RWANDA

A Gender Equity Report

April 2023

GENDER EQUITY UNIT

Since 1994, Rwanda has emerged as a continental role model for its dedication to gender equity.[1,2] The World Economic Forum's 2022 Global Gender Gap Index ranks Rwanda in the top 10 (6th out of 146), making it one of only two African countries ranked as such since 2018. However, progress is unequal across all dimensions of gender equity as the United Nations Development Programme ranked Rwanda 165th out of 191 countries as measured by the Gender Inequality Index in the 2021 Human Development Report.[3,4] Though challenges remain, Rwanda has proven to be a pioneer for progress on gender equity.

Gender Equity Efforts

Context and political will

Rwanda operated under a patriarchal social structure until 1994. Women remained mainly at home with very little opportunity for schooling.[5] They had an opportunity to rebuild their social structures after the genocide, as women made up 75% of the surviving population, and new leadership (under President Kagame) supported equal participation by all Rwandans.[6] Women redefined their roles in society by becoming heads of households and earning money to fulfill family needs. As a consequence, political will for promotion of gender equity and empowerment was reinforced as it became the foundational element for economic empowerment, justice, social welfare and good governance.[7]

Policy and regulatory framework

The top-level country commitment resulted in the birth of the Gender Monitoring Office in the Ministry of Gender and Family Promotion, a key institution for legal and policy formulation and operation. Recent revisions incorporating gender aspects have been made to the legal framework, including the Rwanda National Constitution 2003 (revised in 2015) and the new civil code. The constitution now guarantees gender equality and equal protection before the law, and mandates a 30% quota of female representation in government along with gender mainstreaming throughout all state institutions.[8] To activate these legal provisions and maximize the participation of women in the economy, gender equality was integrated in national development strategies, namely Vision 2020 and the National Strategy for Transformation 2017-2024.[9] Nevertheless, current evidence has revealed growing inequalities with female-headed households more likely to live in poverty and to experience higher rates of unemployment than those headed by males.[10]

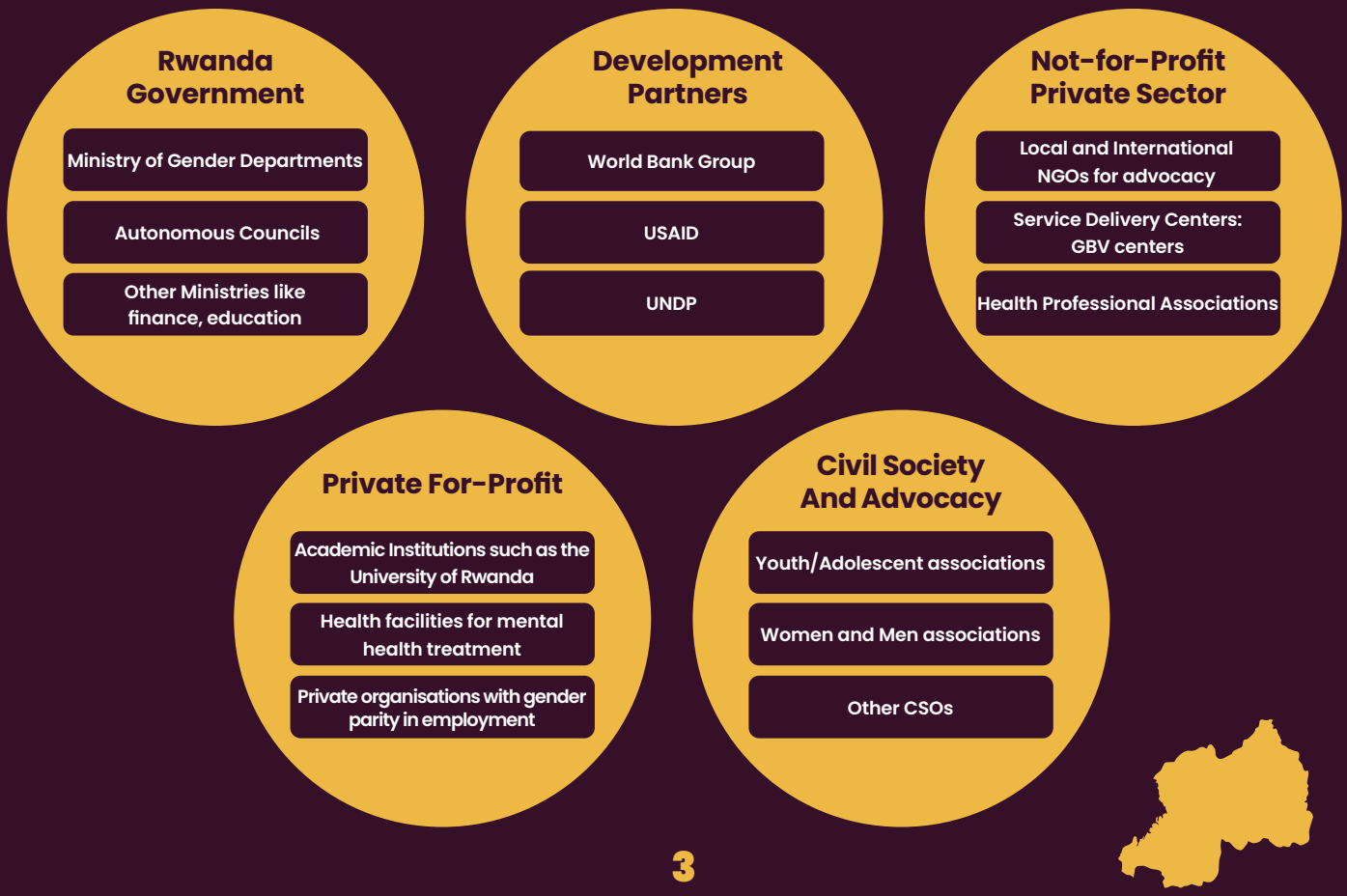
Actors and implementers

President Paul Kagame understood a rebuilding of the country could not rely solely on men's labor and productivity.[11] To support the government's objective of promoting gender equality and women's empowerment, a Center for Gender Studies was established at the University of Rwanda in 2009. The center offers around 18 courses and trains around 50 students a year.[12] Alongside this center, Rwanda saw an increased presence of and demand for gender-based violence (GBV) treatment centers around the country, such as the Isange One Stop Center. Such treatment centers provide services and support to GBV victims while also serving as a data collection hub for GBV trends and successful intervention strategies.[13] Many districts use the GBV centers to garner additional data on different forms of violence faced by girls and women and report them at the national level in collaboration with the Rwanda National Police.[13]

Key stakeholders in the public sector include several ministerial departments as well as autonomous agencies and councils, such as the Women and Youth Council. Development partners, including the World Bank, the United States Agency for International Development (USAID), and the United Nations Development Programme (UNDP), also play a significant role in supporting and resourcing gender mainstreaming and program capacity-building in Rwanda's public sector.[2] Examples of civil society and advocacy groups include the National Women's Council and the Forum for Rwandan Women Parliamentarians.

Dedicated finance and capacities: Funding continues to rely heavily on development partners, which typically support policy formulations in the public sector. For instance, since 2012, the government provided around 30% of the total of family planning expenditures with most of the funding coming from bilateral agencies. Estimates suggest this funding gap will not close before 2050.[14] Rwanda has also contributed some funding to amplify agents in the private sector and civil society, which are critical for gender mainstreaming activities.

Figure 1: Key Stakeholder Groups in Gender Equity Landscape of Rwanda



Education and Employment

Women in the health workforce

Women's representation in decision-making positions in the health sector remains low, especially at senior management levels and as hospital and medical directors.[15] An article published in the *Lancet* in 2021 suggested that in Rwanda (and in all East African countries), female scientists face higher burdens of unpaid work and GBV than do male scientists, with serious after-effects in mental and physical health. A 2011 survey across 44 health facilities in Rwanda reported 39% of health workers had experienced some form of workplace violence in the year prior to the study, and among them more than two-thirds (68%) were female health workers.[16]

Women in government

In 2018, women comprised 61.3% of Parliament members, resulting in the most Parliament seats held by women in the world. Interventions involving multiple stakeholders focused on involving women in elections contributed to this success.[15]

Data availability

Inclusion of gender in health data collection and analysis

Limited gender-disaggregated data is available. Data are mainly based on large-scale household surveys collected by the National Institute of Statistics of Rwanda (NISR). The Gender Monitoring Office in the Ministry of Gender and Family Promotion issues several reports and publications monitoring gender mainstreaming, but these are insufficient in depth. The most recent available report from the Gender Monitoring Office was released in 2018 and showcases gender differences in the health sector across 11 indicators, including health insurance coverage and infant and child mortality. Yet, it remains evident that data collection and management of gender-disaggregated data across the health sector is not institutionalized, which limits the data quality and availability. The report also highlights the launch of an indicator framework developed by the Gender Monitoring Office, the NISR, and sub-national units at the district level. This indicator framework feeds into a centralized Gender Management Information System (GMIS), portraying the country's limited suitable means to capture, analyze and disseminate sex-disaggregated data as well as information on achievements in gender equality and women's empowerment.[17,18]

Research and dissemination

Gender equity research in Rwanda is restricted to macro-level and sometimes meso-level analyses. The strong reliance on household survey gender data and persistent data gaps contribute to an overall lack of basic understanding surrounding gender equity in health data. Qualitative data and updated gender statistics addressing social norms and vulnerable groups in health are needed for root cause analysis.[19] Additional sources of data include the Rwanda Integrated Health Management Information System although this data is not widely accessible.

Gender and Health Outcomes

Since 1994, Rwanda's health sector recorded tremendous achievements that included improved access to healthcare through increased health facilities, health professionals and community health insurance coverage.[20] That, in turn, impacted gender equity and showed significant progress in clos-

ing the gender gap, especially when looking at indicators such as life expectancy and maternal and child mortality rates.

Gender and access to healthcare

Estimated access to healthcare has grown from **31% in 2003 to 95% in 2010** with 82.6% of women likely to have health insurance coverage in 2020.[20,21] Though health insurance coverage is high among adult women, more than 48% still experience at least one problem getting healthcare, with 40.2% facing financial barriers for treatment and 14.2% uncomfortable with going to health facilities alone.[20]

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Life expectancy and maternal and child mortality

Life expectancy in Rwanda steadily increased from 14 in 1994 to 47 in 2000 to 67 in 2020. Under-five child mortality dropped from 185 deaths per 1000 live births in 2000 (177 for girls; 193 for boys) to 41 per 1000 in 2020 (37 for girls; 44 for boys). The maternal mortality ratio fell from 1160 deaths per 100,000 live births in 2000 to 248 in 2017.[22]

Gender-based violence

Various research reports show an alarming increase in violence against women and children in Rwanda after 1994, with 37% of women reporting experiencing physical violence by the age of 15.[20,23] The 2020 demographic health survey reported nearly half (46%) of women experienced GBV by partners in their lifetime, and 22% of women suffered sexual violence. Between 2010 and 2020, spousal violence increased from 40 to 46% among women while it decreased from 20 to 18% among men.[20] A recent UNICEF study also showed that over 50% of children in Rwanda have been victims of sexual, physical, or emotional violence.[24]

Sexual and reproductive healthcare

Family planning services are a fundamental human right based on the 2012 Rwanda Family Planning Policy. From 2005 to 2020, the modern contraceptive frequency rate increased from 10% to 58% among married women aged 15-49. More than 50% of sexually active unmarried women also use a contraceptive method with 48% using a modern method.[20]

In terms of sexual and reproductive health (SRH), some gender discriminatory laws have been revised, but they are not exhaustive; and they lack inequality data that disaggregates social and regional differences. At the institutional, organizational, and community levels, key areas of concern include:

- Sustainable reproductive health funding
- Access of adolescents to sexual and reproductive healthcare services
- Family planning education
- Expansion of family planning access
- Reproductive health services integration
- Ensuring confidential provision of reproductive health services
- Resistance from certain religious groups
- Limited male involvement
- Fear of side effects
- Capacity of human resources to provide services[25]

Abortion is legal to protect a woman's health or save her life and, since 2012, in cases of rape, incest, forced marriage, and fetal impairment.[26]

HIV

HIV prevalence in Rwanda is higher among women, estimated around 3.0% compared to 1.7% among men. Women also represent nearly double the new infections compared to men.[27] However, women are more likely to have been tested for HIV than men. Among unmarried and married people, 78% of women and 64% of men aged 15-49 have ever been tested for HIV and received test results.[20] Coverage of adults and children receiving antiretroviral therapy (ART) is estimated at 93% with women having slightly more coverage (96%) than men (92%).[27]

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References

1. Orrnert A. Evidence on Inequalities in Rwanda.; 2018. https://assets.publishing.service.gov.uk/media/5c70243740f0b603d7852857/356_Inequalities_in_Rwanda.pdf
2. Albert ZR. Gender Equality Strategy: UNDP Rwanda (2019-2022).; 2018. https://www.undp.org/sites/g/files/zskgke326/files/migration/rw/RW_Gende-Equality-Strategy-2019-2022.pdf
3. United Nations Development Programme. Human Development Index (HDI). 2023. https://hdr.undp.org/data-center/human-development-index#/indicies/HDI
4. World Economic Forum. Global Gender Gap Report 2022.; 2022. https://www3.weforum.org/docs/WEF_GGGR_2022.pdf
5. Hunt S. The rise of Rwanda's women: rebuilding and reuniting a nation. Foreign Affairs. 2014;93(3):150-156. https://www.jstor.org/stable/24483414
6. The World Bank. Data: Rwanda. 2023. https://data.worldbank.org/country/rwanda
7. Newbury C, Baldwin H. Aftermath: Women in Post-genocide Rwanda.; 2000. https://pdf.usaid.gov/pdf_docs/pnacj323.pdf
8. Ortiz E. The Transformative Potential of High-Level Gender Equality: The Relationship between Gendered Laws and Perceptions in Rwanda.; 2019. https://digitalcollections.sit.edu/isp_collection/3132
9. Republic of Rwanda. 7 Years Government Programme: National Strategy for Transformation (NST1) 2017–2024.; 2020.
10. Orrnert A. Legislation and Policy Addressing Inequality and Redistribution in Rwanda.; 2018. https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/14188/358_Policy%20_about%20_inequality%20_and%20_redistribution_in_Rwanda.pdf
11. Warner G. Rwanda Ranks in the Top 5 for Gender Equity. Do Its Teen Girls Agree? NPR. January 10, 2018. https://www.npr.org/sections/goatsandsoda/2018/01/10/577018509/rwanda-ranks-in-the-top-5-for-gender-equity-do-its-teen-girls-agree
12. Center for Gender Studies. https://cgs.ur.ac.rw/
13. Cousins S. Isange One Stop Centre: sanctuary from violence in Rwanda. Lancet HIV. 2019;6(1):e12. https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30366-7/fulltext
14. Republic of Rwanda Ministry of Health, Enabel, UNFPA. Business Case for Family Planning in Rwanda.; 2019. https://drive.google.com/file/d/1aYyz2ImDgKCuT-MeZ2pni2rq4F8CZHPPv/view
15. Republic of Rwanda Ministry of Gender and Family Promotion. Rwanda Ministry of Gender and Family Promotion: Annual Narrative Report 2018-2019.; 2019. https://www.migeprof.gov.rw/fileadmin/user_upload/Migeprof/Publications/Reports/Annual_Report_2018-2019.pdf
16. Newman CJ, de Vries DH, Kanakuze JD, Ngendahimana G. Workplace violence and gender discrimination in Rwanda's health workforce: increasing safety and gender equality. Hum Resour Health. 2011;9. https://human-resources-health.biomedcentral.com/articles/10.1186/1478-4491-9-19

17. Dawson NM. Leaving no-one behind? Social inequalities and contrasting development impacts in rural Rwanda. Development Studies Research. 2018;5(1):1-14. https://www.tandfonline.com/doi/full/10.1080/21665095.2018.1441039

18. Republic of Rwanda Gender Monitoring Office. Gender Monitoring Office Annual Report 2017-2018.; 2018. https://gmo.gov.rw/fileadmin/user_upload/reports/GMO_Annual_Report_2017-2018.pdf

19. Carter B. Linkages between Poverty, Inequality and Exclusion in Rwanda.; 2018. https://assets.publishing.service.gov.uk/media/5c702109ed915d4a3506adcd/359_Linkages_Between__Poverty_Inequalities_and_Exclusion_in_Rwanda.pdf

20. National Institute of Statistics of Rwanda (NISR), Ministry of Health [Rwanda], ICF. Rwanda Demographic and Health Survey 2019-20 Final Report.; 2021. https://dhsprogram.com/pubs/pdf/FR370/FR370.pdf

21. Finnoff K. Gender disparity in access to the Rwandan mutual health insurance scheme. Fem Econ. 2016;22:26-50. https://doi.org/10.1080/13545701.2015.1088658

22. The World Bank. Data: Rwanda. 2023. https://data.worldbank.org/country/rwanda

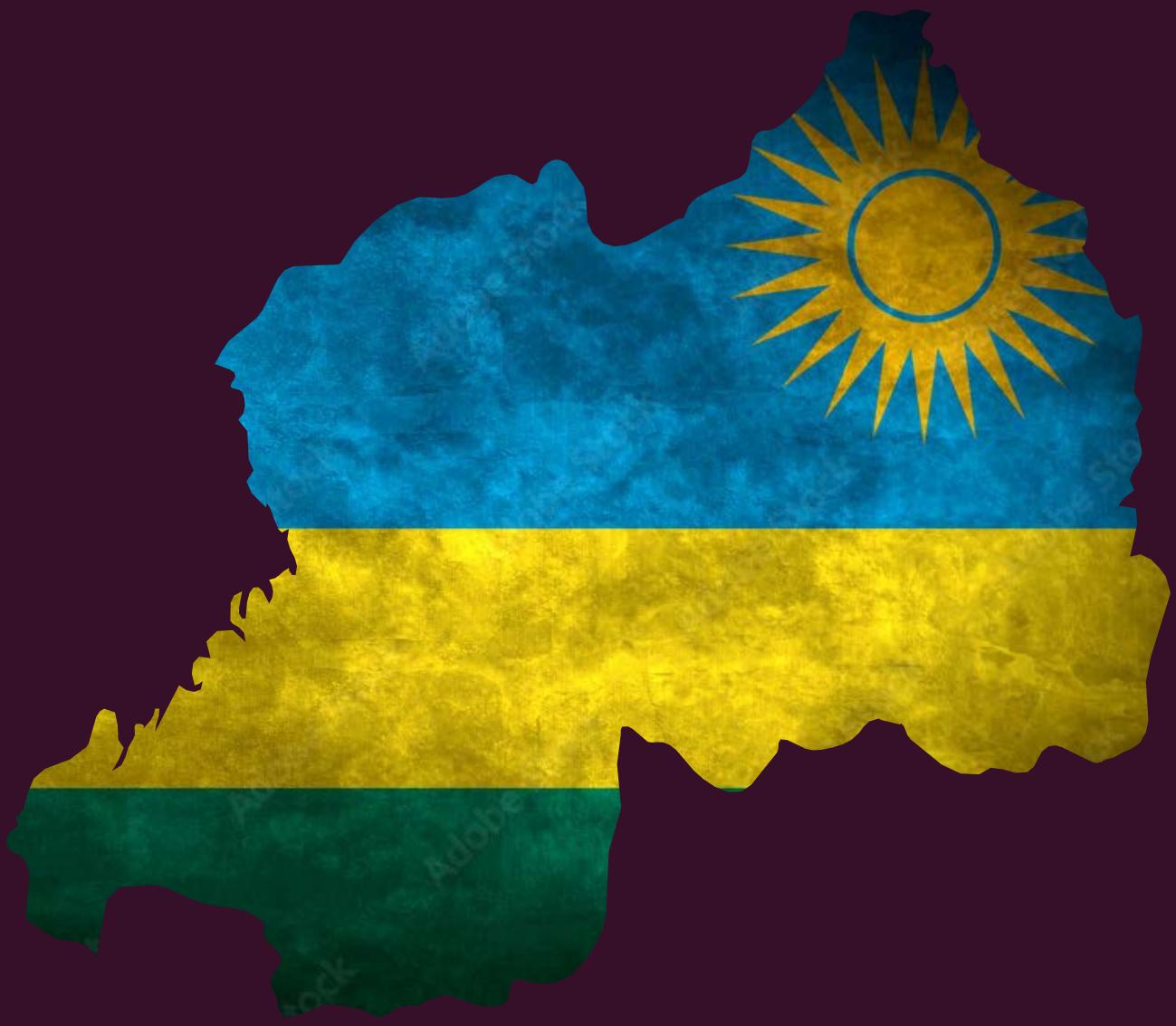
23. Slegh H, Kimonyo A. Masculinity and Gender Based Violence in Rwanda: Experience and Perceptions of Men and Women.; 2010. https://www.equimundo.org/wp-content/uploads/2015/01/Masculinity-and-Gender-Based-Violence-in-Rwanda-IMAGES.pdf

24. UNICEF. Recent Study Finds That over 50% of Children in Rwanda Are Victims of Sexual, Physical or Emotional Violence. May 17, 2018. https://www.unicef.org/rwanda/press-releases/recent-study-finds-over-50-children-rwanda-are-victims-sexual-physical-or-emotional

25. Schwandt HM, Feinberg S, Akotiah A, et al. "Family planning in Rwanda is not seen as population control, but rather as a way to empower the people": examining Rwanda's success in family planning from the perspective of public and private stakeholders. Contracept Reprod Med. 2018;3. https://contraceptionmedicine.biomedcentral.com/articles/10.1186/s40834-018-0072-y

26. Guttmacher Institute. Abortion in Rwanda.; 2013. https://www.guttmacher.org/fact-sheet/abortion-rwanda

27. UNAIDS. AIDSInfo - Global Data on HIV Epidemiology and Response. 2022. https://aidsinfo.unaids.org/



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