

SONKE GENDER JUSTICE

THE BEIJING DECLARATION PLATFORM FOR ACTION REVIEW

IN RWANDA SIERRA LEONE SOUTH AFRICA AND
DEMOCRATIC REPUBLIC OF CONGO (DRC)

2025



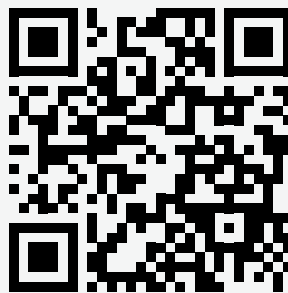
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MenEngage
working with men and boys for gender equality
Africa

TABLE OF CONTENTS

	Acknowledgements	4
1.	Executive Summary	5
2.	Introduction	7
3.	Rwanda	10
3.1	Section 1: Women and Health-Achievements, Challenges and Opportunities	11
3.2	Section ii: Violence Against Women-Achievements, Challenges and Opportunities	16
3.3	Section iii: Women and Armed Conflict-Achievements, Challenges and Opportunities	19
3.4	Section iv: Engaging Men and Boys in promoting gender equality and implementing BPfA	22
3.5	Recommendations	24
4.	Sierra Leone	26
4.1	Section 1: Women and Health-Achievements, Challenges and Opportunities	27
4.2	Section ii: Violence Against Women (VAW) -Achievements, Challenges and Opportunities	31
4.3	Section iii: Women and Armed Conflict-Achievements, Challenges and Opportunities	33
4.4	Section iv: Engaging Men and Boys in promoting gender equality and implementing BPfA	35
4.5	Recommendations	37
5.	South Africa	38
5.1	Section I: Women and Health – Achievements, Challenges and Opportunities	39
5.2	Section ii: Violence Against Women- Achievements, Challenges and Opportunities	42
5.3	Section iii: Women and Armed Conflict- Achievements, Challenges and Opportunities	44
5.4	Section iv: Engaging men and Boys- Achievements, Challenges and Opportunities	45
5.5	Recommendations	46
6.	Democratic Republic of Congo (DRC)	48
6.1	Section I: Women and Health in the Democratic Republic of Congo	49
6.2	Section ii: Violence Against Women	51
6.3	Section iii: Women in Armed Conflict	54
6.4	Section iv: Engaging Men and Boys	58
6.5	Recommendations	60
	Conclusion	64
	References	65



Sonke Gender Justice

Sonke is a South African-based non-profit organisation working throughout Africa. We believe women and men, girls and boys can work together to resist patriarchy, advocate for gender justice and achieve gender transformation.



MenEngage Alliance

MenEngage Alliance is a space for organizations to come together in solidarity with those most targeted by gender injustice and patriarchal systems to collectively dismantle structural barriers to women's rights and gender equality. As a global network, we bring together people and organizations with a shared vision of a world in which gender justice and human rights are recognized, promoted and protected, where all people are equal and free from discrimination and oppression.



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OUR PROJECT FUNDERS:



1. Executive Summary

Key findings

This report examines the progress made by Rwanda, Sierra Leone, South Africa, and the Democratic Republic of Congo (DRC) in implementing the Beijing Declaration and Platform for Action (BPfA). It highlights achievements, persistent challenges, and actionable recommendations across key thematic areas: women and health, violence against women (VAW), women and armed conflict, and the engagement of men and boys.

Rwanda stands out as a global leader in gender equality, with notable achievements in healthcare, political representation, and legislative frameworks addressing violence against women. The Community-Based Health Insurance scheme has significantly improved access to healthcare, and One-Stop Centres provide holistic support for survivors of VAW. Programs like the HeForShe campaign have effectively engaged men and boys as allies in promoting gender equity. However, cultural barriers, funding gaps in healthcare, and underrepresentation of women in military leadership remain critical challenges.

In Sierra Leone, efforts to address maternal health through the Free Health Care Initiative have improved access to life-saving services, particularly for women and children. Legislative reforms, such as the Prohibition of Child Marriage Act, represent important steps forward. Despite these advancements, Sierra Leone continues to face high maternal mortality rates, insufficient healthcare infrastructure, and deeply entrenched traditional practices like female genital mutilation (FGM). Survivors of conflict-related sexual violence also face stigma and limited access to justice and reparations.

South Africa has made significant progress in enhancing access to reproductive healthcare and addressing gender-based violence through legislative reforms and survivor-focused programs. Community dialogues and youth-focused initiatives have successfully engaged men and boys in gender equality efforts. However, high rates of gender-based violence, compounded by underreporting and stigma, remain a significant challenge. Socioeconomic inequalities further hinder progress, particularly for marginalized communities.

In the DRC, efforts to address VAW and promote gender equality have included community awareness campaigns and legislative measures. However, ongoing armed conflict continues to exacerbate violence against women and restrict access to essential healthcare. Weak institutional capacity has limited the implementation of gender-responsive policies, leaving gaps in addressing the needs of women in conflict-affected areas.

Across all four countries, engaging men and boys has emerged as a promising strategy for challenging harmful gender norms and promoting equitable partnerships. Programs such as Rwanda's HeForShe campaign and Sierra Leone's community dialogues illustrate the potential for transformative change when men are actively involved in gender equality efforts.

Recommendations

To accelerate progress toward achieving the BPfA goals, the following recommendations are proposed:

- 1. Strengthen Healthcare Systems:** Expand healthcare infrastructure and resources in underserved rural areas, ensuring equitable access to maternal and reproductive health services.
- 2. Enhance Support for Survivors of VAW:** Increase funding for survivor services, including one-stop centres, and improve community-level enforcement of anti-violence laws.
- 3. Promote Women's Representation:** Address gaps in women's leadership across military, security, and governance sectors through targeted recruitment, retention policies, and capacity-building initiatives.
- 4. Engage Men and Boys:** Scale up gender transformation programs and community engagement initiatives that challenge harmful norms and promote equitable partnerships.
- 5. Tackle Cultural Barriers:** Intensify community outreach and education to address harmful practices like child marriage and FGM, particularly in rural areas.
- 6. Address Conflict-Related Sexual Violence:** Strengthen institutional frameworks to ensure justice and reparations for survivors of wartime sexual violence, particularly in Sierra Leone and the DRC.
- 7. Secure Sustainable Funding:** Develop innovative and diversified funding mechanisms to support healthcare, gender equality initiatives, and conflict recovery programs.



Conclusion

This multi-country review of the Beijing Declaration and Platform for Action implementation reveals a mix of commendable achievements and persistent challenges in advancing gender equality across Rwanda, Sierra Leone, South Africa, and the Democratic Republic of Congo. Each country has made meaningful strides, but systemic issues and contextual barriers hinder fully realizing the BPfA goals.

1. Progress Across Key Areas:

Significant advancements have been made in women's healthcare, particularly in Rwanda and South Africa, where maternal mortality rates have declined, and reproductive health services have expanded. Legislative frameworks across all four countries have bolstered efforts to combat violence against women (VAW), with initiatives such as Rwanda's One-Stop Centres and Sierra Leone's Prohibition of Child Marriage Act standing out as notable achievements. Women's participation in peacebuilding and decision-making has also increased, with Rwanda leading globally in women's parliamentary representation. Additionally, the engagement of men and boys has emerged as a transformative strategy for challenging harmful norms, with impactful programs implemented in Rwanda and Sierra Leone.

2. Persistent Challenges:

Cultural norms and patriarchal structures remain deeply entrenched, posing significant barriers to progress in family planning, adolescent health, and women's leadership in traditionally male-dominated sectors. These challenges are further compounded by resource constraints, including funding gaps and insufficient infrastructure, particularly in Sierra Leone and the DRC, which undermine the effectiveness of gender-responsive programs. Moreover, violence against women remains pervasive, with stigma and underreporting diminishing the impact of legal protections and support mechanisms.

3. Emerging Priorities

- **Strengthen healthcare infrastructure:** Focus on underserved rural areas to ensure equitable access to essential services and improved health outcomes for women and girls.
- **Promote and support gender-responsive governance:** Address the underrepresentation of women in military and security sectors to advance peacebuilding and decision-making processes.
- **Expand male engagement initiatives:** Scale up programs that challenge harmful norms and promote equitable partnerships to ensure wider community impact.
- **Tackle conflict-related sexual violence:** Establish mechanisms to deliver justice and reparations for survivors, particularly in Sierra Leone and the DRC, ensuring their dignity and rights are prioritized.

4. Overall Implications:

While each country has showcased unique strengths, such as Rwanda's innovative health policies and Sierra Leone's legal advancements, the review underscores the need for sustained commitment to addressing structural and cultural barriers. Collaborative efforts among governments, civil society, and international partners remain critical to scaling successes and tackling persistent challenges. This review's findings highlight the potential and urgency of accelerating gender equality efforts in alignment with the BPfA framework. As these countries continue their journeys, the lessons drawn from their progress and challenges offer valuable insights to inform national and global strategies for a more equitable future.

2. Introduction

This report details a multi-country review of the Beijing Declaration and Platform for Action (BPfA) implementation as we approach the 30th anniversary of this ground-breaking framework. The review employed desk-based research to gather insights into the progress towards implementing the BPfA in the selected countries. As the global community reflects on the progress made since the adoption of the BPfA, it is essential to assess the current landscape of gender equality and identify both achievements and any challenges that continue to persist. The 30th anniversary of the BPfA presents a valuable opportunity to assess the progress made in advancing gender equality and the empowerment of women and its contribution towards the full realization of the 2030 Agenda for Sustainable Development, as well as to reflect on achievements, identify gaps, and formulate strategies to address emerging challenges. For this review, four African countries with diverse contexts and unique challenges, Rwanda, South Africa, Sierra Leone, and the Democratic Republic of the Congo —were selected to provide insights into the progress made under the BPfA framework. The selected countries' socio-political landscapes and regional variances will allow for a comprehensive analysis of both local and regional impacts of BPfA implementation.

The objective of the Assignment

This review sought to evaluate the progress in implementing the Beijing Platform for Action (BPfA), identify gaps and challenges encountered, and provide actionable recommendations to support national and regional efforts toward achieving gender equality. A key focus of the review was examining the role of men and boys in advancing gender equality. This concept has gained significant political attention since the Beijing Conference in 1995. There is a wide acknowledgement that achieving gender equality requires the active participation of men and boys alongside the efforts of women. This review analysed men's and boys' contributions as a cross-cutting theme, assessing their involvement over the review period and across selected thematic areas. The findings include recommendations to strengthen their role in promoting gender equality.

The review concentrated on progress, challenges, and best practices in implementing the BPfA within selected African countries. By identifying innovative strategies and highlighting practical approaches, the findings offer valuable insights to inform national policies and interventions, ensuring responsiveness to the needs of women and girls. These insights will also contribute to the global discourse on gender equality and inspire renewed commitments to action.

Scope Of Work

The selected areas of concern for this research are as follows:

1. **Women and Health:** Assessing access to healthcare services, reproductive rights, and the impact of health policies on women's well-being.
2. **Violence Against Women:** Evaluating the prevalence of gender-based violence, existing legal frameworks, and the effectiveness of interventions aimed at prevention and support.
3. **Women and Armed Conflict:** Analysing the effects of armed conflict on women, including displacement, violence, and participation in peacebuilding processes.

The research will concentrate on the following countries:

1. **Rwanda**
2. **Sierra Leone**
3. **South Africa**
4. **Democratic Republic of Congo**

Key Questions for the Review

The following key questions will guide the review:

Focus Area	Key Questions
Progress	What progress has been made in implementing the BPfA in the selected countries, particularly in the last decade?
Challenges and Barriers	What key challenges, barriers, and gaps have countries encountered in the implementation process?
Innovations and Best Practices	What are the innovative strategies, interventions, and best practices that have contributed to gender equality in each selected country?
Impact	How has the implementation of BPfA influenced the social, economic, political, and health outcomes for women and girls in the last 30 years?
Emerging Priorities	What are the emerging gender equality issues that need to be prioritized in the next decade?

Methodology

This review employed a desk-based research approach to evaluate the implementation of the Beijing Declaration and Platform for Action in selected African countries. The methodology involved an extensive review of secondary data, including national policy documents, government reports, international frameworks, academic literature, and program evaluations. This approach allowed for a detailed analysis of progress, gaps, and challenges related to gender equality across the chosen thematic areas.

Key data sources included reports from national governments, United Nations agencies, regional bodies, and civil society organizations. Statistical data and case studies were drawn from reputable sources to ensure the findings were evidence-based and comprehensive. The analysis focused on identifying trends, successes, and barriers in implementing the BPfA within the selected countries: Sierra Leone, Rwanda, South Africa, and the Democratic Republic of Congo.

The data was systematically analysed to identify patterns, best practices, and innovative strategies. The findings were contextualized to reflect the countries' unique socio-political and cultural realities, ensuring the conclusions and recommendations were relevant and actionable.

Limitations of the review

This evaluation faced notable limitations that impacted participant unresponsiveness. While the initial methodology planned for a combination of desk review, key informant interviews, and a survey to provide a more comprehensive understanding of the implementation of the BPfA, the latter two components could not be conducted. Despite repeated efforts, responses from targeted key informants and survey participants were not received, restricting the evaluation to secondary data collected through the desk review.

To address this limitation, the consultants employed an in-depth and systematic analysis of a broad range of secondary data sources, including government publications, international reports, program evaluations, and peer-reviewed literature. Using various data sources ensured the findings were evidence-based and reflected current progress and challenges. Furthermore, the review maintains credibility and relevance by triangulating data from multiple reputable sources, providing a robust foundation for the conclusions and recommendations. While first-hand insights would have enriched the analysis, the report remains a valuable resource for understanding the implementation of the BPfA in the selected countries.

Overview of the Beijing Declaration and Platform for Action (BPfA)

The BPfA, adopted at the Fourth World Conference on Women in Beijing in 1995, is a comprehensive global framework aimed at achieving gender equality and empowering women. The BPfA explicitly recognizes



The BPfA remains an essential foundation for global efforts to achieve gender equality, encouraging governments to regularly reflect on their progress, celebrate successes, and address ongoing challenges.

women's rights as human rights and emphasizes that equality between women and men benefits all. It outlines strategic objectives and actions across 12 critical areas of concern, including women's health, education, economic participation, political representation, and protection from violence. Governments endorsed the BPfA and committed to concrete measures to eliminate discrimination and promote gender equality. These measures include enacting laws, implementing policies, and allocating resources to advance women's rights, ensure equal opportunities, and address barriers to full participation in society. The BPfA remains an essential foundation for global efforts to achieve gender equality, encouraging governments to regularly reflect on their progress, celebrate successes, and address ongoing challenges.

The BPfA's twelve key areas of concern encompass:

1. Women and Poverty
2. Education and Training of Women
3. Women and Health
4. Violence Against Women
5. Women and Armed Conflict
6. Women and the Economy
7. Women in Power and Decision-Making
8. Institutional Mechanisms for the Advancement of Women
9. Human Rights of Women
10. Women and the Media
11. Women and the Environment
12. The Girl Child

This review will focus on progress made under the thematic areas of Women and Health, Violence Against Women, Women in Armed Conflict, and the Engagement of Men and Boys as a cross-cutting theme. The focus countries for this analysis are Rwanda, Sierra Leone, South Africa, and the Democratic Republic of Congo.



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The government of Rwanda has taken several legislative measures to address women's health in recognition of the need to address specific barriers that women often have to grapple with in accessing health services.

3. Rwanda

Rwanda's Progress in Implementing the Beijing Platform for Action

Rwanda has been a remarkable example of how the BPfA can be effectively implemented, particularly in the aftermath of the 1994 genocide, which left the country with immense challenges, including rebuilding a fractured society. The country's commitment to gender equality has been evident in its legislative reforms, institutional frameworks, and sociocultural transformation, making Rwanda one of the leading nations in gender parity. The country stands out globally for advancing gender equality and women's empowerment. Women hold almost two-thirds of the parliamentary seats and 52 per cent of cabinet posts. Rwanda's achievements include declining maternal mortality rates from women's improved access to quality and affordable health care. While the country has made significant strides in achieving gender parity and is among the leading countries in addressing gender equality globally, there is still room for improvement in addressing challenges such as violence against women and the burden of unpaid care work.

3.1 Section 1: Women and Health- Achievements, Challenges and Opportunities

A healthy population is essential for productivity and people's improved livelihood. Focusing on women's health is essential because it enhances their quality of life, autonomy, and opportunities. When women have access to adequate healthcare, they are better equipped to manage their reproductive health, avoid preventable illnesses, and lead fulfilling lives. Improved health empowers women to participate more fully in education, the workforce, and community leadership, contributing to their personal and economic independence.

Moreover, prioritizing women's health recognizes their unique biological and social challenges. It seeks to address their often-encountered barriers, such as limited access to reproductive health services, financial constraints, and cultural norms. By ensuring that women have equitable access to healthcare, societies affirm women's rights and create a foundation for their broader empowerment.

In addition to directly benefiting women, investing in their health has a profound multiplier effect on families and communities. Healthier women can more effectively care for their children and households, contribute more significantly to community development, and drive sustainable progress in their societies. Rwanda's targeted legislative measures and initiatives to improve women's health underscore the importance of this approach.

In this regard, Rwanda has taken significant steps to address women's health and improve their livelihoods and those of their communities. The government of Rwanda has taken several legislative measures to address women's health in recognition of the need to address specific barriers that women often have to grapple with in accessing health services. Some of the legislative measures taken include the following:

Legal and Institutional Framework

Rwanda has implemented progressive interventions that have improved health standards in general and that of women. It has enacted several laws and policies focusing on women's health. These include the following:

1. Law Relating to Human Reproductive Health N° 21/2016 of 20/05/2016: This law was promulgated in pursuant to the International Covenant on Economic, Social and Cultural Rights, Convention on the Rights of the Child, African Charter on the Rights and Welfare of the Child, Convention on the Elimination of All forms of Discrimination Against Women, Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa.¹ The law guarantees access to health care services. It emphasises education on reproductive health, including family planning and prevention of gender-based violence. Key components of the human reproductive health include safe delivery for the mother and the child, care for the newborns, prevention and treatment of sexually transmitted infections including HIV/AIDS; prevention and treatment of other infections that are harmful to human reproductive health; prevention and treatment of infertility² to mention a few.

1. Partners in Population Development. Rwanda Reproductive Health Law. Available at <https://www.partners-popdev.org/blogs/rwandan-reproductive-health-law/>

2. Ibid

2. Vision 2020 and Vision 2050: Rwanda's development blueprints, Vision 2020 and its successor Vision 2050, prioritize health as a cornerstone for sustainable development. According to Vision 50, the goal for women's health is to achieve universal access to high-quality healthcare, including comprehensive reproductive health services, with a specific focus on reducing maternal mortality rates, increasing access to family planning, and ensuring equitable access to healthcare for all women, aiming to reach standards comparable to high-income countries by 2050; this includes addressing issues like unplanned pregnancies and sexually transmitted diseases, particularly among young women. Gender equality and women's empowerment are central to these visions, with specific goals targeting improved healthcare access and reduced maternal and child mortality rates.

3. National Health Sector Plan 2018–2024: This plan acknowledges the need for mainstreaming of gender equity as a cross-cutting area within the health sector. The plan acknowledges the differential and specific health needs of women and men at all stages of life that are related to both physical differences and their societal roles. There is recognition for the need for a gendered approach for Sexual and Reproductive Health—Family Planning, general knowledge about reproductive health options and opportunities, as well as male engagement.³

4. Revised National Gender Policy 2021: The National Gender Policy provides a framework to mainstream gender in all sectors, including healthcare. The policy strives to guarantee equal access to quality healthcare services for women, including preventive care, maternal health services, family planning options, and treatment for sexually transmitted infections. Further, the policy includes measures to prevent and respond to gender-based violence against women, providing access to legal support, counselling, and medical care for survivors. It also promotes women's right to make informed decisions regarding their reproductive health, including access to contraception and safe abortion services where legally permitted.

5. Community-Based Health Insurance (CBHI): Introduced in Rwanda in 2004 to support universal access to healthcare, particularly for low-income populations, CBHI (also known as Mutuelle de Santé) is key to the country achieving the highest health insurance coverage rate in Africa. CBHI ensures that healthcare is affordable and accessible for all, including women in rural areas. By 2023, over 80% of the population was covered under CBHI, significantly reducing financial barriers to accessing healthcare.⁴

6. Maternal and Child Health Policy: This policy aligns with BPfA goals by prioritizing maternal health, improving antenatal and postnatal care, and enhancing access to skilled birth attendants.

Achievements in Women and Health

Rwanda has made significant achievements in women's health due to its commitment to promoting gender equity. Some of its achievements include increased capacity, quality infrastructure, comprehensive service delivery, community health worker effectiveness, access to health insurance (Mutuelle de Santé), and drone technology, among others. Rwanda is internationally recognized for its success in offering universal access to healthcare. With over 84% of Rwandans insured by the Mutuelle de Santé, citizens' access to primary health care has increased. The country operates a well-functioning, decentralized healthcare public service system comprising 1700 health posts, 500 health centres, 42 district hospitals, and five national referral hospitals.⁵

Reduction in Maternal Mortality: Rwanda has undergone a remarkable journey in tackling its high mortality rate over the last decade. Significant maternal mortality ratio reductions have decreased from 476 deaths in 2010/11 to 203 deaths per 100,000 births.⁶ There has also been an increase in antenatal care from skilled health providers, decreased neonatal mortality rate, and under-five mortality rate have been achieved, alongside increased access to sexual and reproductive health services. Further, the Government developed the Fourth Health Sector Strategic Plan 2018–2024 (HSSP IV), which acknowledges that women and men have specific health needs at all life stages related to physical differences and societal roles.⁷ It, therefore, provides that the health sector will eliminate gender barriers to receiving essential health services.⁸

3. Rwanda National Health Sector Plan, Pg 17. Available at https://www.childrendaids.org/sites/default/files/2018-05/Rwanda_Nat%20Health%20Sector%20Plan_2018-2024.pdf

4. Value In Health, HPR65 Client Satisfaction of the Rwanda Community Based Health Insurance (CBHI) Services and Benefits: <https://www.valueinhealthjournal.com/action/showPdf?pii=S1098-3015%2823%2901312-8>

5. The Great Lakes Eye. Liberation 30: Inside Rwanda's Revolutionary health care journey. Available at https://thegreatlakeseye.com/post?s=Liberation--30%3A--Inside--Rwanda%E2%80%99s--revolutionary--health--care--journey_1452#:~:text=The%20country%20operates%20a%20well,to%20an%20estimated%2029.8%20percent.

6. Beijing 30+ Rwanda Country report, Pg 24. Available at https://www.unwomen.org/sites/default/files/2024-09/b30_report_rwanda_en.pdf

7. The life stages referred to in the HSSP IV encompass key phases of life—infancy, adolescence, adulthood, and older age—each with unique health needs influenced by biological differences and societal roles. These stages ensure that healthcare services are tailored to address gender-specific needs throughout the lifespan.

8. Ibid



Rwanda has undergone a remarkable journey in tackling its high mortality rate over the last decade. Significant maternal mortality ratio reductions have decreased from 476 deaths in 2010/11 to 203 deaths per 100,000 births.

Success in addressing women's health can be attributed to:

- Increased access to skilled birth attendants.
- Expansion of healthcare facilities, including maternity wards in rural areas.
- Community health worker programs that ensure timely referrals and support during pregnancy.

Improved Access to Reproductive Health Services: The government has prioritized family planning, with contraceptive prevalence rates increasing from 17% to 52% between 2005 and 2010, and then increasing to 64% by 2020.⁹ Furthermore, usage of any contraceptive method increased by 50% among rural women and 47% among those with no education between 2005 and 2020¹⁰ Additionally, the unmet need for Family Planning decreased from 19% to 14% among all women of reproductive age.¹¹ This decrease was due to campaigns which raised awareness about reproductive health rights, while healthcare services provided free or subsidized contraceptives.

Addressing Gender-Based Violence (GBV): Rwanda has established One-Stop Centres across the country to provide holistic services for GBV survivors, including medical care, counselling, and legal support. This initiative ensures survivors can access healthcare without stigma or delays.

9. Corey J. et al. Family planning demand generation in Rwanda: Government efforts at the national and community level impact interpersonal communication and family norms. PLoS One. 2022 Apr 7;17(4): e0266520. doi: 10.1371/journal.pone.0266520. PMID: 35390080; PMCID: PMC8989356. Available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC8989356/#:~:text=Between%202005%20and%202010%2C%20the,2020%20%5B21%E2%80%9323%5D>

10. Ibid

11. UNFPA Rwanda. Expanding access to family planning for women and girls in Rwanda. Available at <https://rwanda.unfpa.org/en/news/expanding-access-family-planning-women-and-girls-rwanda>

Universal Healthcare Access: CBHI schemes have been adopted in various lower-income settings as an alternative to standard health insurance products but with mixed results.¹² However, in the case of Rwanda, it has contributed to a significant decrease in out-of-pocket spending on health and a reduced incidence of catastrophic healthcare spending, though these impacts tend to favour wealthier households over poorer households as they are more likely to enrol in the scheme.¹³ The rollout of CBHI has significantly improved healthcare accessibility for women, particularly in underserved areas. Rural women now have improved access to maternal healthcare, reducing disparities in health outcomes between urban and rural populations.

Tackling HIV and AIDS: Rwanda has been internationally recognised for its effective response to the HIV epidemic. According to the Global UNAIDS Report, released in July 2023, Rwanda is one of the five African countries that achieved the 95-95-95 targets, with an estimated 95% of people living with HIV aware of their status, 97.5% receiving antiretroviral therapy, and 98% achieving viral load suppression. According to these estimates, Rwanda is on a path that will end AIDS by 2030.¹⁴ The HIV prevalence rate among the general population aged 15–49 years in Rwanda decreased from 3.0% in 2015 to 2.7% in 2019–2020.¹⁵ This has been achieved through:

- Nationwide campaigns promoting prevention and testing.
- Free antiretroviral treatment for those diagnosed with HIV.
- Programs targeting the prevention of mother-to-child transmission (PMTCT), which have significantly reduced neonatal infections.

A reduction in HIV prevalence contributes to building a healthy society, which is in line with the priorities of BPfA especially where women are concerned. However, while the prevalence has decreased amongst the general population, it remains significantly higher for key populations such as female sex workers.¹⁶

Innovative Use of Technology: Rwanda's use of drone technology for medical supply delivery, including blood for transfusions during childbirth emergencies, has enhanced healthcare responsiveness, particularly in remote areas.¹⁷

Challenges in Women and Health

Healthcare Workforce: While the number of healthcare workers has increased, rural areas still face shortages of skilled personnel, impacting the quality of maternal and reproductive healthcare services.

Cultural Barriers: In Rwanda, cultural norms, gender biases, and misinformation significantly limit women's autonomy in making health-related decisions, particularly around family planning. Traditional patriarchal structures often place decision-making power in the hands of men, especially in rural areas, while religious beliefs and myths about contraceptives discourage their use. Additionally, gender-based violence and coercion can further hinder women's access to family planning services. Addressing these barriers requires community engagement, accurate information dissemination, and involving men in discussions to create a supportive environment for women's health autonomy.

Adolescent Health: Teenage pregnancies have increased from 6.1% in 2010 to 7.3% in 2015, with a further rise to 5% in 2020, where 4% of women aged 15–19 had given birth.¹⁸ This upward trend is concerning, as early pregnancies often lead to school dropouts, limiting educational and economic opportunities for young women and perpetuating cycles of poverty. Contributing factors include limited access to adolescent-friendly reproductive health services, societal stigma surrounding sexual health discussions, and inadequate sexual

12. Woldemichael, Andinet, Gurara, Daniel & Shimeles, Abebe, "The Impact of Community Based Health Insurance Schemes on Out-of-Pocket Healthcare Spending: Evidence from Rwanda," IMF Working Paper No. 2019/038, 2019, <https://www.imf.org/en/Publications/WP/Issues/2019/02/23/The-Impact-of-Community-Based-Health-Insurance-Schemes-on-Out-of-Pocket-Healthcare-Spending-46587#:~:text=We%20find%20that%20the%20scheme,as%20compared%20to%20the%20poor>

13. Ibid

14. Rwanda Biomedical Centre. HIV, STIs and Viral Hepatitis Programs Annual Report 2022–2023. Available at https://www.rbc.gov.rw/fileadmin/user_upload/report23/HIV%20Annual%20report%202022%20-2023.pdf?utm_source=chatgpt.com

15. Ibid

16. Ibid

17. Amukele, Timothy, Using drones to deliver blood products in Rwanda, The Lancet Global Health, April 2022, Volume 10, Issue 4, e463 – e464

18. Tackling teenage pregnancy in Rwanda with youth-led innovation: https://rwanda.un.org/en/31433-tackling-teenage-pregnancy-rwanda-youth-led-innovation?utm_source=chatgpt.com



education in schools. Cultural taboos further restrict open dialogue, leaving many adolescents without the necessary information and resources to make informed health decisions. Addressing these challenges requires comprehensive strategies, such as expanding access to youth-focused health services, enhancing sexual health education, and fostering supportive community attitudes to empower young people and reduce the incidence of teenage pregnancies.

Funding Gaps: While CBHI has improved healthcare affordability, sustainability challenges persist due to funding gaps, particularly for low-income households. The CBHI is primarily funded through annual member premiums, which account for approximately 66% of its revenue, with the remaining funds sourced from government and donor contributions. Despite this structure, the scheme has consistently faced financial deficits, necessitating government intervention to settle debts with healthcare providers. Rwanda implemented a tiered premium system based on the Ubudehe categorization to address equity concerns, which classifies households into different socioeconomic groups. The poorest households receive full government subsidies; others must pay premiums scaled to their income levels. However, households that do not qualify for full subsidies often struggle to afford these premiums, leading to lower enrolment rates among the poorest segments of the population.¹⁹

In conclusion, Rwanda's Beijing Platform for Action implementation demonstrates a strong commitment to advancing gender equality and women's empowerment through comprehensive policies, innovative

19. Community-Based Health Insurance contributes to near-universal health coverage in Rwanda

programs, and community-focused approaches. The country's progress in addressing women's health, reducing maternal mortality, and improving access to reproductive health services highlights its dedication to creating equitable health outcomes. Initiatives such as the Community-Based Health Insurance scheme and the establishment of One-Stop Centres for survivors of gender-based violence have further bolstered these achievements.

However, challenges persist, including cultural barriers to family planning, funding gaps in health programs, and the increasing prevalence of adolescent pregnancies. Addressing these issues requires sustained efforts, including stronger community engagement, targeted resource allocation, and enhanced focus on adolescent-friendly health services. By continuing to address these gaps and building on its successes, Rwanda has the potential to remain a global leader in gender equality and serve as a model for other nations striving to implement the Beijing Platform for Action.

3.2 Section 1 Violence Against Women-Achievements, Challenges and Opportunities

Violence against women and girls has adverse effects on women and girls' general well-being and hinders them from fully participating in different spheres of society. It impacts their families, their communities and the economy at large. VAW is a perverse form of violence, which is a significant challenge globally, and Rwanda is no exception. Numerous women and girls have experienced multiple and intersecting forms of violence and oppression, including intimate partner violence, sexual violence and early and forced marriage. Results from a demographic health survey in 2019/2020 showed that Intimate Partner Violence (IPV) increased from 40% in 2015 to 46% in 2020, while it decreased from 21% to 18% among men during the same period. Violence against women is widespread, with 56% of Rwandan women experiencing violence in their lives. The government of Rwanda has introduced measures and structures to curb this violence. These include legislative measures and various programmes such as the Community Health Worker Program, the Rwanda Women Adolescent and Child Health Initiative (RWACHI), and the Women for Women Rwanda program.

Legislative Framework

Vision 2050: regarding Gender Based violence (GBV) which predominantly affects women and girls, the goal of this vision is to create a society completely free from all forms of gender-based discrimination, aiming for equal contribution and benefit from national development goals by both men and women, effectively positioning the fight against gender-based violence as a central pillar of the country's long-term development plan; this includes actively promoting gender equality and social inclusiveness across all sectors.

The Constitution of Rwanda: Rwanda's Constitution guarantees gender equality, mandating a minimum 30% representation for women in all decision-making bodies. Gender-responsive laws addressing inheritance, property rights, and protection against gender-based violence (GBV) have strengthened women's rights. The constitution guarantees gender equality and prohibits all forms of discrimination, including gender-based violence. Article 10 highlights the importance of gender balance and equality in national development.

Law No. 59/2008 on the Prevention and Punishment of Gender-Based Violence: This law defines GBV, including physical, psychological, sexual, and economic violence. It also outlines punishments for various forms of GBV, such as rape, domestic violence, and sexual harassment. It further emphasizes protection and support for survivors, including access to legal, medical, and psychological services.

Law on Prevention and Punishment of Human Trafficking (2018): This law targets human trafficking, a prevalent form of violence against women, with a focus on prevention, prosecution, and victim support.

Law No. 43/2013 Governing Land in Rwanda: This law guarantees women's equal rights to land, addressing a root cause of economic dependency that often exacerbates vulnerability to violence.

Revised National Gender Policy 2021: The overall goal of the National Gender Policy is to improve gender equality and equity in various sectors while increasing women's access to economic resources and opportunities; by ensuring that women and men are free from any form of gender-based violence and discrimination.²⁰ Equality

20. https://www.sdg16.plus/policies/community-based-health-insurance-contributes-to-near-universal-health-coverage-in-rwanda/?utm_source=chatgpt.com



and equity in various sectors while increasing women's access to economic resources and opportunities by ensuring that women and men are free from any form of gender-based violence and discrimination. The mission of the policy is to ensure that gender gaps across sectors are addressed through accelerating effective gender mainstreaming, gender-responsive interventions, and gender accountability mechanisms to position Rwanda as a global model in promoting gender equality. Among other things, the policy seeks to 1) Identify, map and address persistent cultural norms, gender stereotypes, and imbalances affecting the principles of gender equality and equity between women and men and girls and boys; 2) Ensure practical boys and men's engagement programs and strategies in gender promotion; 3) Strengthen the mechanisms for promoting women's participation in leadership and decision-making positions.²¹ In this regard, the policy actively addresses violence against women by aiming to achieve gender equality and equity across sectors, ensuring women and men are free from any form of gender-based violence. It strongly focuses on prevention and response mechanisms through legislation and policy frameworks like the "Law on the Prevention and Punishment of Gender-based Violence.

Further to various legal frameworks, Rwanda has also established robust institutions to address GBV. These include:

Isange One-Stop Centres (IOSCs): These are multidisciplinary service hubs in Rwanda that provide comprehensive support to survivors of gender-based violence (GBV) and child abuse. Established in 2009 by the Rwandan government in collaboration with key partners such as the United Nations and the European Union, these centres are designed to deliver holistic survivor-centred care in a safe and confidential environment, including medical care, psychosocial support, legal aid, and police assistance. The integration of services ensures timely and survivor-centred responses. IOSCs operate around the clock to address emergencies and provide immediate care to survivors, including those in crises. Initially piloted at Kacyiru Hospital in Kigali, the IOSC model has been expanded to district hospitals nationwide, ensuring nationwide access, particularly for rural populations.

Anti-GBV Campaigns: Rwanda implements a variety of anti-gender-based violence (GBV) campaigns to raise awareness, promote prevention, and encourage reporting of GBV cases. These campaigns target diverse groups, including individuals, communities, institutions, and policymakers, and are key components of the country's broader strategy to combat GBV and promote gender equality. These include the 16 Days of Activism

21. Food and Agriculture Organization of the United Nations. Rwanda Revised Gender Policy 2021. Available at <https://www.fao.org/faolex/results/details/en/c/LEX-FAOC205561/>

Against Gender-Based Violence global campaign. Rwanda also participates in the HeForShe campaign, which promotes the engagement of men and boys in actively fighting GBV and promoting gender equality. Key activities include workshops and dialogues with men on their role in preventing violence and showcasing positive examples of non-violent masculinity and partnership in families. Rwanda also has anti-GBV Youth campaigns which target young people through school programs, clubs, and workshops that teach gender equality, respectful relationships, and the consequences of GBV.

National Itorero Program: The Itorero program, rooted in Rwanda's cultural traditions, integrates GBV prevention into its teachings on citizenship, unity, and social responsibility. Itorero camps often focus on educating young people about their role in promoting equality and respecting women.

Education Programs: Gender-sensitive curricula in schools educate youth on respectful relationships, human rights, and the impact of violence against women.

Achievements in addressing VAW

Rwanda has made significant strides in addressing GBV more broadly and VAW by implementing strong legal frameworks, establishing specialized GBV response mechanisms within the police and judiciary, actively engaging men and boys in prevention efforts, and prioritizing gender equality at the highest levels of government, positioning itself as a global leader in the fight against GBV. In this regard, Rwanda has established Gender Desks within the police and military, providing specialized training to officers to handle GBV cases effectively. One-stop centres are also available at community health centres to provide comprehensive support to victims. Rwanda also promotes community engagement and initiatives such as the one by Rwanda Men's Resource Centre (RWAMREC)- MenEngage Rwanda's secretariat actively engaging men and boys in promoting gender equality and preventing GBV, challenging harmful social norms. Rwanda also invests in collecting data to monitor the prevalence of GBV and assess the effectiveness of interventions.



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As a result of these interventions, there has been an improvement in the reporting of GBV cases as more people become sensitized. The creation of ISCOs and capacity strengthening provided to their teams have significantly reduced the time spent processing cases. The Centres, which also provide services under one roof, are perceived to be victim-friendly, a factor encouraging victims to seek services and report GBV cases.²² Because of its efforts, Rwanda is often recognized as a global leader in championing gender equality and women's rights.

Challenges in addressing VAW

While Rwanda has made significant progress in legal and institutional frameworks, challenges that affect the effective curbing of GBV and, particularly, VAW remain. These include:

- **Cultural Norms and Practices:** Despite legal protections, societal norms often perpetuate gender-based discrimination, limiting the full implementation of gender equality initiatives.
- **Resource Constraints:** While gender-responsive budgeting is in place, financial and human resource limitations hinder the effectiveness of gender programs at local levels.
- **Rural-Urban Divide:** Women in rural areas face more significant barriers, including limited access to education, healthcare, and economic opportunities, compared to their urban counterparts.
- **GBV Persistence:** Gender-based violence, including domestic violence, remains a pressing issue, with underreporting and stigma affecting the enforcement of existing laws.
- **Impact of COVID-19:** Various crises have impeded the implementation of the BPfA. These include the global COVID-19 pandemic, which also impacted Rwanda's ability to curb GBV as it disrupted progress by straining resources and exacerbating economic inequalities, disproportionately affecting women. This was particularly evident in GBV prevention and the promotion of women's economic empowerment. Measures to contain COVID-19, such as lockdowns, led to a surge in GBV cases, with women disproportionately affected. Also, these measures severely impacted businesses, leading to some entrepreneurs, including women, losing their businesses entirely due to the pandemic's effects. Job losses have also ensued, exacerbating women's economic and social hardships.

3.3 Section iii: Women and Armed Conflict-Achievements, Challenges and Opportunities

The issue of women and armed conflict in Rwanda is deeply intertwined with the country's tragic history, particularly the 1994 Genocide against the Tutsi, which left deep scars on Rwandan society. As a post-genocide nation, Rwanda has seen significant strides in gender equality. It has made notable efforts in implementing the Beijing Declaration and Platform for Action (BPfA), particularly in the context of women in armed conflict. However, while progress is evident, significant gaps and challenges remain in fully realizing the aspirations of the BPfA, especially concerning women's rights and empowerment during and after armed conflicts.

Legal Framework

Rwanda has a robust legal framework that supports gender equality and addresses the needs of women affected by armed conflict. The country has ratified key international instruments, including the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). It is a signatory to UN Security Council Resolutions 1325 and 1820, which specifically address the role of women in peace and security, as well as sexual violence in conflict. Furthermore, Rwanda has aligned its national policies with the BPfA in promoting women's rights. The 2003 Rwanda Constitution explicitly mandates gender equality and sets specific targets for women's participation in governance and other key sectors, such as the military and judiciary. Rwanda's Revised National Gender Policy also includes provisions for supporting women victims of armed conflict, including those who suffer from gender-based violence (GBV) during and after conflict. Additionally, Rwanda has had two National Action Plans (NAPs) on the implementation of UNSCR1325. Rwanda's most recent NAP covered the period 2018–2022. The NAP has five pillars as follows:

- **Participation and Leadership:** Ensuring women's active participation in decision-making, particularly in peace and security processes.
- **Prevention of Violence:** Strengthening strategies to prevent violence against women, including engaging men and communities in conflict prevention efforts.
- **Protection from Violence:** Enhancing mechanisms to protect women from sexual and gender-based

22. Mbaraga R. and Nakkazi E. VAW in Rwanda. UN Africa Renewal. Available at <https://www.un.org/africarenewal/news/vaw-rwanda>

- violence (SGBV), with improved capacity of the justice sector.
- **Economic Recovery and Rehabilitation:** Providing equal access to resources for women, focusing on economic recovery in post-conflict and recovery settings.
- **International and Regional Cooperation:** Promoting women's participation in international peace processes and strengthening the capacity of Rwanda's forces to address SGBV.

While each objective has corresponding actions, indicators, and a comprehensive monitoring and evaluation framework, the NAP does not have an allocated budget.²³

Achievements in addressing women and armed conflict

Political Participation and Decision-Making

Rwanda has made considerable strides in enhancing the political participation of women, a key component of the BPfA. The country is a global leader in terms of female representation in government. As of 2023, Rwanda led the world rankings with the highest proportions of women in parliament in the world, with women holding 61.3% of the seats in the Chamber of Deputies.²⁴ This is especially significant when discussing the impact of women in decision-making processes related to peace and security post-conflict.

Rwanda's gender-responsive laws have translated into active participation of women in the country's leadership, including the armed forces. The country has promoted women in peacebuilding, and the Rwandan military, which has been heavily involved in peacekeeping missions abroad, has gradually increased female representation in its ranks. As a result, Rwanda is recognized for its significant involvement in UN peacekeeping operations, with many women serving in leadership roles in peacekeeping contingents.



23. Women's International League for Freedom and Peace. Rwanda. Available at <https://1325naps.peacewomen.org/index.php/rwanda/>

24. UN Africa Renewal. Available at <https://www.un.org/africarenewal/magazine/march-2024/women-parliament-slow-progress-towards-equal-representation>

Post-Conflict Justice and Healing

The country has undertaken significant efforts to address the consequences of the 1994 genocide against the Tutsi. Rwanda established the Gacaca court system to try the lower-level perpetrators of the genocide, ensuring that the crimes of sexual violence, among others, were given due attention. The prosecution of sexual violence crimes, as part of the broader commitment to justice, has been an important tool for ensuring that women who suffered during the conflict were not forgotten.

Additionally, Rwanda has developed programs to provide survivors with psychological support and socioeconomic opportunities for recovery. Women's reintegration programs, such as those targeting female ex-combatants and widows, have been a key part of Rwanda's gender-responsive post-conflict recovery agenda.

Challenges in Women and Armed Conflict

Underrepresentation in Military and Security Sectors

Although Rwanda has made significant strides in increasing female participation in leadership and governance, the representation of women within the military and security sectors, while improving, still lags other sectors. Despite Rwanda's many female peacekeepers, their combat and high-level military decision-making roles remain limited. Women continue to face barriers in advancing to higher ranks in the military, which impedes their ability to influence policies and decisions regarding the security of women in conflict.

Moreover, there is still a lack of comprehensive policies targeting recruiting and retaining women in the armed forces, which remains a challenge in achieving gender equality in the sector. As of 2023, Rwanda had only 21% of women in its police force and 4.6% women in its military, both numbers below 30%.²⁵ While Rwanda has made numerous strides in its involvement in Peace Support Operations (PSOs), the issue that remains is the number of women that are part of its deployment to assess the gender-inclusiveness of its police and troops. As part of its commitment to peace operations, Rwanda currently has over 5000 troops and police deployed across different African missions; however, less than 10 per cent are women.²⁶ This demonstrates that women are underrepresented in these processes. In this regard, there is a need for holistic representation of women across all sectors instead of only focusing efforts on women's participation in the political system. Without the increased representation of women in Rwanda's PSO deployment, the need to ensure women's visibility in the country's decision-making sphere becomes inhibited.

Inadequate Protection for Female Combatants

While Rwanda has made strides in addressing the needs of civilian women affected by armed conflict, the needs of female combatants, particularly those who have been recruited into armed groups, remain inadequately addressed. Female ex-combatants, especially those who have been part of rebel forces, often face stigmatization upon reintegration, and there are insufficient programs tailored to their specific needs. These women often struggle to access education, vocational training, and healthcare, which are critical to reintegration into society.

Furthermore, the experiences of female soldiers during conflict, such as exposure to sexual violence, coercion, and forced recruitment, often go unacknowledged in peacebuilding efforts, leading to insufficient support for their healing and reintegration.

Addressing Sexual and Gender-Based Violence (SGBV)

Despite significant progress in addressing sexual and gender-based violence (SGBV) during and after the Rwandan Genocide, SGBV continues to be a serious issue, particularly in conflict zones. While Rwanda's legal framework is progressive, and the country has made strides in punishing those responsible for gender-based crimes, the implementation of laws and policies to prevent sexual violence in conflict settings remains inconsistent. There are concerns over how peacekeeping operations handle conflict-related sexual violence. While Rwanda has sent female soldiers on peacekeeping missions, reports of sexual exploitation and abuse by peacekeepers have affected the credibility of these operations. Women victims of violence in post-conflict situations often struggle to gain access to the justice system due to structural barriers such as limited legal aid, societal stigma, and inadequate support services.

25. Institute for Security Studies, 'Gender parity paramount in peace support operations', 2023.

26. Official Website of Rwanda Ministry of Defence, 'Rwanda Defence Force and Peacekeeping', <https://www.mod.gov.rw/rdf/peacekeeping>

Gender Stereotypes and Cultural Barriers

Like many countries, Rwanda faces cultural challenges that impede the full implementation of the BPfA. Gender stereotypes continue to influence the roles that women are expected to play in peacebuilding and conflict resolution. Despite their significant role in Rwanda's post-conflict recovery, women are often viewed as passive victims rather than active agents in peace and security. These stereotypes can limit their participation in formal peace processes or peace negotiations despite their demonstrated capabilities.

Gender stereotypes still serve as a limitation that discourages women from entering the Rwanda Defence Forces out of concern that they would lose their respect in society, and some of these harmful ideas include that female soldiers are prostitutes or sexually promiscuous. As a result, society views women who have served in the military and are presently in retirement in a negative light due to patriarchal attitudes.

Continued Gender Inequality

Despite significant legal and policy advancements, economic inequality between men and women remains a challenge. Women, particularly those affected by armed conflict, continue to face barriers to accessing land, education, and employment. The lack of economic empowerment is a critical challenge for the long-term success of gender equality in post-conflict settings.

3.4 Section iv: Engaging Men and Boys in promoting gender equality and implementing BPfA

Engaging men and boys is crucial in addressing gender equality and gender-based violence (GBV) because they play a central role in challenging the societal norms, attitudes, and structures that perpetuate gender inequality. Gender inequality and GBV are not solely "women's issues"; they are societal problems rooted in power imbalances, patriarchal norms, and harmful cultural practices that often privilege men. Engaging men and boys help challenge these harmful stereotypes, promoting alternative masculinities that value respect, empathy, and non-violence. Rwanda has made deliberate efforts to engage men and boys in implementing the Beijing Platform for Action (BPfA) over the last decade, particularly in addressing gender equality and combating gender-based violence (GBV). Policymakers have recognized the pivotal role of men and boys in challenging patriarchal norms and driving social change, leading the country to integrate them into its gender-responsive policies, programs, and grassroots initiatives. Some of the ways Rwanda has engaged men and boys are as follows:

1. Policy Frameworks and National Commitments

- **National Gender Policy:** Rwanda's National Gender Policy explicitly recognizes the importance of involving men and boys as partners in promoting gender equality. The policy emphasizes shared responsibilities in domestic, community, and national life to dismantle harmful gender norms.
- **Rwanda HIV and AIDS National Strategic Plan 2018-2024:** The plan incorporates a gender-sensitive approach, emphasizing the importance of engaging men and boys in HIV prevention, treatment, and care. The plan supports initiatives targeting men with tailored information on HIV prevention, safe sex practices, and testing. For example, campaigns emphasize the use of condoms, voluntary medical male circumcision (VMMC), and reducing risky sexual behaviours. The plan also encourages men to accompany their partners to health facilities for HIV testing and counselling, which increases trust and shared responsibility for health. The plan recognizes that cultural norms often discourage men from seeking healthcare services. As part of its behavioural change communication (BCC) strategy, it seeks to redefine masculinity and promote positive behaviours, such as openness to testing, disclosure of HIV status, and supporting partners living with HIV. The Rwanda HIV and AIDS National Strategic Plan 2018-2024, which focuses on preventing mother-to-child transmission (PMTCT) of HIV, actively promotes male involvement. Men are encouraged to accompany their pregnant partners to antenatal visits, participate in HIV testing, and support treatment adherence during and after pregnancy.
- **HeForShe Campaign:** Rwanda was one of the first countries to commit to UN Women's HeForShe initiative, which mobilizes men and boys as advocates for gender equality. Under this campaign, Rwandan leaders, including President Paul Kagame, pledged to promote gender equality. The campaign also engaged men at the grassroots level, fostering their involvement in initiatives to reduce GBV and support women's empowerment.

2. Initiatives for Engaging Men and Boys

#	Initiative	Description	Objective
1.	National Gender Policy	Recognizes the importance of involving men and boys in promoting gender equality, emphasizing shared responsibilities.	Dismantle harmful gender norms and foster male involvement in domestic, community, and national life.
2.	Rwanda HIV and AIDS National Strategic Plan 2018–2024	Incorporates a gender-sensitive approach to HIV prevention, including engaging men in PMTCT, HIV testing, and treatment adherence.	Redefine masculinity, promote shared responsibility for health, and improve male engagement in healthcare services.
3.	HeForShe Campaign	Mobilizes men and boys as advocates for gender equality through leadership and grassroots initiatives.	Reduce GBV, promote women's empowerment, and foster male participation in gender equality advocacy.
4.	MenEngage Rwanda Network	Engages men and boys in addressing GBV, challenging harmful masculinity, and promoting gender equality through community programs.	Encourage men to take active roles in conversations about gender justice and equality at the grassroots level.
5.	Umugoroba w'Ababyeyi (Parents' Evening Forum)	Expands a traditionally women-focused initiative to include men in addressing family conflicts and shared parenting.	Foster shared decision-making in households, reduce domestic violence, and promote equal parenting responsibilities.
6.	Community Dialogues	Leverages forums like Umuganda to engage men in discussions on gender equity, HIV prevention, and shared responsibilities.	Shift attitudes towards shared decision-making and greater male involvement in community health initiatives.
7.	Positive Masculinity Campaigns	Promotes respect, non-violence, and shared responsibilities through media and community-led campaigns.	Shift societal norms to value gender equality, equitable partnerships, and responsible parenting.
8.	Engaging Traditional and Religious Leaders	Trains leaders to advocate for gender equality and denounce GBV in cultural and religious contexts.	Use influential positions to promote gender-sensitive practices and reject harmful cultural norms.
9.	Engaging Local Government Officials	Enlists male leaders at the district and village levels to champion gender equality programs and demonstrate shared parenting.	Strengthen leadership in addressing GBV, supporting women's leadership, and fostering equitable communities.
10.	Engaging Men in Economic Empowerment Initiatives	Encourages male support for women's access to credit, land ownership, and entrepreneurship opportunities.	Promote equality in economic development and encourage workplaces to adopt family-friendly policies.
11.	Isange One-Stop Centres	Provides integrated medical, legal, and psychosocial support for GBV survivors and includes counselling programs for men.	Reduce GBV by helping abusive partners address root causes and commit to behaviour change.
12.	Anti-GBV Committees	Mobilizes men and boys to prevent violence through outreach programs and awareness campaigns.	Raise awareness of GBV consequences and encourage community-driven bystander intervention.
13.	Gender Clubs	School-based clubs that bring boys and girls together to discuss gender equality and GBV prevention.	Equip boys with the knowledge and skills to challenge harmful practices and support equitable relationships.
14.	Comprehensive Sexuality Education (CSE)	Curriculum that includes lessons on consent, boundaries, and gender equality, targeting boys and girls at an early age.	Build respectful attitudes and promote healthy, equitable relationships from a young age.
15.	Itorero Cultural Program	Civic education program emphasizing patriotism, unity, and gender equality among young men.	Train young men to reject harmful practices and champion gender equality in their communities.
16.	Sports for Change	Uses sports as a platform to address GBV and promote respect, inclusivity, and gender equality.	Encourage young men and boys to adopt values of respect, teamwork, and non-violence.

3. Monitoring and Accountability

The Rwandan Gender Monitoring Office (GMO) tracks progress in gender equality and regularly evaluates the effectiveness of programs involving men and boys. This evaluation ensures that their engagement is impactful and aligned with the goals of the BPfA.

4. Challenges and Areas for Improvement

While Rwanda has made significant progress in engaging men and boys, challenges remain:

1. **Deep-Rooted Patriarchal Norms:** Cultural and societal norms continue to perpetuate gender inequality in some communities, requiring ongoing sensitization.
2. **Insufficient Resources:** Programs targeting men and boys face funding constraints, limiting their reach and sustainability.
3. **Inconsistent Participation:** While many men participate in gender equality initiatives, others remain resistant or disengaged, necessitating more inclusive and tailored approaches.

In conclusion, Rwanda's efforts to engage men and boys in implementing the Beijing Platform for Action reflect the country's commitment to gender equality. Through community programs, national campaigns, school interventions, and role modelling by male leaders, Rwanda has made significant strides in addressing GBV and promoting equitable relationships. However, sustained investment, broader engagement, and cultural transformation are needed to deepen the impact and ensure that gender equality becomes a reality for all Rwandans.

3.5 Recommendations

Recommendations for Addressing Women's Health

- **Healthcare Expansion:** There is a need to strengthen healthcare infrastructure and workforce in rural areas to address disparities in healthcare quality.
- **Address gender stereotypes and cultural barriers:** Rwanda should continue to intensify community engagement to challenge gender and cultural barriers affecting women's healthcare decisions, including married women's decision-making on the access to and use of contraception.
- **Expand adolescent health programs:** There is a need to strengthen adolescent health programs, including comprehensive sexuality education and access to reproductive health services.
- **Ensure the sustainability of CBHI:** while CBHI is a valuable initiative in addressing access to healthcare, it is necessary to strengthen its sustainability through diversified funding mechanisms and increased investment in healthcare to ensure that poorer households are not left behind.

Recommendations for addressing VAW

- To sustain the momentum Rwanda has built in promoting gender equality and addressing violence against women (VAW), it is essential to strengthen community-level enforcement of laws. Education and advocacy are needed to address gender and cultural barriers, while equitable resource allocation for rural women should be prioritized. Collaboration with civil society and international partners can further accelerate progress.
- Continued engagement with men and boys as allies is critical, both in addressing VAW and in transforming cultural, social, and gender norms that perpetuate it. Additionally, structures and systems addressing VAW, such as Isange One-Stop Centres (IOSCs), require increased resourcing to ensure they provide efficient and effective services to survivors.
- While Rwanda has established male engagement initiatives, these efforts should be expanded nationwide to ensure the participation of more men and stakeholders. Strengthening such programs is key to addressing harmful social norms and practices that perpetuate VAW.

Recommendations for addressing women and armed conflict

- Moving forward, Rwanda must develop comprehensive policies for recruiting and retaining women in the armed forces to address the glaring gender parity gaps. Following this, Rwanda should also take decisive steps in increasing women's participation in military and peacekeeping efforts, as well as improving support for female ex-combatants and victims of sexual violence.
- The harmful gender and social norms that inhibit women from enrolling with the RDF must also be addressed. Gender norms transformation workshops must be conducted with military personnel



- and society at large to ensure they address the stereotyping of women soldiers.
- Rwanda also needs to develop its NAP, which should be well-budgeted and address pertinent issues such as SGBV in conflict settings and within the armed forces.

Recommendations for Engagement of Men and Boys

- Address gender and cultural stereotypes and norms: Rwanda should continue to intensify community engagement to challenge gender and cultural norms that inhibit men's active participation and promote gender equality. This should be done through activities such as gender norms transformation training, awareness raising on the importance of men promoting gender equality and encouraging men to participate in initiatives that promote gender equality actively.
- Ensure the availability of resources and information to promote male engagement to advance gender equality and women's rights. Caution should be taken to ensure that such resources are not availed at the expense of women's health, needs, and rights, but they should be done to strengthen efforts that promote these rights.
- Encourage male champions to recruit other men to consistently engage in gender equality initiatives, as these benefit society, not just women and girls alone.

Conclusion

Rwanda has made significant efforts to implement the BPfA and is among the global leaders pursuing gender equality and promoting women's representation in decision-making. It is often cited as an example of integrating gender equality into national policies and processes. It is also frequently cited as a model for its innovative and inclusive approaches to health service delivery, with strong alignment with the goals of the Beijing Platform for Action. While Rwanda has made these commendable strides, there is room for improvement in ensuring women's needs are fully met and their rights promoted. There is room for improvement in addressing VAW, which remains a major challenge for the country.



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Sierra Leone faces challenges in providing adequate healthcare services to women, particularly in rural areas. High maternal mortality rates remain a critical issue, exacerbated by limited access to reproductive healthcare and trained medical staff.

4. Sierra Leone

Sierra Leone's Progress in Implementing the Beijing Platform for Action

Sierra Leone's development was significantly affected by the devastating civil war that began in 1991 and lasted till 2002. The war not only resulted in mass destruction of existing infrastructure, but it also displaced almost 2.6 million people and was characterized by numerous war crimes including the use of child soldiers, mutilations, torture and systematic rape. Despite significant economic growth in the years following the war, the country still grapples with the lingering impacts of the war, recurrent pandemics, and polarized politics that hinder its progress. High youth unemployment, lack of accountability, large scale corruption, impunity, disrespect for the rule of law and human rights, combined with external economic shocks including the impact of COVID-19 and the Russian invasion of Ukraine have resulted in a tremendously challenging socioeconomic environment for the population of 8.4 million.²⁷ In its HDI 2021/2022 report, the United Nations Development Program ranked Sierra Leone 181st out of the 191 assessed countries.²⁸ The adult illiteracy rate is around 40%. Illiteracy is higher among youth, women, and the rural population than it is among the urban population.

4.1 Section 1: Women and Health- Achievements, Challenges and Opportunities

Sierra Leone faces challenges in providing adequate healthcare services to women, particularly in rural areas. High maternal mortality rates remain a critical issue, exacerbated by limited access to reproductive healthcare and trained medical staff. Government and non-governmental organizations have made efforts to increase healthcare services, though further investment is required to ensure sustainable access.²⁹ Sierra Leone remains one of the countries with the highest Maternal Mortality Ratio (MMR) in the world, despite a reduction of almost 40 per cent in the MMR from 1,165 per 100,000 live births in 2013 to 717 per 100,000 live births in 2019.

Achievements in Women and Health

Nonetheless, efforts have been made to improve maternal health outcomes, including increasing access to maternal healthcare services and promoting family planning. Steps have been taken to improve health financing mechanisms in Sierra Leone to ensure that individuals can access healthcare services without facing financial hardship. In 2010, the government introduced the Free Health Care Initiative (FHCI) for pregnant women, lactating mothers, and children under five years of age to improve the use of maternal and child healthcare, particularly in poor communities.³⁰ This was in response to the realisation that many Sierra Leonean women and girls were forced into home birth deliveries due to inability to afford the ever- rising costs of out-of-pocket (OOP) expenditure on health.³¹ The FHCI removed user fees for women and children under 5 years who need healthcare services. This led to some improvements in the uptake of life-saving maternal health services. The percentage of births that were delivered at home decreased over time in the country from 71.8% in 2008, 24.4% in 2013, and 16.4% in 2019.³²

Often labelled as "the country with the shortest life expectancy in the world" and "the country with the highest risk of dying in pregnancy. Life expectancy at birth in Sierra Leone has improved from 49.8 [48.7 – 51] years in 2000 to 61 [59.8 – 62.3] years in 2021.³³ In 2022 it was recognised that this improvement cut across all gender groups. In 2023 at a Health Sector Review meeting, the Minister of Health announced that the maternal mortality rate had reduced drastically by 60% from previous year (2022).³⁴

27. <https://data.who.int/countries/694>.

28. https://hdr.undp.org/system/files/documents/global-report-document/hdr2021-22reportenglish_0.pdf

29. Njuguna, C., Vandil, M., Singh, T., Njeru, I., Githuku, J., Gachari, W., ... & Chungong, S. (2023). Improving global health security through implementation of the National Action Plan for Health Security in Sierra Leone, 2018–2021: lessons from the field. *BMC Public Health*, 23(1), 2178.

30. Witter S, et al, (2016) The Free Healthcare Initiative in Sierra Leone: Evaluating a health system reform, 2010–2015 Process and Effectiveness Review. Oxford: OPM available at <https://doi.org/10.1002/hpm.2484>

31. The Government of Sierra Leone placed significant weight on reproductive health, particularly on maternal health in the country's development agenda, when the President launched the five-year Poverty Reduction Strategy Paper called "Agenda for Change (2008–2012)," which gave priority to the reduction of maternal and child mortality.

32. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9560049/>

33. <https://data.who.int/countries/694>. For further context, life expectancy is 82 in the UK compared to just 61 years in Sierra Leone.

34. <https://www.afro.who.int/countries/sierra-leone/news/sierra-leone-launches-review-reinforce-health-emergency-readiness-response>

International organisation such as Jhpiego have also partnered with the Ministry of Health to develop National Standards for Adolescent and Young People Friendly Health Services, standardized family planning counselling and clinical mentorship tools, first-time adolescent mothers training modules and a family planning costing implementation Plan (2023–2027) to ensure district-level commodity security.³⁵

The National Health Sector Strategic Plan (NHSSP) 2021–2025 guides various key international health partners working in Sierra Leone. These partners include Partners In Health (PIH), the King's Sierra Leone Partnership (KSLP), which is affiliated with King's College London, as well as USAID (U.S. Agency for International Development), IntraHealth International, and the World Health Organization (WHO).³⁶ Together, they collaborate with the Ministry of Health and Sanitation in Sierra Leone to strengthen the healthcare system and improve health outcomes throughout the country.

Sexual and Reproductive Health and Rights (SRHR)

Teenage pregnancy in Sierra Leone is alarmingly high and requires immediate attention. To effectively combat this issue, the government and its partners must prioritize support for older, married teenagers and those from impoverished backgrounds. Promoting policies that encourage teenage mothers to return to school after childbirth is necessary to provide them with a viable alternative to early marriage. Sierra Leone has embarked on initiatives focused on enhancing reproductive health services, education, and access to contraceptives, contributing to better reproductive health outcomes for women. One example is the Safeguarding Maternal Health program implemented by Columbia University in partnership with the Sierra Leone Ministry of Health (MOH) in Kroobay. This is an example of a transformative health initiative that successfully reduced MMR from an average of three deaths per year to zero over a period 4 years (2020–2024) in that particular area. ³⁷If scaled up, such programmes have the capacity to have greater impact on women's health.

Table 5.12 Sexual and productive health behaviours before age 15				
Among women and men age 15–19, percentage who initiated sexual intercourse, were married and had a live birth/fathered a child before age 15, according to sex, Sierra Leone DHS 2019				
Sex	Had sexual intercourse before age 15	Married before age 15	Gave birth/fathered a child before age 15	Number
Women	16.8	3.4	2.6	3,427
Men	6.5	0.0	0.0	1,541

Fig 1: Sexual and reproductive health behaviours before the age of 15³⁸

The government has made some inroads in increasing access to family planning services, contraceptives, and reproductive health information for women and couples in Sierra Leone. Programs to promote sexual health education, HIV prevention, and awareness about sexually transmitted infections are necessary to improve overall SRHR outcomes. Additionally, more widespread training programs are needed to improve comprehensive sexuality education in schools, actively commit to clean air initiatives, establish sustainable nutrition programs, and significantly improve safe water and sanitation.

HIV/AIDS

Sierra Leone's vulnerability to an HIV epidemic is compounded by many risk factors, such as poverty, economic deprivation, the long-term impacts of the civil war and, more recently, an Ebola virus outbreak that claimed more than 4000 lives. These destabilising events exacerbated the existing HIV crisis, resulting in an increasing number of adolescents facing significant hurdles in accessing HIV prevention, diagnosis, and treatment services. Sierra Leone is now on its fourth multi-sectoral National Strategic Plan on HIV and AIDS 2021–2025 (NASP), described as a "commitment to implementing a people-centred plan to eliminate HIV as a public health threat by 2030." Progress has been made in addressing HIV and AIDS among women through awareness campaigns, improved access to testing and treatment, and the reduction of stigma and

35. <https://www.jhpiego.org/countries-we-support/sierra-leone/?printMode=true>
36. https://mohs.gov.sl/download/50/policy-documents/17807/nhssp-abridged-version_ns_16-11-21-dir-22-11-21.pdf
37. <https://icap.columbia.edu/news-events/community-in-sierra-leone-shows-zero-maternal-deaths-after-three-years-of-successful-maternal-health-program/>

discrimination. This has resulted in a low national HIV prevalence. Whilst there is no disaggregated data available for adolescents, statistics show that of the 76 000 people living with HIV in Sierra Leone, 66 000 are people aged older than 15 years, and 10 000 are children aged between 0 and 14 years³⁹. If this is not adequately addressed the country risks a surge in HIV cases and poorer outcomes that might eventually lead to a broader HIV epidemic.

Universal Health Coverage (UHC)

The World Health Organization has classified countries into three primary contexts for enhancing health systems to achieve Universal Health Coverage. Based on the 'FIT strategy', Sierra Leone is currently in the 'foundations' phase instead of the 'strengthening institutions' or 'supporting transformations' phases. The Sustainable Development Goals deemed most relevant for lowering maternal mortality in Sierra Leone include Quality Education (SDG4), Gender Equality (SDG5), Clean Water and sanitation (SDG6), and Affordable and clean Energy (SDG7). The selection of these key areas aligns with the BPfA's mandate to safeguard women's right to health.

The picture below illustrates that Sierra Leone needs to do more to accelerate:



Fig. 2: SDG trends for Sierra Leone⁴⁰

Despite its many challenges, efforts to expand healthcare access and strengthen health systems to provide essential health services to all residents of Sierra Leone have been ongoing. Significant investments in healthcare infrastructure, including the construction and renovation of health facilities, have been made to enhance the delivery of healthcare services across the country. Programs to train and deploy healthcare workers, particularly in underserved areas, have been implemented to address workforce shortages and improve healthcare delivery.

Challenges in healthcare

While the country has made progress in health, challenges such as limited resources, infrastructural constraints, and gaps in service delivery continue to impact the effective implementation of SRHR and UHC initiatives in Sierra Leone. Delays in seeking health care and challenges in transportation to health facilities were identified as the major patient contributory factors in maternal mortality rates by a study conducted in 2022.⁴¹ This study also revealed that direct obstetric deaths remain one of the leading causes of maternal deaths in Sierra Leone.⁴² Further to that, an estimated 60 per cent of Sierra Leonean-trained nurses emigrate primarily due to poor working conditions, low salaries, limited career opportunities, and inadequate

38. Statistics Sierra Leone (Stats SL) and ICF. 2020. Sierra Leone Demographic and Health Survey 2019. Freetown, Sierra Leone, and Rockville, Maryland, USA: Stats SL and ICF.

39. Lakoh, S., Firima, E., Jiba, D.F., et al. (2019) Low partner testing in high HIV prevalence setting in Freetown, Sierra Leone: a retrospective study BMC Res Notes.

40. <https://www.bmz.de/en/countries/sierra-leone>

41. Kamara KN, Bah ZJ, Elduma A, Squire JS, Kanu JS, et al. (2023) Trends and Patterns of Maternal Deaths in Sierra Leone, January 2017–December 2020. International Journal on Women's Health Wellness, Vol 9, Issue 1 page 148. Available at doi.org/10.23937/2474-1353/1510148.

42. Ibid.

healthcare infrastructure. Sierra Leone desperately needs more health workers to improve patient care. However, most of those trained locally want to emigrate and make a better life for themselves elsewhere. Unfortunately, this trend is not limited to Sierra Leone alone. A staggering 80% of Africa is currently grappling with severe shortages of medical personnel, coupled with alarming rates of healthcare professionals seeking opportunities abroad. This crisis threatens the well-being of millions and underscores the urgent need for immediate action to retain and support the existing healthcare workforce in Africa.

The Beijing Platform for Action (BPfA) underscores the vital role of data in enhancing women's health. Without the correct data to inform policies and programs, healthcare services are prone to reinforce gender stereotypes and neglect socio-economic disparities. Health programs must be developed in collaboration with those they aim to benefit. Sadly, many health policies continue to disregard the unique experiences of girls, women with disabilities, migrants, and individuals from low-income backgrounds.

The lack of sex-disaggregated data collected during clinical trials puts women at serious risk of misdiagnosis and ineffective medical treatments, often leading to inadequate dosages and harmful side effects. Women must be empowered to occupy decision-making positions within the pharmaceutical industry. Without robust sex-disaggregated data and well-funded research initiatives that focus on women's health, women's health in Sierra Leone will continue lagging.

The World Health Organisation acknowledges that one reason for unmet healthcare needs is a lack of infrastructure, inadequate systems, and affordability. Therefore, reducing inequities in access to healthcare is one of the most important goals for any health system. Ongoing efforts are needed to address these challenges and ensure all individuals have access to quality healthcare services and comprehensive SRHR information and services.

Legal and Institutional Framework

The gender-political context in Sierra Leone is evolving, but significant challenges remain. The 1991 Constitution guarantees rights for all citizens, including women. The government has developed various policies aimed at promoting gender equality, such as the Gender Equality and Women's Empowerment Policy. However, the implementation of these provisions is often slow and inconsistent. In fact, the Gender Inequality Index ranked Sierra Leone 162nd out of 170 countries in 2021.⁴³ Life expectancy at birth was 55 years in 2020, and the maternal mortality ratio was 1,120 deaths per 100,000 live births, which is among the highest globally.⁴⁴

The recently ended 2023 Parliamentary Elections delivered an encouraging victory for gender equality, the recent parliamentary elections witnessed 42 women securing seats out of 149, catapulting women's representation to 28.2%.⁴⁵ This is attributed to the passing of the Gender Equality and Women's Empowerment Act of 2022 (GEWE Act 2022).⁴⁶ Whilst this is a significant achievement, women remain underrepresented in political leadership positions, both in parliament and in local governance. Despite some progress, the numbers are still low compared to male counterparts. Greater and sustained efforts are needed to address the socio-cultural and structural obstacles that continue to hinder gender equality in the political sphere. Efforts from both government and civil society are essential in fostering an environment where women can thrive politically.

Sierra Leone's journey towards gender equality has been shaped by the aftermath of civil war and significant socio-economic challenges. However, despite these barriers, there has been notable progress in implementing BPfA commitments.⁴⁷

Sierra Leone is a signatory to the Charter of the United Nations, which commits member states to uphold human rights, including equality between men and women. In addition to the Charter, Sierra Leone has signed all nine-core international human rights treaties, although it has ratified only seven of them. The treaties to which Sierra Leone is a party include:

- The International Convention on the Elimination of All Forms of Racial Discrimination

43. https://bti-project.org/fileadmin/api/content/en/downloads/reports/country_report_2024_SLE.pdf

44. Ibid

45. <https://www.ipu.org/digital-stories/women-in-parliament-in-2023-concerns-over-gender-based-violence>

46. The Gender Equality and Women's Empowerment Act, enacted in January 2023, requires that at least 30% of elected parliamentary seats, cabinet positions and roles in other institutions be held by women. Previously, women held only 14.5% of elected seats in parliament.

47. Ibid.

- The International Covenant on Civil and Political Rights (ICCPR)
- The International Covenant on Economic, Social and Cultural Rights (ICESCR)
- The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- The Convention on the Rights of Persons with Disabilities
- The Convention on the Rights of the Child

National Gender related Legislation in Sierra Leone	Description
The 1991 Constitution of Sierra Leone	Guarantees rights to all citizens, including women
Domestic Violence Act of 2007	Provides a legal framework for the prevention and prosecution of gender-based violence. It addresses all types of violence in a domestic setting does not provide guidance on the roles of Customary and Traditional Leaders, or of the Local Courts
Gender Equality and Women's Empowerment Policy Act of 2022	Enacted in January 2023, it prescribes improvements in women's access to funding, job opportunities, equal pay, maternity leave, and political representation, introducing a 30 per cent quota for women's participation in government.
Sexual Offences Act of 2012	Provides a clear framework for addressing sexual violence crimes. simplified the prosecution of sexual offences, making it easier to address the needs of sexual violence survivors and to gradually reduce the existing culture of impunity. However slow judicial process remains a challenge; and there is significant 'attrition' of sexual violence cases in the criminal justice system.
The Sexual Offences (Amendment) Act 2019	Represents a significant step towards strengthening laws related to sexual offenses. This amendment enhances legal protections for survivors of sexual violence, updates definitions of offenses, and improves the prosecution of perpetrators to ensure justice for survivors.
Devolution of Estates Act /Intestate Succession Act	Provides protection for women in terms of land and estate inheritance if her spouse dies intestate (without a will). Traditional social practices continue to pose challenges to the DEA provisions, as male relatives and other family members frequently attempt to dominate the decision-making processes.
Registration of Customary Marriages and Divorces Act:	Outlines a framework for registering customary marriages and divorces, which provides further economic and legal protection for women. However, registration rates continue to be abysmally low and there is no policy setting out clearly what procedures are to be followed and at what costs
Anti-Human Trafficking and Migrant Smuggling Act	Act provides comprehensive measures to prevent, prosecute, and punish individuals involved in these illegal activities, as well as to protect and support victims. It emphasizes the importance of collaboration among law enforcement agencies, government entities, and civil society organizations to effectively address human trafficking and migrant smuggling
The Prohibition of Child Marriage Act 2024	Represents a major achievement for the promotion of the rights of the girl child. The law criminalizes marrying girls under 18 years of age.
Employment Act 2023	Key provisions of this act include the extension of maternity leave to 14 weeks on full pay in alignment with ILO Convention 184, the prohibition of pregnancy testing during job applications, safeguarding pregnant workers, allowing females to work at night with ensured safety, ensuring equal pay for equal work, addressing violence and harassment in the workplace, and incorporating fair terms and conditions of employment in employment contracts.

4.2 Section ii: Violence Against Women (VAW) -Achievements, Challenges and Opportunities

The prevalence of gender-based violence in Sierra Leone is high, with issues like teenage pregnancies and female genital mutilation (FGM) remaining prevalent. Legal protections for women have improved, but enforcement remains inconsistent. Sierra Leone has enacted laws and policies to address violence against women, including the Domestic Violence Act and the Sexual Offences Act, providing a legal framework for the prevention and prosecution of gender-based violence. National policies and awareness campaigns, often led by civil society, have worked to reduce GBV and FGM, yet cultural norms continue to impede comprehensive progress.⁴⁸

Gender-based violence remains a significant issue that affects women's ability to participate fully in political processes. This includes harassment and intimidation in political spaces. While conflict-related sexual violence decreased after the war, sexual and gender-based violence remains a pervasive issue in Sierra Leone, with high rates of domestic violence, rape, and child marriage. In 2019, the government declared a national emergency on rape and sexual violence, leading to stronger laws and the establishment of special

48. Ajayi, T. F. (2024). Gender-based violence in West Africa: how women's and feminist movements are driving norm change.

49. Domestic Violence Act of Sierra Leone (No. 20 of 2007), p. 14

courts to prosecute offenders. Sierra Leone's Domestic Violence Act (No.20 of 2007) provides a comprehensive definition of domestic violence, stating that this includes physical or sexual abuse; economic abuse; emotional, verbal or psychological abuse; harassment; and conduct that in any way harms or may harm another person.⁴⁹ One-stop centres, such as those established by the Rainbow Initiative, provide comprehensive support to survivors of SGBV, including medical care, counselling, and legal assistance. Continued advocacy by women's rights organizations has highlighted the need to address the root causes of gender-based violence, such as poverty and harmful traditional practices.

Achievements in VAW

Transforming Gender Norms: In communities where religious and traditional leaders have actively promoted positive masculinities, there has been a noticeable shift in attitudes toward GBV and women's empowerment. Male leaders who speak out against domestic violence and child marriage have significantly influenced community behaviour, reducing the prevalence of these practices in some areas. Programs led by religious leaders have encouraged men to take more active roles in parenting, domestic chores, and supporting their wives' education or careers thus improving family life. Male champions have set examples of respectful and equitable relationships, inspiring others to follow suit.

Youth Engagement: Young boys participating in rites of passage or religious programs have been exposed to teachings about nonviolence, mutual respect, and shared responsibilities, helping to shape a new generation of men with more progressive attitudes.

Female Genital Mutilation: Sierra Leone has reported some of the highest levels in the world of FGM or cutting (FGM/C), which refers to all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons as defined by WHO. FGM is a difficult issue for the government because it is deeply embedded in social practices associated with adulthood, marriageability, purity and sexual control. It is rooted in the ordering of power structures within communities and often linked to child, early and forced marriages, girls dropping out of school and as a way of 'restoring relations' lost or destroyed during the way. Additionally, the Bondo Society continues to be a powerful driver of FGM in Sierra Leone, also in part due to its perception as an economic opportunity for families /young women. The mythology and secrecy surrounding the practice also hampers efforts to address FGM on a wide scale.⁵⁰

While FGM remains a deeply rooted practice in Sierra Leone, some progressive traditional leaders have spoken out against it, framing it as harmful to girls' health and rights.⁵¹ Leaders have promoted alternative rites of passage for girls that preserve cultural identity without perpetuating harmful practices. Religious leaders have used their platforms to discourage other harmful practices like child marriages by emphasizing the importance of education for girls and framing early marriage and FGM as a violation of children's rights.⁵² There is now a lower FGM prevalence among younger generations particularly those aged 15–19 years.

In 2014 a ban against the practice of female genital mutilation was initiated in the country to allow the 2018 presidential, parliamentary, and local elections to take place. Urban areas, such as Freetown, have shown more significant reductions in early marriages compared to rural regions, where traditional practices and poverty are more entrenched. Rural regions like Kailahun, Koinadugu, and Pujehun still report higher rates of child marriage compared to the national average. There is still no national law that explicitly prohibits FGM, however there are related laws that do provide some legal protections such as The Child Rights Act and Domestic Violence Act of 2007. Both laws seek to protect women and girls from domestic violence, harm, or other acts which may endanger their safety, health or wellbeing. Additionally, the Prevention and Control of HIV and AIDS Act criminalizes the negligent use of unsafe procedures that may lead to HIV.⁵³

50. Bondo Society is a secretive tradition of women in Sierra Leone that is steeped in mythology, but it has the genital mutilation of young girls and women as a central pillar. Even talking about the Society, women believe, puts them at risk of 'curses' and 'demons'.

51. In 2010, Paramount Chief of Tonkolili, supported the 1st Bondo initiation ceremony without FGM and the expansion of this into seven sections of his District.

52. <https://mohs2017.wordpress.com/wp-content/uploads/2017/03/health-information-bulletin-jan-jun-2016.pdf>

53. Ibid.

Child marriages: Due to activism efforts against Child marriage, on 8 July 2024, President Julius Maada Bio signed the new Prohibition of Child Marriage Act into law. Under this new law, any man who marries a girl under the age of 18 faces a penalty of at least 15 years in prison and a fine of around four thousand US dollars. The law also prohibits cohabitation with a child, and any person or parents arranging, aiding or attending such marriage ceremonies is liable for a fine. The Sexual Offences Act of 2019 strengthened protections for girls by imposing stricter penalties for sexual violence, which is often linked to child marriage.

Gender Based Violence: Notable measures have been taken to address gender-based violence, including the enactment of laws, the establishment of support services for survivors and awareness campaigns to combat violence against women and girls. Improved data collection and awareness campaigns like the Rainbo Initiative have brought more cases to light. Also, public awareness and reforms have contributed to higher reporting and prosecutions of gender-based violence cases.

4.3 Section iii: Women and Armed Conflict-Achievements, Challenges and Opportunities

The impact of Sierra Leone's civil war continues to affect women, particularly those who experienced conflict-related violence and displacement. Efforts towards reintegration and support for survivors have been made, but long-term psychological and socio-economic support for women affected by the conflict is still lacking. Women play an essential role in local peacebuilding efforts, but limited resources and persistent trauma pose challenges to lasting recovery and stability.⁵⁴

Achievements in Women and Armed Conflict

Sierra Leone has made some progress in including women in peacebuilding efforts, though their representation remains limited. Women-led organizations have played a key role in community reconciliation and conflict prevention, particularly in areas where post-war tensions persist. Sierra Leone adopted its second National Action Plan (NAP) on UNSCR 1325 and 1820 in 2016, focusing on women's participation in peacebuilding, protection from sexual violence, and addressing the needs of survivors. The NAP emphasizes the role of women as agents of change in post-conflict recovery, though implementation has faced challenges due to funding and resource constraints. Women have been active in grassroots/community mediation efforts, particularly in rural areas, where disputes over land, resources, and chieftaincy often threaten peace and stability. Training programs have empowered women to act as mediators in their communities, contributing to local conflict prevention.

Economic initiatives have focused on supporting women affected by the conflict, including war widows and former combatants. Microfinance programs and vocational training have been key components of these efforts. Many women who were displaced during the war have struggled to reclaim land and property due to discriminatory inheritance laws and patriarchal norms. Programs led by NGOs have worked to empower women to assert their rights to land and resources, though more needs to be done especially in rural areas.

Additionally, women's organizations have worked to engage young people, especially girls, in peace education programs to prevent the recurrence of violence and promote social cohesion. Further to that, efforts have been made to increase the number of women in the police, military, and other security sectors, recognizing their role in preventing future conflicts and addressing gender-based violence. Despite progress, women remain underrepresented in the security sector, and cultural barriers often limit their participation in leadership roles.

Challenges in Women and Conflict

Legacy of Conflict-Related Sexual Violence: During the war, thousands of women suffered from sexual violence, including rape, forced marriages, and sexual slavery. Many survivors continue to face stigma, health challenges, and economic marginalization. The failure to fully address wartime sexual violence in post-conflict justice mechanisms, such as the Sierra Leone Truth and Reconciliation Commission (TRC), remains a source of frustration for survivors. Many survivors of wartime sexual violence and other atrocities have not received the reparations promised by the TRC, leaving them economically disadvantaged and socially marginalized.

54. Bangura, I. (2023). *Disarmament, Demobilisation and Reintegration of Ex-combatants in Africa*. Routledge.

Over the past decade, NGOs and international organizations like UN Women and the Rainbo Initiative have supported survivors of wartime sexual violence through psychosocial counselling, healthcare, and economic empowerment programs. Advocacy efforts have raised awareness about the need for reparations for survivors, although government implementation has been slow.

Cultural and Structural Barriers: Deeply ingrained patriarchal norms continue to limit women's participation in decision-making, peacebuilding, and governance. Rural women face significant obstacles due to a lack of education, poverty, and limited access to resources. Many religious and traditional leaders are still deeply entrenched in patriarchal norms, resisting efforts to promote gender equality. Some leaders fear that changes in gender roles might undermine cultural traditions or their authority. Advocacy efforts have been more successful in urban areas, while rural regions still face challenges due to limited access to education and deeply rooted cultural norms. Some religious and traditional leaders still perpetuate harmful stereotypes about masculinity, undermining progress made by more progressive leaders.

The issue of limited resources is also a challenge. Programs promoting positive masculinities often lack funding and logistical support, limiting their reach and impact.

Weak Implementation of Policies: While Sierra Leone has robust policies on women, peace, and security, implementation has been hampered by inadequate resources, political will, and capacity gaps. Implementing new laws effectively in any context, including those aimed at addressing issues such as gender-based violence and women's rights in Sierra Leone faces several significant obstacles. Some of the biggest challenges to implementing new laws in this context include:

Limited Access to Justice: Barriers to accessing justice, such as geographical constraints, high legal costs, and lack of legal aid services, can prevent individuals, especially marginalized populations, from seeking redress under the new laws.

Corruption and Impunity: Corruption within the justice system, lack of accountability, and impunity for perpetrators of gender-based violence can undermine the effectiveness of new laws and erode public trust in the legal system.

Data Collection and Monitoring: Inadequate data collection mechanisms and monitoring systems may hinder the tracking of progress in implementing new laws and evaluating their impact.

Intersecting Forms of Discrimination: Intersectional discrimination based on factors such as race, ethnicity, socioeconomic status, and disability continue to complicate the effective implementation of new laws, especially in reaching marginalized groups.

Resistance to Change: Resistance from individuals, communities, or institutions that benefit from the status quo can pose challenges to the implementation of new laws aimed at promoting gender equality and ending violence against women.

Addressing these obstacles requires a comprehensive approach that involves awareness-raising, capacity building, institutional strengthening, community engagement, and continued advocacy to ensure the effective implementation of new laws aimed at protecting women's rights and promoting gender equality in Sierra Leone. Community engagement is a powerful tool for addressing cultural resistance to change, especially in the context of promoting gender equality and combating violence against women. Over the past decade, Sierra Leone has made important strides in addressing the lingering effects of armed conflict on women. Efforts to support survivors of wartime sexual violence, increase women's participation in peacebuilding, and combat gender-based violence have yielded progress. However, challenges such as limited resources, patriarchal norms, and weak policy implementation continue to hinder full recovery and empowerment. Capacity building, and collaboration with communities are essential to sustain and expand progressive efforts made so far. By leveraging the influence of political, traditional and faith leaders can play a transformative role in creating a more equitable society for men and women alike. Sustained investment in women's leadership, economic empowerment, and access to justice is essential to ensure that the impacts of the conflict are fully addressed and that women play a central role in building a peaceful and equitable society.



In Sierra Leone, the engagement of men and boys in gender issues has been increasingly recognized as a crucial component of achieving gender equality and promoting women's rights.

4.4 Section iv: Engaging Men and Boys in promoting gender equality and implementing BPfA

In Sierra Leone, the engagement of men and boys in gender issues has been increasingly recognized as a crucial component of achieving gender equality and promoting women's rights. Traditionally, discussions around gender equality have often focused primarily on women and girls, neglecting the important role that men and boys can play in challenging harmful gender norms and promoting positive change within their communities. However, over the past decade, there has been a noticeable shift towards involving men and boys in discussions around gender equality in Sierra Leone. This shift has been driven by a growing recognition that gender equality is not just a women's issue but a societal issue that requires the active participation of all members of society.

Various initiatives in Sierra Leone have been working to engage men and boys in conversations around gender equality. These efforts have focused on challenging traditional notions of masculinity that promote violence, dominance, and control over women and girls. Instead, there has been a push to promote more positive and equitable forms of masculinity that value respect, equality, and partnership between men and women. One key area where progress has been made is in the prevention of gender-based violence. By engaging men and boys in discussions around healthy relationships, consent, and respect for women's rights, there has been a noticeable decrease in the prevalence of gender-based violence in some communities in Sierra Leone. For example, in 2020, Sierra Leone's Ministry of Gender and Children's Affairs introduced the "National Male Involvement Strategy for the Prevention of Sexual and Gender-Based Violence." This strategy emphasizes the participation of men and boys as change agents and champions of women's and girls' rights within families, communities, schools, and workplaces. It adopts a socially transformative approach to accelerate implementation efforts.⁵⁵ Additionally, efforts to involve men and boys in promoting girls' education and women's economic empowerment have also shown promising results.

55. https://sierraleone.unfpa.org/sites/default/files/pub-pdf/National%20Male%20Involvement%20Strategy%20for%20the%20Prevention%20of%20GBV%20in%20SL%202020.pdf?utm_source=chatgpt.com

Despite these advancements, there is still much work to be done to fully engage men and boys in gender equality efforts in Sierra Leone. Various studies have shown that breaking down barriers to education and economic opportunities for women and girls, men and boys directly leads to more positive outcomes for everyone in society. Therefore, continued investment in programs that promote positive masculinities, challenge harmful gender norms, and empower men and boys to be allies in the fight for gender equality will be crucial in driving further progress in the years to come.

Initiatives for Engaging Men and Boys in Sierra Leone

Program/Initiative	Description
MenEngage Africa	Partners with local organizations to promote positive masculinities, encourage caregiving and household responsibilities, and challenge traditional ideas of manhood.
HeForShe Campaign	A UN Women initiative that engages men and boys in creating a gender-equal world through awareness-raising, advocacy, and community mobilization in Sierra Leone.
Men's Association for Gender Equality (MAGE)	A local organization that conducts workshops, training sessions, and outreach programs to challenge harmful gender norms and promote advocacy for gender equality.
Fatherhood Initiative by Save the Children	Supports men as fathers and caregivers by providing training on positive parenting practices, child development, and gender equality within families.
Men's Engagement in Ending Violence Against Women and Girls (MEVAW)	Engages men and boys in preventing violence against women and girls through awareness campaigns, training on GBV prevention, and community dialogues.
Girls' Education Initiatives with Male Mentorship	Promotes girls' education with the involvement of male mentors who challenge barriers to schooling and advocate for gender equality in education.
Other Youth Mentorship Programs	Focuses on promoting positive masculinities among young men by providing mentorship, guidance, and support for healthy gender attitudes and respectful relationships.
Community Dialogue and Education	Facilitates dialogues on gender norms, roles, and responsibilities, creating safe spaces for men and boys to discuss gender equality and challenge harmful stereotypes.
Training and Capacity Building	Offers training sessions and workshops for men and boys on gender equality, consent, healthy relationships, and the impacts of gender-based violence.

Role of Religious and Traditional Leaders in Engagement on Men and Boys

Religious and traditional leaders have immense potential to influence societal norms and promote positive masculinities in Sierra Leone. Over the past decade, many have actively worked to challenge harmful gender norms, promote respect, equality, nonviolence, and encourage men and boys to become allies in advancing gender equality and combating gender-based violence (GBV). Below is an overview of their involvement and the initiatives they have supported.

Religious Leaders

Sierra Leone is a religiously diverse country, with approximately 78% of the population identifying as Muslim and 21% as Christian. Religious leaders are highly respected and influential in their communities. Religious teachings often shape societal attitudes toward gender roles, family structure, and masculinity. Faith leaders from mosques and churches have increasingly been involved in promoting messages of equality, respect, and shared responsibilities in the family and community. Organizations like the Inter-Religious Council of Sierra Leone (IRCSL) have worked with both Muslim and Christian leaders to promote gender equality and condemn GBV. Religious leaders have encouraged men to view caregiving and emotional expression as strengths, rather than weaknesses, through teachings rooted in faith. Imams and pastors have integrated messages into sermons to encourage men to respect women, reject violence, and take up caregiving roles at home.

Traditional leaders

Traditional leaders, such as chiefs, soweis (female leaders of secret societies), and elders, hold significant authority, particularly in rural areas. They oversee customary practices, mediate disputes, and preserve cultural traditions. They influence practices such as marriage, property inheritance, and rites of passage, many of which have historically reinforced patriarchal norms.⁵⁶ Some Chiefs, for instance have been educated about the harmful impacts of practices such as child marriage, domestic violence, and polygamy. Many chiefs have become vocal advocates for ending these practices and promoting respect for women and girls.

Over time, some traditional leaders have become advocates for revising harmful customs and promoting gender-equitable practices. Some traditional leaders have revised male initiation rites to emphasize respect for women and discourage aggression, sexual violence, and dominance as markers of masculinity. In collaboration with NGOs, traditional leaders have educated boys during initiation ceremonies about positive masculinity, gender equality, and nonviolence. Religious and traditional leaders have participated in community-based workshops to engage men and boys in conversations about gender norms, the value of women's empowerment, and the dangers of toxic masculinity. Programs like "Husbands' Schools" supported by UNFPA and partners encourage men to take active roles in family planning, maternal health, and household decision-making. Male Champions for Change: Religious and traditional leaders have been recruited as "male champions" to lead by example in their communities, demonstrating positive masculinities through their actions and advocacy.

Overall, male engagement in Sierra Leone has been instrumental in advancing gender equality and addressing key social issues. By involving men as allies, advocates, and partners, significant progress has been made in combating GBV, supporting women's leadership, and shifting harmful gender norms. However, continued efforts are needed to deepen male involvement, especially in rural areas, to ensure sustained and widespread impact.⁵⁷

Education and Empowerment: Access to education and economic empowerment plays a pivotal role in enhancing women's political participation. By improving these areas, a more supportive environment can be fostered for women to engage meaningfully in politics and leadership roles.

4.5 Recommendations

Recommendations for Engagement of Men and Boys

Capacity Building for Leaders: Training religious and traditional leaders in positive masculinities, gender equality, and the importance of combating gender-based violence (GBV) is essential for creating cultural shifts. Equipping these leaders with tools to incorporate these messages into sermons, ceremonies, and community dialogues enables them to influence attitudes and behaviours within their communities.

Community-Led Advocacy: Engaging respected male leaders as role models helps amplify gender equality messages and reach broader audiences. Expanding programs that encourage men to advocate against harmful practices, such as female genital mutilation (FGM) and child marriage, strengthens community efforts to eliminate these practices.

Youth-Focused Programs: Integrating teachings on positive masculinities into youth-focused religious and cultural education programs is critical. Partnering with schools and youth organizations to reach boys early helps instil values of respect, equality, and nonviolence, fostering a generation of allies for gender equality.

Female-Led Partnerships: Collaborating with women's groups ensures that efforts to promote positive masculinities align with broader gender equality goals. Such partnerships enhance the inclusivity and impact of initiatives aimed at achieving equitable social norms.

56. [https://www.fgmcri.org/media/uploads/Country%20Images/PDF/sierra_leone_country_profile_v2_\(october_2018\).pdf](https://www.fgmcri.org/media/uploads/Country%20Images/PDF/sierra_leone_country_profile_v2_(october_2018).pdf)

57. [https://www.fgmcri.org/media/uploads/Country%20Images/PDF/sierra_leone_country_profile_v2_\(october_2018\).pdf](https://www.fgmcri.org/media/uploads/Country%20Images/PDF/sierra_leone_country_profile_v2_(october_2018).pdf)



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South Africa has made great strides to advance gender equality and empowerment, from being celebrated as having one of the world's most progressive constitutions to passing legislative and other measures to advance the contents of the Beijing Declaration and Platform for Action.

5. South Africa

South Africa's Progress in Implementing the Beijing Platform for Action

South Africa has made great strides to advance gender equality and empowerment, from being celebrated as having one of the world's most progressive constitutions to passing legislative and other measures to advance the contents of the Beijing Declaration and Platform for Action. Before 1994, women's representation stood at 2,7% in Parliament, and today it stands at 43%. According to the World Economic Forum's Global Gender Gap Report 2012, South Africa is in fourth position worldwide for the greatest number of women in Parliament. Furthermore, the country has engaged in an extensive legislative review to align all existing laws with the country's constitution and key regional and international women's rights instruments. Despite these advancements, the country continues to grapple with high levels of violence against women and children, harmful socio-cultural and gender norms that continue to impede access to sexual and reproductive health services, and the persistence of HIV/AIDS. These challenges have, in the last years, also been exacerbated by the COVID-19 pandemic, which not only required a re-prioritisation of budgets but also severely impacted access to critical services such as reproductive services and further resulted in an increase in the rates of gender-based violence. Whilst this review reflects on the last 30 years, it builds on the Beijing +25 State report and focuses on 2020 – 2024. It provides a detailed analysis of measures taken by the country to advance women's empowerment and gender equality across 3 critical areas of the Platform of Action.

This section covers the following: Section I: Women and Health; Section ii: Violence: Freedom from Violence, Stigma and Stereotypes; and Section iii: Peace and Inclusive Societies.

5.1 Section I: Women and Health – Achievements, Challenges and Opportunities

The combined impact of the legacy of apartheid and gender discrimination has had negative consequences for the status of women's health in South Africa. The right to healthcare is enshrined in South Africa's Constitution, and the public health sector dominates South Africa's health system. The foundation of the public health system is composed of primary care facilities, which are mainly clinics and community health centres that are the country's first line of access to formal healthcare services. Access to reproductive health care programmes and antenatal care services are amongst the achievements of the healthcare system as well as the decline in adult mortality rate because of the extensive roll-out of Antiretroviral (ARV) treatment and due to the more responsiveness by women to accessing testing, treatment and care for HIV over the years. The country's maternal mortality rate has been declining; however, the COVID-19 pandemic caused a temporal increase, with the lowest MMFR ratio recorded in most provinces and only the Eastern Cape and Northern Cape provinces showing an increase between 2019 and 2020.



The South African government has taken significant steps to enhance women's health by implementing various interventions aimed at improving access to healthcare services.

Legal and Policy Framework:

The country has introduced several laws, policies, and strategies to advance women's health, starting with the Choice on Termination of Pregnancy Act of 1996 and extending to the adoption of the 5th National Strategic Plan on HIV/AIDS, TB, and STIs (2023–2028). Key frameworks established by the government include the following:

Policy/Plan	Description
National Adolescent and Youth Policy	Promotes the health and well-being of adolescents and youth in South Africa.
National HIV Testing Policy	Provides a framework for accessible and effective HIV testing services across the country.
Department of Basic Education National Policy on HIV, STIs, and TB	Seeks to create a safe learning environment by raising awareness about these diseases among learners and educators.
Prevention and Management of Learner Pregnancy in Schools	Provides strategies to prevent teenage pregnancies through sexual health education and outlines support mechanisms for pregnant learners.
Choice on Termination of Pregnancy Act No. 92 of 1996	Promotes reproductive rights by granting women the right to choose an early, legal, and safe termination of pregnancy.
National Integrated Sexual and Reproductive Health Rights Policy	Offers comprehensive sexual and reproductive health services for women and birthing persons throughout their reproductive health cycle.
South African National LGBTI HIV Plan	Addresses the specific health needs of lesbian, gay, bisexual, transgender, and intersex individuals concerning HIV prevention and treatment.
South African National Sex Worker HIV Plan	Focuses on addressing the vulnerabilities faced by sex workers in relation to HIV infection.
National Strategic Plan on HIV, TB, and STIs (2023–2028)	Provides a strategic framework for a multi-sectoral approach to combating these epidemics, aiming to eliminate HIV, TB, and STIs as public health threats by 2030.
National Health Insurance Act of 2023	Establishes universal health coverage by creating a single public health fund for strategic purchasing of healthcare services in South Africa.

Achievements in Women and Health

Every year, the country observes World AIDS Day, using this occasion to raise awareness about the challenges faced by individuals living with HIV/AIDS. The government has worked to enhance access to healthcare by providing free services in clinics, particularly for children and pregnant mothers. All public sector clinics are located within a 5 km radius of homes, although there are ongoing issues related to staffing shortages and the availability of medications. According to the 2011 Stats SA Gender Statistics Report, women (8.2% across all population groups) are more likely than men (6.2%) to visit a healthcare worker. This trend is understandable, as women often have additional healthcare needs, including those related to reproductive health, pregnancy, and childbirth.⁵⁸ This represents a treatment coverage of 75%. There is substantial variation in HIV by province, with KwaZulu-Natal having the highest prevalence (18%), followed by Mpumalanga (15%). The Northern Cape and Western Cape have the lowest HIV prevalence, at 6.8% and 6.6%, respectively. Within provinces, there is substantial variation in HIV prevalence, with people living in urban informal areas having the highest HIV prevalence (19.9%), followed by residents in rural informal areas (13.4%). New HIV infections declined to 270,000 in 2016 and then to 149,000 in 2023.

South Africa is also implementing the Prevent, Avoid, Stop, Overcome and Protect Campaign as a call to all communities to join hands with the South African government in the fight against HIV/AIDS and TB by seeking to influence people's behaviours around these diseases. Ensuring menstrual health and sanitary dignity: "Period poverty" in South Africa results in young girls missing school every month and having to suffer the indignity and emotional trauma of not having the means to adequately respond to their menstrual cycle. The Dignity Pack Campaign was launched to distribute dignity packs to fee-paying / disadvantaged schools across the 15 Education Districts in Gauteng to address this. By 2017/2018, 1,304 857 young women and girls benefited from the programme.

58. See the Tembisa, a mathematical model of HIV in South Africa,

The ability of women to control their fertility is fundamental to women's empowerment and equality. Reproductive rights— including the right to decide the number, timing and spacing of children, and to make decisions regarding reproduction free of discrimination, without coercion and violence, contribute to gender equality and empowerment. To improve access to contraception and family planning for women, the government collaborated with civil society organizations to launch the National Family Planning Campaign in February 2014. The Campaign aims to provide information and services about various methods that prevent HIV, STI and unwanted pregnancies. The Campaign encourages the use of a combination of condoms and the subdermal implant, which is a long-acting progestogen-contraceptive method.

Challenges in Women and Health

Despite the above advancements, healthcare access, particularly SRHR, remains a challenge. The earlier statistics presented by the Stats SA for the period 2018 – 2020 show that the rate of termination of pregnancy at 13–20 weeks was almost stable at 10,7%, 11,1% and 9,6% in 2018, 2019 and 2020, respectively, across all provinces, yet persistent stigma and discrimination in healthcare establishments and communities remains challenges. A recent report by Ipas South Africa affirms the prevalence of stigma with the right to opt out of abortion procedures by healthcare workers- in the absence of alternative services serving as a barrier to access.

Harmful sociocultural norms and attitudes within the healthcare system continue to hinder women's ability to exercise reproductive rights regarding the termination of pregnancy (abortion). This is despite abortion being legally available and the CTOP Act making it an offence for persons who prevent the lawful termination of pregnancy or obstruct access to a facility for a termination of pregnancy. Despite the Minister of Health designating facilities for termination of pregnancy (ToP) services across provinces under the CTOP (Choice on Termination of Pregnancy) regulations, many women still face significant barriers to access. These services are often concentrated in hospitals, which are less accessible in rural areas, leaving women in these communities with limited options for safe and timely care. The issue of Conscientious Objection (CO), which permits healthcare workers the option to object to performing an abortion, even after being trained, is a barrier to access. The current National Safe Abortion Access Guidelines permit designated healthcare workers to opt-out and refer clients to a nearby healthcare facility. However, this is always evenly applied. In some instances, CO applies to a whole facility (institution), which goes against the CTOP Act and guidelines provisions. If left unchecked, CO will be open to abuse, as is currently the case in some healthcare establishments in the country. This abuse of this CO also goes against international human rights standards, which require that where a country permits healthcare workers to exercise CO, it should not undermine access to abortion.

Adopting the NHI Act (2023) has largely been hailed as a progressive step yet presents significant challenges in its execution. With stark differences between the public and private healthcare systems, particularly in affordability and overall quality of services, the NHI Act has been positioned as a vehicle to address these disparities. Human Rights practitioners have raised concerns over the lack of clarity and detail on implementing it. Concerns have been raised regarding the lack of clarity regarding its funding mechanism, considering conflicting sections in the Act. The passing of this Act has not only faced criticism, but its constitutionality is also currently being challenged by several actors.

Teenage pregnancy is also on the rise in the country, with recent statistics showing that a total of 122 000 teenagers gave birth in the 2022/2023 financial year, with a total of 2716 girls aged between 10 – 14 years giving birth. This has primarily been attributed to a lack of sex education, poverty, gender inequalities and sexual taboos. Not only does this increase young women's vulnerability to HIV/AIDS, but it also constrains access to the right to education. The Department of Education introduced comprehensive sex education into the school curriculum in 2000. There continues to be pushback from communities to pass a CSE policy and to integrate termination of pregnancy as critical to efforts aimed at reducing teenage pregnancy.

Although statistics represented above show a decline in new HIV/AIDS, women and girls continue to face unacceptably high levels of violence rooted in gender inequality, which increases infection rates and reduces the ability of women and girls to cope with the epidemic. Harmful gender norms, such as toxic masculinity and actions that are rooted in traditional male roles, are amongst the myriads of challenges that continue to be prevalent despite concerted efforts from role players and other critical players in society. To be specific, a National HIV Prevalence and Behaviour survey showed that in the period 2022, the HIV prevalence was nearly twice as high amongst women (20 per cent) compared to men.

5.2 Section ii: Violence Against Women- Achievements, Challenges and Opportunities

Gender-based violence continues to be on the rise in South Africa. A national study on gender-based violence conducted by the HSRC shows that 33.1 per cent of women aged 18 and above have experienced gender-based violence in their lifetime.⁵⁹ This ranks South Africa amongst the most unsafe countries in the world. During the second quarter of 2023 (July 2023 to September 2023), the SAPS released crime statistics that further highlighted the pervasiveness of GBV.

Legislative and institutional framework

Over the past 30 years, the country has passed laws and policies to address GBV, these include the following:

Legislation/Policy	Description
The Constitution of South Africa Act 108 of 1996	Sections 9, 10, 11, 12, and 13 guarantee protection against gender-based violence and slavery, emphasizing equality, human dignity, and freedom for all.
Employment Equity Act 55 of 1998 (EEA)	Sections 2, 3, 5, 6, 50(2), and 60 address sexual harassment in the workplace and promote equity in employment.
Domestic Violence Act, 1998	Provides protection for victims and/or survivors of domestic violence.
Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007	Addresses sexual offences and related matters, enhancing protection and justice for survivors.
Protection from Harassment Act, 2011	Offers victims an effective remedy against harassment.
Combating and Prevention of Trafficking in Persons Act	Ensures an effective criminal justice system for prosecuting traffickers and protecting victims of trafficking.
Cybercrimes Act, 2020	Protects women's dignity from practices like cyber trolling, threats, and image-based sexual abuse.
National Strategic Plan on Gender-Based Violence and Femicide	Provides a multi-sectoral approach to addressing GBV, guiding efforts and resource allocation across sectors.
National Council on Gender-Based Violence Act	Establishes a coordinating body to lead a whole-of-society approach to addressing GBV.
Domestic Violence Amendment Act, 2021	Amends definitions of domestic violence and includes new forms of domestic violence.
Criminal and Related Amendment Act, 2021	Extends the offence of incest and introduces the offence of sexual intimidation.
National Prevention Strategy	Develops frameworks to prevent gender-based violence through community-based and structural interventions.
National Integrated Prevention Strategy against Femicide	Provides a comprehensive plan to address and prevent femicide across South Africa.

Emerging Issues in Addressing Violence Against Women in South Africa

Legal Developments on Consent in Sexual Offences: Recently, courts declared the definition of consent in the Criminal Law (Sexual Offences and Related Matters) Act 32 of 2007 invalid. Historically, a perpetrator of rape or sexual violence could be acquitted if they believed, even unreasonably, that there was consent. Applicants in the case argued that this subjective standard created significant barriers to convicting those who had objectively committed acts of rape or sexual violence without the victim's consent. If the prosecution could not prove that the perpetrator subjectively intended to commit the crime, they could not be convicted. This judgment has been referred to the Constitutional Court for confirmation of its constitutional validity.⁶⁰

Obstetric Violence Against Women: The prevalence of obstetric violence in many public healthcare facilities remains a significant challenge in South Africa. Although statistics on this issue are lacking, many individuals who give birth report troubling experiences of mistreatment within the healthcare system⁶¹. The legal system in South Africa currently does not recognise this form of violence yet it violates human rights⁶².

59. See HSRC South African National Gender-Based Violence Study: Baseline Survey on Victimisation and Perpetration Study (2022) retrieved from <https://hsrc.ac.za/media-pack-first-south-african-national-gender-based-violence-study-2022/>

60. See The Embrace Project NPC and Others v Minister of Justice and Correctional Services and Others (CCT314/24; 48656/22)

61. See Garcia L.M (2020) A concept analysis of obstetric violence against women in the United States of America

62. Obstetric violence is defined as abuse or mistreatment by a health care provider of a female who is engaged in fertility treatment, pre-conception care, pregnant or birthing persons or postpartum or the performance of any invasive or surgical procedure during the full span of the childbearing continuum without informed consent that is coerced or in violation of refusal. Definition retrieved from Garcia

Technology Facilitated Violence Against Women: While the extent of online violence against women is not fully understood, research indicates that it disproportionately affects women and girls. Recent legislative frameworks aim to address this issue:

- The Domestic Violence Amendment Act 2021 offers protection to victims of both online and offline gender-based violence, although it does not provide a clear definition of online violence. The Cybercrimes Act 2021 offers limited protection against trolling and the non-consensual sharing of intimate images. It defines intimate images as depictions of individuals whose genitals, anal region, or, if female, transgender, or intersex, their breasts are shown without consent.
- The National Strategic Plan Against Gender-Based Violence and Femicide recognizes online violence against women in its activities, outcomes, and outputs. However, significant gaps remain in comprehensively addressing this growing issue.

Achievements in VAW

The adoption of the National Strategic Plan on Gender-Based Violence and Femicide (NSP on GBV) in May 2020 was recognized as a significant step toward addressing GBV in the country, particularly due to its multi-sectoral approach. The plan is structured around six key pillars:

1. Accountability, Coordination, and Leadership;
2. Prevention;
3. Strengthening the Criminal Justice Response;
4. Providing Support, Care, and Healing to Survivors;
5. Economic Empowerment; and (6) Research and Evidence-Based Monitoring. Additionally, the country established its first-ever private sector-led GBV Fund, aimed at providing financial support to non-governmental organizations (NGOs) and community-based organizations (CBOs) working to combat GBV.

A 2022 report assessing the progress made in implementing the NSP highlighted several achievements, including the institutionalization of NSP on GBV programs. This involves integrating these programs into the planning, budgeting, monitoring, and evaluation processes of the government. The report also noted the implementation of policies focused on preventing GBV through evidence-based programs that challenge patriarchal attitudes and legislative reforms that include amendments to existing GBV laws. Furthermore, the country commissioned its first-ever "fit-for-purpose" prevalence study on Gender-Based Violence and Femicide across all nine provinces. The study found that 33.1% of women aged 18 years and older have experienced physical violence, which translates to approximately 7,310,389 women—equivalent to 1 in 4 women in the country.⁶³ This study also highlights the importance of ensuring that women with disabilities, who continue to experience multiple forms of discrimination.

Challenges

Despite significant progress in legal and institutional frameworks, obstacles continue to hinder the effective reduction of gender-based violence (GBV), particularly violence against women (VAW). These challenges include:

- **Inadequate Implementation of Legislation:** There is insufficient implementation of supporting legislation by stakeholders in the criminal justice system. This has been a long-standing issue in South Africa, exacerbated by a lack of financial and human resources essential for providing much-needed services to GBV survivors.
- **Insufficient Thuthuzela Care Centres:** While the introduction of Thuthuzela Care Centres is a positive initiative, the number of these centres within each province is inadequate, especially given the vastness of the provinces. Most centres are in urban areas, leaving rural areas underserved.
- **Limited Health Services for Survivors:** There is a lack of comprehensive health services available for survivors of gender-based violence.
- **Inconsistent Training on the Victims' Charter:** Training programs related to the Victims' Charter are not consistently effective. A report by the Commission for Gender Equality (CGE) highlights significant challenges related to the non-uniformity of officer training on the Charter. Although the Charter serves as an excellent resource, issues surrounding its implementation persist.

63. ...

- **Lack of Anti-Rape Strategies:** Many police stations do not have effective anti-rape strategies in place. Some stations are equipped with worn-out rape kits, forcing victims to be sent to hospitals for urgent care instead.
- **Challenges in Enforcing Protection Orders:** The enforcement of protection orders remains a persistent issue.

5.3 Section iii: Women and Armed Conflict- Achievements, Challenges and Opportunities

South Africa has a long history of women's engagement in peace and security. Women's contributions to the quest for freedom, dignity, and justice are well established and documented from the outset of these struggles. Women's roles in the liberation armies and the South African Defence Force (SADF) before 1994 have also been studied and elaborated upon. However, the rise of South African women in the security sector post-1994 should not be assumed as a natural progression. Many specific and deliberate interventions enabled the high levels of women's representation in this sector.

Legislative and Institutional Framework

A decisive step was to ensure representation and participation during the peace talks so that women's interests could be represented. During these talks, women negotiated for the right to be part of a reconstructed security sector, especially the defence force, and to occupy combat positions. Women's equality was also entrenched in the Constitution, providing the legal Framework for ensuring a more gender-representative security sector.

The White Paper on Defence (1996) and the Defence Review (1998) "provided the platform for gender transformation in the SANDF." An Equal Opportunities Directorate (later renamed the Chief Directorate: Transformation Management) was established in the SANDF in 1997 under the leadership of the first woman Major General, Jackie Sedibe. SANDF adopted a Gender Mainstreaming Policy in 2008, which called for 30% representation of women in the institution's decision-making structures.

Achievements

In August 2020, South Africa adopted the National Action Plan on Women, Peace, and Security (2020–2025). This plan provides a guiding framework for creating a safer and more peaceful environment for women, girls, and gender non-conforming persons in South Africa, across Africa, and globally. It also aims to ensure representation and meaningful participation for women in peace processes. The NAP is anchored on four pillars of the Women, Peace and Security Agenda, namely (i) participation, (ii) prevention, (iii) protection, (iv) relief, and (v) relief and recovery. These pillars highlight the importance of women's inclusion in peace efforts and provide policymakers and security actors with tools to plan for large-scale coordinated collaboration in creating a safer South Africa. Unfortunately, implementing the NAP has proven challenging in the absence of funds.

The policy frameworks mentioned above and organisational structures, along with dedicated champions of women's promotion, paved the way for the advancement of women in the defence force. Similar employment equity and affirmative action policies and programmes can be tracked for women in other security institutions in the country. Through these efforts, South Africa has shown substantive progress in terms of the number and ranking of women in the security sector. Some of the specific achievements are outlined below:

- All female SAPS members are trained in conflict prevention.
- All members of the SAPS (female and male) are trained in the SAPS Generic United Nations Police (UNPOL) Officers course. The course encompasses International and Humanitarian Law, Violence against Women and Children, Sexual Exploitation and Abuse.
- In bilateral assistance programmes with police in countries affected by war/violence, like the Democratic Republic of the Congo and Sudan, The SAPS has shared experience and expertise and supported training programmes incorporating gender perspectives.
- SAPS disciplinary regulations, Conduct and Policies have a specific provision for violence against women, which also applies to members of peacekeeping missions.
- United Nations Security Council (UNSC) resolutions are implemented in SAPS training for members

- deployed on peacekeeping missions.
- Ratified and domesticated protocols are incorporated into training for members deployed in peace missions.

Challenges

Despite the high proportion of women in the security sector compared to most countries worldwide, SAPS encounters many challenges. Its militarised culture hurts gender relations within the institution, and some of its own officers have engaged in criminality and violence against women. Furthermore, the department remains short-staffed and, therefore, has inadequate capacity to deal successfully with the crime situation in South Africa.

SAPS requires a more effective response to address and prevent SGBV. There is a need to rebuild trust relationships between the community and SAPS and for SAPS to engage communities more in the fight against crime and SGBV.

Civil society organisations have an important role in implementing the NAP; however, a lack of funding often constrains their involvement. For example, organisations such as ACCORD have been supporting civil society organisations in strengthening the capacity of women peacebuilders to unpack and understand UN Resolution 1325 in the local context. This work is critical in deepening the country's understanding of the linkages between peacebuilding, gender and conflict resolution and, more importantly, women's role in building social cohesion and addressing GBV.

5.4 Section iv: Engaging men and Boys- Achievements, Challenges and Opportunities

Engaging men and boys is crucial in addressing gender-based violence (GBV) and promoting gender equality. Various organizations and initiatives in South Africa have made strides in this area, but significant challenges and opportunities remain.

Achievements

Category	Program/ Initiative	Description
Community-Based Programs and Campaigns	MenEngage Africa Network	Engages organizations like Sonke Gender Justice, Masiphephe Network, and Mosaic to prevent GBV through policy engagement, community programs, and workplace discussions.
	"One Man Can" Campaign	Promotes gender equality, encourages men to act against GBV, and fosters healthy relationships while addressing HIV/AIDS.
	MenCare Campaign	Focuses on men's caregiving roles, advocating for shared household and caregiving responsibilities to promote gender equality and alleviate burdens on women and girls.
Engagement of Key Leaders	Religious and Traditional Leaders	Engages community gatekeepers to address GBV and promote gender equality by involving men in initiatives supporting these goals.
Government Initiatives	Men's Parliament	Led by the Department of Social Development to promote improved social behaviour, socio-economic development, and prevention of GBV, HIV, and femicide.
	Men's Forums	Established in most national and provincial departments to engage male staff in addressing gender inequalities in the workplace and beyond.

Challenges

Despite significant progress, challenges persist:

- **Pervasive Patriarchy:** Many women and girls remain constrained by deeply rooted patriarchal norms that limit their autonomy and perpetuate inequality.
- **Limited Societal Transformation:** Legislative and policy advancements have yet to substantially transform societal and economic structures.
- **Behavioural and Cultural Barriers:** Efforts to engage men and boys often encounter resistance due to entrenched beliefs about gender roles.

Opportunities

- **Expanding Successful Initiatives:** Programs like MenEngage, MenCare, and "One Man Can" provide replicable models that can be scaled up to reach more communities and sectors.
- **Community Leadership:** Continued engagement with religious and traditional leaders offers a pathway to changing cultural norms.
- **Targeted Workplace Interventions:** Men's forums in government departments can be extended to private sectors and smaller organizations to address workplace inequalities.

5.5 Recommendations

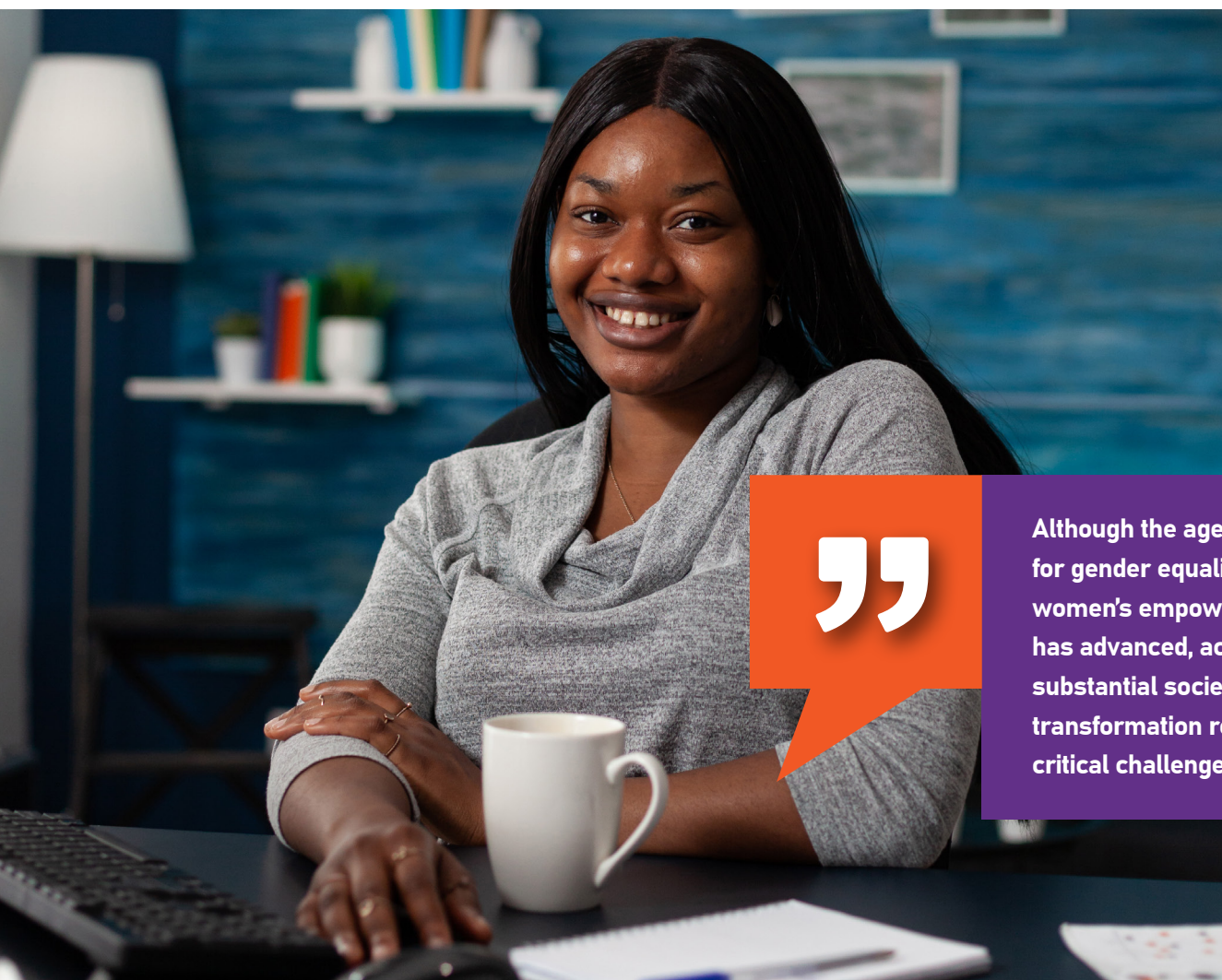
Recommendations for Women and Health

- Revise and update the National Abortion Guidelines to align with recommendations from international human rights bodies regarding conscientious objection.
- Conduct values clarification workshops in collaboration with abortion rights organizations to educate healthcare workers on abortion rights.
- Launch awareness-raising campaigns to challenge harmful socio-cultural norms surrounding abortion, promote women's rights to bodily autonomy, and address unequal power relations.
- Adopt a Comprehensive Sexuality Education policy that promotes sexual and reproductive health and rights, including access to abortion.
- The National Health Insurance (NHI) Act 2023 is not yet operational; the President has yet to announce its implementation date in the government gazette.

Recommendations for Women and Conflict

- Allocate specific funds for the National Action Plan (NAP) to ensure its implementation, along with conducting a thorough review to assess progress made thus far.
- Invest in sensitization workshops for South African Police Service (SAPS) and Defence Force personnel on gender-based violence (GBV) issues and management strategies, particularly considering previous media reports of sexual exploitation and abuse by the defence force during peace missions.
- Continue supporting the involvement of women mediators in peace-making processes.





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Although the agenda for gender equality and women's empowerment has advanced, achieving substantial societal transformation remains a critical challenge.

Recommendations for Violence Against Women (VAW)

- Fully operationalize the National Strategic Plan on Gender-Based Violence and Femicide, providing technical support to government departments and stakeholders to integrate the strategic plan effectively.
- Assist stakeholders in consistently reporting on progress made in implementing the National Strategic Plan.
- Although the National Council on Gender-Based Violence Act 2024 has been passed, it is not yet operational. It is crucial to address concerns raised by stakeholders regarding the Act's effectiveness.
- Update legal and policy frameworks to provide a comprehensive definition of online violence against women.
- Revise legal frameworks to include a detailed definition of obstetric violence.
- Allocate dedicated funds for gender-based violence and femicide efforts, particularly from government departments, to ensure that Thuthuzela Care Centres are adequately funded.
- Increase the number of Thuthuzela Care Centres to better serve various provinces and ensure that they have sufficient funding.

Conclusion

While South Africa has made considerable political, social, and economic progress over the past 30 years, more work is needed to create an environment where women can fully control their lives. The ongoing struggle against gender inequities requires sustained efforts at every level of society. Although the agenda for gender equality and women's empowerment has advanced, achieving substantial societal transformation remains a critical challenge.



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Women in the DRC face huge challenges when it comes to accessing health care, which are rooted in socio-economic, cultural, and political disparities. Maternal health statistics remain poor, with maternal mortality rates standing at 670 deaths per 100,000 live births

6. Democratic Republic of Congo (DRC)

Progress in Implementing the Beijing Platform for Action

The Democratic Republic of Congo (DRC) presents a complex narrative in terms of women's health, with both significant challenges and areas of progress. The Beijing Declaration and Platform for Action, adopted in 1995, provided a framework to advance gender equality and emphasized women's rights and health as important pillars for global development.

6.1 Section I: Women and Health in the Democratic Republic of Congo

Achievements in Women and Health

The DRC's government has ratified key international agreements, including the Beijing Declaration and the Maputo Protocol, which call for reproductive health rights, including safe abortion in specific cases. However, implementation remains weak, and access to reproductive health services is inconsistent.

Empowerment programs, such as those by Women for Women International in both North and South Kivu, bring hope. The programs combine vocational training with financial literacy and health education, allowing women to achieve greater economic independence and access to health care. Participants have reported improved mental health, increased earnings, and greater participation in decision-making processes.⁶⁴

Challenges in Women and Health

Women in the DRC face huge challenges when it comes to accessing health care, which are rooted in socio-economic, cultural, and political disparities. Maternal health statistics remain poor, with maternal mortality rates standing at 670 deaths per 100,000 live births⁶⁵. While 85% of pregnant women receive antenatal care, only 64% deliver with skilled health personnel—a large discrepancy that underlines systemic gaps in healthcare delivery.⁶⁶

High demand for reproductive health services

High fertility rates compound these challenges. With a total fertility rate of 6.3 children per woman, the demand for reproductive health services is huge. Contraceptive prevalence remains critically low at 5.8%, and the unmet need for family planning is estimated at 24%⁶⁷. This unmet need has a huge impact on maternal and infant health outcomes, with adolescent fertility rates reaching 124 births per 1,000 girls aged 15–19.⁶⁸

Cultural practices and inequalities

Cultural practices such as early marriages increase health risks. About 42% of women from the poorest families have children before turning 18, compared to 16% of women from richer families.⁶⁹ These disparities point out the intersection of poverty, education, and cultural norms in shaping health outcomes.

Patriarchal norms often require spousal permission for medical care, which fosters continued dependency. Illiteracy among women, at approximately 40%, reduces their ability to access health information and advocate for their rights.⁷⁰ The challenges are compounded by poverty, with 70% of the population living below the international poverty line.⁷¹ Structural inequalities further impede women's access to health care. Those women living in rural and conflict-affected areas face extra obstacles, including the shortage of health facilities and professional health workers. The long distance travelled to access health centres often involves much time and cost, which stops many women from seeking health care. This is aggravated by the lack of clean water, sanitation, and nutrition—three major factors that contribute to one's health.⁷²

64. Women for Women International. (2020). Economic and Social Empowerment Programme Results Brief.

65. World Bank. (2011). Reproductive Health at a Glance: Democratic Republic of Congo

66. Sida. (2009). Country Gender Profile: Democratic Republic of Congo.

67. World Bank. (2011). Reproductive Health at a Glance: Democratic Republic of Congo

68. Women for Women International. (2020). Economic and Social Empowerment Programme Results Brief.

69. World Bank. (2011). Reproductive Health at a Glance: Democratic Republic of Congo

70. UNFPA. (2024). DRC Sitrep 1–31 August.

71. World Bank. (2011). Reproductive Health at a Glance: Democratic Republic of Congo

72. World Bank. (2024). Democratic Republic of Congo Overview. Retrieved from worldbank.org.

Legal framework

This absence of gender-sensitive health care policies only means that services are not tailored to the needs of women and therefore tend to further marginalise them in accessing healthcare. The Democratic Republic of Congo (DRC) has committed to improving its healthcare system since 2005, beginning with the first **National Health Development Plan** in 2006, which symbolized a national reclaiming of political leadership over health governance. Additionally, the DRC has made constitutional and international commitments to ensure women's right to health, including Articles 14, 15, and 47 of the DRC Constitution, which emphasize gender equality, violence prevention, and equitable access to health services. These constitutional provisions adopt a **broad and holistic approach** to women's health, incorporating access to safe water, adequate sanitation, nutrition, reproductive health, and public participation in health decisions.

The DRC has also ratified numerous international treaties, such as the **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)** and the **International Covenant on Economic, Social and Cultural Rights (ICESCR)**, which obligate the state to ensure non-discrimination and equal access to healthcare for women. Regionally, the DRC aligns with instruments like the **SADC Protocol on Gender and Development**, which pushes for gender equity in health services.

Despite these commitments, the DRC faces significant challenges in fulfilling these obligations:

1. **Resource Constraints:** While the Constitution does not condition the right to health on available resources, the lack of systemic efforts and budgetary constraints hinder progress.
2. **Legal Weaknesses:** Domestic frameworks, like the Family Code, contain discriminatory provisions (e.g., limiting women's autonomy in marital life), restricting equitable healthcare access.
3. **Poor Implementation:** The government has failed to adopt the necessary legislative or non-legislative measures to ensure women's right to health. This lack of action directly violates international commitments.

Nevertheless, the DRC's **monistic legal system**, where international treaties and agreements, once ratified, are directly applicable and hold authority over domestic laws. This framework theoretically allows Congolese women to invoke international treaty provisions to assert their rights. Despite this legal framework, the practical implementation of international treaties, especially concerning women's health rights, remains inadequate. The World Bank highlights significant disparities in the quality of health services in the DRC, noting that "although more than 80 percent of women receive antenatal care and deliver in facilities... the quality of care is often substandard"⁷³. This indicates a gap between international commitments and actual healthcare delivery.

Ultimately, while the DRC has made strides in aligning itself with international and regional frameworks, much work remains to translate these commitments into tangible improvements in women's access to healthcare.

Impact of Conflict and Systemic Barriers

Decades of conflict have taken a heavy toll on women's health in the DRC. SGBV is endemic, and many women have been subjected to physical and sexual abuse both during and after conflicts. Almost half of the women in South Kivu have experienced physical violence, while 35% reported sexual violence.⁷⁴ The use of rape as a weapon of war has brought about very serious physical and psychological consequences for survivors. Besides, the access to complete support services for these women remains limited.⁷⁵

In the Democratic Republic of Congo (DRC), healthcare services have been deliberately targeted as part of broader strategies in the ongoing conflict. Armed groups have attacked health facilities, supply vehicles, and even churches to punish communities perceived to support rival factions or to render contested territories uninhabitable. For instance, the International Rescue Committee (IRC) reported that in 2022, 8% of global attacks on health facilities in conflict zones occurred in the DRC, severely compromising access to essential healthcare, particularly for pregnant women and children under five.⁷⁶

Additionally, the Safeguarding Health in Conflict Coalition (SHCC) identified 125 incidents of violence against

73. <https://documents1.worldbank.org/curated/ar/851111555342898988/pdf/Inequality-in-the-Quality-of-Health-Services-Wealth-Content-of-Care-and-Price-of-Antenatal-Consultations-in-the-Democratic-Republic-of-Congo.pdf>

74. Women for Women International. (2020). Economic and Social Empowerment Programme Results Brief.

75. Sida. (2009). Country Gender Profile: Democratic Republic of Congo.

76. <https://www.rescue.org/press-release/new-study-irc-and-partners-reveals-women-and-children-are-bearing-brunt-ongoing>



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Politically, the inclusion of gender considerations in transitional justice policies signals a growing acknowledgment of women's unique experiences in conflict.

or obstruction of healthcare in the DRC in 2022, including the looting of health supplies and the burning of health centres. These actions have significantly impacted healthcare providers' ability to maintain safe staffing levels and adequately stock facilities with necessary supplies.⁷⁷

These deliberate attacks on healthcare infrastructure not only disrupt medical services but also serve as tactics by armed groups to control and intimidate local populations, exacerbating the humanitarian crisis in the region.

6.2 Section ii: Violence Against Women

Violence against women and girls (VAWG) remains one of the most pressing human rights challenges globally, particularly in conflict-affected settings. In the Democratic Republic of Congo (DRC), the prevalence of sexual and gender-based violence (SGBV) is among the highest in the world.⁷⁸ The BPfA's implementation has influenced social, economic, political, and health outcomes for women and girls in the DRC. In conflict regions, survivor-centred initiatives have restored dignity and provided pathways to healing for many women. Programs offering economic support and vocational training have improved survivors' livelihoods, helping them rebuild their lives.⁷⁹

Politically, the inclusion of gender considerations in transitional justice policies signals a growing acknowledgment of women's unique experiences in conflict. However, the societal impact remains limited due to systemic challenges, including entrenched patriarchal norms and weak institutional capacity.

The health sector has also been shaped by BPfA-aligned initiatives. Efforts to address sexual violence as a weapon of war have led to the establishment of specialized health facilities offering trauma-informed care. Despite these advancements, the scale of need continues to outstrip available resources.

77. <https://reliefweb.int/report/democratic-republic-congo/democratic-republic-congo-violence-against-health-care-conflict-2022>

78. <https://africa.unwomen.org/en/where-we-are/west-and-central-africa/democratic-republic-of-congo>

79. <https://www.international-alert.org/app/uploads/2022/07/Annual-Report-2021-EN-2022.pdf>

Achievements in VAWG

Policy and Institutional arrangements

Over the last decade, there has been notable progress in addressing VAWG in the DRC, albeit uneven and often constrained by systemic barriers. A significant achievement has been the adoption of a Draft National Transitional Justice Policy aimed at providing reparations and institutional reforms for survivors of human rights violations, including sexual violence.⁸⁰ Additionally, efforts to decentralize justice services have been made by deploying magistrates to remote areas, increasing the reach of legal systems.⁸¹

Innovative approaches

Innovative approaches and best practices have emerged to address the complex nature of VAWG in the DRC. Community-based organizations have proven pivotal in fostering trust and encouraging survivors to report violence. Local groups such as AFEJUCO and Afia Mama utilize culturally sensitive methods, engaging community leaders and survivors to design interventions tailored to local contexts.⁸² These organizations also work to empower women leaders, thereby addressing gender inequality at a structural level.

The establishment of the Fonds National de Réparation des Victimes (FONAREV) represents an innovative approach to reparations for victims of SGBV. This government-managed fund collaborates with civil society and international partners to deliver financial compensation, healthcare, and economic support to survivors.⁸³ These initiatives reflect a growing recognition of the need for targeted, survivor-centred responses.

Local organizations, such as the Association des Femmes Juristes Congolaises (AFEJUCO) and Afia Mama, have been instrumental in supporting survivors by providing legal aid, health services, and awareness campaigns.⁸⁴ Nobel Peace laureate Dr. Denis Mukwege's Panzi Foundation has continued to champion survivor-centred care, offering medical, psychological, and legal support to survivors of sexual violence in conflict zones.⁸⁵ Transitional justice mechanisms, including truth commissions and community-based reparations programs, have sought to address the specific needs of survivors in conflict and non-conflict settings. For example, the Panzi Foundation's holistic model integrates medical care with psychosocial and legal support, ensuring a comprehensive response to survivors' needs.⁸⁶

Role of International network

International networks, such as the Gender Equality Network for Small Arms Control (GENSAC), also play a crucial role. By integrating gender perspectives into disarmament policies, GENSAC highlights the nexus between small arms and gender-based violence, advocating for systemic reforms to enhance women's security (Small Arms Survey, 2021).

Challenges and Barriers

Despite these strides, the DRC faces profound challenges in fully implementing the BPfA. Structural barriers, including weak governance, corruption, and inadequate funding, undermine the justice system's effectiveness.⁸⁷ Women in rural and conflict-affected regions face significant geographical and economic obstacles in accessing justice. Poor infrastructure often necessitates traveling long distances to reach courts, a journey made prohibitively expensive by court fees and travel costs.⁸⁸

Legal awareness remains limited among women, exacerbated by widespread illiteracy and the lack of legal materials in local languages. Although the DRC's Constitution mandates the publication of laws in French and national languages, this requirement is seldom fulfilled.⁸⁹ As a result, many women are unaware of their rights or the avenues available for legal redress.

80. <https://www.ictj.org/where-we-work/democratic-republic-congo>

81. <https://www.cartercenter.org/news/publications/annual-report-2019/index.html>

82. <https://www.hrw.org/world-report/2022>

83. <https://www.international-alert.org/publications/annual-report-2021/>

84. <https://www.hrw.org/world-report/2022>

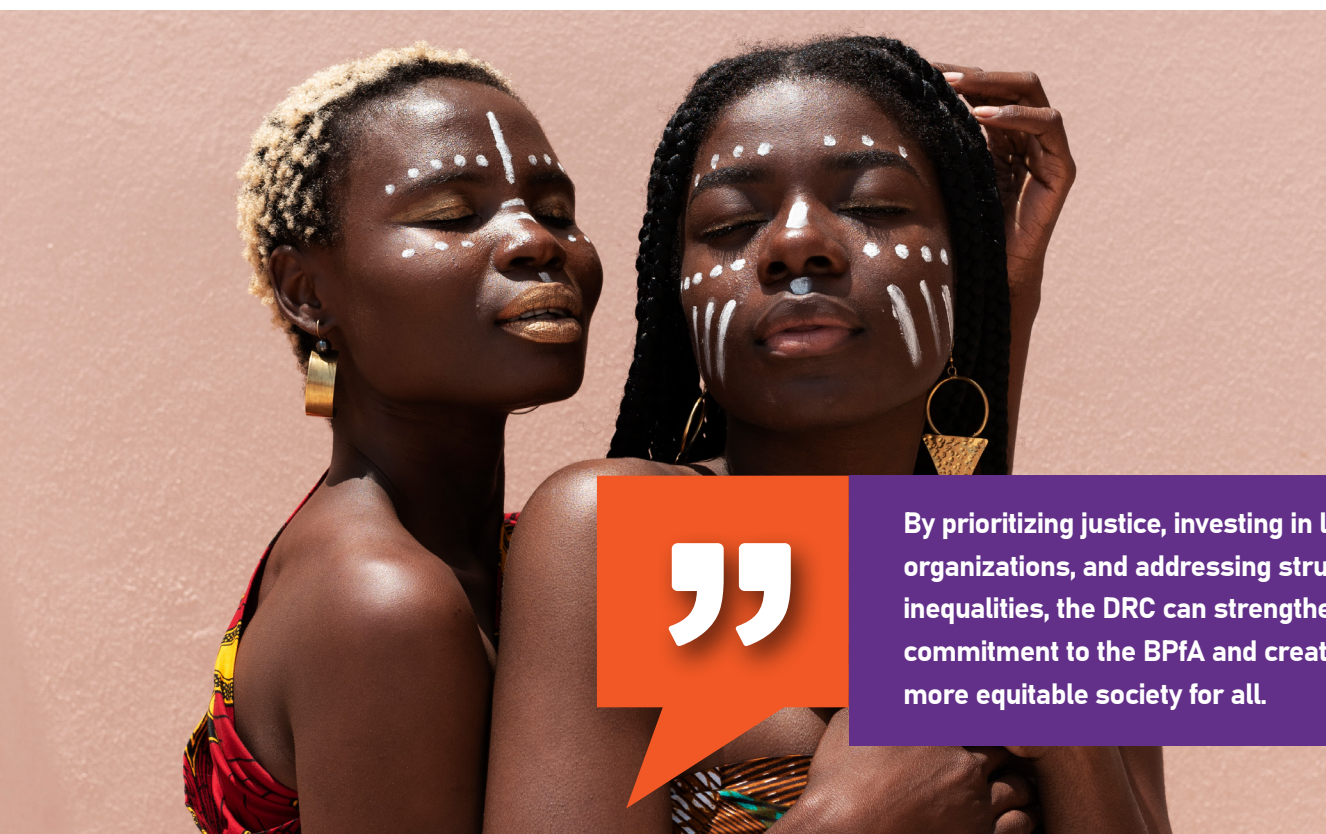
85. Mukwege & Berg, 2020

86. Ibid

87. <https://www.transparency.org/en/cpi/2022>

88. <https://www.amnesty.org/en/wp-content/uploads/2021/08/act770752004en.pdf>

89. Institute for Human Rights and Development in Africa, 2020



By prioritizing justice, investing in local organizations, and addressing structural inequalities, the DRC can strengthen its commitment to the BPfA and create a safer, more equitable society for all.

The stigma associated with reporting sexual violence further deters survivors from seeking justice. Fear of retaliation, societal ostracism, and distrust in the judicial system perpetuate cycles of abuse. Moreover, the judicial system's inability to address gender-specific justice needs was evident during the États Généraux de la Justice consultations, which overlooked women's concerns despite identifying systemic inefficiencies.⁹⁰

Emerging Priorities

Looking ahead, several priorities must be addressed to sustain progress and close existing gaps. First, the justice system requires substantial investment to enhance accessibility, efficiency, and gender sensitivity. This includes implementing gender budgeting frameworks to ensure adequate allocation of resources to VAWG prevention and response.⁹¹

Expanding community-based interventions is essential, particularly in rural areas where formal systems are inaccessible. Partnerships with local organizations must be prioritized, leveraging their cultural insights and community trust to deliver effective services.⁹²

Finally, addressing the root causes of VAWG, such as entrenched gender norms and economic inequality, remains critical. National education campaigns and economic empowerment initiatives targeting women and girls must be scaled up to challenge discriminatory practices and foster societal change.⁹³

Conclusion

The DRC's experience with implementing the BPfA underlines the complexity of addressing violence against women in conflict and post-conflict settings. While progress has been made, significant barriers remain, necessitating a comprehensive and survivor-centred approach. By prioritizing justice, investing in local organizations, and addressing structural inequalities, the DRC can strengthen its commitment to the BPfA and create a safer, more equitable society for all.

90. Open Society Foundations, 2022

91. <https://africa.unwomen.org/en/where-we-are/west-and-central-africa/democratic-republic-of-congo>

92. <https://www.hrw.org/world-report/2022/country-chapters/democratic-republic-congo>

93. UNESCO, 2020

6.3 Section iii: Women in Armed Conflict

The Democratic Republic of Congo (DRC), plagued by decades of armed conflict, faces immense challenges in addressing gender inequality and protecting women in conflict situations. Despite ratifying the Beijing Declaration and Platform for Action (BPfA) and demonstrating progress in some areas, the country struggles with entrenched structural inequalities, systemic sexual and gender-based violence (SGBV), and weak governance.

Progress in Implementing the BPFA

Legal Framework

DRC has made strides in adopting international and national frameworks aimed at addressing gender equality and protecting women in conflict settings.

- **International Commitments:** The DRC has ratified key international instruments, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and UN Security Council Resolutions 1325, 1820, and 1888 on women, peace, and security.
- **National Commitments:** The DRC has enacted several laws and policies that address including the Penal Code, the Law on Parity, and the Family Code. Article 14 of the Constitution expressly enjoins the state to fight all forms of sexual violence against women,⁹⁴ while Article 15 of the Constitution defines sexual violence as a crime against humanity.⁹⁵ In response to the large-scale perpetration of sexual violence in the country, DRC amended the 1940 Penal Code and the 1959 Penal Procedure Code in 2006 and introduced new forms of sexual violence. The 2006 legal reforms criminalized sexual violence as a war crime and a crime against humanity, explicitly addressing rape, sexual slavery, and forced pregnancy during armed conflict. These laws align with international standards, providing a legal basis for prosecuting such crimes. The DRC has also created a National Agency for Eliminating Violence against Women and Adolescent and Very Young Girls (AVIFEM).
- **National Action Plan (NAP) for UNSCR 1325:** To date The DRC has enacted three NAPS to implement the women, peace, and security agenda, with specific objectives to promote women's participation in peace processes, prevent GBV, and support survivors. The latest NAP was from 2019-2022 and its main objectives include:
 - **Inclusion:** This entailed increasing the number of women (adolescent and young women) in decision-making bodies, negotiations and peacekeeping missions, in addition to any other mechanism with a bearing on peace and security.
 - **Prevention:** Focused on preventing all forms of violation of the rights of women and girls during and after armed conflict.
 - **Protection:** Assuring protection of rights for women, young women, children and other vulnerable persons during and after conflict.
 - **Recovery:** In post-conflict situations, support the empowerment of women, in particular adolescent and young women, which is one of the determining factors contributing in the short term to re-establishment of stability, reintegration, socio-economic progress and durable peace.

Achievements in Women in Armed Conflict

In addition to enacting laws that address sexual violence in conflict settings as well as enacting the NAPs on advancing the WPS agenda, the following progress has been made:

1. Support for Survivors of Sexual and Gender Based Violence

- **Healthcare Services:** Institutions like Panzi Hospital, founded by Nobel laureate Dr. Denis Mukwege, have become globally recognized for treating survivors of sexual violence, providing medical care, psychosocial support, and legal assistance.

94. 'Les pouvoirs publics veillent à l'élimination de toute forme de discrimination à l'égard de la femme et d'assurer la protection et la promotion de ses droits. Ils prennent dans tous les domaines, notamment dans les domaines civil, politique, économique, social et culturel, toutes les mesures appropriées pour assurer le total épanouissement et la pleine participation de la femme au développement de la nation. Ils prennent des mesures pour lutter contre toute forme de violences faites à la femme dans la vie publique et dans la vie privée.'

95. 'Les pouvoirs publics veillent à l'élimination des violences sexuelles utilisées comme arme de déstabilisation ou de dislocation de la famille. Sans préjudice des traités et accords internationaux, toute violence sexuelle faite sur toute personne, dans l'intention de déstabiliser, de disloquer une famille et de faire disparaître tout un peuple est érigée en crime contre l'humanité puni par la loi.'

- **Isange One-Stop Centres:** Although not as widespread as needed, these centres have provided much-needed multi-sectoral support for survivors.
- **Increased Reporting Mechanisms:** International organizations, such as the UN and local NGOs, have supported the establishment of community-based reporting systems, enabling more survivors to report SGBV cases in conflict zones.

2. Women's Participation in Peace Processes and Governance

- **Political Representation:** While women remain underrepresented, their involvement in governance has improved slightly. Some women have been included in provincial assemblies, peacebuilding processes, and local reconciliation committees. According to UN Africa, to enhance women's participation in politics, the DRC enacted an electoral law on June 29, 2022, introducing voluntary incentive mechanisms aimed at promoting gender equality. Despite this legislative initiative, the practical impact has been limited, with women continuing to represent only about 10% of the National Assembly.⁹⁶ As of February 2024, women held 12.8% of the seats in the national parliament.⁹⁷ Specifically, in the National Assembly, women occupied 62 out of 477 seats, accounting for approximately 13% of the total.⁹⁸
- **Grassroots Women's Movements:** Women's groups such as SOFEPADI (Solidarité Féminine pour la Paix et le Développement Intégral) have championed women's rights in conflict areas. They advocate for the inclusion of women in peace negotiations and provide services to survivors of violence.
- **Women Mediators in Local Peacebuilding:** In certain conflict-affected areas, women have been involved in mediating disputes at the community level, fostering reconciliation and bridging divides among warring factions.



According to UN Africa, to enhance women's participation in politics, the DRC enacted an electoral law on June 29, 2022, introducing voluntary incentive mechanisms aimed at promoting gender equality.

96.

97. UN Women. Democratic Republic of Congo. Available at <https://data.unwomen.org/country/democratic-republic-of-the-congo?utm>

98. IPU Global Data on National Parliaments. Available at <https://data.ipu.org/parliament/CD/CD-LC01/data-on-women/>

3. International Support and Partnerships

- International NGOs, the UN, and bilateral donors have played a significant role in strengthening the DRC's efforts to address women's issues in conflict. Funding and expertise have helped the government and civil society provide emergency assistance, rebuild infrastructure, and run capacity-building programs.
- Partnerships with international bodies have led to initiatives like the establishment of mobile courts to address sexual violence, allowing survivors in remote areas to seek justice.

4. Mobile Courts in Conflict Areas: Mobile courts have been deployed to bring justice closer to remote communities, particularly in eastern DRC, where women are disproportionately affected by armed conflict. These courts have adjudicated cases of sexual violence perpetrated by soldiers, militia members, and civilians.

5. Education and Advocacy

- Awareness-raising campaigns, such as the UN-led "Stop Rape Now" campaign, have helped to draw attention to the issue of conflict-related sexual violence, both domestically and internationally.
- School programs and community training sessions have begun to address harmful gender norms and promote the importance of gender equality.

Challenges in Women and Conflict

1. Widespread and Systemic Sexual Violence

The DRC has some of the highest rates of conflict-related sexual violence in the world. Armed groups use sexual violence as a tactic of war to displace populations, terrorize communities, and destroy social fabric. Civilians, particularly women and girls, are targeted indiscriminately, and some cases involve extremely brutal acts. A comprehensive study conducted in 2011 estimated that between 1.69 and 1.8 million women in the DRC have experienced rape in their lifetimes,⁹⁹ while in 2023 Médecins Sans Frontières (MSF) reported treating 25,166 survivors of sexual violence across the DRC in 2023, averaging more than two patients every hour. This figure represents the highest number ever recorded by MSF in the country.¹⁰⁰

Even in areas that are officially post-conflict, sexual violence continues to be pervasive. Women face the double burden of being victims during conflict and enduring continued violence during recovery.

2. Impunity and Weak Judicial Systems

Culture of Impunity: Despite legal frameworks criminalizing sexual violence, prosecution rates remain extremely low. Perpetrators, particularly members of armed groups or security forces, often evade justice due to corruption, weak enforcement mechanisms, and intimidation of victims and witnesses. This is coupled with underreporting which remains a significant challenge. It is estimated that 75% of survivors in the DRC decline to report their assaults to the police, often due to stigma, fear of retaliation, or lack of trust in the justice system.¹⁰¹

Mobile Courts: While mobile courts have been established to address SGBV cases in remote areas, they are underfunded and overburdened, limiting their impact.

3. Limited Participation of Women in Peace Processes

Token Representation: When women are included in peace negotiations or post-conflict decision-making, their roles are often symbolic or marginal. They are rarely given substantive positions where they can influence outcomes.

Lack of Institutional Support: Women face systemic barriers to accessing leadership roles in governance and

99. RAINN. Democratic Republic of Congo. Available at <https://rainn.org/africa/drc?utm>

100. Doctors Without Borders. MSF reports unprecedented number of sexual violence cases in DRC. Available at <https://www.doctorswithoutborders.org/latest/msf-reports-unprecedented-number-sexual-violence-cases-dr-congo?utm>

101. Supra, note 6

security institutions. Patriarchal norms and gender bias often prevent them from being seen as legitimate decision-makers.

4. Lack of Economic Opportunities for Women

Displacement and Economic Marginalization: Armed conflict has led to widespread displacement, leaving millions of women without access to land, livelihoods, or economic opportunities. Women in camps for internally displaced persons (IDPs) face significant challenges, including food insecurity, exploitation, and limited healthcare access.

Access to Land and Resources: Land ownership laws remain discriminatory in practice, and women are often excluded from land rights despite their critical role in agriculture and local economies.

5. Cultural and Patriarchal Barriers

Entrenched Gender Norms: Deep-seated cultural norms perpetuate gender inequality. Women are often relegated to subordinate roles, and survivors of sexual violence face stigmatization, ostracism, and rejection by their families and communities.

Resistance to Change: Efforts to promote gender equality are often met with resistance from traditional leaders and communities that view such changes as a threat to cultural norms.

6. Insufficient Resources and Reliance on Donors

Funding Gaps: The DRC relies heavily on international donors to fund gender-related programs. This dependence creates uncertainty, as funding levels fluctuate based on geopolitical priorities and donor fatigue.

Poor Infrastructure: Weak infrastructure in conflict-affected areas makes it difficult to deliver services to survivors, including healthcare, education, and legal support.

7. Weak Governance and Corruption

Fragile Institutions: The government lacks the capacity to implement many of its policies, including those related to gender equality and GBV. Bureaucratic inefficiencies and corruption further undermine these efforts.

Insecurity in Conflict Zones: The presence of armed groups and continued violence in eastern DRC make it challenging for state institutions and humanitarian actors to operate effectively in these areas.

8. Displacement and Humanitarian Crisis

High Number of Displaced Women: As of March 2024, the Democratic Republic of the Congo (DRC) experienced a significant increase in internal displacement due to ongoing conflicts, with approximately 7.2 million individuals displaced within the country.¹⁰² Women constitute about 51% of the internally displaced persons (IDPs) in the DRC.¹⁰³ Conflict has displaced millions of women and children, exposing them to higher risks of violence, exploitation, and trafficking. Camps for IDPs often lack adequate protection measures for women.

Limited Humanitarian Response: Humanitarian organizations struggle to meet the overwhelming needs of displaced women, particularly in terms of shelter, food, healthcare, and psychosocial support.

9. Data and Accountability Gaps

Lack of Reliable Data: Accurate and disaggregated data on SGBV, women's participation in peace processes, and gender-focused policies is lacking. This hinders the ability to monitor progress and hold stakeholders accountable.

Monitoring Mechanisms: The lack of strong monitoring and evaluation systems for gender-related programs makes it difficult to assess their effectiveness and scale successful initiatives.

102. Norwegian Refugee Council. 'What's happening in the Democratic Republic of Congo'. Available at <https://www.nrc.no/perspectives/2024/whats-happening-in-the-democratic-republic-of-the-congo?utm>

103. OCHA. Democratic Republic of Congo: Internally Displaced Persons and returnees, March 2024. Available at <https://www.unocha.org/publications/report/democratic-republic-congo/democratic-republic-congo-internally-displaced-persons-and-returnees-march-2024?utm>

6.4 Section iv: Engaging Men and Boys

The National Strategy against GBV notes the importance of engaging with men and boys and encourages men to be advocates for change.¹⁰⁴ Studies have demonstrated that engaging men and boys can be a powerful strategy for promoting gender equality, preventing violence, and fostering positive social change. Addressing toxic masculinity, engaging men and boys in critical conversations about gender roles and norms and promoting healthy forms of masculinity can help challenge harmful stereotypes and promote more equitable relationships between men and women. By encouraging men and boys to reject violence as a means of asserting power or control, this can also contribute to reducing violence against women and girls thus creating safer communities.

It must be noted that interventions focusing solely on men are ineffective in shifting strongly entrenched social norms that drive violence against women, and we must support structural policy changes.¹⁰⁵ According to studies conducted by SVRI approximately 25% of women in the Democratic Republic of the Congo (DRC) have faced sexual violence linked to conflict, such as rape, and almost 66% have encountered violence from a male intimate partner.¹⁰⁶ Experiencing war and traumatic situations can lead men to adopt harmful and destructive coping strategies, which may involve acts of violence towards women.

Successful Interventions and Initiatives

The Living Peace Initiative¹⁰⁷ is one of the successful interventions that have been implemented in the DRC to assist men who have experienced conflict to examine harmful ideas about masculinity, and to begin to use nonviolent coping strategies.

Other critical interventions include the community-based Engaging Men through Accountable Practice (EMAP) program initiated by Africa Gender Innovation Lab (GIL) in collaboration with the International Rescue Committee (IRC). This was a 10-month primary prevention intervention created for men and women from conflict affected communities in North and South Kivu, which aimed to reduce violence against women and girls by addressing its root causes.¹⁰⁸ The focus was to engage men in transformative individual behaviour change guided by the input and realities of the women in their communities. The evaluation of this program found that although men did change their day-to-day practices, like a greater participation in housework, they maintained control of any changes in their household.¹⁰⁹ This possibly impacted the lack of significant change in the levels of intimate partner violence. This is a relevant finding in that it shows the relationship between power and violence and the need to transform power relations amongst the genders. More sustained effort around social norms is necessary. The EMAP program did yield positive impacts on other outcomes: an improvement in men's gender attitudes, a reduction in their support for violence against women, and an increase in support for a woman's right to refuse to have sex.¹¹⁰ And further, EMAP led to more gender-equitable behavioural changes, including greater participation of men in housework. Men and women shared more information about their income with their spouses, and intra-household cooperation improved.¹¹¹ Women also reported that the quality of their relationship improved.¹¹²

In a policy analysis conducted by Sonke Gender Justice, some of the findings and recommendations noted that the DRC has made efforts in terms of engaging men and boys, but stronger emphasis on influencing gender norms is needed to effect substantial change. The report also noted that whilst existing sexual and reproductive health policies are engaging with men as clients, they are weak in engaging them as advocates

104. DRC National Strategy against GBV, November 2009, p.17.

105. UN Women. (2020). Discussion paper: Work with men and boys for gender equality. Available at: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/discussion-paper-work-with-men-and-boys-for-gender-equality-en.pdf?la=en&vs=3559/>.

106. <https://www.svri.org/sites/default/files/attachments/2021-11-10/Thematic%20brief%20Engaging%20Men%20and%20Boys.pdf>

107. The Living Peace initiative, started in 2013, is a psychosocial intervention working with couples in the DRC to reduce male violence against women by changing men's harmful coping mechanisms. It targets the husbands of female survivors of war-related rape and intimate partner violence.

108. <https://gbvresponders.org/wp-content/uploads/2015/12/EMAP-Research-Brief.pdf>

109. <https://documents1.worldbank.org/curated/en/803091610426954573/pdf/Engaging-Men-to-Transform-Gender-Attitudes-and-Prevent-Intimate-Partner-Violence-in-the-Democratic-Republic-of-Congo.pdf>

110. Ibid.

111. Ibid.

112. Ibid.

for change. Specific steps need to be taken to directly target men, especially in relation to parenting and encouraging men to be role models. Programmes like the Living Peace Initiative and the EMAP are critical to breaking stereotypes that limit both men and women. By promoting a more expansive and inclusive understanding of masculinity, individuals can feel freer to express themselves authentically. Sonke also recommends that where applicable, strategies aiming to address underlying causes, including gender norms and the engagement of men should be specified.

Challenges

Prevalence of violence against women remains a pervasive issue in the DRC. Despite the initiative and efforts done so far there still is resistance to change supported by entrenched patriarchal attitudes, and lack of awareness about the importance of gender equality. Deeply ingrained traditional gender norms, expectations and cultural beliefs prioritising male dominance continue to pose a challenge to efforts promoting involved fatherhood. Overcoming these challenges requires sustained efforts and targeted interventions.

The DRC faces significant economic challenges, including high levels of poverty and limited access to resources. According to the World Bank, the DRC is among the five poorest nations in the world with an estimated 73.5% of Congolese people living on less than \$2.15 a day in 2024.¹¹³ The country also ranks 164 out of 174 countries on the 2020 **Human Capital Index**, reflecting decades of conflict and fragility, and constraining development.¹¹⁴ Implementing fatherhood programs effectively in this context is also constrained by a lack of adequate funding, infrastructure, and support services. DRC is also hindered by limited access to education and information, particularly in rural areas. Continued illiteracy and lack of awareness about parenting practices impedes not only on men's ability to engage effectively but the rest of the population as well.

Due to the ongoing conflicts in the country communities have faced a range of challenges, including forced displacement from their ancestral lands, discrimination, and lack of access to basic services such as healthcare and education. Building the capacity of local organizations and stakeholders to design, implement, and sustain fatherhood programs is crucial for long-term success. Ensuring that programs are culturally relevant, community-driven, and sustainable presents a significant challenge due to lack of adequate capacity and sustainability of interventions.

Limited data and research on fatherhood practices and family dynamics in the DRC also impacts on program design and evaluation. A lack of evidence-based approaches tailored to the local context hinders the effectiveness of interventions.

Social stigma and discrimination against men who take on caregiving responsibilities or participate in fatherhood programs may also act as barriers to their involvement. Positive role modelling ensures that men and boys who are engaged in promoting gender equality can serve as positive role models for their peers, younger generations, and communities at large. Their actions and attitudes can influence others to adopt more respectful and equitable behaviours. Overcoming negative stereotypes and challenging societal attitudes towards involved fatherhood is essential for successful interventions.

Addressing these challenges requires a multi-faceted approach that involves collaboration between government agencies, NGOs, community leaders, and international partners. By actively engaging with local communities, adapting interventions to the specific needs of communities, and advocating for supportive policies, progress can be made in promoting involved fatherhood and positive parenting practices in the DRC.

113.

6.5 Recommendations

Recommendations for Women and Health

1. Strengthen Health Systems

- The government should invest more in maternal health services, especially in rural areas, and work to meet the unmet need for family planning.
- Extend access to contraception and reproductive health education.

2. Support Survivors of GBV

- Access to comprehensive services, medical care, psychosocial support, and legal aid should be extended to all survivors.
- Create safe spaces for women in conflict-affected areas.

3. Challenge Cultural Norms

- Focus efforts on education and awareness-raising campaigns to dismantle harmful practices such as early marriages.
- Through education, women's ability to make informed health choices is strengthened.

4. Promote Economic Empowerment

- Scale-up programs that tie economic empowerment with access to health, such as providing microloans, vocational training, and financial literacy, to decrease dependency and increase self-reliance.

5. Increase Mental Health Services

- Establish strong mental health infrastructure to address trauma resulting from conflict and GBV.
- Implement community-based mental health programmes to provide necessary support.

6. Improve Access

- Increase the number of health facilities, particularly in rural and conflict-affected areas, ensuring they are equipped to provide gender-sensitive services.
- Improve transport and infrastructure to facilitate access to care.

Recommendations for VAWG

1. Strengthen the Justice System

- Invest in the justice system to enhance accessibility, efficiency, and gender sensitivity.
- Implement gender budgeting frameworks to ensure adequate allocation of resources for VAWG prevention and response.
- Improve infrastructure in rural areas to reduce geographical and economic barriers to accessing justice.
- Increase legal awareness among women by providing legal materials in local languages and conducting awareness campaigns.

2. Expand Community-Based Interventions

- Strengthen partnerships with local organizations such as AFEJUCO and Afia Mama to leverage cultural insights and community trust in delivering survivor-centred services.
- Scale up community-led programs to encourage reporting of violence and provide tailored support to survivors.
- Promote the integration of community leaders into interventions to foster societal acceptance of anti-VAWG initiatives.

3. Enhance Survivor Support Services

- Increase funding and resources for specialized health facilities offering trauma-informed care for survivors of sexual violence.
- Expand the reach of economic support and vocational training programs to help survivors rebuild their livelihoods.



- Strengthen the role of holistic care models, such as the Panzi Foundation, that integrate medical, psychological, and legal support.

4. Address Root Causes of VAWG

- Implement national education campaigns targeting discriminatory gender norms and promoting gender equality.
- Scale up economic empowerment initiatives focused on improving women's and girls' access to education and employment opportunities.
- Encourage male ally ship through campaigns and workshops aimed at reshaping societal attitudes toward women.

5. Promote Transitional Justice and Reparations

- Support the implementation of the Draft National Transitional Justice Policy to provide reparations and institutional reforms for survivors.
- Enhance the capacity of transitional justice mechanisms, such as truth commissions and community-based reparations programs, to meet survivors' specific needs.
- Increase funding for the Fonds National de Réparation des Victimes (FONAREV) to ensure sustainable delivery of reparations and survivor support services.

6. Foster International and Regional Collaboration

- Strengthen partnerships with international networks like GENSAC to address the link between small arms and gender-based violence.
- Collaborate with international stakeholders to secure funding and technical expertise for VAWG prevention and response programs.
- Advocate for global accountability mechanisms to address systemic challenges such as corruption and weak governance that hinder progress.

Recommendations for Women in Armed Conflict

1. Enhance Women's Representation in Peace and Security

- Ensure women's meaningful participation in peace negotiations, security sector reform, and governance at all levels.
- Implement quotas to increase female representation in the armed forces, police, and decision-making roles.

2. Strengthen Legal and Institutional Frameworks

- Provide adequate funding and capacity-building for the implementation of gender policies, including the NAP for UNSCR 1325.
- Reform the judiciary to address corruption and improve access to justice for survivors of SGBV.

3. Combat Sexual Violence and Impunity

- Strengthen mechanisms to prevent sexual violence, prosecute perpetrators, and support survivors, including access to medical care, psychosocial services, and legal aid.
- Train security forces and peacekeepers on gender sensitivity and accountability for GBV.

4. Promote Economic Empowerment for Women

- Increase women's access to education, land ownership, and livelihood opportunities to reduce vulnerability to exploitation and poverty.
- Support female entrepreneurs and provide targeted assistance to women in conflict-affected areas.

5. Address Cultural Barriers

- Engage men and boys as allies in challenging patriarchal norms and promoting gender equality.
- Conduct community awareness campaigns to reduce stigma against survivors of sexual violence and promote equitable gender norms.

6. Strengthen Data Collection and Monitoring

- Establish systems to collect reliable data on women's experiences in conflict, SGBV cases, and the implementation of gender policies.
- Ensure accountability mechanisms are in place to track progress and address gaps in implementing the BPfA.

Recommendations for Engaging Men and Boys

1. Adopt a Gender Transformative Approach

- Encourage reflection on societal norms, behaviours, and attitudes through training, community dialogues, and impactful activities that promote gender equity and positive masculinities.
- Collaborate with faith and traditional leaders, gender champions, couples, and parents to cultivate positive norms that enhance sexual and reproductive health.

2. Involve Men and Boys in Policy and Advocacy

- Engage men and boys in initiatives aimed at promoting women's rights and empowerment to amplify the impact of these efforts.
- Target policies and laws to maximize the involvement of marginalized fathers in their children's development.

3. Educate and Equip Men in Maternal and Child Health

- Train and involve men in maternal health, neonatal, and infant care to enhance their participation in their children's growth and well-being.
- Develop plans for gender transformation within policy frameworks to create a balanced and nurturing environment for children.

4. Address Systemic Challenges in the DRC

- Align efforts with the Beijing Declaration and Platform for Action to address sexual violence, ensure justice for survivors, increase women's representation in peacebuilding, and dismantle patriarchal norms.
- Combine legal reform, community engagement, and economic empowerment to advance gender equality and protect the rights of women in conflict settings.

Ultimately, the road to fulfilling the promises of the Beijing Declaration for the DRC is a difficult one, but the way forward is well demarcated. If systemic inequalities are tackled, the right kind of investment in healthcare is made, and women are empowered, then the DRC will be able to realise a future where women's health and rights are respected. This is transformative change with sustained commitment from the government, civil society, and international partners.



Conclusion

As the 30th anniversary of the Beijing Declaration and Platform for Action (BPfA) approaches, this multi-country review highlights the significant progress made by Rwanda, Sierra Leone, South Africa, and the Democratic Republic of the Congo in advancing gender equality. The implementation of the BPfA in these countries demonstrates notable achievements in key areas, including women's health, addressing violence against women, supporting women in armed conflict, and engaging men and boys in promoting gender equality. These advancements emphasize the potential of comprehensive legal frameworks, innovative programs, and collaborative approaches to drive transformative change.

Despite these successes, persistent challenges remain. Issues such as cultural norms, resource constraints, gender-based violence, and gaps in women's representation and participation in critical sectors continue to impede the full realization of gender equality. These barriers are further compounded by external factors such as conflicts, pandemics, and socioeconomic disparities, which disproportionately affect women and girls. To address these gaps, it is imperative to strengthen efforts in policy implementation, resource allocation, and community engagement. Expanding inclusive health services, enhancing support mechanisms for survivors of gender-based violence, and ensuring equitable representation in decision-making processes are crucial for sustaining progress. Additionally, a continued focus on engaging men and boys as allies and transforming societal norms is essential for achieving long-term gender equality.

The findings of this review emphasize the need for sustained commitment and collaboration among governments, civil society, and international partners. By learning from successes and addressing the challenges outlined, these countries can reinforce their contributions to the BPfA and inspire global efforts toward gender equality. This report serves as a reminder of the work that remains and the potential to accelerate progress through collective action and innovation.



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