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Gender-based Violence During the 2020 COVID-19 Pandemic: New Challenges and
Adaptations at Haguruka

Asia Korkmaz

SIT Rwanda and Uganda: Post-genocide Restoration, Development, and Peacebuilding

Fall 2020

Celine Mukamurenzi and Dr. Charlotte Mafumbo

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1. Abstract

Haguruka is a Rwandan NGO founded in 1991 that works to ensure Rwandan women and youth's access to their legal rights. In addition to providing free legal aid, Haguruka runs educational and capacity building programs across the country to combat gender-based violence (GBV).¹ When the Rwandan government instituted lockdown measures to prevent the spread of the COVID-19 pandemic in January of 2020, many of Haguruka's programs were no longer feasible under the new guidelines. Additionally, emerging research has shown that incidents of GBV have increased globally due to policies to combat COVID-19.² Rwanda is no exception. Through a desk review, interviews with Haguruka employees and beneficiaries, as well as personal observations over the course of my internship, this practicum analyzes how the 2020 COVID-19 pandemic has impacted Haguruka's ability to combat GBV in Rwanda. It assesses how Haguruka has adapted its programs in response to the changes that the COVID-19 pandemic has brought, and to what extent Haguruka has succeeded in adapting. Ultimately this report concludes that Haguruka has had much success in continuing to carry out its mission during the COVID-19 pandemic, but still faces significant barriers in ensuring its beneficiaries have access to its service provision.

¹ "Haguruka – Defending the Rights of Women and Children," Haguruka, accessed December 21, 2020, <http://haguruka.org.rw/>.

² Amanda Taub, "A New Covid-19 Crisis: Domestic Abuse Rises Worldwide," *The New York Times*, April 14, 2020.

2. Acknowledgments

I would like to express my deepest gratitude for the support and welcome SIT Rwanda and Uganda staff gave me during my studies, as well as Wellesley College for assisting me in finding and joining this program. Thank you to Celine Mukamurenzi and Charlotte Mafumbo for your excellent leadership as academic directors, and thank you Mercy Atuhirira, Janvier Ruhigisha, Paul Musungu, Dorothy Kamukama, and Helena Lwemamu for coordinating so many of our activities and looking out for my well being. I would also like to extend my sincere thanks to Haguruka's staff, who were all so welcoming and helpful with my research. I am especially grateful to Agnes, who translated many of my interviews. I could not have conducted this project without your support. Finally, I would like to shout out my roommates, Anna and Mary, for reminding me to take breaks and trying all my new recipes. You both are so kind, and so brave.

3. Introduction

In the last month of my studies with the “SIT Rwanda and Uganda: Post-Genocide Restoration, Development, and Peacebuilding” program, I had the opportunity to intern with Haguruka, a Rwandan NGO that advocates for Rwandan women and youth’s access to their rights. As an intern I proofread and edited internal reports, as well as made content for Haguruka’s website and social media. During my first few days at Haguruka I learned how the COVID-19 pandemic has not only increased the amount of people who come seeking legal assistance for injustice and abuse they have suffered during quarantine and lockdown, but has also decreased Haguruka’s resources and capacity to provide its services. In order to help Rwandan victims of GBV, it is essential to explore what service provision strategies will enable Haguruka and similar actors to continue to effectively fulfill their mission to advocate for the rights of women and youth during health crises. This paper assesses how the COVID-19 pandemic has impacted Haguruka’s work in addressing GBV. To reach this assessment I investigated how the COVID-19 pandemic and the Rwandan government’s policies to combat it have impacted incidences of GBV in Rwanda, as well as Haguruka’s programs. I then discovered how Haguruka has adapted its programs to accommodate these changes. Finally, I analyzed to what extent these changes were effective in responding to GBV during the pandemic, and what Haguruka could do to improve upon these changes.

4. Literature Review

4.1 Overview of Gender-based Violence and Women's Empowerment in Rwanda

According to the UN's 2005 Inter-Agency Standing Committee report on intervention methods for GBV in crisis situations, GBV is, "an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females."³ Within the umbrella term of GBV are different subsets including domestic violence (DV) and intimate partner violence (IPV). Domestic violence consists of harmful acts perpetrated against a person's will within the domestic sphere, whether that be in the home or between family members. Similarly, intimate partner violence are harmful acts perpetrated against a person's will by an intimate partner.⁴ The type of harmful acts that qualify as DV and IPV include verbal, physical, sexual, economic, and psychological abuse. Verbal, physical, and sexual abuse involve using words, physical violence, and sexual violence to cause harm. Economic abusers use income, debt, property, and other financial assets to control and harm their victims. Psychological abuse is when a perpetrator causes psychological harm to their victim.⁵

All of these forms of violence come part and parcel with a patriarchal society that seeks to give women as little power and agency as possible. Many turn to women's empowerment to address this violence. Women's empowerment is a broad term used to describe initiatives that seek to give women more political, social, and/or economic power. This is accomplished through a variety of methods including education, legal advocacy, and

³ The Inter-Agency Standing Committee Task Force on Gender and Humanitarian Assistance, "Guidelines for Gender-Based Violence Interventions in Humanitarian Settings" (Geneva: The United Nations, September 2005), 18.

⁴ United Nations Population Fund, "Issue 7: Women Empowerment," United Nations Population Fund, accessed December 21, 2020, <https://www.unfpa.org/pem/node/9551>.

⁵ East African Council, "Forms of GBV," The East African Council, accessed December 20, 2020, <https://www.eac.int/gender/gbv/forms-of-gbv>.

economic support. Women's empowerment programs around the world measure their achievement of women's empowerment by the amount of GBV in their communities.⁶

Since before colonization, women in Rwanda did not enjoy the same rights and privileges as men. During the colonial period women were still disenfranchised.⁷ The 1994 genocide against the Tutsi resulted in massive amounts of violence against women, specifically Tutsi women. Women were brutalized, killed, and raped indiscriminately. After the genocide ended, many of them continued to suffer from a lack of rights and social stigma. Women and girls who were impregnated through rape were rejected from their communities and kicked out of their families' homes. Those who had lost husbands and fathers could not claim their family property because women were not allowed to own or inherit land, despite being the primary workers of it.⁸ Since taking power after the genocide, the Rwandan Patriotic Front government has worked to eliminate GBV and ensure women's empowerment.

The government enshrined women's rights in the 2003 Rwandan constitution.⁹ In 2013 and 2016 it passed legislation that established women's equal right to own and inherit property, respectively.¹⁰ The government also enshrined women's rights in anti-GBV legislation that it passed in 2008.¹¹ The implementation of these laws and assessment of GBV issues was assigned to the Gender Monitoring Office in Rwanda in 2007.¹² Additionally, Rwanda signed onto international agreements including the Beijing Declaration and Platform

⁶ United Nations Population Fund, "Issue 7: Women Empowerment," United Nations Population Fund, accessed December 21, 2020, <https://www.unfpa.org/pcm/node/9551>.

⁷ Claire Wallace, Christian Haerpfer, and Pamela Abbott, "Women in Rwandan Politics and Society," *International Journal of Sociology* 38, no. 4 (Winter 2008): 111–25, 112.

⁸ Jeanne Izabiliza, "The Role of Women in Reconstruction: Experience of Rwanda" (UNESCO, n.d.), <http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/SHS/pdf/Role-Women-Rwanda.pdf>.

⁹ "Constitution of the Republic of Rwanda" (2003), Article 2, Article 10 (3) (4).

¹⁰ "Law Governing Land in Rwanda," Pub. L. No. No. 43/2013 (2013), Article 4; "Law Governing Matrimonial Regimes, Marriages, and Successions," Pub. L. No. No.27/2016 (2016).

¹¹ "Law on the Prevention and Punishment of Gender-Based Violence," Pub. L. No. No. 59/2008 (2008).

¹² "Law Determining the Responsibilities, Organization, and Functioning of the Gender Monitoring Office in Rwanda," Pub. L. No. No. 51/2007 (2007).

for Action. This commitment guided Rwanda's internal plan for addressing GBV.¹³

Additionally, the government encouraged the work of CSOs like Haguruka in fighting against GBV. All of these actions enabled Haguruka to strengthen its work fighting for the legal rights of women and youth in Rwanda.

4.2 Overview of Haguruka

Haguruka advocates for the rights of Rwandan women and youth through a variety of programs that provide legal aid, education, capacity building, and psychosocial counseling for Rwandan women and youth. In order to provide legal aid, it has legal aid officers and paralegals in its office in Kigali as well as its five other regional offices where people can bring their legal issues to. Additionally, Haguruka conducts mobile legal aid clinics that bring services directly to potential beneficiaries. In terms of education, Haguruka runs community dialogue programs that gather local communities and inform them about the rights of women and girls, how to get help to claim their rights, as well as techniques to manage family conflict peacefully. Haguruka also provides capacity building for other NGOs and local leaders looking to develop their skills at combating GBV and ensuring the rights of women and youth.¹⁴

4.3 Overview of the COVID-19 Pandemic and its Effect on GBV Globally and in Rwanda

COVID-19 first emerged in the Wuhan province in China in January of 2020. Despite strict quarantine measures in that region, it quickly spread globally and by March of 2020 most countries around the world had quickly rising infection rates.¹⁵ Government responses

¹³ "Beijing Declaration: Tackling Unmet Commitments 25 Years Later," *The New Times*, February 18, 2020, <https://www.newtimes.co.rw/news/beijing-declaration-tackling-unmet-commitments-25-years-later>.

¹⁴ "Haguruka – Defending the Rights of Women and Children," Haguruka, accessed December 21, 2020, <http://haguruka.org.rw/>.

¹⁵ "Archived: WHO Timeline - COVID-19," World Health Organization, April 27, 2020, <https://www.who.int/news/item/27-04-2020-who-timeline---covid-19>.

to the COVID-19 pandemic varied drastically. While some countries elected to enforce an intense, but relatively short-term, lockdown, followed by a looser period of restrictions, other countries put in place long term, but looser, social distancing and quarantine protocols. Rwanda chose the former option to combat the virus. After a few cases were reported in Rwanda the government enforced a total lockdown from March 21 to April 4, where no one was allowed to leave their homes except for essential errands.¹⁶ Afterwards the government transitioned to a partial lockdown that enforced a 7:00 pm curfew, prohibited large gatherings, transferred schooling online where possible and shut down class when not, and limited travel across regions and borders to only essential commerce.¹⁷ As the number of cases in Rwanda lessened and remained stable, the government continually loosened restrictions. The curfew got moved to 9, then 10 pm, schools reopened for in-person learning, and Rwanda opened up regional and international travel.¹⁸ As of now the government is still monitoring the situation closely, and will change quarantine rules accordingly.

Unfortunately, throughout this spectrum of strategies countries around the world have seen cases of GBV increase dramatically.¹⁹ This is not surprising to most scholars. Previous research on pandemics and other crises that necessitate lockdown measures have shown that GBV increases during health crises. This happens not only because victims/survivors are more likely to be in close, constant contact with their abusers, but also because victims/survivors have less access to support structures including friends and family, DV

¹⁶Office of the Prime Minister, “Announcement on Enhanced COVID-19 Prevention Measures,” Announcement (Republic of Rwanda: Government of Rwanda, March 21, 2020), https://www.rbc.gov.rw/fileadmin/user_upload/guide/announcement%20on%20enhanced%20COVID-19%20prevention%20measures.pdf.

¹⁷ “September 10, 2020 COVID-19 Guidelines,” Communique (Government of Rwanda, September 10, 2020), https://www.primature.gov.rw/index.php?id=43&no_cache=1&L=246&tx_drblob_pi1%5BdownloadUid%5D=810.

¹⁸ “October 27, 2020 COVID-19 Guidelines,” Communique (Government of Rwanda, October 27, 2020), https://www.primature.gov.rw/index.php?id=43&no_cache=1&L=246&tx_drblob_pi1%5BdownloadUid%5D=824; “November 27, 2020 COVID-19 Guidelines,” Communique (Government of Rwanda, November 27, 2020), https://www.primature.gov.rw/index.php?id=2&no_cache=1&tx_drblob_pi1%5BdownloadUid%5D=839.

¹⁹ “Archived: WHO Timeline - COVID-19.”

shelters, and anti-GBV government and non-government services.²⁰ It has also been proven that periods of economic uncertainty and hardship tend to increase GBV because homes experience more interpersonal conflict and stress that can escalate into violence, and people are pushed into work that carries a high risk of violence.²¹ Unfortunately quarantine measures, combined with massive layoffs and economic uncertainty as a result of quarantine and social distancing measures, have created a perfect storm for GBV during the COVID-19 pandemic. As evidenced by findings in this report, Rwanda has not escaped this unfortunate phenomenon.²²

Given this trend, Haguruka's mission to advocate for the rights of women and youth in Rwanda is more important than ever. However, the COVID-19 pandemic and subsequent government measures to combat it has changed Haguruka's ability to carry out its anti-GBV initiatives. In this paper I seek to find out exactly how COVID-19 and Rwanda's anti-COVID-19 measures have impacted GBV in Rwanda and Haguruka's programs, how Haguruka has adapted its programs to these changes, and to what extent it has succeeded in adapting.

²⁰ Yasmin B. Kofman and Dana Rose Garfin, "Home Is Not Always a Haven: The Domestic Violence Crisis Amid the COVID-19 Pandemic.," *Psychological Trauma: Theory, Research, Practice, and Policy* 12, no. S1 (June 1, 2020): S199, <https://doi.org/10.1037/tra0000866>.

²¹ Ibid.

²² Haguruka Program Coordinator #4, Individual Interview, November 25, 2020.

5. Research and Internship Methodology

During my internship I worked at the Haguruka office every other day from 9:00 am to 5:00 pm. I alternated my work days between doing internship work and research (Appendix 1). On some days I elected to work virtually. When I worked in the office I worked at my own desk and mainly interfaced about my tasks over email and Whatsapp. My internships tasks included assisting in proofreading and editing tweets, reports, articles, and brochures for Haguruka, as well as creating content on Canva.

For my research I collected quantitative and qualitative data to assess the changes Haguruka made to its operations and those changes' effects on Haguruka's beneficiaries and internal operations. I contextualized my qualitative data with a desk review of quantitative data. I gathered this data from reports released by the Rwandan government on Haguruka about the status of GBV in Rwanda before and after the onset of the pandemic, as well as Haguruka's service provision before and during the pandemic. In order to access these reports I used the internet to access the National Institute of Statistics of Rwanda (NISR)'s online reports on GBV and women in Rwanda. I was able to ask Haguruka directly for access to its annual reports on the status and successes of its various programs. Through my proofreading and editing work as an intern I was made aware of, and was later able to access for my research, a rapid assessment report on how the first few months of the COVID-19 pandemic affected Haguruka's legal service provision.

For my qualitative data I conducted one-on-one hour-long interviews with Haguruka staff members and 3 hour-long group interviews with Haguruka beneficiaries. I selected the Haguruka employees I interviewed based on their availability and our working relationship in my internship. I had the opportunity to interview 4 program coordinators, 2 legal aid officers, 1 accountant, and the executive secretary of the organization. For my interviews with Haguruka employees, I asked them a day or two in advance if they would be willing to let me

interview them. For each interview I sat with them at their desk. I asked them questions from my prepared questionnaire, as well as questions I came up with in the moment. As we talked I wrote notes on their responses in a digital version of the questionnaire (Appendix 2). Each employee had their own digital file with their responses.

In accordance with the executive secretary's requests and in order to ensure that I was not putting undue stress on any beneficiary's time, I asked a legal aid officer to connect me with 7 beneficiaries that would be willing to do an interview with me. While initially I had hoped to conduct my interviews with Haguruka beneficiaries in the same way that I had interviewed Haguruka employees, I realized that doing so would require many of the beneficiaries to wait for 3 or more hours as I interviewed each person individually. Since I did not want to place that stress on them, I asked the first group of 4 beneficiaries if they would be comfortable with participating in a group interview. After they consented, I set everyone up in an empty office at Haguruka along with myself and a translator provided by SIT. I repeated this process with the next group of 3 beneficiaries I interviewed. I recorded their responses in a digital questionnaire file I had prepared (Appendix 3).

6. Ethical Considerations

For my desk review, the main ethical question I had to contend with was ensuring that the processed data I was referencing was accurate and honest. Unfortunately I was not able to find much recent data on GBV that had not come from the Rwandan government or Haguruka, so I had to trust that the information I gathered was accurate. [1] I also had to be wary of misinterpreting the data I collected from these reports by comparing numbers collected in different years.

During my interviews with Haguruka employees I struggled to define the power dynamic I had with my interviewees, who were also my colleagues and bosses. What aided in

this was emphasizing that my research project was not for Haguruka, but for my own studies. This allowed me to separate my role as a researcher from my role as an intern. It also helped that I did not come into contact with more than a few employees for my internship work. So, the working relationship I had with most of the people I interviewed was almost nonexistent. This further established a researcher/interviewee dynamic in my interactions with many Haguruka staff members. For that reason I also elected to not interview my direct supervisor. It is still true, however, that the relationship and rapport that I built with Haguruka employees during the interview carried over somewhat into the social aspect of my work as an intern.

Establishing a neutral dynamic with the Haguruka beneficiaries I interviewed was also a challenge because of our positionalities during the interview. I held the interview in a Haguruka office, and contacted them through Haguruka staff. It was difficult to establish that they could say whatever they truly felt about Haguruka, and that they would not be penalized for it. Having them do a group interview also made me unsure of whether or not they were answering each question completely. In order to counter this, I made sure that the office we used was empty of Haguruka staff. It was just me, the translator, and the interviewees. Before we started the interview I also made sure to state that the interview was for an independent research project, and that the transcript of the interview would not be shared with Haguruka. I hope that this relieved some pressure on the part of the interviewees that their answers would have an impact on their ability to receive Haguruka's services.

I also tried to keep the length of the interview limited. During the first round I became aware that the Haguruka staff member connecting me with beneficiaries was recruiting them from the waiting tent, where they were waiting to get legal aid. This made me especially wary of how much of their time I was taking up, especially since they were risking an opportunity to meet with a legal aid officer to speak with me. With that in mind, in that and the next

interview round I streamlined my questions and strongly emphasized that they could leave at any time during the introduction I gave before the interview.

7. Limitations

Due to the limited scope of my practicum, as well as barriers to research, I experienced some limitations in my work. First and foremost, because the nature of the practicum requires that I limit the scope of my investigation to how an issue impacts a particular organization, I did my best to not draw from resources from other civil society organizations (CSOs) dealing with addressing GBV in Rwanda during the COVID-19 pandemic. In terms of my desk review, the primary limitation I faced was that there was not much research done or even data collected on the impact of COVID-19 on GBV or Haguruka's service provision. This is likely due to the ongoing status of the pandemic.

For the interviews I conducted with Haguruka employees, I was limited by time, language, and area. I came to Haguruka at a busy time, so I was wary of taking up excessive amounts of employees' time, as well as neglecting my own duties as an intern. So, all the interviews I conducted were only about an hour long. Another challenge was that while I conducted all my interviews with employees in English, some people's English was better than others. That meant I often had to change and rephrase the questions I asked each person, which also impacted the content of the answers I got. Finally, in the course of my research I only interviewed employees at Haguruka's Kigali office. During my interviews I did get some information about how work at the regional offices has been impacted, but I was unable to get information directly from the regional offices. This limited the scope of my assessment as well.

I faced similar limitations with my interviews with Haguruka beneficiaries. Because the beneficiaries I met with were also there to receive services, I did not want to take up too

much of their time. That is why I elected to hold group interviews, so that they would not take as long and could still access services. Additionally, I used a translator to translate my questions in English to Kinyarwanda, and the beneficiaries' answers vice versa. Translation always carries an additional risk of misinterpretation, which was something I was wary of. Finally I did not interview any beneficiaries who received services from Haguruka's regional offices or rural mobile legal aid clinics, which also limited the scope of my study.

8. Presentation and Interpretation of Data

8.1 Desk Review

During my time as an intern I had the opportunity to access reports and data collected by Haguruka about how the COVID-19 pandemic and subsequent health and safety measures impacted its programs and beneficiaries. I chose to include this desk review in my data to further contextualize the interviews I conducted with Haguruka employees and beneficiaries, as well as to demonstrate how my ultimate analysis of this data builds upon the research that Haguruka has already conducted on this topic.

In my desk review of the status of GBV in Rwanda as well as Haguruka's service provision before the COVID-19 pandemic, I found that Rwanda had persisting gender inequalities and inequities, as well as new plans in the works for solving these issues. Haguruka had experienced great success with large-scale programs that drew large crowds. Over the course of my review of reports regarding the status of GBV in Rwanda and Haguruka's programs after lockdown protocols were introduced, I learned that the resulting lockdown protocols has drastically limited much of Haguruka's service provision. It has also increased the frequency and intensity of reported cases of GBV, particularly involving economic and sexual violence.

8.1.1 Review of Reports Concerning GBV in Rwanda and Haguruka Service Provision Pre-COVID-19

For this portion of my desk review I relied on the 2019 Rwanda National Gender Statistics Report published by the NISR, as well as Haguruka's 2019 Annual Report. From these documents I got a sense of the status of GBV in Rwanda as a whole, and how Haguruka was able to address it through its programs prior to the onset of the pandemic. I found that GBV affects a higher proportion of women than men in Rwanda. The GBV victims/survivors

that Haguruka receives are primarily from rural areas and have a very low level of education. Most of Haguruka's programs reach out to communities on a large collective scale.

I learned from the NISR's report that in 2015 31.1% of ever-married Rwandan women had experienced physical violence, 11.6% had experience sexual violence, and 26.6% had experienced emotional violence in their lifetimes.²³ Additionally, the NISR reported that 17.6% of ever-married women had experienced physical violence, 8.3% sexual violence, and 18.5% emotional violence in the past 12 months.²⁴ In 2019 Haguruka provided legal aid to 2,166 beneficiaries across Rwanda. It also ran a total of 86 community dialogues that had 28,431 participants. Finally, it conducted various capacity building programs that accessed a total of 1,809 people. According to the data it collected on its beneficiaries, almost a third of the women beneficiaries who received legal aid from Haguruka had a primary level of education. The next largest group had no education at all.²⁵ From this, and the interactions I had later on with beneficiaries who had a similar level of education, I inferred that many of these women also worked in the informal sector, meaning that they did domestic work and temporary jobs. Indeed, the NISR's data indicates that women are much more likely to be employed in the informal sector than the formal sector.²⁶ Almost two thirds of Haguruka beneficiaries live in rural areas. However, Haguruka's Kigali office still received the most cases.²⁷ This indicates to me, and was later confirmed during my interviews with beneficiaries, that many beneficiaries find themselves having to commute from their rural village to the Kigali office to receive services. Most of the services Haguruka provided in 2019 invited large crowds of people. For example, community dialogues conducted in the

²³ "Rwanda National Gender Statistics Report 2019" (Kigali, Rwanda: National Institute of Statistics of Rwanda, August 2020), <http://www.statistics.gov.rw/publication/national-gender-statistics-report-2019>, 29.

²⁴ Ibid.

²⁵ Haguruka, "Haguruka Annual Report 2019" (Haguruka, 2019), 16.

²⁶ "Rwanda National Gender Statistics Report 2019," 111.

²⁷ Haguruka, "Haguruka Annual Report 2019," 20.

western and northern provinces had an average of 340 attendees per meeting. Indeed, the attendance of community dialogues in Musanze District ranged from 260 to 512.²⁸ All of these findings provided more context to the challenges that I learned have arisen for Haguruka and its beneficiaries because of the COVID-19 pandemic.

8.1.2 Review of Report Concerning How COVID-19 Affected GBV and Haguruka's Service Provision

In July 2020 Haguruka published a rapid assessment report on the impact of COVID-19 it had seen so far on its legal aid service provision. While the report focused specifically on how Haguruka's legal aid department was affected, its overview of how COVID-19 impacted GBV in Rwanda included valuable information about how COVID-19 regulations affected Haguruka's operations as a whole.

The report outlines how COVID-19 social distancing and lockdown measures have resulted in a simultaneous increase in beneficiaries' need for Haguruka's legal aid services and a decrease in Haguruka's ability to provide those services. First and foremost, during the lockdown in March several key institutions were shut down, namely schools, shelters, and court systems. The report explained that shutting down schools and shelters has removed key support systems for those burdened with worries of caring for their children and escaping abuse. When court systems, both legal and abunzi mediation courts, shut down, many Haguruka beneficiaries' cases were put on hold. This has been especially damaging for beneficiaries in the middle of divorce proceedings, GBV cases, and property and paternity disputes. Many people have had no choice but to quarantine with their abusers or estranged spouses.²⁹ Many beneficiaries have also had conflicts come up during quarantine, which they

²⁸ Ibid, 29.

²⁹ Ange Iliza, "Domestic Violence Rises During COVID-19 Lockdown," *The New Times*, April 17, 2020, <https://www.newtimes.co.rw/news/domestic-violence-rises-during-covid-19-lockdown>.

are unable to go to the courts for because processes were halted. The amount of conflicts and GBV that beneficiaries experienced in general increased during the March lockdown, as evidenced by the doubling of cases received by Haguruka during the first two months of COVID-19 regulations. Of these cases, 60% were economic violence-related.³⁰ This economic violence has likely been exacerbated by the significant economic instability that many women, because of their likelihood to be more job insecure and rely on employment in the informal sector, have experienced during the pandemic.

Unfortunately, many of these regulations have also limited Haguruka's legal aid provision. Because the court systems are closed, Haguruka legal aids can only submit digital briefs of cases to be considered once the courts opened up again (and will most certainly be backlogged with the cases that have been halted during the lockdown).³¹ The way legal aides interact with beneficiaries has also had to change because of social distancing guidelines. I saw later on in my research that these guidelines have also impacted Haguruka's capacity building and community dialogue programs. Both of these programs have essentially been put on hold because of the government prohibition of large gatherings.³² Community dialogues and capacity building workshops as they existed before the pandemic can no longer happen because of these guidelines.

In terms of solutions, the report outlined many suggestions for Haguruka, its legal aid program donor, and CSOs concerned with GBV in Rwanda in general. It recommends that Haguruka and its donors invest in building digital monitoring systems, especially for legal aid provision in rural areas, to better keep tabs on the GBV situation during the pandemic. It also encourages Haguruka to invest in media coverage, especially through the radio, to advertise

³⁰ Eugene Ntaganda, L.L.M., "Rapid Assessment Report on the Impact of COVID-19 on Legal Service Provisions for Victims of Gender-Based Violence," Rapid Assessment (Kigali, Rwanda: Haguruka, July 22, 2020), 24.

³¹ Ibid, 25.

³² "September 10, 2020 COVID-19 Guidelines."

Haguruka's presence and services. The report references other programs in Tunisia and Spain that aim to connect beneficiaries to services digitally, either through phone or app. It recommends that Haguruka invest in expanding the digital know-how of its employees, as well as closing the technology gap between beneficiaries in urban and rural areas, many of whom have little to no access to technology. Finally, the report suggests that Haguruka invest in strengthening shelter services.³³ This report, written 5 months prior to my research but 5 months into the COVID-19 safety measures in Rwanda, contextualized the solutions I saw employed at Haguruka. It allowed me to assess these initiatives with the perspective of issues and suggestions that Haguruka was already taking into account.

8.2 Interviews with Haguruka Employees

From my interviews with Haguruka's employees I gained useful insights into their work, as well as how the COVID-19 pandemic has forced them to adapt their work to new circumstances. My interviewees identified common concerns with how the COVID-19 pandemic has negatively impacted the quality of their interactions with beneficiaries, altered their programs' capabilities and timeline, and increased beneficiaries' need for Haguruka's services. When talking about the adaptations Haguruka has made to its operations during COVID-19, interviewees consistently mentioned digitizing, lowering the capacity of, and generating new ideas for Haguruka's programs.

8.2.1 COVID-19's Impact on the Quality of Interactions with Beneficiaries

According to the employees I interviewed, COVID-19 has negatively impacted the quality of their interactions with beneficiaries in a variety of ways. Most significantly for the legal aid department, social distancing means they cannot sit closely with or touch their

³³ Eugene Ntaganda, L.L.M., "Rapid Assessment Report on the Impact of COVID-19 on Legal Service Provisions for Victims of Gender-Based Violence," 40.

clients as they had done before. They explained to me that Rwandan culture values physical contact to show support and connection. Before COVID-19, they sat closely with clients and used touch to emphasize their support for them and their problems. However, social distancing means that they can no longer connect with their clients in that way. Now, in their office they sit far away from their clients with a glass barrier in between them. One legal aid officer reported to me that she has had beneficiaries get offended when she refuses to come into close contact with them. They tell her that they feel she doesn't care about them. She reported that social distancing has changed her relationship with beneficiaries coming to her for help for the worse.³⁴

Fear of COVID-19 has also impacted the contact that Haguruka employees have with beneficiaries because beneficiaries are scared to seek out Haguruka's services for fear of contracting the virus. As a result, Haguruka employees have seen less people and organizations being willing to attend Haguruka's programs, especially if they involve a gathering of some sort. An aspect of this issue that I found surprising was when I learned, in the course of my conversation with the head executive of Haguruka, that legal aid officers in Haguruka's regional offices have run into trouble with the local community because they wear and use personal protective equipment. Haguruka's regional offices are located in rural areas, where many people believe that COVID-19 is a European virus that was brought when wealthy Rwandan urbanites brought it back to Kigali from their international travels, and then others from Kigali travelled to the rural areas of Rwanda and brought it there. Because of this belief, many people who lived near the regional offices were suspicious of Haguruka employees who wore medical face masks and practiced social distancing because they perceived them as outsiders from Kigali who were bringing in COVID-19 and jeopardizing

³⁴ Haguruka Legal Aid Officer #1, Individual Interview, November 25, 2020.

their community.³⁵ The transformation of social interaction and expectations has had a significant negative impact on the quality of Haguruka employees' interactions with beneficiaries.

8.2.2 Alterations to Haguruka's Programs' Capabilities and Timelines

The Rwandan government's enforcement of social distancing regulations has rendered many aspects of Haguruka's programs infeasible. This is especially true for the employees I interviewed who are in charge of coordinating Haguruka's capacity development and community dialogue programs. Much of their programs consisted of large conventions where hundreds of people would come together for a training or lecture series. The programs they had planned for 2020 included large gatherings with upwards of 200 people in attendance. These programs would serve a variety of purposes, including sexual health education for girls, community dialogues with local communities about women's rights and non-violent conflict resolution techniques, as well as capacity building workshops with other CSOs. As the government limited gatherings to no more than 30% the capacity of a venue, these coordinators had no choice but to cancel these large events.³⁶

In addition to these new limitations on programming, during the complete lockdown in March Haguruka had to close its office and its employees had to work from home. The Executive Secretary explained to me that many of Haguruka's donors saw this change and decided to pull their funding for fear of wasting those funds on inaction. Thankfully Haguruka was able to convince most of its donors to continue funding its programs during the pandemic, the methods of which I will detail later on. That being said, if it had not managed to do so it would have had disastrous effects on Haguruka's financial stability. Even with existing funds secured, the Executive informed me that she does not expect any new

³⁵ Haguruka Executive Secretary, Individual Interview, December 1, 2020.

³⁶ "December 15, 2020 COVID-19 Guidelines."

funds to come Haguruka's way, because globally donor money is currently incredibly focused on health.³⁷

While in the long term, the fact that Haguruka was able to secure its donors during the pandemic is a good thing, in the short term unchanged expectations for program accomplishments have put many of Haguruka's program coordinators on a stressful time crunch. Since almost every Haguruka program has a different donor, each program works with its donor to establish a funding schedule as well as goals for the program to accomplish before it ends. While these varied from program to program, I consistently heard from project coordinators that the amount of goals they were expected to reach and the time frame in which they were to reach it remained unchanged. The goals changed where they would be impossible to accomplish with existing COVID-19 guidelines. For example, if a goal was to host a 300-person capacity building workshop in a small conference room, it would be replaced with another similar goal that was executable with existing COVID-19 guidelines. While the program coordinators I interviewed were happy to still be able to run their programs during the pandemic, they explained to me that they lost a lot of time during the March lockdown. Despite having lost a month's worth of time to achieve their deliverables, their donors still expected them to reach all their goals by the deadline they set prior to the pandemic. One program coordinator explained to me that they were trying to schedule capacity building workshops with partner CSOs, but were having difficulty because they were all trying to schedule workshops they had to complete before the end of the year at the same time.³⁸

³⁷ Ibid.

³⁸ Haguruka Program Coordinator #3, Individual Interview, November 19, 2020.

8.2.3 Beneficiaries' Need for Haguruka's Services During COVID-19

The two effects above could not have happened at a worst time, for as Haguruka's capacity to serve its beneficiaries decreased, beneficiaries' need for Haguruka increased. This is evidenced by the significant increase of cases that have been brought to Haguruka during the pandemic. The coordinator of Haguruka's legal aid provision program revealed to me that the amount of expected beneficiary cases increased from 2,000 to 4,000 during the pandemic.³⁹

As I explained in my literature review, these trends should not be surprising. Not only have anti-GBV organizations seen an increase in caseload globally since the pandemic started, but Rwanda specifically has also felt the impacts of the pandemic on its rates of GBV. In Rwanda's case, it's clear that many of the necessary health precautions taken by the government such as the cancellation of most church services, shutting down of schools, and enforcement of a nightly curfew have created circumstances that typically lead to increases in GBV.

In a similar vein, the government has shut down many systems that had previously supported victim's/survivor's efforts to access justice. Not only were many churches restricted in their meetings, but the government also shut down the abunzi courts and courts of law. The abunzi courts were especially important to women and youth trying to access their rights, because it is a dialogue-based conflict mediation system that serves as an alternative to a traditional western legal process. Instead of arguing before a judge for a ruling, the two parties come together with a trained mediator to reach a resolution to their conflict. Now that the Abunzi courts are closed, couples in conflict have fewer avenues for resolution, which increases the likelihood that their conflict will escalate to violence.

Victims/survivors who want to get justice through the legal court system also cannot because

³⁹ Haguruka Program Coordinator #2, Individual Interview, November 23, 2020.

it is also almost completely shut down. Even informal conflict arbitration methods are no longer possible. For example, I learned from a program coordinator that every week leaders of each village gather and people within the village bring up their conflicts with each other. She told me that this was an essential preventor of GBV, especially in rural communities that Haguruka did not have a constant presence in, because oftentimes the community as a whole would be able to shame the errant community member into stopping their behaviour. She informed me that while it is still somewhat taboo to bring up issues of GBV and DV at the meeting, other behaviours that could escalate into GBV and DV such as excessive drinking, mismanagement of income, and property disputes are fair game.⁴⁰ This system served as an effective way to prevent GBV and DV in local communities, but is no longer possible because of the limit on gatherings. All these restrictions result in victims/survivors having fewer ways to access justice available to them. That increases the need for Haguruka, because it can connect victims/survivors with legal processes that are still functioning but that they would not be able to access on their own.

8.2.4 Digitizing Haguruka's Operations

When COVID-19 regulations made meetings, donor funding, and beneficiary contact harder in-person, Haguruka turned to digitization. Part of this move was motivated by Haguruka, while in other ways donors led the charge. This is especially true in the case of internal meetings. One employee explained to me that their donor initiated virtual meetings with Haguruka and its partners in order to continue running its capacity building programs. Unfortunately, most of the partners, and to some extent Haguruka, did not have experience using virtual meetings. What made this transition more challenging was that the donor did not provide any guidance or training on how to operate virtual meetings.⁴¹ Donors also

⁴⁰ Haguruka Program Coordinator #1, Individual Interview, November 18, 2020.

⁴¹ Haguruka Program Coordinator #3, Individual Interview.

introduced a new online payment system. An accountant I interviewed explained to me that before COVID-19, they would have to track payments through hardcopies and make trips to the bank to collect and deposit money. Now, they track payments and accounts online. They explained to me that they like this system much better because it is easier for them to keep track of payments and budgets.⁴²

Finally, one of the most prominent ways that Haguruka employees indicated they digitized was with installing a toll-free line for beneficiaries to call for aid. Multiple people noted during their interview that this was the biggest innovation, and biggest success, that their program has had during the COVID-19 pandemic.⁴³ The toll-free line specifically served beneficiaries seeking legal aid at Haguruka. Those I interviewed explained to me that one legal aid officer at the Kigali office would operate the phone at a time from 8:00 am to 1:00 pm, then 2:00 pm to 5:00 pm Monday through Friday. They estimated that they received 15 to 20 calls per day from beneficiaries across the country. While everyone agreed that the toll-free line was an innovation in Haguruka's work, some were more skeptical than others about its efficacy.

Those who were skeptical pointed to the toll-free line's inaccessibility. One interviewee reported that since only one person was operating the line at a time, many beneficiaries would call multiple times without getting a response.⁴⁴ A couple other interviewees pointed out to me that the toll-free line is not useful to impoverished people, who are already particularly vulnerable to GBV, and who are unlikely to own a cell phone to call with.⁴⁵ Others dismissed this particular worry, citing that callers who do not have their

⁴² Haguruka Accountant #1, Individual Interview, November 26, 2020.

⁴³ Haguruka Program Coordinator #2, Individual Interview; Haguruka Program Coordinator #3, Individual Interview; Haguruka Legal Aid Officer #2, Individual Interview, November 27, 2020.

⁴⁴ Haguruka Legal Aid Officer #1, Individual Interview.

⁴⁵ Haguruka Program Coordinator #1, Haguruka Program Coordinator #3, Individual Interview.

own cell phone borrowed someone else's.⁴⁶ Another point of inaccessibility that I noticed was that the hours at which someone could call for help were limited to work hours. Additionally, since calls from around the country were all directed to the Kigali office, many callers could not follow up their phone consultation with an office visit. Instead, they had to be referred to the closest regional office and re-explain their case. I learned in the course of these interviews that Haguruka has plans to expand the toll-free service to a 24/7 call center that will hopefully be able to direct calls to each regional office.

8.2.5 Reducing the Capacity of Haguruka's Programs

In some cases Haguruka program coordinators decided to, "roll with the punches," and simply reduce the capacity of their programs according to COVID-19 prevention guidelines. For example, after Rwanda transitioned into a partial lockdown in April, Haguruka reduced the number of employees and beneficiaries in the office. In the legal aid department, there used to be four legal aides and upwards of three beneficiaries in the office at a time. Currently, there are three legal aides and no more than three beneficiaries in the office. Of that number, only one legal aid interfaces with beneficiaries, so only one beneficiary is served at a time. Haguruka has also invested in more out-of-office activities. A few programs that had previously been unable get to use mobile legal aid clinics around Rwanda to carry out their program. These clinics allow for a closer connection to rural beneficiaries and facilitate a safer experience.

Additionally, Haguruka program coordinators have downsized their lectures, workshops, and community dialogues to accommodate social distancing measures. Coordinators have done this both by changing the venue of events to accommodate social distancing, as well as reducing the guest list for events. For example, one coordinator was

⁴⁶ Haguruka Program Coordinator #4, Individual Interview, November 25, 2020.

able to get funding to host an event in a conference room with a 3000 person capacity. This allowed everyone at the event to properly socially distance.⁴⁷ Another program coordinator decided to reduce the number of people in attendance by creating a representative conference, in which select people who represented the interests of a specific community would attend the workshop and hopefully bring back what they learned to their community.⁴⁸ These strategies have effectively managed the number of people at these events.

8.2.6 Generating New Ideas for Programs

When the lockdown first happened, the Executive explained to me that she knew donors would want to pull out their funding of Haguruka's programs and wait until the pandemic was over. So, while everyone was required to work from home the Executive asked the program directors to brainstorm new ideas for the programs that would be feasible in quarantine. Many of these brainstormed ideas have replaced events that could not happen because of COVID-19 regulations.⁴⁹ For example, in one program a community dialogue aimed at educating girls about sexual health was replaced with a smaller workshop for school teachers about sexual health. Another program was able to orient 50 people to the new laws surrounding GBV in Rwanda, as well as how the COVID-19 pandemic impacted the execution of those laws. In a similar vein, Haguruka was able to put out a rapid assessment report, which I helped edit, that laid out how the COVID-19 pandemic affected legal aid provision at Haguruka. Haguruka has also strengthened its relationships with and reliance on local community leaders. It has trained leaders how to monitor cases of GBV in their communities, arbitrate conflict, and understand the law surrounding GBV.

⁴⁷ Haguruka Program Coordinator #4, Individual Interview.

⁴⁸ Ibid.

⁴⁹ Haguruka Executive Secretary, Individual Interview.

As the evidence shows, Haguruka's employees have generated a lot of new ideas to adapt to the COVID-19 pandemic. However, before they could execute these ideas, they had to get donors on board with funding these changes. An accountant I interviewed explained that during and after total lockdown she was busy assessing whether these new project ideas would be reasonably priced, as well as what old programs could be removed from the budget to make room for these new ones.⁵⁰ After this assessment was carried out, it was up to the Executive and program coordinators to successfully propose these changes to their donors, and secure the funds accordingly. For the most part they have been successful in doing so, and have been able to implement these new programs. In talking with coordinators I learned that they intend to keep many of these new ideas after the pandemic ends.

8.3 Interviews with Haguruka Beneficiaries

Since I conducted interviews with Haguruka beneficiaries after I spoke with Haguruka employees, I was able to compare their views on the main issues that the Haguruka employees brought up. Over the course of my interviews with beneficiaries I found that many of their focuses did not match up exactly with Haguruka employees' focuses. Their issues during COVID-19 were much more financial, and focused on access to rather than the capacity of Haguruka. During the course of our group interview, beneficiaries brought up three main issues: the COVID-19 pandemic's economic impact on their lives, reduced external support systems and reduced access to Haguruka's services. When I asked them about what changes to Haguruka's service provision they benefited from, the beneficiaries exclusively talked about the toll-free line service.

⁵⁰ Haguruka Accountant #1, Individual Interview.

8.3.1 COVID-19's Economic Effect on Beneficiaries' Lives

When I asked the beneficiaries I interviewed what big changes COVID-19 brought to their lives, most of them talked about the newfound lack of work and income. Most of the women I interviewed did not have more than a primary school level of education. They relied on work found in the informal sector: cleaning houses and stores, doing others' laundry, cultivating others' land, carrying things, etc. They explained to me that the government's total lockdown initiative and later restrictions on the functioning of businesses have significantly reduced the number of jobs available to them. Nowadays people are doing these jobs themselves. Even if they manage to find a job, beneficiaries told me that it is less likely they will get paid. One beneficiary I talked to had found work as a 'housegirl,' or live-in maid, during the pandemic, but she had not been paid for 3 months because her employers had also lost their jobs.⁵¹ This financial uncertainty means that beneficiaries are less able to support themselves and their families while still being able to afford the transportation and waiting costs of coming to Haguruka.

Surprisingly, when I asked beneficiaries if COVID-19 and the resulting uncertainty it brought had made their relationship with their abusers turn for the worst, most of them said that it had no impact. They had decided to seek out Haguruka during the pandemic not because the surrounding uncertainty had escalated the situation, but because they finally had the time and means to seek out Haguruka's services. One beneficiary explained to me that she had wanted to come to Haguruka with her problems before the pandemic, but could never justify going because it would mean missing out on job opportunities. During the pandemic those job opportunities are gone, so now she has time to visit Haguruka's legal aid department.⁵² Their answer that issues related to COVID-19 had no impact on the GBV they

⁵¹ Haguruka Beneficiary #7, Group Interview with Haguruka Beneficiaries #2, December 10, 2020.

⁵² Haguruka Beneficiary #5, Group Interview with Haguruka Beneficiaries #2, December 10, 2020.

were experiencing conflicts with Haguruka's reports of more beneficiaries seeking out Haguruka's services because COVID-19 and the regulations surrounding it have escalated the injustice they are facing.

8.3.2 COVID-19 Prevention Policies' Impact on Beneficiaries' External Support Systems

Upon investigating the hardships concerning GBV and injustice in particular that COVID-19 has brought to beneficiaries, I found out that government lockdown and social distancing policies have significantly reduced beneficiaries' access to external support systems. In terms of social support systems, beneficiaries told me that before COVID-19 they would visit with neighbors, friends, and family often. Not only would these communities offer support in the case of a family illness, or heavy workload, or family conflict, they would also provide emotional counsel in times of crisis. Beneficiaries told me that now that they have to limit or avoid close social contact, they feel more alone with their problems and that no one can help them.

The shutting down of key institutions such as churches and schools has also isolated beneficiaries from external support. Beneficiaries told me that not only were churches and schools places they would go to for emotional support and counsel about their problems, but it also provided relief from many of their daily worries, specifically caring for their children. When schools were open beneficiaries could guarantee that their children had a safe place to stay for most of the day that would also feed them. The government only recently reopened schools. Before that, parents had to worry about keeping their children fed and out of trouble on their own. This became particularly burdensome for parents who could not find jobs and were also suffering from abuse.

Finally, regulations have shut down key businesses that helped beneficiaries get access to Haguruka's services. Those without access to the internet at home could go to cyber cafes to access information and resources. Most of Haguruka's beneficiaries rely on the bus

system to transport them to and from the Haguruka office. However, COVID-19 regulations have shut down most cyber cafes and limited the number of people allowed to ride the bus at a time, making it harder for beneficiaries to access information about Haguruka and their rights as well as claim them by visiting Haguruka's office.

8.3.3 COVID-19 Prevention Policies' Impact on Beneficiaries' Access to Haguruka's Services

As I outlined in the previous section, COVID-19 regulations have required Haguruka to alter its service provision. During my interviews with beneficiaries I was able to assess the impact of these program changes, specifically concerning legal aid provision, on beneficiaries. I discovered during these interviews that the necessary adaptations Haguruka has made to accommodate new health and safety rules reduced the access beneficiaries had to Haguruka's services. The main cause of this was a reduced service provision capacity.

As mentioned previously, Haguruka has adapted to social distancing guidelines by reducing the number of legal aides and beneficiaries receiving counsel in the office. For beneficiaries, this has resulted in a reduced service provision capacity, most notably through much longer wait times to get legal assistance. Multiple beneficiaries told me that they had spent entire days at Haguruka waiting to meet with a legal aid, but had to return home unsuccessful. I can confirm this with my own observations, as I would see women in the waiting area tent in the courtyard of the Kigali office stay there the entire day. What has made the long waiting times even more difficult for them is the fact that many of them live in villages outside of Kigali and have to walk more than an hour to the office and back, oftentimes while carrying their children. While they are more likely to be seen by a legal aide if they came as early as possible, the 4:00 am curfew limits how early they can travel to Haguruka's office.

8.3.4 Beneficiaries' Reviews of Haguruka's New Toll-Free Line

When I asked the beneficiaries I interviewed what service changes they have benefited from at Haguruka and what changes they hope Haguruka keeps after the pandemic, most beneficiaries reached the consensus that for the most part there is nothing new about Haguruka's service provision that they would keep or change. However, a couple beneficiaries did comment on the toll-free line. Their review of the toll-free line reflected the comments that I heard from Haguruka employees. One beneficiary explained that for them and many of their peers, 'digital' meant telephone. Since she did not receive an education, using a telephone was the extent of her technology skills. When lockdown was announced, she heard of the toll-free line through a radio advertisement. She was thus able to access Haguruka's services while its office was closed.⁵³ Another beneficiary noted that she thought the toll-free line was very helpful for those who had access to a phone and knew how to use it, because it saved a lot of time and money.⁵⁴

9. Analysis of Data

My research question of how the COVID-19 pandemic impacted Haguruka's mission to address GBV led me to focusing on how the COVID-19 pandemic affected the amount of access that Haguruka's beneficiaries had to Haguruka's services. My data has led me to conclude that access to Haguruka's services is the deciding factor in the efficacy of Haguruka's programs and its subsequent ability to carry out its mission during the pandemic. I found through my research that COVID-19 has changed this access in a variety of expected and unexpected ways. First and foremost, the social distancing requirements that have resulted in such lengthy wait times at the legal aid office, the cancellation of community

⁵³ Haguruka Beneficiary #4, Group Interview with Haguruka Beneficiaries #1, December 8, 2020.

⁵⁴ Haguruka Beneficiary #3, Group Interview with Haguruka Beneficiaries #1, December 8, 2020.

dialogues and capacity-building programs, and a much slower service process have definitively reduced beneficiaries' access to Haguruka's services by increasing the amount of precious time and resources one must invest in getting help as well as cutting off the points of contact that beneficiaries, especially in rural areas, have with Haguruka.

Something that surprised about the issue of beneficiaries' time investment was that for many of the beneficiaries I interviewed, not having to worry about losing a potential job by going to wait at Haguruka (because there are fewer jobs available to them currently) incentivized them to finally seek out its services during the pandemic. This indicates to me that in addition to intensified conflict in the home, the doubled number of cases that Haguruka received during the first two months of lockdown might have also been due to more people who needed Haguruka's services being able to accept the opportunity cost of seeking out those services. Another interesting aspect of reduced access was the social connection between Haguruka employees and beneficiaries that was lost due to social distancing measures. It was striking to me that the inability to engage in physical touch and closeness with beneficiaries led to a change in dynamic and trust. This has limited beneficiaries' access to Haguruka's services in an insidious way, because it makes beneficiaries feel less confident in Haguruka's ability to help them and makes them less willing to rely on Haguruka's services and service-providers, which encourages them to self-select out of accessing Haguruka's services.

Community dialogues and capacity-building programs were also a significant point of contact between beneficiaries and Haguruka, especially in rural areas. A majority of Haguruka's beneficiaries are introduced to the organization through community dialogues and capacity-building programs. Capacity-building workshops in particular allow Haguruka to make key inroads in local governments and justice systems. No longer having those

programs removed Haguruka's presence from communities in a big way, in addition to limiting the skills and knowledge of so many people.

The measures Haguruka has taken to address these accessibility issues during the COVID-19 pandemic have, by all accounts, had mixed results. The largest success in my eyes has been the representative attendee system for community dialogues and capacity building workshops, wherein representatives of different groups in the community attend the gathering and bring what they learned back to their communities. I believe that not only is this an effective way to reduce the size of the gathering in order to comply with social distancing guidelines, but in a post-COVID-19 future this system would allow Haguruka to invite representatives from even more communities and build the capacity of local leaders to train and educate others on GBV issues. Running downsized community dialogue programs has also worked to help Haguruka maintain a presence in communities around Rwanda. Another way that Haguruka has been able to connect to rural populations is by expanding its mobile legal clinic program, so that not only can more people get legal aid but they are able to do it without as much travel and crowds.

The most discussed and contended innovation in Haguruka's service provision concerning beneficiaries' access was the creation of a toll-free number. While I agree that the toll-free number will be an effective addition to Haguruka's service provision in the long term, there are current circumstances that limit its efficacy in increasing beneficiaries' access to Haguruka's services. First and foremost is the limited availability of the toll-free line. The line is only available to one person at a time, and besides that is only open during work hours. This has been a significant barrier to beneficiaries being able to use the line to great effect. Additionally, the toll-free line only benefits those who have access to a phone. Unfortunately, many of Haguruka's beneficiaries do not have access to a phone. I saw in my desk review

that Haguruka is aware of other digitization programs that have run into similar issues and have some choices in how to proceed with rectifying that situation.

10. Recommendations

With this analysis in mind, and being aware of Haguruka's future plans for its service provision as the pandemic continues unabated, I have some recommendations that I think would improve Haguruka's ability to carry out its mission to address GBV through advocacy and education by improving beneficiaries' access to the services Haguruka provides.

First, Haguruka should continue to expand on its representative attendance system. This system has been effective in allowing Haguruka to continue to carry out important community advocacy work. Thinking beyond the COVID-19 pandemic, this representative system might help Haguruka reach an even wider audience, especially if it is complemented by capacity building workshops that teach attending representatives how to effectively present the information they learn to their constituents. This system can be used to conduct more inclusive and expansive national dialogues that invite a wider swath of the organizations, actors, and individuals that Haguruka works with.

It seems that internally, digitization has positively impacted many Haguruka employees' work. However, the learning curve for some employees has been unnecessarily steep due to a lack of internal capacity building on digital work. I think that so long as training happens, digitizing the workspace will have a lot of positive effects on Haguruka's work, especially concerning Haguruka's contact with donors, partners, and regional offices, as well as Haguruka's management of its finances.

Finally, I have several suggestions on ways to improve beneficiaries' access to Haguruka's services. Most importantly, the wait time to receive legal aid at the Kigali needs to be reduced. Unfortunately, this is especially difficult right now with continuing social distancing guidelines on how many people can be in the office and interact with legal aid officers at a time. Hopefully expanding the toll-free line will reduce office wait times by allowing more people to receive counsel for their issues over the phone. In the meantime,

implementing a waiting room system that organizes beneficiaries would also cut down on office waiting times. I did not research the current waiting room situation in the legal aid department in-depth enough to make definitive suggestions on an organization strategy. However, examples I have for a possible system include one that could ask returning and new beneficiaries to come on certain days or at certain times, so that the waiting pool is smaller at any given time and people do not spend their entire day waiting to be served, not knowing when or if the opportunity will come that day. Another strategy that might be harder to achieve given the transportation situation of many beneficiaries is to have a certain period of time dedicated to scheduled appointments made by returning beneficiaries and other times that are open to walk-in appointments with new beneficiaries. Whatever the system employed, I believe that organizing the waiting room will make the time beneficiaries dedicate to seeking out Haguruka's legal aid services more well spent.

Another aspect of the accessibility and waiting issue is the opportunity cost involved with giving even any amount of time to Haguruka. Many of Haguruka's beneficiaries have an income that depends on them constantly searching for new jobs. Every minute they spend at the Haguruka office is a minute they could have spent working to take care of themselves and their families. Reducing the opportunity cost of accessing Haguruka would not only increase the amount of people who reach out to Haguruka for help, but would benefit those beneficiaries who have already chosen to bear this difficult opportunity cost. To reduce this opportunity cost, Haguruka could partner with a finance or employment-oriented CSO that would connect beneficiaries seeking out Haguruka's services and struggling to survive with sustainable employment opportunities. A more small-scale solution might be to offer incredibly discounted produce at the office so that at the very least beneficiaries would have an easier time putting food on the table despite waiting at Haguruka all day instead of working.

Finally, Haguruka should continue to work to secure funding for its plans to expand its toll-free line into a 24/7 call center that will connect beneficiaries to their nearest Haguruka legal aid office. That this expansion would eliminate many of the difficulties with availability that currently plagues the toll-free line. Concerning the issue that many beneficiaries lack access to phone technology, I believe to a certain extent that the economic trajectory of Rwanda will continue to reduce the amount of Rwandans impacted by this issue. However, in the short term, Haguruka can encourage and equip beneficiaries with more knowledge on how to borrow and use technology from their neighbors, friends, and family. Haguruka might even consider deepening its partnership with local government officials by providing them with a phone that they can use to help people in their community access Haguruka's digital services. This initiative should come with capacity building training for local leaders on how to provide this service. Radio advertisements have been successful in making more people aware of Haguruka and its programs, so information on how to access these new digital resources can be incorporated into this media campaign.

11. Conclusion

In this paper I assessed how the COVID-19 pandemic in Rwanda has impacted Haguruka's ability to carry out its mission to combat GBV in Rwanda by advocating for the legal rights of women and youth. To complete my assessment I researched how the COVID-19 pandemic has impacted GBV in Rwanda and Haguruka's programs, studied how Haguruka has adapted to these changes, and analyzed to what extent these changes have been effective in allowing Haguruka to continue to address GBV in Rwanda. In the course of my research I established that the efficacy of Haguruka's programs has largely relied on its beneficiaries' ability to access its programs during the pandemic. From this finding I concluded that the COVID-19 pandemic and resulting regulations to combat it has significantly increased beneficiaries' need for Haguruka's services as well as severely limited Haguruka's ability to provide services to beneficiaries.

The COVID-19 pandemic has increased beneficiaries' need for Haguruka's services because lockdown and social distancing guidelines have shut down many external support systems that victims/survivors of GBV rely on for counsel and help. These support systems include schools, churches, and courts of law, as well as social support systems like neighbors, friends, and family. Additionally, the amount of GBV cases reported in Rwanda, and received by Haguruka, increased during the pandemic. This could be the result of globally recognized research that concludes economic uncertainty and forced proximity to an abuser increases the likelihood of GBV occurring. I assessed from my own research that it could also be because a newfound lack of jobs allowed more beneficiaries to afford the opportunity cost of accessing Haguruka's services. That being said, economic uncertainty was a significant stressor in the interviewed beneficiaries' lives.

At the same time, COVID-19 regulations have significantly compromised Haguruka's ability to carry out its programs. Social distancing guidelines have made the programs that

reach the majority of Haguruka's beneficiaries impossible to implement without changing the programs's parameters to accommodate these rules. These necessary cancellations made Haguruka's donors skittish and incited them to freeze their funding during the pandemic. Haguruka was eventually able to talk most of them out of this by presenting alternative program plans. However, these new plans did not change donors' expectations of Haguruka's accomplishments by the end of the year, which put many Haguruka employees on a significant time crunch. Social distancing rules also decreased the quality of many employees' interactions with beneficiaries, so much so that it has interfered with service provision.

In response to these challenges, Haguruka has put forward and carried out a variety of solutions. Namely, Haguruka has adapted its programs to fit social distancing regulations by switching to a representative attendee strategy and targeting different available groups. Haguruka has also used digitization to continue to carry out its internal operations in accordance with quarantine measures as well as continue to provide legal aid services, primarily through its toll-free number. Some of these innovations have successfully allowed Haguruka to carry out and even improve upon its service provision. Unfortunately there are still significant barriers, specifically concerning beneficiaries' access to Haguruka's services, that continue to prevent Haguruka from effectively carrying out its mission during the COVID-19 pandemic.

With this in mind, my recommendations for Haguruka focus on ways it can increase the accessibility of its digital and in-person services. I recommend that Haguruka creates an organizational system to make waiting times for legal aid services more efficient, partner with other actors to create economic incentives that reduce the opportunity cost for economically insecure beneficiaries of seeking out Haguruka's services, and expand its toll-free line's availability. Additionally, I recommend that Haguruka continue to implement and

expand upon innovations made to its community dialogues, capacity building workshops, and internal operations.

12. Additional Questions

Due to the limited scope and duration of my project I have outstanding questions about and related to this topic. If I had the opportunity to expand upon this project, I would collect more data on Haguruka's regional offices. I would also like to investigate the challenges Rwandan CSOs concerned with GBV during the COVID-19 pandemic face as a whole, and how they interact with each other on this issue. If given the opportunity I would also like to explore how the relationships these CSOs have with their donors have helped or hindered their adaptation to the COVID-19 pandemic's challenges.

13. Appendixes

Appendix 1. Haguruka Work Schedule

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	KEY	
WEEK OF 16/11	16/11	17/11	18/11	19/11	20/11	In-office work	
	internship	internship	research	research	Internship/research	Out-of-office work	
WEEK OF 23/11	23/11	24/11	25/11	26/11	27/11		
	internship	research	research	research	Internship/research		
WEEK OF 30/11	30/11	1/12	2/12	3/12	4/12		
	internship	research	internship/research	research	internship/research		
WEEK OF 7/12	7/12	8/12	9/12	10/12	11/12		
	internship	research	internship/research	research	internship/research		
WEEK OF 14/12	14/12	15/12	16/12				
	internship	internship/research	internship				

Appendix 2. Haguruka Employee Interview Questionnaire

<p>NAME</p> <p>POSITION AT HAGURUKA</p>
<p style="text-align: center;">CONSENT QUESTIONS</p> <p>DO I HAVE YOUR CONSENT TO REFERENCE OR QUOTE THIS INTERVIEW IN MY RESEARCH PAPER?</p> <p>WOULD YOU ALLOW YOUR REAL NAME TO BE USED, OR WOULD YOU PREFER AN ALIAS?</p> <p>IF ALIAS, LIST HERE:</p>

DO YOU HAVE ANY CONCERNS OR QUESTIONS ABOUT MY WORK OR THIS INTERVIEW BEFORE WE BEGIN?

WHAT IS YOUR EDUCATIONAL AND PROFESSIONAL BACKGROUND?

HOW DID YOU START WORKING FOR HAGURUKA?

WHAT PROGRAM/ WORK DO YOU DO FOR HAGURUKA?

WHAT WAS YOUR WORK AT HAGURUKA LIKE BEFORE THE COVID-19 PANDEMIC?

WHEN DID YOU START TO FEEL THE EFFECTS OF COVID-19 ON YOUR WORK?

WHAT HAS CHANGED ABOUT YOUR WORK SINCE THE COVID-19 PANDEMIC?

- POSITIVE CHANGES?
- NEGATIVE CHANGES?

WHAT HAS SURPRISED YOU ABOUT THE IMPACT COVID-19 HAS HAD ON HAGURUKA, AND ON YOUR WORK?

WHAT IS THE BIGGEST CHALLENGE YOU'VE ENCOUNTERED IN YOUR WORK SINCE THE PANDEMIC?

WHAT IS THE BIGGEST SUCCESS YOU'VE HAD IN YOUR WORK SINCE THE PANDEMIC?

Appendix 3. Haguruka Beneficiary Questionnaire

DATE:

NAME:

AGE:

INTERVIEWER NAME:

STATEMENT ABOUT MY WORK

HELLO, MY NAME IS ASIA KORKMAZ. I AM A UNIVERSITY STUDENT FROM THE UNITED STATES STUDYING IN RWANDA. WHILE STUDYING IN RWANDA I AM CONDUCTING A RESEARCH PROJECT ON HOW THE COVID-19 PANDEMIC HAS IMPACTED RWANDAN WOMEN'S ABILITY TO ACCESS JUSTICE AND LIVE FREE FROM GENDER-BASED VIOLENCE, AS WELL AS HOW HAGURUKA HAS ADAPTED THEIR SERVICES IN RESPONSE TO THE CHANGES THAT THE COVID-19 PANDEMIC HAS CREATED. I WOULD LIKE TO ASK YOU QUESTIONS ABOUT YOUR PERSONAL EXPERIENCES WITH INJUSTICE AND GBV DURING COVID-19, AS WELL AS YOUR EXPERIENCES ACCESSING HAGURUKA'S SERVICES. THIS IS AN INDEPENDENT RESEARCH PROJECT, SO I WILL NOT SHARE MY TRANSCRIPT OF THIS INTERVIEW WITH HAGURUKA.

CONSENT QUESTIONS

DO I HAVE YOUR CONSENT TO REFERENCE OR QUOTE THIS INTERVIEW IN MY RESEARCH PAPER?

WOULD YOU ALLOW YOUR REAL NAME TO BE USED, OR WOULD YOU PREFER AN ALIAS?

IF ALIAS, LIST HERE:

DO YOU HAVE ANY CONCERNS OR QUESTIONS ABOUT MY WORK OR THIS INTERVIEW BEFORE WE BEGIN?

PLEASE DESCRIBE YOUR EDUCATION AND JOB EXPERIENCE

WHEN DID YOU FIRST COME TO HAGURUKA?

WHY DID YOU COME TO HAGURUKA?

HOW DID YOU LEARN ABOUT HAGURUKA?

WHAT HAGURUKA PROGRAMS ARE YOU PARTICIPATING IN/BENEFITING FROM?

WHAT WAS YOUR FAMILY LIFE LIKE BEFORE THE COVID-19 PANDEMIC?

WHAT WAS YOUR WORK LIFE LIKE BEFORE THE COVID-19 PANDEMIC?

HOW DID YOUR FAMILY LIFE CHANGE AFTER THE COVID-19 PANDEMIC?

HOW DID YOUR WORK LIFE CHANGE AFTER THE COVID-19 PANDEMIC?

HOW HAS YOUR LIFE CHANGED FROM THE BEGINNING OF THE PANDEMIC TO NOW?

WHAT CHALLENGES HAVE YOU EXPERIENCED WITH GETTING HELP?

WHAT CHALLENGES HAVE YOU EXPERIENCED WITH ACCESSING HAGURUKA'S SERVICES?

WHAT SUCCESSES HAVE YOU EXPERIENCED GETTING HELP?

WHAT SUCCESSES HAVE YOU EXPERIENCED ACCESSING HAGURUKA'S SERVICES?

WHAT CHANGES SINCE THE COVID-19 PANDEMIC HAVE SURPRISED YOU?

- TO YOUR OWN LIFE

- TO THE WAY YOU INTERACT WITH HAGURUKA'S STAFF AND PROGRAMS

WHAT CHANGES TO HAGURUKA'S PROGRAMS WERE THE MOST HELPFUL TO YOU?

WHAT CHANGES TO HAGURUKA'S PROGRAMS WERE NOT HELPFUL TO YOU?

ONCE THE COVID-19 PANDEMIC ENDS, WHAT CHANGES DO YOU HOPE HAGURUKA KEEPS? WHAT CHANGES DO YOU HOPE HAGURUKA LEAVES BEHIND?

WHAT IS YOUR OUTLOOK ON LIFE IN THIS MOMENT? HOW HAS HAGURUKA CONTRIBUTED TO THAT OUTLOOK?

IN YOUR PERSONAL EXPERIENCE, DO YOU THINK HAGURUKA HAS SUCCEEDED IN ADAPTING TO THE CHALLENGES THAT COVID-19 HAS BROUGHT TO YOU? WHY?

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