



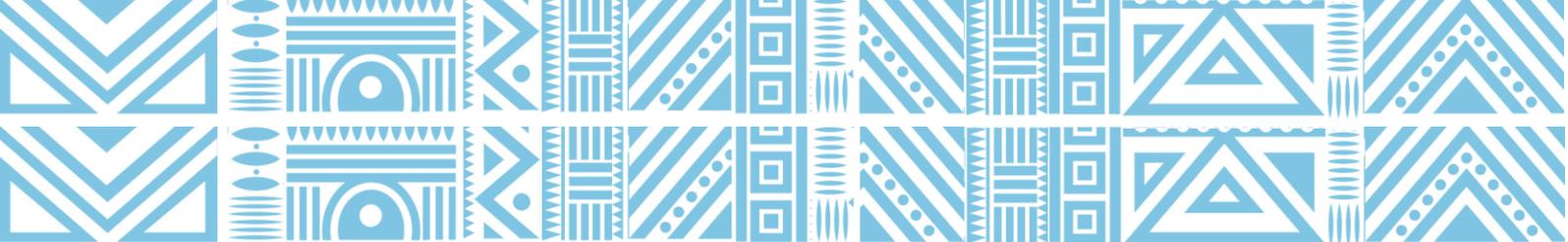
Republic of Rwanda

**Ministry of Gender
and Family Promotion**

**GUIDELINES FOR COMMUNITY
REINTEGRATION OF GENDER-BASED
VIOLENCE VICTIMS IN RWANDA**

August 2024





ACRONYMS

AIDS	<i>Acquired Immuno-Deficiency Syndrome</i>
CA	<i>Child Abuse</i>
CRC	<i>Convention on the Rights of the Child</i>
CBO	<i>Community Based Organisation</i>
GBV	<i>Gender-based Violence</i>
GMO	<i>Gender Monitoring Office</i>
GOR	<i>Government of Rwanda</i>
JADF	<i>Joint Action Development Forum</i>
MAJ	<i>Access to Justice Bureau (Maison d'Accès à la Justice)</i>
MIFOTRA	<i>Ministry of Public Service and Labour</i>
MIGEPROF	<i>Ministry of Gender and Family Promotion</i>
MINECOFIN	<i>Ministry of Finance and Economic Planning</i>
MINEDUC	<i>Ministry of Education</i>
MINALOC	<i>Ministry of Local Government</i>
MINIJUST	<i>Ministry of Justice</i>
MININTER	<i>Ministry of Interior</i>
MoH	<i>Ministry of Health</i>
MOYA	<i>Ministry of Youth and Arts</i>
NCDA	<i>National Child Development Agency</i>
NGO	<i>Non-Governmental Organization</i>
NWC	<i>National Women's Council</i>
NPPA	<i>National Public Prosecution Authority</i>
RIB	<i>Rwanda Investigation Bureau</i>
RNP	<i>Rwanda National Police</i>
VM ASSOC	<i>Vice Mayor in Charge of Social Affairs</i>
DDEA	<i>Deputy District Executive Administrator</i>
FBO	<i>Faith- Based Organizations</i>
DP	<i>Development Partner</i>
IZU	<i>Inshuti z'Umuryango</i>
CHW	<i>Community Health Worker</i>
ECD	<i>Early Child Development</i>



EXECUTIVE SUMMARY

The Government of Rwanda demonstrated a high political will to prevent and respond to gender-based violence (GBV). In addition to strategies to address causes and contributing factors to GBV, victims are provided with a full range of health, psychological, economic, security, and legal services to improve their wellbeing and help them deal with the incident and mitigate further GBV risks. Services also include the reintegration of victims into their communities.

The main objective of these guidelines is to provide comprehensive approaches to anti-GBV actors to harmonize community reintegration services for GBV victims.

The targeted categories of victims to be reintegrated include sexual, physical, psychological, and economic violence victims. These guidelines concern any GBV victim who: (1) has already received GBV essential services from any entry point of care, including but not limited to Isange One Stop Centre, RIB, Police, Local authorities, Health Facility, MAJ, NPPA (2) needs to be supported to return and to build her/his resilience. The guidelines will be used by actors and agencies implementing anti-GBV-related programming and activities/services.

Community reintegration will target individual, family, community, and structural levels in psychosocial support, health care, Justice, safety & security, and socioeconomic empowerment. The process will be initiated at Isange One-Stop Center for proper assessment and planning. The District will take the lead in coordinating community reintegration activities.

Implementing these guidelines will involve the public, civil society actors, and faith-based organizations at the National and local levels. All applicable principles of trust, confidentiality, respect and non-discrimination will be respected during the entire process.



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1. BACKGROUND

1.1 Introduction

Gender-based violence (GBV) in Rwanda is considered as human rights violation. The National Constitution of 04th June 2003, as amended in 2015, stipulates that all Rwandans are born and remain free and equal in rights and duties [...]. Any discrimination is prohibited and punishable by the Law (article 16). However, according to the 2019-20 Rwanda Demographic and Health Survey (2019-20 RDHS), among women aged 15-49, 37% have experienced physical violence since age 15 and 23% have ever experienced sexual violence. The corresponding proportions among men are 30% and 6%.

Increasing research has highlighted the health burdens, intergenerational effects, and socioeconomic consequences of GBV (United Nations 2006). Health consequences include sexually transmitted infections, including HIV, unwanted pregnancies, unsafe abortions, gynaecological problems, and physical injuries. Loss of life, abortion and infanticide are other consequences. Psychological/mental health consequences include non-pathological distress, medically unexplained somatic complaints, and alcohol and other substance use disorders, as well as suicidal ideation and self-harm. Social consequences include stigma, discrimination, rejection by family and community, and further poverty. Furthermore, GBV limits the victim's ability to function in society and to contribute to national social economic development. GBV also places a strain on the national workforce. Children raised in a GBV environment are more likely to grow up to be perpetrators, to be depressed and to abuse alcohol and other substances. Such children also do not perform well at school due to trauma and are more likely to drop out from school. They may be rejected by their family and community, experience extreme social stigma, and/or suffer the loss of educational and employment opportunities.

The Government of Rwanda demonstrated a high political will to prevent and respond to genderbased violence. For that, legal, policy, and institutional frameworks were introduced. In addition to strategies to address causes and contributing factors to GBV, victims are provided with a full range of health, psychological, economic, security, and legal services to improve their wellbeing and help them deal with the incident and mitigate further GBV risks. Services also include the reintegration of victims into their communities.

Community reintegration is provided by diverse actors from different sectors and agencies, including public entities, civil society, faith-based organizations, community-based organizations, development partners, and other private individuals/institutions. A recent RIB assessment recommended an effective community reintegration of GBV victims to respond to different challenges rooted to community/social or culture norms.

To ensure a better-coordinated action of all actors and service provision harmonization on one hand and quality, timely, and effective community reintegration service delivery on the other, the National Steering Committee on Prevention and Response to GBV recommended the development of guidelines for community reintegration of victims of GBV. The present guidelines are aligned



with the existing interventions in the community aimed to build safe and resilient family. The guidelines will also help monitor progress towards the elimination of GBV in Rwanda.

1.2 Objectives

The main objective of these guidelines is to provide comprehensive approaches to anti-GBV actors to harmonize community reintegration services for GBV victims effectively.

The specific objectives of these guidelines are to:

- Clarify the community reintegration process
- Propose essential packages needed for effective and safe community reintegration of victims
- Enable anti-GBV actors to enhance quality planning, implementation, and coordination of a set of minimum multisectoral interventions
- Ensure that all involved stakeholders understand their roles and responsibilities and commit themselves to protecting and supporting victims to reintegrate into their communities.
- Put a mechanism for increasing accountability among all stakeholders and ensuring the coordination of interveners' existing efforts in community reintegration.
- Monitor, evaluate, and follow up on community reintegration services implementation • Enhance quality documentation and reporting for community reintegration services

1.3 Scope

The targeted categories of victims to be reintegrated include sexual, physical, psychological, and economic violence victims.

These guidelines concern any GBV victim who: (1) has already received GBV basic services from any entry point of care, including but not limited to Isange One Stop Centre, RIB, Police, Local authorities, Health Facility, MAJ, NPPA (2) needs to be supported to return and to build her/his resilience.

The Guidelines will be used by actors and agencies implementing anti-GBV-related programming and activities/services. Actors involved in the implementation of these guidelines will ensure their complementarity with other existing guidelines including the one elaborated by National Reintegration Services (NRS).

1.4 Definitions

Under these guidelines, the following concepts and terms are defined as follows:

Community reintegration

Community reintegration is a process aiming at supporting the victim to return and to actively participate in their expected community and family roles after GBV/CA and achieve the same opportunities and respect as for other community members or return as close as possible to their pre violence life, including work, school, home, recreational, and community activities. Community reintegration is also understood as a continuous process to rehabilitate the victim psychologically, socially, legally, and economically. We also perceive reintegration as a separation process between





the person and the attribute of being a victim; in other words, being a victim no longer defines the person.

Gender-Based Violence

According to the Rwandan Law No. 35 of 2008 on Prevention and Punishment of Gender-Based Violence, Article 2, GBV is “any act that results in bodily, psychological, sexual and economic harm to somebody just because they are female or male. Such acts result in the deprivation of freedom and negative consequences and this violence may be exercised within or outside households”.

Gender-Based Violence victim

According to the National Gender Policy of July 2010, a victim of gender-based violence is any person who has experienced gender-based violence.

Child

In Rwandan Law (N°54/2011 of 14/12/2011), a child is any person under the age of eighteen (18) years old.

Perpetrator

Person, group, or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against their will. Unless and until convicted of the crime, always refer to the suspected perpetrator of violence by name as the “alleged perpetrator” or “suspect” rather than “perpetrator,” “criminal,” or “rapist.”

Service provider

Individuals, groups, organizations, and institutions are involved in preventing and responding to gender-based violence.

Informed consent

Informed consent is the voluntary agreement of an individual to participate in activities and receive services. The term is widely used in health and social services and is intended to protect the victims’ rights and ensure that they are fully aware of the limitations, risks (and benefits) of receiving services.

Prevention

Refers to a GBV programmatic domain that covers all types of interventions to reduce GBV risks and address the deeper causes associated with those risks.

Response

Refers to the programmatic domain that includes the full range of services provided to victims of GBV to improve their wellbeing and help them deal with the incident, and mitigate further GBV risks. The primary response is immediate after the GBV has occurred to deal with the short-term consequences of violence and hold the perpetrator accountable, while a secondary response is a long-term response to deal with the lasting consequences of violence. While the demarcation line between both is hard to draw, community reintegration will be regarded as a secondary response under these guidelines.



Referral

A flexible mechanism that safely links victims to supportive and competent services, such as psychosocial support, health care, legal aid, economic and.

1.5 Guiding Principles and approaches

The following principles and approaches will guide the implementation of guidelines on community reintegration:

Principles:

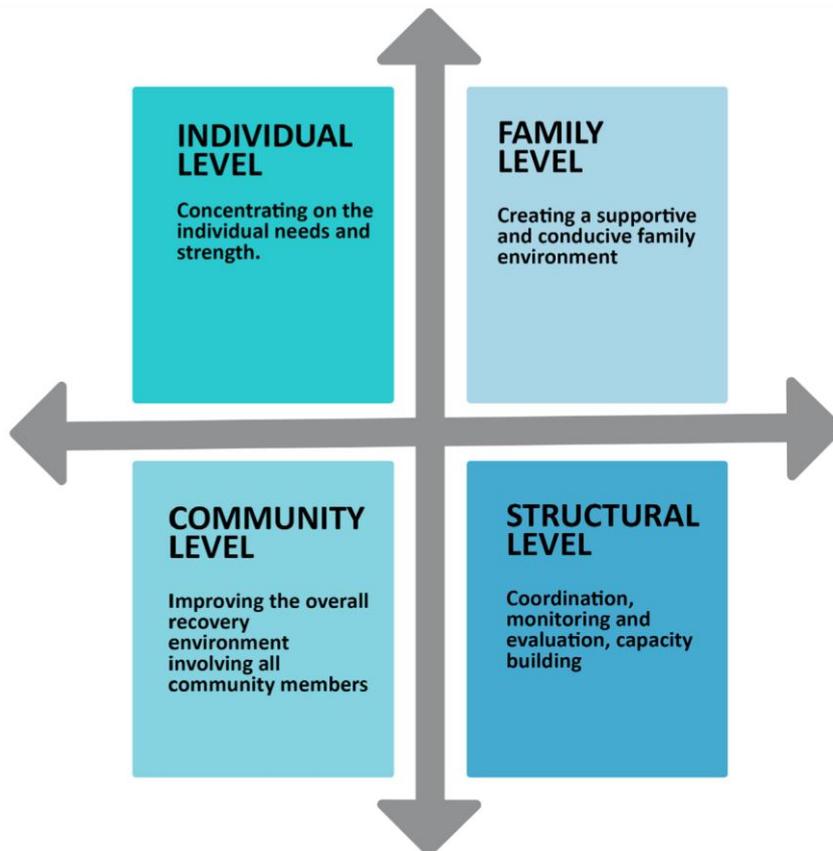
- **Safety:** The safety and security of victims are the primary considerations.
- **Confidentiality:** Victims have the right to choose to whom they will or will not tell their story, and any information about them will only be shared with their informed consent. For the interest of Justice, safety, and health of the victim, confidentiality might be broke/disclosed.
- **Respect:** All actions taken will be guided by respect for the victim's choices, wishes, rights, and dignity. The role of helpers is to facilitate recovery and provide resources to aid the victim.
- **Non-discrimination:** Victims will receive equal and fair treatment regardless of their age, disability, gender identity, religion, or other characteristics.
- **Best interests of the child:** Child and adolescent girl and boy victims of sexual abuse have the right to have their best interests assessed and determined and taken as a primary consideration in all decisions that affect them
- **Accountability and transparency:** Victims must have the possibility to participate and raise their voices in decisions that affect their lives and receive information to make such decisions, have access to high-quality services, and have access to responsive mechanisms to provide feedback and complaints. Likewise, victims must fulfill their roles and responsibilities towards their resilience.

Approaches:

- **Victim-centered approach:** A victim-centered approach creates a supportive environment in which victims' rights and wishes are respected, their safety is ensured, and treated with dignity and respect.
- **Rights-based approach:** A rights-based approach seeks to analyze and address the root causes of discrimination and inequality to ensure that everyone has the right to live with freedom and dignity, safe from violence, exploitation, and abuse, in accordance with principles of human rights law.
- **Community-based approach:** A community-based approach ensures that affected populations are actively engaged as partners in developing strategies related to their protection and the provision of assistance. GBV-related interventions will be context-specific, considering diversity and cultural differences.
- **"Do no harm" approach:** A "do no harm" approach involves taking all measures necessary to avoid exposing people to further harm due to the actions of anti-GBV actors.
- **Collaboration-based approach:** Collaboration-based approach comprises a framework for mutual respect of all actors. Participation and partnership are cornerstones of effective GBV response and prevention.

2. KEY LEVELS/AREAS OF COMMUNITY REINTEGRATION

Community reintegration support will be multilevel, including individual, family, community, and structural level as described below:



Individual-level

Individual-level or person-focused interventions concentrate on the individual needs and strengths.

Family level

The family-level interventions aim at creating a supportive and conducive family environment for the victim.

Community-level

Community-level assistance interventions seek to enhance victims' wellbeing by improving the overall recovery environment and fostering a participatory approach involving all community members in the reintegration process.

Structural level

Intervention at this level includes coordination of the community reintegration, monitoring, and evaluation, capacity building of actors, development/adaptation of appropriate forms, updating policies, guidelines to improve community reintegration practices, etc.

3. GBV VICTIMS' SUPPORT PACKAGES

Domains of community reintegration will include psychosocial support, health care, Justice & legal aid, safety & security, and socioeconomic empowerment. The image below shows the key packages provided to the victim.



In providing any package, the service provider will ensure to start with psychosocial support. Each domain of community reintegration comprises a different complementary package of services. Packages of reintegration services will be informed by the individualized needs assessment of each victim to be reintegrated. Key issues inform proposed packages in the domain and their relevance. Guidelines and key actors are indicated to service providers. Actors specified to provide a service to the victim(s) will be in charge of paying related fees.

3.1 Mental Health and Psychosocial Support

The violence process changes victims’ emotions, feelings, thoughts, memories, beliefs, and relations with others. The victim’s experience of violence can affect the way victims perceive the world, their culture (including gender norms), their behavior, and how they function before and after violence. Mental Health and Psychosocial Support is also necessary to complement other interventions. For example, it is difficult for an individual to engage in livelihood programs or benefit from livelihood opportunities with negative psychological states. Such a psychological state can make it difficult to make coherent decisions about the future.

Key Issues	Package	Guidelines	Actors
<ul style="list-style-type: none"> • Stigma and harassment Self-blame, anger, fear, sadness, anxiety, negative selfperception, sense of failure, sense of loss • Feelings of distrust and disappointment • Little knowledge/awareness about existing services and/or limited access to information • on available services • Alcohol and substance abuse, Suicide ideation, depression symptoms • uncertainties of facing a new life after violence • the difficulty of being accepted or to re-establish links with family and friends 	<ul style="list-style-type: none"> • Counseling and clinical referrals where <ul style="list-style-type: none"> • necessary • Providing information about GBV and available support services, including legal, <ul style="list-style-type: none"> • medical, social, and economic • Providing victims with skills to recognize their feelings and manage stress-related symptoms on their own • Helping victims to identify everyday problems, develop “problem-solving skills,” and think through solutions • Referring victims suffering from severe disorders to a health facility with the professional assistance on time • Orientation of victims to the proper service provider • Incorporating victims into existing community psychosocial peer support groups for <ul style="list-style-type: none"> • personal and professional development • Home visits to the victims 	<p>Mental Health and Psychosocial Support will be provided to all victims</p> <ul style="list-style-type: none"> • who need this service <p>The support will consider the guiding principles, including but not limited to confidentiality, respect, safety, non-</p> <ul style="list-style-type: none"> • discrimination, accountability, and transparency <p>Individual and family counseling will be based on assessment; however, consent will be obtained</p> <ul style="list-style-type: none"> • from the victim to involve other family members <p>Whenever possible, collaboration with the family is desirable in supporting the daily wellbeing of the victim.</p> <p>Mental Health and Psychosocial support cases will be appropriately</p>	<ul style="list-style-type: none"> • Hospitals • Health centers Local administrative entities • I- NGOs/CBOs/FBOs/DPs, • IZU



documented and ensure data protection

3.2 Health care

Health care assistance is an integral part of community reintegration services. It facilitates the continuity of care by helping victims access health care services to overcome GBV consequences related to health. Physical and mental health are strictly interrelated and can be better addressed with a comprehensive and complementary approach.

Key Issues	Package	Guidelines	Actors
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- Insufficient follow up after being discharged from a health care facility
- Experiencing longterm health consequences of GBV, including gynecological problems, chronic health conditions, sexually transmitted infections such as
 - HIV
 - Unwanted pregnancies
 - Physical injuries
 - Difficulty in obtaining health insurance
 - Difficulties related to covering health costs for GBV related short or long-term health consequences
- Connecting the victim to specialized or nearest health care providers,
- Contribute to health care insurance,
- Facilitating transport to/from health facilities,
- Supporting victims to access information about their health if needed
- Accompanying victims to appointments,
 - if feasible and requested by the victim, Cover health cost-related fees or user's fees as needed
- Orient or refer the victim to the appropriate health care facility as needed
- Provide comprehensive sexual and reproductive health care information and education
- Avail pregnancy testing kit to women and girls of reproductive age if needed
- Referrals for antenatal care for termination of pregnancy if necessary and appropriate
- Home visit
- Health care community reintegration package will be offered to all victims in need
- Victims will be supported to access primary and ongoing medical care once a need is identified.
- Victims with immediate healthcare needs will be treated without discrimination, regardless of their ability to pay related fees.
- Urgent health needs will be identified by the sending health care facility and/or the community reintegration actor. The community reintegration actor will work with qualified medical professionals to support prompt referral for care
- In line with the principle of self-determination and participation, a total effort will be made to inform victims about all aspects of their medical care and conditions Medical support will only be provided following the informed decision of a victim or someone who can make legal decisions on their behalf in cases where the victim cannot provide their consent. All medical records will be confidentially kept but availed to the victims or other service providers if needed
- Referring the victim to other service providers for second opinions or added support
- Hospitals Health centers Local administrative entities I-NGOs/ CBOs/ FBOs/DPs IZUs CHWs Family

3.3 Justice

This section aims to identify key justice-related issues faced by GBV victims and provide orientation on how to address them to support the victims in criminal and civil cases through formal justice institutions. Through this process, GBV victims will understand the importance of justice execution, and this will help prevent stigmatization and discourage recidivism and further perpetration of GBV within the community.



Key Issues	Package	Guidelines	Actors
<ul style="list-style-type: none"> Limited access to Justice due to lack of financial means Some victims are not able to cover the costs of DNA examination when deemed necessary Challenges in compensation Challenging execution of court judgment Further victimization and/or GBV incident repetition Poor/mis-/lack of information about the importance of the civil component of criminal GBV case Un-timely reporting of GBV cases Lack/disappearance and/or difficulty in obtaining evidence Negative solidarity and family conspiracy due to notions of “family honor” Harmful cultural and social gender norms Insufficient information about justice case file by the victim Poor/mis-/lack of information about justice procedures, feedback, and court proceedings. Non-civil registration of victims Limited access to MAJ services due to Ubudehe socioeconomic categories 	<ul style="list-style-type: none"> Avail or advocate for financial support for covering Justice-related fees, including costs for DNA examination for GBV victims if needed in civil cases, transportation costs for the most vulnerable to and from Justice-related procedures, Reinforce the execution of court decisions related to GBV cases via an effective enforcement practice Support the victim to obtain compensation following the court decision Provide information about the relevant laws, the rights and duties of persons under the Law, and the different methods of enforcing and exercising rights under the Law; Provide legal representation or refer victims to legal aid providers qualified to provide legal representation; Follow-ups to ensure that quality justice is delivered quickly and at reasonable costs Support victims to obtain relevant civil registration documents as needed Organize Community awareness-raising events to: a) promote positive cultural and social gender norms, b) promote the importance of timely reporting, c) promote the importance of justice execution for GBV cases d) fight against negative solidarity Assist the victim in obtaining on time all necessary 	<ul style="list-style-type: none"> Legal aid will be provided in civil, administrative, and criminal cases by qualified service providers financial support will be provided to the victims by relevant Government institutions or their partners Legal aid will be provided without any discrimination regardless of Ubudehe category n raising awareness on GBV matters, Government institutions or its partners will ensure to cover aspects related to promoting positive cultural and social gender norms, laws, rights/ obligations, the importance of timely reporting, and the importance of justice execution for GBV cases through different channels including radio campaigns, Umugoroba w’Imiryango, Umuganda, Inteko z’Abaturage,... The community reintegration legal aid provider will accompany the victim through the entire community reintegration process whenever needed and possible. Ensure to avoid and dismantle negative solidarity 	<ul style="list-style-type: none"> RIB Local administrative entities MAJ Courts bailliffs NPPA, Courts, I-NGOs/ CBOs/ FBOs/DPs, Etc....



3.4 Safety and security

Individuals who report GBV cases may be at high risk of further violence from the perpetrators themselves or people protecting perpetrators. GBV provokes insecurity feelings in the victim, and he/she needs a safe and secure environment. Therefore, this domain is required in order to ensure the safety and security needs of victims and their family members.

Key Issues	Package	Guidelines	Actors
<ul style="list-style-type: none"> Feeling ashamed and not heard or voiceless Repeated violence on the same victim due to insufficient protection mechanisms Rejection by close relatives Harassment and blaming of the victim Non-conducive settings poorly ensure privacy and victims' confidentiality Limited skills of some service providers inappropriately dealing with GBV case The conflict between both the victim and perpetrator's families 	<ul style="list-style-type: none"> Receiving the victim in a safe and secure environment Provide safe room-s and/or safe shelter-s or alternative care services to the victim in need Follow up, including home visits to ensure victims are protected in their community Provide a victim with a telephone hotline to be used in case of safety issues: 3512 or 116 (RIB), or 711 (IZU), 3677 or 3935 (NPPA), 5798 (GMO), 9059 (MIGEPROF) for emergency support. To help the victim plan for their future safety 	<ul style="list-style-type: none"> Ensure the safety and security of the vic- through active listening, confidential, and non-judgmental attitudes Safety and Security support will promote enabling victims and those at NPPA, risk of GBV to access care and support I-NGOs/CBOs/FBOs/DPs, from family and community members; Whenever possible, support and involve community policing and create lasting solutions to protect the reintegrated victims and all people, starting with those at high risk of GBV. Safety and security will be ensured for both beneficiaries and service providers Put in place a safety/protection plan The service provider must have the required skills 	<ul style="list-style-type: none"> RNP, tim RIB, empathy, and Local administrative entities resilience, MAJ/MINIJUST, Etc.

3.5 Socioeconomic empowerment

Economic community reintegration assistance helps victims to establish economic self-sufficiency. Often the lack of a decent income is among the causes of GBV, and also, GBV might be the cause of lack of income. Economic support aims to ensure that victims of GBV and their families have full and equal access to needed material and other support and reach self-reliance and sustainable livelihood to mitigate the effects of GBV and reduce the risk of its repetition.



Key Issues	Package	Guidelines	Actors
<ul style="list-style-type: none"> Disturbance/Discontinuity/reduction of normal income generation due to GBV consequences Insufficient income to cover basic needs (e.g., food, clothes, shelter) for some most vulnerable victims Poor livelihoods skills and/or poor knowledge or limited access to available opportunities 	<ul style="list-style-type: none"> Support for creating or strengthening income-generating activities Provide microgrant for entrepreneurship Provide shelter/accommodation, food, clothes, hygienic items, and other direct living conditions items to victims as needed Support the victim in integrating technical and vocational training program(s) Support the victim to integrate work-based learning program(s) such as apprenticeships, internships, on-the-job training, professional mentorship program(s), etc. Support to attend business development training, including financial literacy training or short-term training on business-plan development, Support to integrate adult education programs like literacy, numeracy, digital skills classes, life skills or language training, etc. Provide training related fees, including school fees, accommodation fees, transportation, food, and training material as needed 	<ul style="list-style-type: none"> Socioeconomic support will emphasis on capacity building for sustainable wellbeing Economic community reintegration will be implemented in combination with the individually tailored psychosocial support measures for a victim to have a successful and holistic community reintegration The support will be based on proper assessment, including victims' needs, capacity, skills, motivation, feasibility, and locally available opportunities. Economic empowerment will be based on an individualized plan, including a monitoring and evaluation framework Victims participating in the studies/training will be supported to sustain their family living while following their studies/training Formal education support could include scholarship and enrolment in primary/secondary/tertiary education in the educational system; 	<ul style="list-style-type: none"> MIGEPROF MINEDUC/Schools MINALOC/LODA Local administrative entities I-NGOs/CSOs/CBOs/FBOs/DPs,

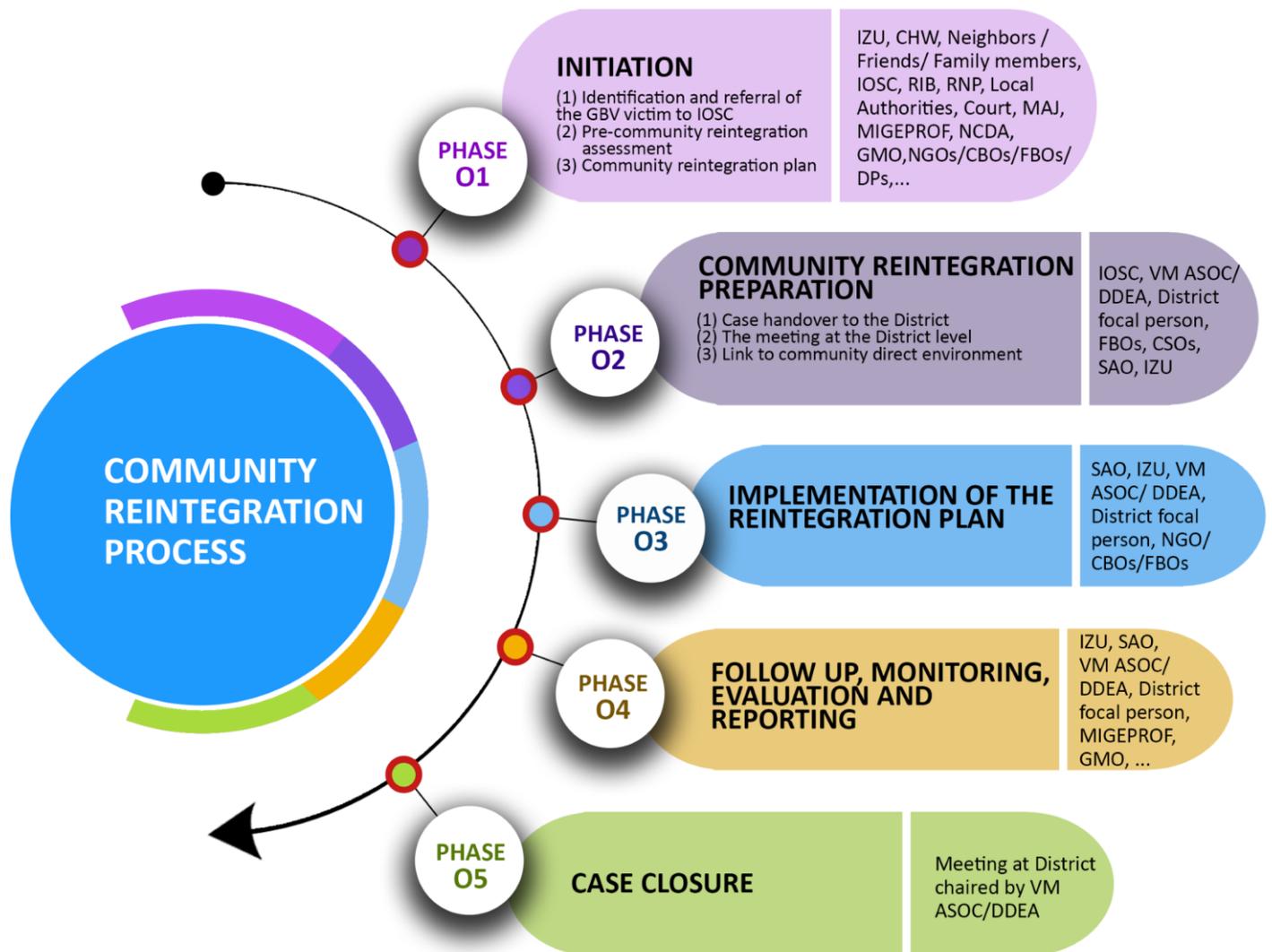


- Economic dependence of the victim on their perpetrators
- Reduced capacity to generate income
- Provide vocational skills tool kits
- Support victims to integrate or reintegrate formal education
- Provide guidance and counseling to victims on their career and job options
- Support victims to make applications to available jobs, apprenticeship schemes, and/or skills development programs,
- Facilitate contacts with national and local strategic employers for job opportunities
- Integrate victims into Ubudehe public work or other locally existing cash for work if possible
- Create, where possible cash-for-work programs so that victims who are fit to work and in need of immediate livelihood support
- Support victims and their households in managing finances sustainably in the long term
- Provide information about and facilitate access to relevant community financial support groups, savings groups/ibimina, and micro-finance institutions like Umurenge Sacco.
- Facilitate contacts with financial service providers
- Support victims to find collateral and pay counterparts if
 - needed.
- Support to access job opportunities will be conducted in partnership with existing service providers like BDF and Employment Service Centers where available
- Victims will be encouraged to join existing community-saving programs
- Any economic empowerment will be accompanied by proper financial literacy support for better management
- The service provider will ensure the supported victim becomes self-reliant/graduation
- Ensure discouragement of dependency spirit among the victims as well as any kind of spirit exploitation by service provider
- Graduated victims who are able and willing to share their success stories will be used to help others where possible
- MIGEPROF
- MINEDUC/Schools
- MINALOC/LODA
- Local administrative entities
- I-NGOs/CSOs/CBOs/FBOs/DPs,

4. COMMUNITY REINTEGRATION PROCESS

This section provides guidance to service providers about the pathways through which a GBV victim is supported to rejoin the community and enjoy fully their life. Community reintegration will commence after the victim is discharged from other primary responses or when primary service provision is ongoing. While the demarcation line between primary and secondary response to GBV is hard to draw, community reintegration will be regarded as a secondary response under these guidelines. The primary response is immediate after the GBV has occurred to deal with the short-term consequences of violence and hold the perpetrator accountable, while the secondary response is a long-term response to deal with the lasting consequences of violence.

Image below shows the process of the GBV victims' Community Reintegration:



The process will be performed in 5 phases: initiation, preparation, implementation of the reintegration plan, follow-up, and closure. All guiding principles of trust, confidentiality, respect, non-discrimination, accountability, and transparency must be respected during the entire process.



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Coordination of the process at the community level

Vice mayor in Charge of Social Affairs at the District will be responsible for coordinating community reintegration interventions in their respective District.

She or he will appoint the focal person responsible for the daily execution and reporting of community reintegration activities at the district level.

Vice Mayor ASSOC/DDEA will chair a meeting once a month and/or at any time deemed necessary, especially when the IOSC suggests that the case is in critical conditions that need immediate intervention.

The Sector Social Affairs Officer will be responsible for daily execution and reporting community reintegration activities at the Sector level.

4.1 Initiation

The community reintegration will be initiated by Isange One-Stop Center (IOSC) by conducting a pre-community reintegration assessment of a victim identified by any service provider. To initiate the process, IOSC will also develop a community reintegration plan.

4.1.1 Identification of the GBV victim

Following the violence incident, the victim or representatives of the victim/ might seek assistance from any service provider that they believe can help, including but not limited to the health facility, Community Health Workers, IZU, Neighbors/Friends/Family members, RIB, RNP, local authority, Isange One-Stop Center, Courts, Prosecution, MAJ, MIGEPROF, NCD, GMO, NGOs/CBOs/FBOs/DPs, ...

Depending on the case, the entry point agency/person will listen to the victim and determine whether the case is qualified as a GBV case or not. The service provider will refer the victim to IOSC to confirm the GBV case and to initiate the reintegration process if necessary. IOSC will determine the packages of services needed by the victim for their community reintegration.

4.1.2 Pre-community reintegration assessment

The pre-community reintegration assessment aims to support the victim in identifying and articulating their community reintegration needs. IOSC will perform this assessment.

- IOSC may contact previous service providers (if any) that have been involved in the case.
- No other third party will be involved in the assessment without the consent of the victim or their parents/guardian/representative if needed to avoid the risk of critically undermining the victim's trust and collaboration and thus jeopardizing their safety, wellbeing, and longterm recovery.
- The pre-community reintegration assessment will include information on the victim's background and situation, the incident/s of violence description, the victim's living conditions, the victim's strengths, and resources, services/care/treatment received or being provided (See Annex x: pre- community reintegration assessment form).
- Pre-community reintegration assessment will be finalized in a maximum of one working week starting from the day IOSC received the case from the first entry point service
- During the pre-reintegration assessment period, IOSC might provide holistic primary services according to the needs of the victim (health care, psychosocial/emotional support, food, hygienic items, clothes, accommodation, transport, etc.)



The recommendations for community reintegration assessment will be based on the assessment outcome. Recommendations will include:

1. The victim needs community reintegration support (specify the needed support
2. The victim needs community reintegration support in conjunction with other primary services (immediate response after the GBV has occurred to deal with the short-term consequences of violence).

4.1.3 Community reintegration plan

- The IOSC develops a community reintegration plan in collaboration with the victim, previous service providers, and other relevant stakeholders as necessary.
 - The plan will be developed based on assessment results. The plan is also based on the professional understanding of the victim's skills, needs, motivations, and the context of the return environment, including its challenges, opportunities, and available services.
 - A community reintegration plan will include smart objectives, what support is needed and how it will be provided, the person responsible, the approximate length of time a beneficiary will access the community reintegration services, and the implementation timeline.
 - The community reintegration plan will serve as an official document requesting the provision
- of community reintegration support to the victims wherever needed
- The approved community reintegration plan will be attached to the relevant formal fund request related to the victim's community reintegration cost
 - The form will be kept in two copies as a record for initiated community reintegration by both IOSC and the District.

4.2 Community reintegration Preparation

4.2.1 Case handover to the District

- IOSC will officially hand over the reintegration plan to the district in the office of Vice mayor in charge of social affairs while ensuring confidentiality
- The vice mayor will organize and chair the meeting which will approve the reintegration plan in their regular monthly or extra-ordinary meeting
- Before the handover, the initiator (IOSC) will inform the victim and prepare them for what will happen. The initiator will also invite the victim to contribute wherever needed.
- Only specific information necessary for the community reintegration process will be shared with the meeting .
- Preferably, the handover will be in person or on an official courier transmission channel. In any case, a follow-up call will be made to ensure the report is received.

4.2.2 The meeting at District

- The meeting will be convened by Vice Mayor ASSOC/DDEA the Chair and gather District officials, IOSC, invited community reintegration service providers as necessary, and any other relevant individuals whose contribution to the case is necessary, like an important victim's relative/guardian
- The organizer will use their professional judgment to decide if it is in the victim's best interests to attend the meeting.

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- The meeting will gather monthly to ensure that actions are taken promptly and avoid duplication of tasks. Additional meetings can be convened to respond to urgent cases requiring immediate interventions, as required.
- During the meeting, the reintegration plan will be discussed and approved
- The meeting will ensure to follow the guiding principles: respect, confidentiality, nondiscrimination, safety, and do-no-harm, accountability, and transparency

4.2.3 Link to the direct community environment

- The Sector Social Affairs Officer will conduct a preparation meeting with the victim and their family as needed. During the meeting, they discuss key points in the reintegration plan, including objectives and expected outcomes. They also discuss assigned roles and responsibilities to implement the plan.
- The Sector Social Affairs Officer communicates to the head of the village and IZU about the reintegration plan.
- If the victim needs transportation from IOSC, safe room, safe shelter, or Health facility to the victim's home, this will be organized by IOSC in collaboration with Sector Social Affairs Officer. If needed, IOSC and/or the Sector Social Affairs Officer will accompany the victim back to the community
- If safety and security protection is needed, the Sector Social Affairs Officer notifies the nearest Police Station and the in charge of security in the village where the victim resides to take proper measures.
- The Sector Social Affairs Officer will work with any community members to identify which strategies work and which barriers need additional actions to address them for full and meaningful reintegration of the victim

4.3 Implementation of the reintegration plan

- The approved community reintegration plan will be implemented through the provision of customized packages depending on the individual case
- The Sector Social Affairs Officer will lead the implementation of the victim community reintegration plan in close collaboration with IZU under the coordination of the district antiGBV community reintegration focal person
- The plan will be directly implemented by the Sector Social Affairs Officer and IZU or implemented through referral to the relevant service provider or community reintegration actor
- The Sector Social Affairs Officer will liaise with the district anti-GBV community reintegration focal person to ensure proper linkage or referral to appropriate service providers, including skilled GBV service providers like NGO/CBOs/FBOs through Joint Action Development Forum (JADF).
- To avoid stigma and further victimization, efforts will be made to include victims in existing groups with non-victim participants. However, community reintegration through groups of victims or former victims will be considered a possible solution where applicable and beneficial to victims.

4.4 Follow up, monitoring, evaluation, and reporting

Follow up home visits will be performed by IZU and community health workers (CHW) in collaboration with Sector Social Affairs officer, following the community reintegration plan indication, in agreement with the victim and/or their family/guardians:

- IZU and CHW home visits will be conducted every week to follow up the reintegration process report to Sector Social Affairs officer;
The Sector Social Affairs Officer will conduct their home visit monthly to ensure victims receive services according to the reintegration plan and assess challenges. A monthly report on the implementation progress of the reintegration plan for all cases identified in their Sector will be developed and submitted to District Vice Mayor ASSOC/DDEA
- All agencies/actors working with GBV community reintegration cases are obligated to report back to the Sector Social Affairs every month;
- The community reintegration report will be submitted monthly to the District by the Sector Social Affairs;

Monitoring and evaluation will be conducted by the District to assess the implementation progress and impact of the reintegration plan. Each Monitoring and evaluation activity is followed by a report.

- Monitoring will be conducted by the District anti-GBV community reintegration focal person to ensure that the reintegration plan is effectively and efficiently being implemented
- An impact evaluation will be organized after six months after the implementation of the reintegration plan has finished assessing the impact of the reintegration package in improving the socio-economic welfare of concerned GBV victims
- A user-friendly reporting format will be developed by MIGEPROF and disseminated to the District
- The District will report to MIGEPROF with a copy to MINALOC on an annual basis about the reintegration package provided to GBV victims
- An integrated national report of community reintegration information will be consolidated at MIGEPROF with a copy to MINALOC. The report will be annually presented to the National anti-GBV steering committee.
- All service providers will maintain a confidential file on community reintegration work with each victim case. The file will be structured, maintained in good order, and updated regularly. Case files will be audited as needed by relevant authorities.

4.5 Case closure

- To ensure effective graduation, the case will be closed when the plan is fully implemented, and the victim has reached their self-reliance
- The decision to close the case will be made during the District meeting chaired by Vice Mayor ASSOC/ DDEA and after consultation with all involved service providers.



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5. ROLES AND RESPONSABILITIES

This section presents roles and responsibilities for key actors involved in the community reintegration of GBV victims at the community level and structural level. Key actors at the community level include District, Hospitals, Health centers, IZU, CSOs/FBOs/CBOs/DPs, and the family. Structural level actors include different Ministries and affiliated agencies or institutions.

5.1 Community level

a) Victim

- The victim will express interest and willingness to contribute by being an active participant in any service provision during the entire community reintegration process;
- The victim will cooperate in the process by providing necessary and accurate information related to their situation to facilitate the process;
- The victim will ensure genuine implementation of the reintegration plan as agreed and be open to providing feedback or suggestion for its adjustment if necessary;
- The victim will ensure ownership by contributing to the plan and its implementation;
- Follow the guiding principles of confidentiality, respect, safety, non-discrimination, accountability, and transparency towards service providers and others. **b) Family**

- The family will remain responsible to the victim (and to their descendants in the case of teen mothers and victims with disabilities) and respond to their needs;
- The family will ensure the victim feels safe and secure by avoiding any harassment or discrimination and ensuring a positive conducive environment for the victim;
- Accompany the victim to the service provider wherever possible and needed.
- Respect the rights of the victim to make their own appropriate decisions.
- In case the victim is a child, ensure the child participates in whatever decisions and services are provided to them
- Follow the guiding principles of confidentiality, respect, safety, non-discrimination, accountability, and transparency towards victims and service providers

c) IZU and Community health workers

- Collaborate with the village head and NWC to ensure regular home visits to the victims
- Ensure daily follow up of the implementation of the reintegration plan
- Report to the Sector Social Affairs for further follow-ups and support
- Contribute to the awareness campaigns to community members on prevention and response measures of GBV
- Contribute in the identification of the GBV victim
- Follow the guiding principles of confidentiality, respect, safety, non-discrimination, accountability, and transparency towards victims and other service providers **d) Health centers/posts**

- Provide medical and psychosocial services to the victims especially on PEP and antipregnancy medication

- Make sure the GBV victim is referred to nearest IOSC if need be
- Provide guidelines to the IZU and CHW on follow up of victims e)

d) Sector

- Make sure victims of GBV reported by IOSC are holistically reintegrated into the community
- Prepare required reports on community reintegration of GBV victims
- Conduct community awareness campaigns on GBV prevention and response
- Ensure that stakeholders work jointly to provide their expertise and make sure victims are reached at all levels (individual, family, community)
- Conduct follow-ups, monitoring, and evaluation of community reintegration services
- Keep an updated database of reintegrated GBV victims in the Sector
- Conduct preparation meetings with the victim and their family as needed
- Collaborate with community structures to ensure smooth implementation of the reintegration plan
- Provide guidelines to IZU on victim follow up procedures and practices

f) District

- Make sure victims of GBV reported by IOSC are holistically reintegrated into the community
 - Initiate the District meeting to discuss and approve the assessment plan
- Ensure that community reintegration activities are fully integrated into District development

plans and budgets.

- Organize coordination meetings with partners intervening in the GBV domain
- Keep on an updated list of all partners which offer service to victims of GBV in the District
- Prepare required reports on community reintegration of GBV victims
- Conduct community awareness campaigns on GBV prevention and response
- Ensure that stakeholders work jointly to provide their expertise and make sure victims are reached at all levels (individual, family, community)
- Together with IOSC, conduct follow-up home visits, monitoring, and evaluation of community reintegration services to ensure the plan is correctly implemented
- Avail community reintegration funds to the Sector level
- Keep an updated database of reintegrated GBV victims in the District
- Build the capacity of the actors working in community reintegration of GBV victims g)

Hospitals through IOSC

- Initiate community reintegration process by conducting pre-reintegration assessment and developing a reintegration plan
- Ensure the victim discharged from IOSC/Hospital returns home safely by accompanying them back or providing transportation means when needed
- Participate in coordination meetings with the district and other partners
- Provide safe-room or shelter accommodation if necessary

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- Provide primary basic needs assistance, including health care, psychosocial/emotional support, food, clothes, and hygienic items if necessary, while the assessment and reintegration plan is being finalized
- Support referral partners to use community reintegration tools (e.g., community reintegration plan and assessment forms)
- Report to the District data related to community reintegration services
- Build the capacity of IZU to provide community reintegration services

h) CSOs/CBOs/DPs

CSOs/CBOs/DPs will participate in the whole process of community reintegration by:

- Provide a comprehensive package on community reintegration (psychosocial, health, Justice, safety and security, economic empowerment);
- Participate in community reintegration meetings with the District and other partners
- Organize community sensitization events aiming at GBV prevention within the community
- Conduct research related to community reintegration of GBV victims to inform programming and planning
- Capacity building of community structures leaders and local leaders on GBV community reintegration.
- Provide required reports to the Sector and District about community reintegration

g) FBOs (Faith-based Organizations)

- Organize community awareness-raising events to: a) promote positive cultural and social gender norms, b) promote the importance of timely reporting, c) promote the importance of justice execution for GBV cases and d) fight against negative solidarity
- Participate in community reintegration meetings with the District and other partners
- Provide a comprehensive package on community reintegration (psychosocial, health, Justice, safety and security, economic empowerment)
- Conduct home visits to the victims
- Provide required reports to the Sector and District about community reintegration

5.2 Structural level

a) MINALOC

- Organize coordination meetings with Provinces, the City of Kigali, and Districts on the community reintegration progress
- Mobilize resources to support GBV victims for community reintegration

b) MIGEPROF

- Disseminate guidelines on community reintegration of GBV victims.
- Conduct stakeholders mapping involved in community reintegration of GBV victims
- Budget and monitor the community reintegration budget execution
- Mobilize resources to support community reintegration of GBV victims
- Compile and analyze reports from districts on community reintegration of GBV victims
- Develop/design and disseminate standardized M&E and reporting tools
- Ensure proper and smooth coordination of all community reintegration interventions

- Coordinate and monitor the implementation of guidelines for community reintegration; **c)**

MINEDUC

- Strengthen school health clubs to include anti-GBV related components
- Provide instructions to schools to facilitate the school reintegration process for GBV victims
 - Ensure reintegration of GBV victims in formal education
- Provide pieces of training and awareness campaigns related to GBV prevention and response to schoolteachers and students to reduce the stigma and discrimination against GBV victims at school

Provide instructions to school to induct the teacher in charge of girls' room as a focal person in GBV reintegration in schools

- Enforce Comprehensive Sexuality Education (CSE)
- Put in place strategies to prevent and mitigate instances of child violence, exploitation, and abuse in and around educational settings

d) MINECOFIN

- Allocate budget for community reintegration of GBV victims

e) MYCULTURE

- Develop and coordinate youth mobilization mechanisms and strategies for GBV prevention
 - Oversee and provide strategic advice on the implementation of reintegration activities related to youth socioeconomic empowerment
- Facilitate the connection of youth victims of GBV to existing youth empowerment programs

f) MoH

- Ensures capacity building of health care facilities and IOSC for proper delivery of community reintegration service
- Make special provisions to provide community education in the area of GBV

g) MIFOTRA

- Ensure that the appropriate codes of conduct and programs are in place to ensure that no one in their place of work endures sexual harassment or any other form of gender-based violence
- Put in place appropriate measures to ensure a conducive workplace environment for victims of GBV not to experience stigmatization or further victimization

h) MININTER

- Ensure community mobilization in relation to GBV through the framework of the community policing strategy

i) GMO

- Monitor the effectiveness of service delivery on community reintegration of GBV victims
- Report findings from community reintegration monitoring



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i) NWC

- Identifying issues of gender-based violence at the community level and linking up with relevant organizations
- Lead Umugoroba w'Imiryango special sessions to discuss GBV community reintegration
- Collaborate with IZU and village head to organize joint home visits where possible
- Organize specific teen mothers sessions to discuss challenges related to early motherhood

i) MINIJUST

- Enforce the instructions to ensure the victims of GBV claims and obtain compensation for civil damages
- Ensure that legal representation and advice are provided to GBV victims
- Ensure GBV victims are updated about the status of the filed case **k) RIB**

- Timely intervention in the implementation of justice/legal aid and security/safety packages
 - Provide instructions and build the capacity of all RIB stations for matters related to community reintegration of GBV victims
- Ensure proper referrals for community reintegration are performed by RIB stations
- Ensure victims are timely informed about the progress of the case proceedings
- Work closely with Police and local administrative entities to ensure the protection of GBV victims in the community

l) NPPA

- Timely intervention in the implementation of justice/legal aid and security/safety packages
- Ensure victims are timely informed about the progress of the case proceedings
- Continuously update the sex offender registry and ensure its community awareness. • Organize community awareness of GBV prevention campaigns
- Schedule GBV cases among priority.
- Provide advice to the victims about the process and how to fill civil actions **m) Courts**

- Schedule GBV cases among priority trial cases
- Where it is convenient for the victim, make gender-based violence-related cases heard and pronounced at the scene of the crime if possible.

n) NCDA

- Conduct community awareness campaign on GBV prevention and response
- Coordinate regular mapping of teen mothers and their babies for community reintegration
- Conduct pieces of training of IZU on the community reintegration process for victims of GBV
- Coordinate the scaling up of ECD facilities
- Build the capacity of all community reintegration service providers about special considerations for community reintegration of children victims of GBV **o) RNP**

- Ensure reintegrated GBV victims and their properties are protected
- Organize community awareness of GBV prevention campaigns



- Together with the district, organize victim-offender (offenders who completed their punishments) meetings where necessary





6. SPECIAL CONSIDERATIONS

6.1 Children

Children constitute one of the most at-risk groups for GBV due to their physical development and age. This category might be at high risk of defilement, sexual exploitation, child marriage, and other forms of violence. Children victims of violence face many issues, including the limited capacity of teen mothers to care for their babies; teen mothers' ubudehe category linked to their parents' category, causing challenges to access to services like the Community Health Insurance scheme (Mutuelle de Santé).

In all actions concerning community reintegration of children victims of GBV, the child's best interest will be a primary consideration. This principle will guide all community reintegration interventions' design, monitoring, and adjustment.

- Community reintegration service providers will ensure children victims of GBV have access to quality services delivered in a protective, child-friendly way that considers their needs
- Formal education reintegration will be the priority for children victims of GBV before any other intervention
- Develop vocational skills training programs for children where needed
- Ensure teen mothers are provided social protection services regardless of the Ubudehe category of their parents/guardians
- The support to children victims of GBV will focus on empowering the entire family
- Ensure children victims of GBV, especially pregnant and lactating teen mothers, childheaded households, and descendants from teen mothers, have access to safe, adequate, appropriate nutrition, health, civil registration services, etc.
- Services providers will provide direct support to dependents of teen mothers, including nutrition support, clothing, hygienic items, schooling/daycare, health/medical care, etc.
- The family will remain responsible for caring for the child victim of GBV
- When a child victim's close family member is suspected to be the perpetrator, the service provider will ensure to avail an alternative foster family if necessary and in the best interest of the child
- The service provider will carefully assess the benefits (e.g., increased income) and risks (e.g., school drop-out, exploitation) of descent and appropriate livelihood opportunities for children.
- Service providers will ensure the school environment is safe and free from GBV risks
- Ensure the safety of children traveling to/from schools/ECD facilities;
- Children of teen mothers supported to reintegrate into school will be provided proper daycare services, including access to Early Childhood Development facilities to allow the teen mothers to follow school programs better or perform an adapted income generating activity
- The service provider will make sure that child victims have access to sexual reproductive health education
- Teen mothers have been mentored about positive parenting and self-care so that teen they can provide integrated ECD services to their babies



6.2 People with disabilities

People with disabilities (PWDs) often face attitudinal, environmental/physical, and communication barriers when trying to participate in GBV prevention activities or access GBV response services. Community reintegration service providers will play a critical role in increasing access to GBV programs by collaborating with people with disabilities to identify and remove as many barriers as possible. In this regard, PWDs need special consideration in addition to the general package.

- Community reintegration service providers will host open meetings with community members to learn more about the specific barriers that PWDs face when trying to access GBV prevention and response services and propose solutions
- Where possible, community reintegration service providers will also make visits to households with persons with disabilities who may not be able to access community reintegration services outside of their homes.
- Community reintegration service providers will reflect on the barriers/obstacles that were shared by the community members and identify appropriate responses that they can implement
- While developing the reintegration plan, the special needs of PWDs will be considered
- The service providers will ensure to make any environmental/physical adaptations needed for PWD to participate in a community reintegration activity.
- Service providers working with victims with disabilities must respect all the same guiding principles (i.e., ensure safety; respect confidentiality; respect wishes, choices, rights, and dignity; and ensure non-discrimination, accountability, and transparency) as they would with any other victims.
- Community reintegration service providers should provide accurate information to the victim about the services available. This information may need to be shared in various formats depending upon the individual's communication preference. It is essential to use simple language to describe such services to people with disabilities.
- The service providers will use the sign language or braille where is necessary

6.3 Perpetrators of GBV

There is growing evidence that working with GBV perpetrators alongside intervention and protection for GBV victims is essential to reduce GBV.

- Perpetrators and their families will have to assume parental responsibilities for children born from child defilement and rape
- Perpetrators who have been convicted of GBV should be provided a rehabilitation intervention program for perpetrators before and after they finish their sentence.
- Ensure that the perpetrator rehabilitation program minimizes recidivism and victim harassment and prepares them for successful community reintegration
- The rehabilitation program will engage perpetrators through group or individual counseling work aiming at teaching perpetrators to adopt non-violent behavior in interpersonal relationships to prevent further violence
- Service providers working with perpetrators will work in close cooperation with the victim's support services to ensure at least the victim's safety.

- Ensure that children perpetrators are well reintegrated into formal school after finishing their sentence
- Any perpetrator rehabilitation program will be set up and implemented in close coordination with the victims' service provider
- Community reintegration actor will consider victim and perpetrator meeting following proper assessment of necessity and utility and an assessment to ensure that there will be no risk to the safety of the victim
- The meeting will bring together those impacted by violence safely to discuss everyone's experiences, how they have been affected, and ways to address the harm that has been caused through mutually acceptable terms to help people move forward
- To participate in the meeting, the offender must be ready to demonstrate accountability for their actions; to make amends to the victim and community (if applicable) to help repair the harm they caused
- Participation in this meeting will be voluntary on both sides.

6.4 GBV and COVID-19

Since the announcement of the first case of COVID-19 in Rwanda, the Government has instituted several measures to control the spread of infections. Apart from social distancing and hygiene measures, Rwanda has employed various measures which includes fiscal and monetary measures to cushion the vulnerable groups, including cash transfer, food distribution, and tax relief, among others. Rwanda also instituted lockdowns and curfews, which has led to significant containment of the infection.

Mental stress and economic hardships caused by Covid-19 increased insurances of violence at home. The measures to respond to COVID-19 have further exacerbated GBV risk factors for vulnerable populations such as women, young people and persons living with disabilities (PWDs) as they could be locked in homes with their abusers.

- In the assessment and reintegration plan development, actors will consider the strains caused by the spread of the Coronavirus to the GBV victims and their close relatives.
- Community reintegration interventions will ensure to avoid adding to GBV victims' overall burden caused by COVIDS-19 and avoid putting them at higher risk of becoming infected.\
- All actors will ensure that all community reintegration interventions comply with the Government's measures to curb the COVID-19 Pandemic.

6.5 Refugees

Refugees in camps are vulnerable to GBV due to the proximity and protracted nature of their stay in the camp. A recent RIB assessment revealed some cases of GBV among refugees especially regarding teen mothers. The government of Rwanda and the United Nations High Commission for Refugees (UNHCR) has engaged efforts for joint interventions to curb gender-based violence in refugee camps. For example, a process to establish a one-stop centers in some refugee camps has been started not only targeting refugees but also their host communities.

- Ensure reintegration services are readily available and accessible to refugees in camps
- Community reintegration interventions in refugee camps will consider the cultural background of refugees

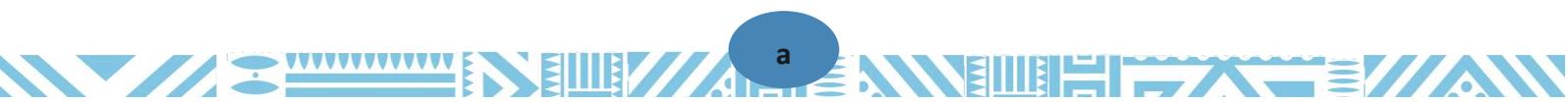


- Community reintegration actors will ensure to enhance close collaboration and effective inter-agency referral mechanisms between refugee camps and their host community.





ANNEXES



Annex 1: Pre-community reintegration assessment form

REPUBLIC OF RWANDA MINISTRY OF GENDER AND FAMILY PROMOTION COMMUNITY REINTEGRATION OF GENDER BASED VIOLENCE VICTIMS IN RWANDA FORM 1				
- Pre-community Reintegration assessment				
Names and Tel of IOSC Reintegration Focal Person:		Case Reference No.	Assessment starts date:	Assessment ends date:
Section 1: Victim's identification				
Victim's names: Date of birth: Victim's Tel Guardian's names (In case the victim is under 18): Occupation: Highest level of education	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Victim's Residence address District: Sector: Cell: Village:	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> <input type="checkbox"/> Separated <input type="checkbox"/> Single Mother	
Section 2: Information on the incident/s of violence				
Form of GBV <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional <input type="checkbox"/> Physical <input type="checkbox"/> Economic <input type="checkbox"/> Human Trafficking Circumstances around violence (Please describe)	Other Previous incident/s of violence? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Specify	Location of incident District: Sector: Cell: Village:	Relationship to perpetrator <input type="checkbox"/> Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other Family relative <input type="checkbox"/> Neighbour <input type="checkbox"/> Stranger <input type="checkbox"/> Workmate Other (Specify)	Perpetrator arrested? <input type="checkbox"/> No <input type="checkbox"/> Yes If No, why
Section 3: Services/care/treatment received				
Psychosocial <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes what? (describe) Who? (describe) If No, Why? (Describe)	Health <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes what? (describe) Who? (describe) If No, Why? (Describe)	Justice <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes what? (describe) Who? (describe) If No, Why? (Describe)	Security <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes what? (describe) Who? (describe) If No, Why? (Describe)	Economic <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes what? (describe) Who? (describe) If No, Why? (Describe)
Section 4: Family and social relationships				
Has a member of the household experienced a stressful childhood? <input type="checkbox"/> No <input type="checkbox"/> Yes Is there a history of childhood abuse by adults reported? <input type="checkbox"/> No <input type="checkbox"/> Yes Has the family suffered a traumatic loss or crisis in the last 5 years? <input type="checkbox"/> No <input type="checkbox"/> Yes Does any of the household members have a history of violence? <input type="checkbox"/> No <input type="checkbox"/> Yes Have any household members been imprisoned? <input type="checkbox"/> No <input type="checkbox"/> Yes Have there been any suspicions of child abuse in the household? <input type="checkbox"/> No <input type="checkbox"/> Yes Has any household members been suspected of a criminal offence? <input type="checkbox"/> No <input type="checkbox"/> Yes Has any household member been suspected of domestic violence? <input type="checkbox"/> No <input type="checkbox"/> Yes	Provide further information	Does the family feel accepted in the community? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the family experience discrimination or harassment? <input type="checkbox"/> No <input type="checkbox"/> Yes Is the family actively involved in community life? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the household have family members in the same village? <input type="checkbox"/> No <input type="checkbox"/> Yes Are local leaders aware of family's needs? <input type="checkbox"/> No <input type="checkbox"/> Yes Provide further information	Do extended family members provide: Practical help? <input type="checkbox"/> No <input type="checkbox"/> Yes Emotional support? <input type="checkbox"/> No <input type="checkbox"/> Yes Financial help? <input type="checkbox"/> No <input type="checkbox"/> Yes Information and advice? <input type="checkbox"/> No <input type="checkbox"/> Yes	Provide further information:
Section 5: Health				
Do any of the house members have: Poor mental health <input type="checkbox"/> No <input type="checkbox"/> Yes Poor physical health <input type="checkbox"/> No <input type="checkbox"/> Yes Behaviour problems <input type="checkbox"/> No <input type="checkbox"/> Yes Disability <input type="checkbox"/> No <input type="checkbox"/> Yes Sensory impairment <input type="checkbox"/> No <input type="checkbox"/> Yes Drug/alcohol abuse <input type="checkbox"/> No <input type="checkbox"/> Yes Long term physical ill health condition <input type="checkbox"/> No <input type="checkbox"/> Yes Other: <input type="checkbox"/> No <input type="checkbox"/> Yes	If any of the questions are answered 'yes', provide further information	Do all household members have medical scheme? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Section 6: Living conditions				
Legal status of accommodation: <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Leased <input type="checkbox"/> Informal arrangement <input type="checkbox"/> Family has a loan to pay off the house <input type="checkbox"/> No shelter Is the family vulnerable to eviction? <input type="checkbox"/> No <input type="checkbox"/> Yes	Type of accommodation <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Shared house <input type="checkbox"/> Homeless	Does the home have basic provisions Chairs/ Tables <input type="checkbox"/> No <input type="checkbox"/> Yes Sleeping arrangements <input type="checkbox"/> No <input type="checkbox"/> Yes Cooking facilities <input type="checkbox"/> No <input type="checkbox"/> Yes Toilet <input type="checkbox"/> No <input type="checkbox"/> Yes Cleanliness <input type="checkbox"/> No <input type="checkbox"/> Yes	Does the family have enough food to eat? <input type="checkbox"/> No <input type="checkbox"/> Yes Further explain:	Does the accommodation and its immediate surroundings pose any security/safety or protection risk for the victim? <input type="checkbox"/> No <input type="checkbox"/> Yes Further explain:
Section 7: Household economy				
Do any of the household members have a regular income? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which household members? And which profession? Are household members enrolled in the Social support program? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain more Do children living in the household attend ECD or primary/secondary school/university? <input type="checkbox"/> No <input type="checkbox"/> Yes Not all children if not, explain:	Is the family gaining income through? Formal employment <input type="checkbox"/> No <input type="checkbox"/> Yes Seasonal Work <input type="checkbox"/> No <input type="checkbox"/> Yes Occasional work <input type="checkbox"/> No <input type="checkbox"/> Yes Working away from home during periods of time <input type="checkbox"/> No <input type="checkbox"/> Yes Farmer <input type="checkbox"/> No <input type="checkbox"/> Yes Provide further information	Does/could the parent's work adversely impact on childcare? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain: Do any of the household members have any marketable skills? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain	Is the family managing with the income they receive? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the family have a debt? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the family own cultivatable land? <input type="checkbox"/> No <input type="checkbox"/> Yes Is the family worried about their financial situation? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the family own livestock? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which one? Is the family involved with other income generating activities? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which one? Does the family adhere to any saving scheme? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which one?	Estimated Total income per month <input type="checkbox"/> 0 – 20,000 <input type="checkbox"/> 20,000 – 50,000 <input type="checkbox"/> 50,000 – 100,000 <input type="checkbox"/> 100,000 – 200,000 <input type="checkbox"/> 200,000 + Estimated expenditures/month:.....



Section 8: Key Issues				
Psychosocial <input type="checkbox"/> Stigma, harassment, rejection <input type="checkbox"/> Self-blame, negative self-perception <input type="checkbox"/> Feelings of distrust and disappointment <input type="checkbox"/> Little/limited information about available services <input type="checkbox"/> Alcohol and substance abuse, <input type="checkbox"/> Suicide ideation, sadness, depression symptoms <input type="checkbox"/> Uncertainties of facing a new life after violence <input type="checkbox"/> Difficulty of being accepted <input type="checkbox"/> Difficulty to re-establish links with family and friends <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Anxiety <input type="checkbox"/> Other	Health <input type="checkbox"/> Insufficient follow up <input type="checkbox"/> Long-term health consequences of GBV <input type="checkbox"/> Unwanted pregnancies <input type="checkbox"/> Physical injuries <input type="checkbox"/> Health insurance problems <input type="checkbox"/> No fees for health care cost <input type="checkbox"/> Other	Justice <input type="checkbox"/> Limited access to justice <input type="checkbox"/> Not able to cover costs of DNA examination <input type="checkbox"/> Challenges in compensation <input type="checkbox"/> Challenging execution of court judgement <input type="checkbox"/> Risk of further victimization <input type="checkbox"/> Needs follow up civil component of case <input type="checkbox"/> Un-timely reporting of GBV cases <input type="checkbox"/> Lack/disappearance/difficulty to obtain evidence <input type="checkbox"/> Family conspiracy <input type="checkbox"/> Negative cultural and social gender norms <input type="checkbox"/> Insufficient information about justice case file <input type="checkbox"/> Poor/mis-/lack info procedures/feedback/court proceedings <input type="checkbox"/> Non civil registration of victims <input type="checkbox"/> Limited access to MAJ services <input type="checkbox"/> Other	Security <input type="checkbox"/> Feeling ashamed and not heard or voiceless <input type="checkbox"/> Repeated violence <input type="checkbox"/> Rejection by close relatives <input type="checkbox"/> Harassment and blaming of the victim <input type="checkbox"/> Poorly privacy/confidentiality <input type="checkbox"/> Conflict between victim and perpetrator's families <input type="checkbox"/> Insufficient protection mechanisms <input type="checkbox"/> Other	Economic <input type="checkbox"/> Disturbance of normal income generation <input type="checkbox"/> Insufficient income to cover basic needs <input type="checkbox"/> Poor livelihoods skills <input type="checkbox"/> Poor knowledge or limited access to available opportunities <input type="checkbox"/> Dropout from formal education <input type="checkbox"/> Economic dependence to the perpetrators <input type="checkbox"/> Reduced capacity to generate income <input type="checkbox"/> Other
Section 9: Recommendation to community reintegration				
Based on the assessment and analysis above: <input type="checkbox"/> The victim needs community reintegration support <input type="checkbox"/> The victim needs community reintegration support in conjunction with other primary services Signed by: Date:		Provide further explanation: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		





Annex 2: Community reintegration plan form





**REPUBLIC OF RWANDA
MINISTRY OF GENDER AND FAMILY PROMOTION**

COMMUNITY REINTEGRATION OF GENDER BASED VIOLENCE VICTIMS IN RWANDA

FORM 2 - Community Reintegration plan

Victim's names: _____ Victim's Date of Birth: _____ Case Reference No. _____ Today's Date: _____

Guardian's names (In case the victim is a under 18): _____
 Victim's residence address and Tel _____ District: _____ Sector: _____
 Cell: _____ Village: _____ Tel _____

Names and Tel of IOSC Reintegration Focal Person: _____

Domain and needs (Please check all needs that apply)	Goal Set with victim Participation	Action to be Taken	To be done by	Follow Up			
				Date	Date	Date	v
Psychosocial: 1 <input type="checkbox"/> Emotional support 2 <input type="checkbox"/> Home visits 3 <input type="checkbox"/> Problem solving skills 4 <input type="checkbox"/> Peer support groups 5 <input type="checkbox"/> Feelings and stress management 6 <input type="checkbox"/> Information about GBV and available support services 7 <input type="checkbox"/> Orientation to other service provider 8 <input type="checkbox"/> Referral for professional assistance 9 <input type="checkbox"/> Relationship counseling 10 <input type="checkbox"/> Other 11 <input type="checkbox"/> Support to reconnect with family members							
Health: 1 <input type="checkbox"/> Health insurance 2 <input type="checkbox"/> Transport to/from health facilities 3 <input type="checkbox"/> Accompaniment to appointments 4 <input type="checkbox"/> Cover health cost or user's fees 5 <input type="checkbox"/> Information about health 6 <input type="checkbox"/> Pregnancy testing kit 7 <input type="checkbox"/> Sexual and reproductive health education 8 <input type="checkbox"/> Link to specialized/nearest health care provider 9 <input type="checkbox"/> Referral to appropriate health care facility 10 <input type="checkbox"/> Referrals for antenatal care 11 <input type="checkbox"/> Other							
Justice & legal aid: 1 <input type="checkbox"/> Covering justice related fees 2 <input type="checkbox"/> Follow ups execution of court decision-s 3 <input type="checkbox"/> Support to obtain compensation 4 <input type="checkbox"/> Information/education 5 <input type="checkbox"/> Legal representation 6 <input type="checkbox"/> Referral to legal aid providers 7 <input type="checkbox"/> Case Follow ups execution of court decision-s 8 <input type="checkbox"/> Civil registration documents 9 <input type="checkbox"/> Information about his/her case 10 <input type="checkbox"/> Other							
Safety & security: 1 <input type="checkbox"/> Protection in community 2 <input type="checkbox"/> Safe room 3 <input type="checkbox"/> Safe shelter 4 <input type="checkbox"/> Alternative care 5 <input type="checkbox"/> Home visits 6 <input type="checkbox"/> Avail emergency call/alternative 7 <input type="checkbox"/> Plan for future safety 8 <input type="checkbox"/> Other							
socio-economic : 1 <input type="checkbox"/> Income-generating activities 2 <input type="checkbox"/> Microgrant for entrepreneurship 3 <input type="checkbox"/> Shelter/accommodation, 4 <input type="checkbox"/> food, cloths, hygienic items,... 5 <input type="checkbox"/> Technical and vocational training 6 <input type="checkbox"/> Work-based learning program 7 <input type="checkbox"/> Business development training 8 <input type="checkbox"/> Adult education programs 9 <input type="checkbox"/> Training related fees 10 <input type="checkbox"/> Vocational skills tool kit 11 <input type="checkbox"/> Integrate or re-integrate formal education 12 <input type="checkbox"/> Career/job guidance 13 <input type="checkbox"/> Assistance with job seeking 14 <input type="checkbox"/> Facilitate contacts for job opportunities 15 <input type="checkbox"/> Integration into Ubudehe 16 <input type="checkbox"/> Cash-for-work 17 <input type="checkbox"/> Agriculture tools and/or livestock 18 <input type="checkbox"/> Support for finance management 19 <input type="checkbox"/> Savings groups/ibimina 20 <input type="checkbox"/> Contacts with financial service providers 21 <input type="checkbox"/> Collateral/counterpart payment. 22 <input type="checkbox"/> Emergency financial support to cover basic needs 23 <input type="checkbox"/> Financial support to pay bills 24 <input type="checkbox"/>							

Signed by: _____
 Date: _____

Case Closure
 Date of closure: _____ Reasons All goals have been achieved Victim is not available Not cooperating Term has expired
 Closure Signed by: _____





Annex 3: Example of good practice: Community reintegration of teen mothers

Background

From 2020, a Holistic Intervention is being conducted jointly by two NGOs, LIWOHA and Hope, and Homes for Children-Rwanda, collaborating with Kicukiro Districts. The intervention aims to reintegrate adolescent mothers fully and meaningfully, victims of sexual abuse and gender-based violence in the Kicukiro district.

The intervention model is a dynamic process where community members willing to recover from life wounds induced by SGBV agree to share their lived experiences, work on them accordingly, and support each other in this healing journey. It has two main components: building the coping strategies through life wounds healing journey and improving the socioeconomic wellbeing of victims of SGBV.

Life wounds healing

A trained social worker or psychologist conducts the component of life wounds healing in 5 workshop-like setting sessions. Participants are identified and recruited in collaboration with community health workers. Informed consent is obtained from each participant. Sessions aim mainly to build coping strategies by dealing with trauma and other psychosocial vulnerabilities related to life wounds induced to teen pregnancy and teenage motherhood. Each session is attended by 30 teens who accept to share their experiences and support each other to overcome their life wounds. A consent form is obtained from the teen. According to the previous experience, 100% of all identified teen mothers accepted to participate. The whole process takes 18 days. A trained and licensed professional, together with a community volunteer, facilitate the five sessions with two weeks between sessions:

- (1) **Awareness raising workshop** on the destructive nature of life wounds rooted in our past as root causes of violent behaviors. It aims at helping teens mothers to identify life wounds embedded in the past life experiences that contributed to their vulnerability and potentially lead them to be sexually abused
- (2) **“Life wounds morning session”** dedicated to dealing with their important losses during SGBV experience that prevent them from establishing pacified relationships in their families, healing the psychological effects, and caring for their children. This session aims to start the healing “journey” that normally results in the re-establishment of harmonious relationships and the adoption of a positive parenting style that prevents kids from child abuse. These healing sessions are also helping teen mums who abused drugs and alcohol as one of the stimulates that they think can help them overcome their trauma and anxiety to leave that.
- (3) **“Emotions management”** is associated with life wounds caused by gender and sexual violence. These sessions follow those dedicated to positive mourning and aim at helping beneficiaries to deal accordingly with destructive emotions and sentiments induced by life wounds rooted in the past (childhood, adolescent hood) and SGBV.
- (4) Sessions dedicated to **“forgiveness and reconciliation with their own past”** and others. Workshops related to this step help victims reconnect with themselves and others (siblings,





parents, and society). During these sessions, the teen mums learn how to deal with guilt and stigmas and understand parents' negative reactions.

(5) The last sessions are dedicated to the “**development of a new life project.**” In this last step, healed people define a new lifestyle without violence and promise to resume assuming family responsibilities they had abandoned in the past.

Socioeconomic wellbeing

For the socioeconomic wellbeing component: An initial assessment is performed, and a case plan is developed based on the strength and needs of each family of a teen mother/ a pregnant teenager. They are then supported in 5 following domains:

- (1) **Health:** supported to get community health insurance, a training session on reproductive health, including contraceptive methods, baby nutrition support, and referral to specialized services.
- (2) **Education:** support to access daycare services for their children; supported to resume formal school or to start a vocational training
- (3) **Legal support:** Linked to child's birth registration services and linked to District Justice Support Services for their case
- (4) **Family economy:** Income generating activity training session and support to integrate into existing community saving and lending groups
- (5) **Family relations:** initiation of family mediation home visit where necessary.



