up as a central level coordination function, with other bodies such as the GBV Technical Committee and the District Coordination Meeting.	▪ Coordination functions for SGBV at local level exist but do not function in some areas
Monitoring and evaluation	▪ MIGEPROF and GMO are responsible for monitoring and evaluation of implementation of SGBV-related policies	▪ Monitoring and evaluation is insufficient due to lack of staffing, capacity, and data.
Data collection and management	▪ The GBV-MIS, developed under the initiative of MIGEPROF, is deployed in IOSCs and is being used by RIB agents for case management and data management. ▪ Health care institutions count the number of cases of sexual and physical violence in the Health Management Information System (HMIS).	▪ Integration of the GBV-MIS with the HMIS is needed.

The GBV Management Information System (GBV-MIS), which was still under development when the first round of the research was conducted, has already been completed and is deployed in all IOSCs and is managed and operated by RIB. The system is not only used by RIB investigator to enter case data for case management, but is also used for data management and analysis of SGBV in general[899]. In addition, there are

[899] Interview with MIGEPROF on 2 Dec 2021.

plans to integrate the system with the Health Management Information System (HMIS), which is currently being used by medical institutions for data management[900].

Table 7-15：Status and Challenges on Prevention and Awareness Raising

	Prevention and Awareness Raising	
Sectors	Status	Challenges
Law and policy	■ There is a clause in the Constitution that prohibits discrimination against women. ■ The law prohibits various forms of SGBV is in place. ■ The legal age of marriage is 21years for both men and women. ■ National Policy against Gender-Based Violence is under revision	■ Very high proportion of women who have experienced DV/IPV ■ The law prohibiting child marriage is not being observed. ■ The law is not sufficiently well known
Police (Rwanda National Police, RIB) Justice (Ministry of Justice)	■ Each IOSC is staffed by a RIB agent, who is in charge of receiving SGBV cases and investigating. ■ Gender Desks have been set up in the police and military to take care of SGBV prevention in the region. ■ Regular SGBV training within the police and RIBs, as well as SGBV training in cooperation with international organisations and NGOs	■ Insufficient number of female police officers deployed to gender desk
Medical care (Ministry of Health)	■ 34.9% of sexually active single women and 47.5% of married women use some form of modern contraception	■ 11.6% of sexually active women aged 15-19 use modern contraceptive methods, which is extremely low compared to other age groups
Education (Ministry of Education)	■ CSE is integrated into the school curriculum ■ Extra-curricular activities on SGBV are being organised in some schools by the Ministry of Education, NGOs and international organisations.	■ CSE is part of the curriculum but not offered as a stand-alone subject ■ Access to information about SGBV and SRH for out-of-school children is limited. ■ Inadequate training for teachers on prevention of SGBV ■ Insufficient precautions are taken against SGBV in schools
Other public services	■ Toll free line for SGBV is in place. ■ Gender Officers are assigned at the district level who are responsible for activities related to SGBV. ■ Many volunteers work at a local level to raise awareness and help solve local problems.	■ Not enough awareness of what support and information services are available to victims/survivors of SGBV ■ In some districts, gender officers are not fully active on SGBV ■ No financial support or training provided for volunteers

Local governments, international organizations, NGOs, and CSOs are actively engaged in GBV prevention and awareness-raising activities. While many of these activities are supported by local volunteers, and tailored activities at the grass-roots level are being developed, the lack of support for volunteers was identified as an issue, as their activities are sometimes limited due to difficulties in securing time for activities or lack of transportation expenses.

Table 7-16：Status and Challenges on Protection of Victims/Survivors

	Protection of Victims/Survivors	
Sectors	Status	Challenges
Law and policy	■ The law contains provisions for the protection of victims/survivors. ■ A strategy for victim/survivor protection will be set out in the revised national GBV strategy.	■ Laws and policies are not sufficiently well known
Police (Rwanda National Police, RIB) Justice (Ministry of Justice)	■ Each IOSC is staffed by a RIB agent, who is in charge of receiving SGBV cases and investigating. ■ Gender Desks specialising in SGBV and other women's issues have been set up in each district. ■ For the report of SGBV, the RIB investigator is in charge of the investigation and the police and RIB are required to guide the victim/survivor to a medical facility if necessary. ■ Access to Justice Officers are deployed to each district to provide legal aid	Availability ■ Few organisations and paralegals are able to provide legal aid Accessibility ■ Not being fully informed about how to access legal aid Acceptability ■ Trust in the investigative bodies and the judiciary is not sufficiently developed Quality ■ The law and SOPs are not fully understood by the investigating agency
Medical care (Ministry of Health)	■ IOSCs in each district provide comprehensive services for victims/survivors of SGBV (medical care, psychosocial care, legal aid, police procedures) free of charge. ■ SOPs for treatment, counselling, testing for HIV/hepatitis B/sexually transmitted diseases, prescription of emergency contraceptives and preservation of evidence for victims/survivors of rape and sexual assault have been developed and training for service providers has been provided.	Availability ■ Number of IOSC is still low. Accessibility ■ IOSC is geographically too far away to be accessible ■ Medical facilities other than IOSCs require a medical fee. Quality ■ Inadequate SGBV training for service providers and lack of understanding of SOPs ■ Inadequate supply of materials and equipment for dealing with victims/survivors of SGBV
Education (Ministry of Education)	■ Schools are responsible for identifying students who are at high risk of SGBV, and for immediately notifying the relevant authorities and initiating a response if a student is a victim/survivor of SGBV.	■ Students may be exposed to SGBV by other students or teachers at school ■ Most pregnant students would be expelled ■ Identifying students at risk of child marriage or sexual abuse in advance and preventing them from dropping out is not enough.
Public services	■ Each relevant agency has its own hotline where victims/survivors can report cases and receive counselling and referrals.	■ There are few public shelters or Safe Spaces, and many are run by NGOs, many of which lack the funds to run them.

[900] Interview with MIGEPROF on 2 Dec 2021.

The protection of victims/survivors is centralized in the IOSC, and RIB investigators and GBV officers assigned to the IOSC are responsible for dealing with SGBV cases. On the other hand, there are cases which victims/survivors do not know where they can get help or do not have sufficient understanding of the actions to be taken after being a victim/survivor of SGBV, which makes it impossible to properly prevent unwanted pregnancy or sexually transmitted diseases, or to preserve evidence of sexual violence.

Table 7-17：Status and Challenges on Rehabilitation and Social Reintegration of Victims/Survivors

	Rehabilitation and Social Reintegration of Victims/Survivors	
Sectors	Status	Challenges
Law and policy	▪ The importance of supporting rehabilitation and social reintegration of victims/survivors of SGBV has been mentioned in policy and other documents.	▪ No concrete policy on autonomy and social reintegration of victims/survivors of SGBV has been implemented at the central or local level.
Medical care (Ministry of Health)	▪ Medical institutions has a role to provide a continuum of care after being affected by SGBV ▪ Following-up to support victim/survivors' social reintegration into society is implemented at IOSC.	▪ Treatment and transport costs for ongoing counselling services to address HIV, sexually transmitted infections, trauma and PTSD is required. ▪ IOSC focuses on follow-up, such as home visits, and is not able to provide specific support for victim/survivors' socio-economic empowerment and return to school.
Education (Ministry of Education)	▪ Girls who have experienced pregnancy and childbirth are encouraged to return to school.	▪ Most of girls who drop out of school due to pregnancy or childbirth end up schooling, and get married, so they rarely return to school
Other public services	▪ There is a social protection programme for vulnerable people.	▪ No public services for SGBV victims/survivors aimed at autonomy and social reintegration is available.
Other	▪ NGOs are implementing livelihood support programmes for women.	▪ Women who become pregnant in their teens are likely to have shorter periods of education and therefore less likely to find work and more likely to be economically deprived ▪ Most livelihood support is provided by NGOs and relies on donor funding, which does not ensure sustainability

For victims/survivors of SGBV, medical, judicial, and psychosocial support is provided, but there is no public support for rehabilitation and social reintegration after victimization. Among the victims/survivors of SGBV, many teenage girls who experience pregnancy and childbirth have dropped out of school and have not completed their education, which often makes it difficult for them to find a decent job that provides sufficient income. The needs is very high to provide socio-economic support for these vulnerable women, such as livelihood support and skills training. But these supports are only provided by UN Women and some NGOs, and the support is almost insufficient to meet the demand.

Table 7-18：Status and Challenges on Prosecution and Rehabilitation of Perpetrators

	Prosecution and Rehabilitation of Perpetrators	
Sectors	Status	Challenges
Law and policy	▪ There are provisions in the law to punish the perpetrators of various forms of SGBV, including sexual violence, sexual exploitation and child marriage.	▪ Often the perpetrator is not prosecuted, even though the law requires it. ▪ In some cases, the perpetrators try to avoid prosecution by unofficially offering to settle or marry the victim/survivor.
Police (Rwanda National Police, RIB) Justice (Ministry of Justice)	▪ SGBV victims/survivors can take their case to court free of charge ▪ The SGBV case are investigated by RIB agents. ▪ After investigation completed, the case would be submitted to prosecutors, if it is deemed necessary. ▪ Office of Prosecutors review the evidence, and cased would be brought to court, if it is deemed necessary.. ▪ Police officers and investigators have been trained on how to preserve evidence and investigate SGBV ▪ 3 Access to Justice Officers are ppointed in each district and 1out of 3 is dealing with specifically for SGBV. ▪ The Iwawa Rehabilitation Center (IRC) provides rehabilitation programmes for male offenders over the 18age of 18. ▪ MIGEPROF is considering strengthening its system for the verification of scientific evidence (e.g. DNA testing)	Availability ▪ Fewer female prosecutors and judges is available. ▪ Lack of capacity in the IRC and a large number of prisoners not undergoing rehabilitation programmes Acceptability ▪ Investigative authorities may not prosecute suspects for accepting bribes ▪ Judicial proceedings may lack regard for the confidentiality of witnesses and the protection of victims/survivors. Quality ▪ The prison is not kept in an appropriate environment
Medical care (Ministry of Health)	▪ Medico-legal reports prepared by the IOSC and medical institutions are used as evidence in cases where a victim/survivor of sexual assault is prosecuting the perpetrator.	▪ Medico-Legal Reports are not properly prepared by healthcare professionals and may not be used as evidence in court. ▪ In some cases, victims/survivors are unable to obtain a Medico-Legal Report because they are unable to visit an IOSC or medical facility
Education (Ministry of Education)	▪ NGOs and other organisations are working in some schools to raise awareness of the need to avoid becoming a perpetrator of violence through extra-curricular activities and CSE	▪ No recurrence prevention training is provided

As for the prosecution of the perpetrators, after the RIB investigation is completed, Office of Prosecutors process prosecution the case and a trial will be held. However, in most cases of sexual violence and other forms of victimization, it is not even possible to prosecute without physical evidence, such as hair, bodily fluids or blood, which indicates the perpetrator. Also, in cases where the victim/survivor is hesitant to cause trouble in the community or wants to receive a small settlement, the victim/survivor often agrees to an informal settlement without carrying out the formal judicial process.

Based on these current status and challenges, and in light of experience and comparative advantages in providing assistance by JICA side in Rwanda to date, and JICA schemes, knowledge and experience that can be utilized, following three ideas are proposed to address the issues in red in Table7-14 to Table 7-18.

Table 7-19：Intervention for Rwanda 1

Item	Detail
Overview	By promoting the use of public funds and support for livelihood improvement, SGBV prevention, protection of teenage mothers and other victims/survivors of SGBV, and rehabilitation and social reintegration are promoted. Specifically, the project establish a scheme to provide various types of support for the prevention of SGBV, protection of victims/survivors, and economic empowerment through: 1) launching a program using public funds to target vulnerable women such as victims/survivors of SGBV, based on the Business Development Fund (BDF); 2) providing vocational training to victims/survivors of SGBV; and 3) supporting to establish Savings and Credit Cooperative Societies (SACCOs) based on 1). 4) supporting the implementation of new business start-ups based on 1).
Project objectives	Prevention of SGBV and protection of victims/survivors, as well as rehabilitation and social reintegration are be promoted through the use of public funds and livelihood support.
Scheme	Technical Cooperation Project
Counterpart	MIGEPROF
Partner organizations	➢ Business Development Fund (BDF) ➢ National Women's Council (NWC) ➢ Isange One Stop Center (IOSC) ➢ District Good Governance Unit ➢ NGOs, CSOs
Expected outcomes	1. A public funded program for vulnerable women such as victims/survivors of SGBV based on the Business Development Fund was established. 2. Vulnerable women, including teenage mothers and other victims/survivors of SGBV, strengthen their skills to improve their livelihoods through receiving career development support and training (financial literacy, use of ICTs, manufacturing using fab labs established by JICA, etc.) 3. Livelihoods of the target population is enhanced through the operation of SACCOs using public funds. 4. Livelihoods of the target population is improved through small-scale businesses using public funds.

Table 7-20：Intervention for Rwanda 2

Item	Detail
Overview	By enhancing the capability of community volunteers to work on SGBV prevention and response, and by building adequate structure for SGBV response at the local level, the capacity of the entire community for SGBV elimination is improved. The project establish a more effective system for prevention, response, rehabilitation and social reintegration of

Item	Detail
	SGBV through: 1) strengthening the capacity of local administrative officials to promote SGBV elimination efforts; 2) strengthening the capacity of community volunteers; 3) building a regional coordination system that includes local administrative officials and volunteers; and 4) establishing a model for case management response by local government service providers.
Project objectives	Through the strengthening of cooperation among relevant parties and the capacity building of community volunteers, a structure of cooperation for the prevention of SGBV, protection of victims/survivors, and rehabilitation and social reintegration is established, and the capacity of the entire community to respond to SGBV is improved.
Scheme[901]	➢ Technical Cooperation ➢ Grassroot Technical Cooperation Project
Counterpart	MIGEPROF, NWC
Partner organizations	➢ District Good Governance Unit ➢ Maison d'Accès à la Justice (MAJ) ➢ Isange One Stop Centre (IOSC) ➢ National Child Development Agency ➢ National Youth Council (NYC) ➢ NGO,CSO
Expected outcomes	1. Capacity for SGBV prevention and response, victim/survivor rehabilitation and social reintegration is strengthened through training of administrative officials at district, sector and cell levels 2. Capability of community volunteers (NWC coordinators and Friends of the Family) is enhanced to prevent and respond to SGBV and to promote rehabilitation and social reintegration of victims/survivors through training and providing opportunities for volunteers to share knowledge and learn from each other. 3. A systematic coordination mechanism is established for the elimination of SGBV at the community level. 4. A response model for the protection of victims/survivors of SGBV at the community level and follow-up (case management) including socio-economic support is developed.

Table 7-21 : New Intervention for Rwanda 3

Item	Detail
Overview	The socio-economic empowerment of vulnerable women, including victims/survivors of SGBV, is promoted through new business support for their rehabilitation and social reintegration. Specifically, the project provides capacity building and business support through: 1) support for the launch of new businesses and cooperatives by women in need of socioeconomic support; and 2) operational support through technical assistance in business management, financial literacy, and the use of ICT.
Project objectives	Social and economic reintegration of vulnerable women, including victims/survivors of SGBV, is promoted.
Scheme	➢ Japan Overseas Cooperation Volunteer (Community Development) ➢ Grassroot Technical Cooperation Project
Counterpart	District Unit in charge of business promotion

[901] In order to strengthen the capacity of community volunteers, one of JICA scheme of volunteer, the National Volunteer Program, could be also considered to apply. It is a scheme to recruit and implement volunteer activities within the country and a pilot project was launched in Bolivia in January 2021. Its implementation is not yet under consideration in Rwanda

Item	Detail
Partner organizations	➢ MIGEPROF ➢ District Good Governance Unit ➢ Isange One Stop Centre (IOSC) ➢ National Youth Council (NY) ➢ NGO,CSO
Expected outcomes	1. New businesses or cooperatives by women in need of socio-economic support are set up (with support to apply for the Women's guarantee fund within BDF, if necessary). 2. Management support for new businesses or cooperatives is provided through a variety of technical support such as management, accounting, financial literacy, and ICT-based marketing to strengthen the capacity of the target group in business management.

Appendix: Reference

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