International Journal of Multidisciplinary Research and Growth Evaluation.

Effect of capacity development of non- traditional allies on their engagement in inclusive GBV prevention and response in Bugesera, Gicumbi, Nyanza and Rutsiro Districts in Rwanda

Dr. Sébastien Gasana [1*], Védaste Habamenshi [2]
[1] Senior Lecturer in the Faculty of Social Sciences, Management and Development Studies, University of Technology and Arts of Byumba-UTAB, Rwanda
[2] Researcher and Director of Operations at SACC Ltd, Rwanda

* Corresponding Author: **Dr. Sébastien Gasana**

Article Info

ISSN (online): 2582-7138
Volume: 04
Issue: 02
March-April 2023
Received: 21-02-2023;
Accepted: 14-03-2023
Page No: 284-296

Abstract
This study assessed the effect of capacity development of Non- Traditional Allies on their engagement in inclusive GBV prevention and response in Bugesera, Gicumbi, Nyanza and Rutsiro Districts in Rwanda. These are institutions running at grassroots level and have the capability to play direct role and/or influence GBV and justice service providers. The results of the pre- tests conducted by Rwandan organization of women with disabilities indicated low level of understanding of disability, the rights of PWDs and G/WWDs, GBV, GBV against G/WWDs in particular, factors of GBV against G/WWDs, barriers faced by G/WWDs while accessing services. Only 47.9% had attended a conference about disability mainstreaming. In this line, the Organization planned training for upholding their level of understanding and engage them with commitments towards the common goal of having a society where G/WWDs are free from violence and are fully integrated in all sectors of social economic activities. The trainings were conducted at cell levels where the non- traditional allies live and operate. Most of the evaluation questions were asked in form of five level Likert scale. 482 non- traditional allies across 13 sectors of 4 districts namely Rwamagana, Muhanga, Nyabihu, and Musanze were surveyed. The results indicated that the non- traditional allies with Very confidence and Confidence levels of understanding of disability increased by 36.7% and 6.7% respectively; Very high and High knowledge about the rights of PWDs increased by 9.3% and 26.3% respectively; Very high and High level of understanding of GBV against G/WWDS increased by 10.8% and 24.9% respectively. Those with Vary confident and those with Confident levels in understanding of factors of GBV against G/WWDS increased by 34% and 11.2% respectively; and those with Very confident and Confident levels of understanding of barriers limiting G/WWDs access to GBV services increased by 33.8% and 11.2% respectively. Those with Very confident and Confident levels in understanding of mechanisms for G/WWDs protection against GBV increased their understanding by 36.5% and 9.4% respectively. The training ended by a series of commitments defined by the participants as actions to be undertaken by themselves in line with the implementation of the knowledge training acquired through the training. Some commitments include: Timely reporting GBV cases; Conducting advocacy in favor of G/WWDs; Assisting in accessing services any G/WWDs experiencing GBV; Awareness about laws and policies protecting PWDs and G/WWDs in particular; Sensitizing colleagues paying more attention on the issue of GBV against G/WWDs and providing quick services to them; Talking about disability mainstreaming though community meetings where I live; Sensitizing families and the community owning the issue of GBV against G/WWDs and combat it from the root; Visiting families of PWDs and teaching them their rights; Teaching G/WWDs and sensitize them self- confidence; Organizing mobilization opportunities in favor of PWDs with focus on G/WWDs; Improving service delivery at workplace to G/WWDs and PWDs; Advocating for prosthesis; Identification of G/WWDs in my cell; assessing their problems and contributing to those falling under my capacity; Improving listening to G/WWDs. The research recommends strengthening these institutions through the provision of more trainings on different aspects of social life to increase their capacities to deal with social issues; budgeting the awards for the best performing as motivation factor; and promoting youths in these institutions to build sustainable peaceful society.

Keywords: capacity, Bugesera, Nyanza, non- traditional allies

1. Introduction
Social problems require social solutions by competent social agents. Gender-based violence (GBV) or violence against women and girls (VAWG), is a global pandemic that affects 1 out of 3 women in their lifetime. The World Bank data indicate that 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence;

Globally, 7% of women have been sexually assaulted by someone other than a partner; globally, as many as 38% of murders of women are committed by an intimate partner; 200 million women have experienced female genital mutilation/cutting. This issue is not only devastating for survivors of violence and their families, but also entails significant social and economic costs. In some countries, violence against women is estimated to cost countries up to 3.7% of their GDP – more than double what most governments spend on education. The World Bank is committed to addressing gender-based violence through investment, research and learning, and collaboration with stakeholders around the world (World_Bank, 2019) [3].

The Government of Rwanda has put in place a number of institutions running at grassroots level to deal with social issues including GBV in families. In this paper, these institutions are named Non- traditional allies to distinguish them from traditional institutions of Village, Cell, Sector, and District. These non- traditional allies cited in this paper are: Friends of family/ IZU (Inshuti z'Umuryango), National Women Council (CNF/ NWC), Mediator/ Abunzi, NCPD, Community Health Workers, National Council of People with Disabilities (NCPD), Religious institutions, Exemplary man/ woman/ family, Opinion leaders, Security organ/ District Administration Security Support Organ (DASSO), Village leaders, Private Sector Federation (PSF), Paralegal, National Itorero. At these institutions we can add the Local Leader/ Cell and Sector, Rwanda National Police (RNP), and local Non- Government Organization (NGOs) such as Haguruka.

The Government of Rwanda promotes capacity development of such institutions. This is defined as the improvement in an individual's or organization's facility "to produce, perform or deploy". The terms capacity building and capacity development have often been used interchangeably, although a publication by OECD-DAC stated in 2006 that capacity development was the preferable term. Capacity development can take place at many different levels, but three of the most important are: individual, organizational and societal (often referred to as the enabling environment). A successful approach to developing capacity is likely to involve all three of these important levels. There are six pillars of capacity development namely: (1) structure; (2) competencies; (3) management systems; (4) enabling policies; (5) knowledge and learning and, lastly, (6) leadership (OECD, 2006) [10].

Rwandan organization of women with disability contributed to the capacity development of non– traditional allies by focusing on GBV prevention and response among girls and women with disabilities. The trainings were organized at cell levels where the concerned institutions are invited and trained ad hoc. Two tests are applied for monitoring the progress namely pre- tests and post- tests. They were organized in four districts namely Bugesera, Gicumbi, Nyanza and Rutsiro. This paper assessed the effect of this capacity development of non- traditional allies in inclusive GBV prevention and response.

2. Methodology

For analyzing the role of Non- Traditional Allies in Inclusive GBV Prevention and Response in Muhanga, Musanze, Nyabihu and Rwamagana districts (2022), the pre- test and post- tests were applied to 482 participants including 223 women and 259 male to get insight about their initial situation vis- a- vis inclusive GBV; and assessing the achievements from the training. The pre- tests and post- tests applied were in form of questionnaire that was administrated to individual participants. This method allowed the analyst to understand change brought by the project at individual participant who in turn will implement the acquired knowledge at individual level despite being part of the group of implementers. The data was analyzed using IBM SPSS Statistics version 21 and the results are presented as descriptive statistics.

3. Presentation of Findings

3.1 Identification of respondents

3.1.1 Respondents by sex

The results presented in table 1 indicate that 53.7% of non-traditional allies are men and 46.3% are women.

These results are consistent with the latest Gender Equality in Public Administration (GEPA) report of UNDP (2021), the first comprehensive in-depth research into the issue covering 170 countries, finds that persistent gaps remain and women continue to hit glass ceilings and glass walls that stop them from advancing to positions at the highest levels of power and influence. Though there's been progress on women's representation overall in public administration in many countries, women in all regions of the world are still significantly outnumbered by men in leadership and decision-making positions. On average women are 46% of public administrators, but hold only 31% of top leadership positions and comprise only 30% of senior managers (UNDP, 2021).

Table 1: Respondents by sex

Sex	Frequency	Percent
Male	259	53.7
Female	223	46.3
Total	482	100.0

***Source*:** Primary data (2022).

3.1.2 Respondents by district

The results presented in table 2 indicate how the four districts were involved in the training of non- traditional allies namely Muhanga (62.9%), Nyabihu (21.4%), Rwamagana (14.5%) and Musanze (1.2%).

Table 2: Respondents by district

District	Frequency	Percent
Muhanga	303	62.9
Nyabihu	103	21.4
Rwamagana	70	14.5
Musanze	6	1.2
Total	482	100.0

***Source*:** Primary data (2022).

3.1.3 Respondents by category of non- traditional allies

The results presented in table 3 indicate that the following non- traditional allies participated in the training and responded to the pre- and posts tests: Friends of family/ IZU, CNF, Mediator/ Abunzi, NCPD, Community Health Workers, PWDs, Religious institutions, Exemplary man/ woman/ family, Opinion Leaders, Security Organ/ DASSO, Village Leaders, PSF, Paralegal, National Itorero. Other institutions represented during the training were: Local Leader/ Cell and Sector, RNP, ASC, Haguruka, and other NGOs.

Table 3: Respondents by category of Non- traditional allies

Category of Non- traditional allies	Frequency	Percent
Friends of family/ IZU	89	18.5
Local leader/ cell	64	13.3
CNF	56	11.6
Mediator/ Abunzi	49	10.2
NCPD	42	8.7
Community Health Workers	40	8.3
PWDs	35	7.3
Religious institutions	30	6.2
Exemplary man/ woman/ family	24	5.0
Opinion leaders	22	4.6
Security organ/ DASSO	6	1.2
Haguruka	6	1.2
Local leader/ Sector	4	.8
Village leaders	4	.8
PSF	3	.6
RNP	2	.4
Para Legal	2	.4
National Itorero	2	.4
ASC	1	.2
NGO	1	.2
Total	482	100.0

***Source*:** Primary data (2022).

1. Friends of Family/ IZU

Since 2015, the government of Rwanda, through the Ministry of Gender and Family Promotion (MIGEPROF) with the National Commission for Children (NCC), has created a community group of volunteers for the protection of the child and family known as Inshuti z'Umuryango (IZU)/ Friends of the Family made up of a man and a woman with the main responsibilities of promoting the rights of the child, protecting the children against violence, abuse and exploitation, to mobilize against teenage pregnancies and school dropouts and to promote equal rights for children with disabilities. The villagers elected in each village to serve as Inshuti z'Umuryango are 29,674 volunteers in all Rwandan villages and they report to their respective chief/village chief and their representative in the Cell and Sector, until to the District, who follow up on all reports for an inclusive child protection system (Nzabagerageza, 2021) [9].

2. National Women Council (CNF/ NWC)

The National Women Council was established by the Law N°02/2011 of 10/02/2011 determining the responsibilities, organization and functioning of the National Women's Council. The NWC is a forum for advocacy and social mobilization on issues affecting women in order to build their capacities and ensure their participation in the development of the country in general, and in the development of women in particular. In this regard, the main responsibilities of the Council are: to collect and analyze women's ideas; building the capacities of women; sensitize women to participate in the country's development programs; advocate for gender equality; advocate on serious issues affecting development and women's rights; consult and collaborate with foreign bodies responsible for the same attributions. The National Women's Council is made up of all women and girls aged 18 and above and its structures are at the village level. At each level, there is an executive committee of 7 people.

3. Mediators/ Abunzi

Mediator/ Abunzi was established by the law No37/2016 of 08/09/2016 determining organisation, jurisdiction, competence, and functioning of an Abunzi Committee. Abunzi are local mediators in Rwanda, who are mandated by the State as a conciliatory approach to resolving disputes, ensuring mutually acceptable solutions to the conflict. Abunzi mediators are chosen on the basis of their integrity and they deal with local civil and criminal cases. Currently, more than 30,000 mediators operate in Rwanda at the cell level. In 2006, the Rwandan government adopted the organic law (n° 31/2006)12 which recognizes the role of Abunzi or local mediators in conflict resolution.

4. National Council of Persons with Disabilities (NCPD)

The National Council of Persons with Disabilities (NCPD) of Rwanda was created by the Constitution of June 3, 2003 as amended to date and was established by the Law N°03/2011 of 10/02/2011 determining its responsibilities, organization and functioning. It is a public and independent institution with legal personality and both financial and administrative autonomy. It shall be a forum for advocacy and social mobilization on issues affecting persons with disabilities in order to build their capacity and ensure their participation in national development. The Council shall assist the Government to implement programs and policies that benefit persons with disabilities.

5. Community health workers

Worldwide, CHWs are used as a strategy to address the shortage of health workers, and render certain basic health services to their communities (e.g. USA, China, Brazil, and South Africa). Depending on the specific needs of countries and communities, CHWs' profiles vary in terms of activities, scope; training among others. Shortage of trained health workers is among the reasons hindering access to treatment, but it has been found that effective and inexpensive interventions for these diseases can be provided by community health workers (CHWs). Community Health Workers (CHWs) constitute one of the Rwanda's Home Grown Solutions (HGS). Rwanda launched a reform of the national community health system in 2007, which was initially implemented in 1995. Currently there are

approximately 60,000 CHWs in Rwanda, comprising 3 CHWs per village. Each village had a pair of generalist CHWs (called binomial) who were responsible for community health, nutrition and HIV/AIDS prevention, and a maternal health worker, who managed pre and postnatal care. In addition, each village had a community health social affairs in charge of social affairs dedicated to the well-being of individuals and the community (RGB, 2017) [12].

6. Exemplary man/ woman/ family/ Bandebereho

According to Van Wouwe (2018) [19], Bandebereho ("model" in Kinyarwanda) is a fatherhood and couples intervention in Rwanda designed to transform gender norms around masculinity and fatherhood and to increase men's engagement in reproductive health, equality care and violence prevention. As part of the fight against sexual and gender-based violence within the household, it has set up a community structure called "Couples Bandebereho" at the village level. These households intervene by mediating the partners in the conflicts and by contributing to the resolution of problems relating to gender. They are respectable people who have influence in the community. The Interventions of Bandebereho are as follows: (i) Identify violence: Identify the different forms of violence that men commit or are committed against them and become familiar with the different types of violence that exist. (ii) Gender-Based Violence: Discuss gender-based violence and the law and consider ways in which men can break the culture of silence surrounding violence in families and dating relationships. (iii) Alcohol and drug abuse: Encourage discussion about the risks and consequences of alcohol and drug abuse and how men can help each other to reduce the harm caused by drugs and the alcohol. (iv) The Impact of My Parents: To encourage men to reflect on the influences of their parents on their own lives and to think about the future they envision for their children, including how to use positive influences. (v) Gender Equality: Create a space of trust and confidentiality; discuss the differences between sex and gender; and reflect on how gender norms influence the lives and relationships of women and men (Van_Wouwe, 2018) [19].

7. Opinion Leaders

Opinion Leaders are focal point people in each village appointed based on their ability to influence other citizens and are truthful. They have good leadership and an ability to persuade their peers. All key opinion leaders have an important status in their own community and their opinions are valued and listened to. They are considered real experts and are trusted as real individuals, not just public figures representing companies. Thanks to their expertise in their field, acquired through their professionalism or their long experience, people trust key opinion leaders. They may not be active on social media at all, but they can still boost their reputation and offer them a powerful communication channel to exert their influence (Liana, 2021) [4].

8. Security bodies / DASSO

The District Administration Security Support Organ (DASSO) was established by Law No. 26/2013 of 10/05/2013 and placed under the Ministry having jurisdiction of local administration. The main responsibilities of DASSO are as follows: to support the District authorities in the implementation of their decisions and instructions in relation to security; collaborate with other bodies to ensure public order in the District; arrest anyone caught in the act of disturbing public order and hand them over to the nearest police station; inform the nearest administrative bodies of anything that, in his view, constitutes a threat to security; assist other security organs when needed; assist other bodies in the prevention and fight against disasters in the District (Official Gazette n° 27 bis of 08/07/2013).

9. Paralegals

In many countries around the world, there are too few lawyers to allow for specialization in any field, including criminal law; they also tend to be city-based and too expensive for most people to use. A qualified paralegal can help you with most legal disputes that arise in people's lives. More complex cases can then be submitted to the professional of the law. Paralegals do not represent people in court (this would normally be done by a lawyer) or charge a fee for their services. Paralegals provide free education, information and assistance so that those caught up in the criminal justice system do not feel lost and are better able to navigate complex procedures and exercise their legal rights. Rather than competing with criminal justice agencies or the legal profession, paralegals provide complementary benefits (Penal_Reform_International, 2012) [11].

10. National Itorero

The traditional Itorero was a school of leadership and culture in which Rwandans learned language, patriotism, social relations, sports, dance, songs, martial arts and leadership. Itorero was reintroduced in 2009 as a way to rebuild the social fabric of the nation and to mobilize Rwandans to uphold important cultural values and to stimulate a sense of devotion to their country. National Itorero includes structures from the national level down to the village level. As of June 2017, the National Itorero Commission has trained over 1,700,000 Intore from various sectors, including teachers, health workers, executive secretaries, farmers, community police committees as well as students from Rwanda and diaspora (Rwandapedia, 2023) [14].

3.2 Gaps outlined by the pre- tests results

3.2.1 Gap in awareness of policies protecting PWDs by non- traditional allies

During the pre- test, the participants were asked to indicate whether they have policies protecting persons with disability at their respective institutions. The results presented in table 4 show that 52.5% of respondents affirmed that they have no policies protecting people with disability.

The results are in contrast with the reality in Rwanda. The policies exist. This negation of the existence of such policies is an indicator showing the low level of awareness about those policies among non- traditional allies before being trained by UNABU. Those laws and policies include: the Constitution of Rwanda of 2003 as revised in 2015 (MINIJUST, 2015) [7] that provides the same fundamental rights for all citizens as the Universal Declaration of Human Rights. Article 10 Alinea 5 of the Constitution stipulates that: "Building a State committed to promoting social welfare and establishing appropriate mechanisms for equal opportunity to social justice" and article 51: Welfare of persons with disabilities and other needy persons stipulated that: "….. the state has also duty within its means to undertake special actions aimed at the welfare of persons with disabilities…." In addition to the constitution, there are also laws and

ministerial orders protecting the rights of persons with disabilities such as the Law N°03/2011 of 10/02/2011 establishing the National Council of People with Disabilities (NCPD) and determining its responsibilities, organization and functioning; The Rwanda Disability Law No. 01/2007 which is protecting and promoting the rights of persons with disabilities; Economic Development and Poverty Reduction Strategy (EDPRS): Persons with disabilities are included as a result of DPO advocacy at district and national level. Employers are encouraged to reserve a 5% quota of the work force to persons with disabilities. A comprehensive Policy of Special Needs Education has been developed and focuses on 'Inclusive Education' as an ideal educational model.

Table 4: Existence of policies protecting PWDs at non- traditional allies' institutions

Existence of policies protecting PWDs	Frequency	Percent
Yes	229	47.5
No	253	52.5
Total	482	100.0

***Source*:** Primary data (2022)

3.2.2 Gaps in trainings on inclusive disability

Respondents were asked to indicate whether they have attended any training or conference about disability. The results presented in table 5 show that 52.1% did not attend any training or conference on disability. Even those who certified having attended the conferences indicated that it was a simple message passed under the major topic such as social economic development, security, etc; and not a deep training by professionals about disability. UNABU training came to fill this gap among non- traditional allies.

These results are consistent with the history of disability mainstreaming not only in Rwanda but also over the world. They constitute a category of people abandoned; and disability itself seem known that no special trainings were provided in the time. However nowadays things are changing as there are laws, policies and institutions in charge of dealing with challenges faced by people with disability in general and GBV against G/WWDs in particular. It is in this line that UNABU operates by training not only G/WWDs but also services providers in all sectors including non- traditional allies.

Table 5: Attendance level to training on disability

District	Did you ever attend training on disability?		Total
	Yes	No	
Rwamagana	35	35	70
Muhanga	145	158	303
Nyabihu	48	55	103
Musanze	3	3	6
Total	231	251	482
%	**47.9**	**52.1**	**100**

***Source*:** Primary data (2022).

3.2.3 Gaps in trainings on GBV

The pre- tests asked participants whether they have attended training on Gender-based violence (GBV) as a serious violation of human rights and a life-threatening health and protection issue. The results presented in table 6 indicate that 64.9% of non-traditional allies attended training and conference on GBV in general; whereas 35.1% did not attend. These are the results of Rwandan efforts fighting against GBV. The Government of Rwanda has made ending Gender-Based Violence a national priority. Strategies for addressing the problem include a policy of "zero tolerance" to GBV across all sectors, supported by a strong legal framework including the anti-GBV Law, which provides severe punishment for all GBV and violence against women (VAW) offenses. An outstanding model of response to GBV is the Isange One Stop Centre (IOSC), initiated as a pilot in 2009 by the Government of Rwanda and the ONE UN, through UN Women and UNFPA. This model calls for a holistic, multidisciplinary approach in terms of the provision of medical, legal, forensic/investigation, psychosocial and safety needs to help victims of violence and child abuse, the majority of whom are women and girls.

The 35.1% who did not attend any conference on GBV indicate how far the way is long and the contribution of each is required for achieving the level of a society where each citizen is aware of how harmful is GBV against the social economic development of the society and fight against it. UNABU training to non- traditional allies came to fill this gap.

Table 6: Attendance level to training on GBV

District	Did you ever attend training on GBV?		Total
	Yes	No	
Rwamagana	53	17	70
Muhanga	189	114	303
Nyabihu	67	36	103
Musanze	4	2	6
Total	313	169	482
%	**64.9**	**35.1**	**100**

***Source*:** Primary data (2022).

3.2.4 Gaps in trainings on GBV against G/WWDs

Violence against women and girls with disabilities is a significant issue that is related to both gender and disability-based discrimination and exclusion. Combined, these two factors result in an extremely high risk of violence against girls and women with disabilities. The respondents were asked to indicate whether they have been trained on GBV against G/WWDs. The results presented in table 7 indicate that 52.1% were not trained on this matter. This situation justify the necessity of this training organized by UNABU.

Table 7: Attendance level to training on GBV against G/WWDs

District	Did you ever attend training on GBV against G/WWDs?		Total
	Yes	No	
Rwamagana	42	28	70
Muhanga	131	172	303
Nyabihu	56	47	103
Musanze	2	4	6
Total	231	251	482
%	**47.9**	**52.1**	**100**

***Source*:** Primary data (2022).

3.2.5 Gaps in trainings on rights of PWDs

People with disabilities have the same rights as people without disability including the right to be protected from all forms of exploitation, violence and abuse, including their gender based aspects, within and outside the home. Every person with disabilities has a right to respect for his or her physical and mental integrity on an equal basis with others. PWDs have the rights to effective access to justice on an equal basis with others. The participants were asked to

indicate whether they were trained on the rights of PWDs and the results presented in table 8 show that 32.8% were not trained whereas 67.2% were trained. Based on these results, training on the rights of PWDs among non- traditional allies is mandatory because as leaders in the community they must be aware of the rights of all persons they are in charge. UNABU therefore came to fill this gap.

Table 8: Attendance level to training on rights of PWDs

District	Do you know the rights of PWDs?		Total
	Yes	No	
Rwamagana	51	19	70
Muhanga	199	104	303
Nyabihu	73	30	103
Musanze	1	5	6
Total	324	158	482
%	**67.2**	**32.8**	**100**

***Source*:** Primary data (2022).

3.3 Change brought by UNABU trainings

The pre- tests results indicated the gaps in knowledge about disability, GBV in general, GBV against G/WWDs, and the rights of people with disability including the rights of G/WWDs. This section indicate the change brought by the project by comparing the results of pre- tests against those of post- tests.

3.3.1 Change in knowledge about disability

The pre and post- tests survey asked the participants the question: "To what extent are you confident in understanding of disability?" The question was asked in form of five levels Likert scale where the scale of measurement was: Very high, High, Low, Very low, Don't know. The results presented in table 9 indicate that UNABU training of Non- Traditional Allies (NTA) contributed to an increase in knowledge about disability and the participants certified an increase in confidence in understanding of disability. The non-traditional allies with Very confidence and those with Confidence levels of understanding of disability increased by 36.7% and 6.7% respectively. None reported "Don't know" as during the pre- tests. Those with Not confident, and A little confident decreased by 16.6% and 17.4% respectively.

Participants provided different definitions of disability and all of them showed an understanding of the concept of disability. This is understandable because the UN Convention on the Rights of Persons with Disabilities (UNCRPD) recognizes that disability is an evolving concept and the Convention states that "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (CRPD, art. 1) (UPHLS, 2014) [18].

Different models of disability inform how disability is understood and acted upon, and can be categorized as follows:

The charity model of disability

The charity model of disability focuses on the individual, and tends to view people with disabilities as passive victims – objects of pity who need care, and whose impairment is their main identifier (Al_Ju'beh., 2015) [1].

The medical (or biomedical) model of disability

The medical (or biomedical) model of disability considers disability a problem of the individual that is directly caused by a disease, an injury, or some other health condition and requires medical care in the form of treatment and rehabilitation (Rimmerman, 2013) [13]

The social model of disability

The social model of disability developed as a reaction to the individualistic approaches of the charitable and medical models. It is human rights driven and socially constructed. It sees disability as created by the social environment, which excludes people with impairments from full participation in society as a result of attitudinal, environmental and institutional barriers. It places emphasis on society adapting to include people with disabilities by changing attitudes, practice and policies to remove barriers to participation, but also acknowledges the role of medical professionals (Woodburn, 2013) [21].

Human rights model of disability

Human rights model of disability is based on basic human rights principles and it recognizes that disability is a natural part of human diversity that must be respected and supported in all its forms (Al Ju'beh, 2015, pp. 20-21, 87) [1].

Interactional model of disability

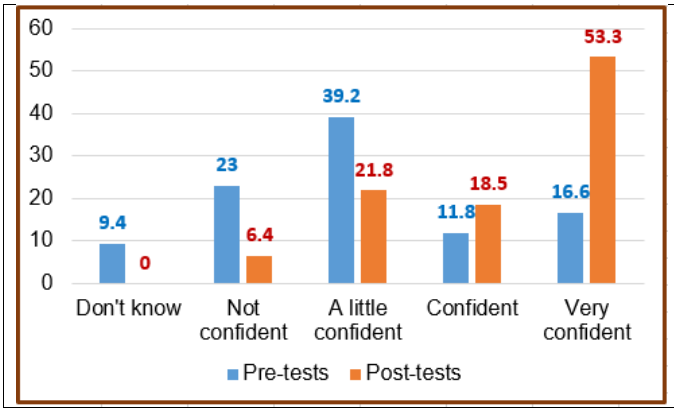
Interactional model of disability recognize that disability should be seen as neither purely medical nor purely social, as people with disabilities can experience problems arising from the interaction of their health condition with the environment (WHO_&_The_World_Bank., 2011) [20].

Disability inclusion

Disability inclusive development 'seeks to ensure the full participation of people with disabilities as empowered self-advocates in development processes and emergency responses and works to address the barriers which hinder their access and participation' (Al Ju'beh, 2015, p. 49) [1]. A meta-analysis of the use of social inclusion in disability studies found it to mean: being accepted and recognized as an individual beyond the disability; Having personal relationships with family, friends and acquaintances; being involved in recreation and social activities; having appropriate living accommodation; having employment; having appropriate formal and informal support (Rimmerman, 2013, p. 1) [13].

These results indicate that training contribute a lot in increasing the community awareness on a particular matter (disability for our case). Through Community Education, citizens can develop relationships and problem solving skills to conquer the diverse challenges facing our society. Any trained non- traditional ally with improved understanding of disability will play important role in protecting people with disability in general and G/WWDs in particular.

Table 9: Trends in confidence in understanding of disability among non- traditional allies



Confidence level	Pre-tests (%)	Post-tests (%)	Trends (%)
Don't know	9.4	0	-9.4
Not confident	23	6.4	-16.6
A little confident	39.2	21.8	-17.4
Confident	11.8	18.5	+6.7
Very confident	16.6	53.3	+36.7
Total	100	100	

Sign (-)= indicates decrease (in %)
Sign (+)= indicates increase (in %)

***Source*:** Primary data (2022).

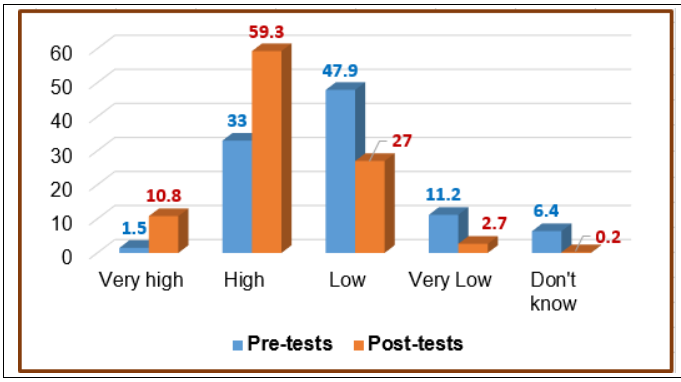
3.3.2 Change in knowledge about the rights of PWDs

During the pre and post- tests, the participants were asked the question: "To what extent do you rate your knowledge about the rights of people with disability?" The scale of measurement was: Very high, High, Low, Very low, Don't know. The results presented in table 10 below indicate that non- traditional allies with very high and high knowledge about the rights of PWDs increased by 9.3% and 26.3% respectively; while those with low, very low and don't know levels decreased by 20.9%, 8.5%, and 6.2% respectively.

The Convention on the Rights of Persons with Disabilities (CRPD) define clearly the rights of PWDs. According to the Convention, the persons with disabilities have the same rights as all people to non-discrimination, access, equality of opportunity, inclusion and full participation in society. Everyone is equal before and under the law. Children with disabilities have the same human rights as all other children. People with disabilities have the right to access all aspects of society on an equal basis with others including the physical environment, transportation, information and communications, and other facilities and services provided to the public. People with disabilities have the right to life. People with disabilities have the right to effective access to justice on an equal basis with others. People with disabilities have the right to be protected from all forms of exploitation, violence and abuse, including their gender based aspects, within and outside the home. People with disabilities have a right to education without discrimination. People with disabilities have the right to work (UN, 2006).

Understanding of the rights of PWDs in general and the rights of G/WWDs in particular is a step toward contributing to their protection against any form of discrimination and GBV; and trained non- traditional allies are well positioned to such protection as they live day-to- day with them in their locality.

Table 10: Trends in confidence in understanding of rights of PWDs



Understanding level	Pre-tests (%)	Post-tests (%)	Trends (%)
Very high	1.5	10.8	+9.3
High	33	59.3	+26.3
Low	47.9	27	-20.9
Very Low	11.2	2.7	-8.5
Don't know	6.4	0.2	-6.2
Total	100	100	

Sign (-)= indicates decrease (in %)
Sign (+)= indicates increase (in %)

***Source*:** Primary data (2022).

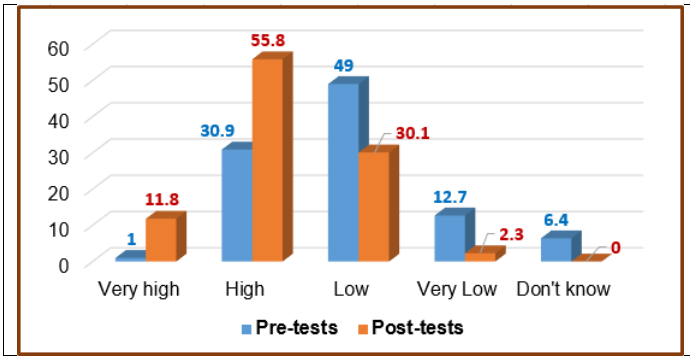
3.3.3 Change in knowledge about the GBV against G/WWDS

The non- traditional allies were asked to indicate their level of knowledge about GBV against G/WWDs. The question was asked in form of five levels Likert scale where the scale of measurement was: Very high, High, Low, Very low, Don't know. The pre and post- tests results presented in table 11 show that non- traditional allies with Very high and High level of understanding of GBV against G/WWDS increased by 10.8% and 24.9% respectively; while those with Low, Very Low, and Don't know levels decreased by 18.9%, 10.4%, and 6.4% respectively. These results indicate that the training achieved good results and such increase in understanding of the rights of PWDs in general and the rights of G/WWDs in particular increase the commitments to their protection among non- traditional allies.

Discrimination towards people with disabilities, coupled with attitudes towards women in patriarchal societies, put women and girls with disabilities at this increased risk for violence. Although women and girls with disabilities experience many of the same forms of violence that all women experience, when gender and disability intersect, violence has unique forms and causes, and results in unique consequences. Women and girls with disabilities are particularly targeted by perpetrators of violence because of social exclusion, limited mobility, a lack of support structures, communication barriers, and negative social perceptions. The range of violence experienced by women and girls with disabilities

can include physical and sexual violence, as well as emotional and verbal abuse. Studies found that girls and young women with disabilities may face up to 10 times more violence than women and girls without disabilities (Koistinencharlotte_et_al, 2019).

Table 11: Trends in confidence in understanding of rights of PWDs



Understanding level	Pre-tests (%)	Post-tests (%)	Trends (%)
Very high	1	11.8	+10.8
High	30.9	55.8	+24.9
Low	49	30.1	-18.9
Very Low	12.7	2.3	-10.4
Don't know	6.4	0	-6.4
Total	100	100	

Sign (-) = indicates decrease (in %)
Sign (+) = indicates increase (in %)

***Source*:** Primary data (2022).

3.3.4 Change in knowledge about factors of GBV against G/WWDS

Non- traditional allies were asked to indicate their confidence level of understanding of factors that increase GBV against G/WWD. The scale of measurement was: Don't know, Not confident, A little confident, Confident, and Very confident. The results presented in table 12 indicate that non- traditional allies with Vary confident and those with Confident levels increased by 34% and 11.2% respectively; while those with Don't know, Not confident, and A little confident levels decreased by 10.8%, 16.8%, and 17.6% respectively. This positive increase in levels of understanding of factors that increase the risk of GG/WWDs to GBV due to the training received indicate how effective were the training. These results are promising for more commitments to actions aligned with protecting G/WWDs against GBV.

The main factors of GBV against G/WWDs include:

Cultural factors

Patriarchal and sexist views legitimize violence to ensure the dominance and superiority of men. Other cultural factors include gender stereotypes and prejudice, normative expectations of femininity and masculinity, the socialization of gender, an understanding of the family sphere as private and under male authority, and a general acceptance of violence as part of the public sphere (e.g. street sexual harassment of women), and/or as an acceptable means to solve conflict and assert oneself. People who live in rural communities may adhere to strong values of independence that prevent them from seeking help from "outsiders" or urban programs (Maguele & Khuzwayo, 2019)[1].

Legal factors

In recent years, countries around the world have passed laws criminalizing different forms of gender-based violence. Yet violence remains a serious threat for millions of women and girls who face barriers to reporting violence and accessing support services and resources. Why are laws often insufficient and how can we strengthen implementation? While laws and policies are a step in the right direction, their impact has yet to be felt on the ground. Being a victim of gender-based violence is perceived in many societies as shameful and weak, with many women still being considered guilty of attracting violence against themselves through their behaviour. This partly accounts for enduring low levels of reporting and investigation. A research of Mahuku in 2020 indicated that most of the countries in Sub-Sahara Africa have passed legislation that outlaws or criminalizes some of the practices such as domestic violence, sexual exploitation and abuse, sexual harassment, early child marriage, female genital mutilation in southern Africa. Thirteen of the 16 countries already have domestic violence legislation. Fourteen countries have legislation related to sexual exploitation. And 16 of the countries have signed on human trafficking. However, despite comprehensive laws and policies against GBV, it remains endemic in most of the countries (Mahuku, 2020)

Economic factors

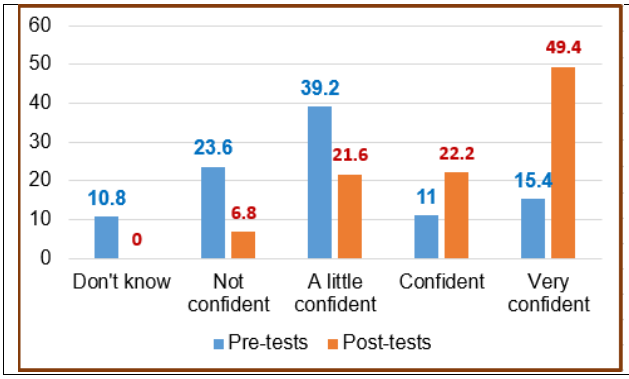
According to the World Bank, poverty is a risk factor associated with gender-based violence; it also often intersects with and reinforces gender inequality. The lack of economic resources generally makes women particularly vulnerable to violence. It creates patterns of violence and poverty that become self-perpetuating, making it extremely difficult for the victims to extricate themselves. When unemployment and poverty affect men, this can also cause them to assert their masculinity through violent means (The_World_Bank, 2015) [22].

Political factors

The under-representation of women in power and politics means that they have fewer opportunities to shape the discussion and to affect changes in policy, or to adopt measures to combat gender-based violence and support equality. The topic of gender-based violence is in some cases deemed not to be important, with domestic violence also being given insufficient resources and attention (Council_of_Europe, 2020).

[1] Maguele, M. S. B. & Khuzwayo, N. (2019). Mapping evidence of socio-cultural factors in intimate partner violence among young women: a scoping review protocol, Systematic Reviews volume 8, Article number: 312 (2019).

Table 12: Trends in confidence in understanding of factors of GBV against G/WWDs



Confidence level	Pre-tests (%)	Post-tests (%)	Trends (%)
Don't know	10.8	0	-10.8
Not confident	23.6	6.8	-16.8
A little confident	39.2	21.6	-17.6
Confident	11	22.2	+11.2
Very confident	15.4	49.4	+34
Total	100	100	

Sign (-) = indicates decrease (in %)
Sign (+)= indicates increase (in %)

***Source*:** Primary data (2022).

3.3.5 Change in knowledge about barriers limiting G/WWDs access to GBV services

Non- traditional allies were asked to evaluate their confidence level of understanding of potential barriers preventing G/WWDs accessing services and programs dedicated to them. The question was asked in form of five levels Likert scale where the scale of measuring was Don't know, Not confident, A little confident, Confident, and Very confident. The results presented in table 13 indicate that non-traditional allies with Very confident and Confident levels increased by 33.8% and 11.2% respectively; while those with Don't know, Not confident, and A little confident decreased by 12.2%, 21.2%, and 11.6% respectively.

These results indicate the effectiveness of the training in increasing the level of understanding among the participants. And such positive change lead to expectations according to which also the commitments for the protection of G/WWDs is increasing among the participants to the training.

Yakobi (2013) identified five barriers to accessibility for persons with disabilities in general and G/WWDs in particular. These barriers are attitudinal, organizational or systemic, architectural or physical, information or communications, and technology.

Attitudinal

Attitudinal barriers are behaviours, perceptions, and assumptions that discriminate against persons with disabilities. These barriers often emerge from a lack of understanding, which can lead people to ignore, to judge, or have misconceptions about a person with a disability.

Organizational or systemic

Organizational or systemic barriers are policies, procedures, or practices that unfairly discriminate and can prevent individuals from participating fully in a situation. Organizational or systemic barriers are often put into place unintentionally.

Architectural or physical

Architectural or physical barriers are elements of buildings or outdoor spaces that create barriers to persons with disabilities. These barriers relate to elements such as the design of a building's stairs or doorways, the layout of rooms, or the width of halls and sidewalks.

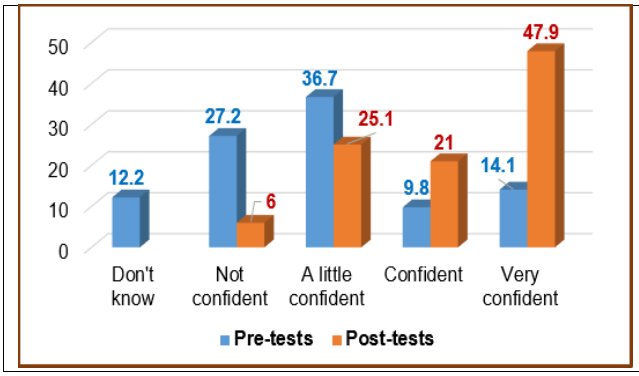
Information or communications

Information or communications barriers occur when sensory disabilities, such as hearing, seeing, or learning disabilities, have not been considered. These barriers relate to both the sending and receiving of information.

Technology

Technology barriers occur when a device or technological platform is not accessible to its intended audience and cannot be used with an assistive device. Technology can enhance the user experience, but it can also create unintentional barriers for some users. Technology barriers are often related to information and communications barriers.

Table 13: Trends in confidence in understanding of barriers limiting G/WWDs access to GBV services



Confidence level	Pre-tests (%)	Post-tests (%)	Trends (%)
Don't know	12.2	0	-12.2
Not confident	27.2	6	-21.2
A little confident	36.7	25.1	-11.6
Confident	9.8	21	+11.2
Very confident	14.1	47.9	+33.8
Total	100	100	

Sign (-) = indicates decrease (in %)
Sign (+)= indicates increase (in %)

***Source*:** Primary data (2022).

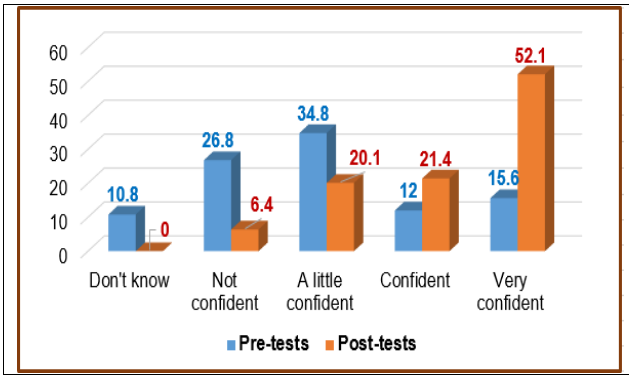
3.3.6 Change in knowledge about mechanisms for G/WWDs protection against GBV

Participants to the training were asked to indicate their level of confidence in understanding of mechanisms or actions to be undertaken in line with protecting G/WWDs against GBV. The question was also asked in form of five levels Likert

scale where the scale of measurement was: Don't know, Not confident, A little confident, Confident, and Very confident. The results presented in table 14 indicate that non- traditional allies with Very confident and those Confident levels increased their understanding by 36.5% and 9.4% respectively; while those with Don't know, Not confident, A little confident levels decreased by 10.8%, 20.4%, and 14.7% respectively.

Understanding of mechanisms or actions to take goes hand in hand with taking such actions effectively. As the non-traditional allies certified having increased their level of understanding of actions to be undertaken in line with protecting G/WWDs against GBV, it is a promising result indicating potential commitments for implementing the understood actions.

Table 14: Trends in confidence in understanding of mechanisms for protecting G/WWDs against GBV



Confidence level	Pre-tests (%)	Post-tests (%)	Trends (%)
Don't know	10.8	0	-10.8
Not confident	26.8	6.4	-20.4
A little confident	34.8	20.1	-14.7
Confident	12	21.4	+9.4
Very confident	15.6	52.1	+36.5
Total	100	100	

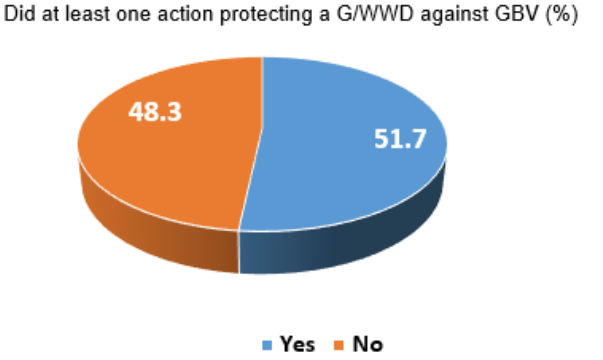
Sign (-) = indicates decrease (in %)
Sign (+)= indicates increase (in %)

***Source*:** Primary data (2022).

3.4 Change in practices brought by the project

3.4.1 Having done an action in line with protecting G/WWD against GBV

The participants to the training were asked to indicate they took at least one action in line with protecting G/WWDs against GBV.



The results presented in figure 1 indicate that 51.7% of non- traditional allies affirmed having done at least one action protecting a G/WWD since past six months. Some actions mentioned by the participants include: Advocating for G/WWDs for accessing services such as education, health insurance, prosthesis,

Fig 1: Non- traditional allies having done at least one action protecting a G/WWD

orthesis, etc; Advocating for parental recognition of the kid born by sexual violence by his father; Visiting the family of the G/WWD experiencing GBV; Reporting GBV committed against a G/WWDs; Speaking in public against GBV committed against G/WWDs; Accompanying a G/WWD accessing services for victims of GBV; Accompanying a G/WWD accessing reproductive health as well as legal services; Advocating for G/WWDs to access reproductive health services.

3.4.2 Institutions to which advocated or reported GBV against G/WWDS

The participants who certified having advocated for G/WWDs or reported GBV committed against G/WWDs were asked to indicate the institutions to which they reported the case or advocated to. The results indicate that some cases where reported to the family of the victim; others to health centers/ hospitals; others to local leaders; others to RIB; others to Isange One Stop Centers; others to the RNP.

Psychological violence

Committed against G/WWDs by neighbors through bad names and harassments; or by the family members themselves accusing the victim of being economically not productive; or cases of intimate partner violence; most of the time are advocated or reported to the family members for mediation. This depends on the severity of the violence and most of the time it is due to ignorance of the disability and the rights of the person with disability. Through mediation, family members instruct the perpetrator and the issue is handled peacefully. Severe cases committed deliberately are reported in RIB or RNP for justice.

Economic violence

May be based on the prevention of the rights to access households' assets and income. For example a man can sell a banana and misuse the money. But the case may be severe if the G/WWD is prevented the rights to the property which can affect her life. The less severe cases are treated by family members of mediators (Abunzi) and solved at this level. Most

severe ones are reported in higher institutions such as RNP, RIB, Courts.

Health centers and hospitals
Receive cases of severe GBV such as sexual violence or physical violence; or severe psychological violence that affect the psyche and cause mental issues.

Isange One Stop Centers
Are centers established as a holistic approach to deal with all types of GBV where the victim receive health and justice services at the same center.

3.5 Challenges faced by G/WWDs
The non- traditional allies were asked to list challenges faced by G/WWDs. The results show that the main challenges are the following: difficult to have prosthesis and orthesis; poverty; lack of self- confidence; self- isolation; stigmatization by community members; ignorance of their rights and deny of their rights by the society; undervaluation by the community; limited chances of getting marriage; unwanted pregnancy due to several reasons; violence; abandoned by the community; limited access to health services due to geographical area but also the limited health insurance coverage; unfavorable geographical areas; limited access to education; lack of seed capital for creating own income generating activity; unfavorable infrastructure limiting them access to some services; exclusive employment; GBV by the community members as well as family members; abandoned by family members; wrong ubudehe categorization which limit their access to important services; lack of disability cards which limit them access to some services such as the loan for PWDs; deaf have limited capability to report GBV and communicate to other people; lack of space for them to speak out their problems; etc.

3.6 Commitments for GBV prevention and response among G/WWDs
During the post- test, the participants were asked to take commitments and indicate actions they were going to take in line with inclusive GBV. The following are some of the commitments made by non- traditional allies trained: Timely reporting GBV cases; Conducting advocacy in favor of G/WWDs; Assisting in accessing services any G/WWDs experiencing GBV; Awareness about laws and policies protecting PWDs and G/WWDs in particular; Sensitizing colleagues paying more attention on the issue of GBV against G/WWDs and providing quick services to them; Talking about disability mainstreaming though community meetings where I live; Sensitizing families and the community owning the issue of GBV against G/WWDs and combat it from the root; Visiting families of PWDs and teaching them their rights; Teaching G/WWDs and sensitize them self-confidence; Organizing mobilization opportunities in favor of PWDs with focus on G/WWDs; Improving service delivery at workplace to G/WWDs and PWDs; Advocating for prosthesis; Identification of G/WWDs in my cell; assessing their problems and contributing to those falling under my capacity; Improving listening to G/WWDs.

4. Conclusion
This study assessed the role of Non- Traditional Allies in Inclusive GBV Prevention and Response. These are institutions running at grassroots level and have the capability to play direct role and/or influence service providers such as health professionals, RIB, RNP, MAJ, and higher local leaders. Non- traditional allies include and are not limited to Mediator/ Abunzi, Security organ/ DASSO, Community Health Workers, CNF, NCPD, Paralegal, National Itorero, Religious institutions, Friends of family/ IZU, Opinion leaders, Village leaders, Representatives of PWDs, Exemplary man/ woman/ family.

UNABU saw in them a strength to effectively tackle the issue of GBV challenging G/WWDs. However, UNABU noted their low level of understanding of disability, the rights of PWDs and G/WWDs, GBV, GBV against G/WWDs in particular, factors of GBV against G/WWDs, barriers faced by G/WWDs while accessing services, and the end results was to have a common understanding of personal and institutional responsibility to protect G/WWDs through effective service delivery from the community members to the top service providers. Only 47.9% had attended a conference about disability mainstreaming. In this line, UNABU organized training to the non- traditional allies for upholding their level of understanding and engage them with commitments towards the common goal of having a society where G/WWDs are free from violence and are fully integrated in all sectors of social economic activities.

The trainings were conducted at cell levels where the non-traditional allies live and operate and UNABU assessed their progress in understanding using pre- tests as well as post-tests which were responded individually. Most of the questions were asked in form of five level Likert scale. The results indicated that the non- traditional allies with Very confidence and Confidence levels of understanding of disability increased by 36.7% and 6.7% respectively; Very high and High knowledge about the rights of PWDs increased by 9.3% and 26.3% respectively; Very high and High level of understanding of GBV against G/WWDS increased by 10.8% and 24.9% respectively. Those with Vary confident and those with Confident levels in understanding of factors of GBV against G/WWDS increased by 34% and 11.2% respectively; and those with Very confident and Confident levels of understanding of barriers limiting G/WWDs access to GBV services increased by 33.8% and 11.2% respectively. Those with Very confident and Confident levels in understanding of mechanisms for G/WWDs protection against GBV increased their understanding by 36.5% and 9.4% respectively.

The training ended by a series of commitments defined by the participants as actions to be undertaken by themselves in line with the implementation of the knowledge training acquired through the training. Some commitments include: Timely reporting GBV cases; Conducting advocacy in favor of G/WWDs; Assisting in accessing services any G/WWDs experiencing GBV; Awareness about laws and policies protecting PWDs and G/WWDs in particular; Sensitizing colleagues paying more attention on the issue of GBV against G/WWDs and providing quick services to them; Talking about disability mainstreaming though community meetings where I live; Sensitizing families and the community owning the issue of GBV against G/WWDs and combat it from the root; Visiting families of PWDs and teaching them their rights; Teaching G/WWDs and sensitize them self-confidence; Organizing mobilization opportunities in favor of PWDs with focus on G/WWDs; Improving service delivery at workplace to G/WWDs and PWDs; Advocating for prosthesis; Identification of G/WWDs in my cell;

assessing their problems and contributing to those falling under my capacity; Improving listening to G/WWDs

7. Recommendations

Based on the results of pre- and post- tests the following are the recommendations:

1. Non- traditionel allies institutions are very important in promoting social life and very effective in dealing with social issues at grassroots level. They live day- to- day with the citizens (families and individuals). They therefore are aware of the situation in families and they easily can track the perpetrators of GBV and other crimes in the society. However, as indicated by the pre-tests, these institutions lack required skills for their jobs. The local government should set a budget for training those non- traditional allies for effective implementation of district performance contracts aligned with social security.
2. Local and international NGOs running in the community are recommended to work closely with these non-traditional institutions to improve their capacity building but also their effective contribution to building a sustainable peaceful society.
3. The non- traditional institutions work as volunteers and this may be a gap through which corruption may pass while dealing with GBV and other issues requiring more time and investigation. This paper recommends the local leaders to budget the awards for the best performing non-traditional allies to encourage them but also recognize their contribution on good governance.
4. It has been noted that the non- traditional allies institutions are made of persons with advanced age. This paper recommends to integrate more youths for promoting their participation on peace development and thus building sustainable future of Rwanda.
5. The research found that participants to the training, received a limited number of sessions between 1 and 2 on GBV. These training session are not enough to ensure that non- traditional are skilled enough to be autonomous in dealing with cases of GBV against G/WWDs; At least three non- consecutive trainings are required.
6. The paper recommend the local leaders to establish a follow- up mechanisms on the implementation of the commitments through regular follow-up surveys.
7. At sector level, there should be a committee of representatives of G/WWDs and non- traditional allies playing the supervision role for the cases of GBV against G/WWDs and following up the GBV reporting to the concerned institutions.
8. Local leaders should organize sessions mixing traditional and non- traditional allies to discuss deeply the issues of GBV and required partnership for join efforts to eliminate the GBV against G/WWDs.

8. References

1. Al Ju'beh. Disability inclusive development toolkit. Bensheim: CBM, 2015.
2. Council of Europe. What cause GBV?, 2020. https://www.coe.int/en/web/gender-matters/what-causes-gender-based-violence.
3. Koistinencharlotte, *et al*. Five facts to know about violence against women and girls with disabilities. The World Bank, 2019.
4. Liana. Leaders d'opinion, influenceurs: qui sontils et pourquoi sont-ils importants?, 2021. https://www.lianatech.fr/ressources/blog/leaders-dopinion-influenceurs-qui-sont-ils-et-pourquoi-sont-ils-importants.html.
5. Mahuku. Gender-Based Violence and Rule of Law: Improving Protections for Women, 2020. https://www.wilsoncenter.org/event/gender-based-violence-and-rule-law-improving-protections-women.
6. Maguele MSB, Khuzwayo N. Mapping evidence of socio-cultural factors in intimate partner violence among young women: a scoping review protocol, Systematic Reviews volume 8, Article number, 2019, 312.
7. MINIJUST. Rwanda's Constitution of 2003 with Amendments through 2015. Kigali: Ministry of Justice.
8. Rwanda Ministry of Health: National Community Health Policy 2008. 2008-2015. [http://www.ipar-rwanda.org].
9. Nzabagerageza. Inshuti z'Umuryango (IZU): Abakorerabushake barimo guhindura ubuzima bw'abana bafite ibibazo mu muryango. Kigali: Kigali Today, 2021.
10. OECD. Capacity development: working towards good practice, 2006. https://www.oecd.org/env/outreach/40695940.pdf.
11. Penal Reform International. Paralegals in Rwanda A Case Study by Penal Reform International January 2012. https://cdn.penalreform.org/wp-content/uploads/2013/05/Rwanda-paralegals-final-PDF_0.pdf.
12. RGB. Rwanda Community Health Workers Programme: 1995-2015: 20 Years of Building Healthier Communities. Kigali: Rwanda Governance Board, 2017.
13. Rimmerman. Social inclusion of people with disabilities: National and international perspectives. -: Cambridge University Press, 2013.
14. Rwandapedia. Rwanda's Home Grown Initiatives (HGI). Kigali, 2023. https://rwandapedia.rw/hgs/what-are-hgs.
15. The World Bank. Economic Empowerment to Address Gender-Based Violence, 2015. https://thedocs.worldbank.org/.
16. UN. Convention on the Rights of Persons with Disabilities and Optional Protocol (CRPD). New York: United Nations, 2006.
17. UNDP. Women shine as leaders, yet their absence at top levels of public service threatens pandemic recovery. -: University of Pittsburgh, 2021.
18. UPHLS. Improving the access to social services for people with Disabilities in Rwanda 2014-2016. Compilation on Rwandan disability legal framework. Kigali: Umbrella of Organizations of People with Disabilities in the Fight against HIV and AIDS and in Health promotion, 2014.
19. Van Wouwe. Gender-transformative Bandebereho couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial. PLoS One. 2018; 13(4):e0192756, doi: 10.1371/journal.pone.0192.
20. WHO & The World Bank. World report on disability. . Geneva: WHO, 2011.
21. Woodburn. Nothing about us without civil society: The role of civil society actors in the formation of the UN Convention on the Rights of Persons with Disabilities. . Political Perspectives. 2013; 7(1):75-96.

22. World Bank. Economic Empowerment to Address Gender-Based Violence, 2015. https://thedocs.worldbank.org/.
23. World Bank. Gender-Based Violence (Violence Against Women and Girls, 2019. https://www.worldbank.org/en/topic/socialsustainability/brief/violence-against-women-and-girls.