



**COMBINED 14th, 15th AND 16th SHADOW REPORTS ON THE IMPLEMENTATION
STATUS OF ARTICLE 14 OF THE PROTOCOL TO THE AFRICAN CHARTER ON
HUMAN AND PEOPLES' RIGHTS ON THE RIGHTS OF WOMEN IN AFRICA:
CASE OF RWANDA**

PREPARED AND SUBMITTED

By

SAVE GENERATIONS ORGANAZATION

Contact person: Yvette NYINAWUMUNTU, Founder & Executive Director

AND

RÉSEAU DES FEMMES OEUVRANT POUR LE DÉVELOPPEMENT RURAL

Contact person: Xaverine UWIMANA, National Coordinator

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ABOUT SAVE GENERATIONS ORGANAZATION (SGO)

Save Generations Organization (SGO), is a Rwandan women's rights Non-Governmental Organization (NGO) dedicated to promote and advocate for children, youth and women's rights in order to prepare, empower and equip the future generations. Save Generations Organization has been established in 2015 and is registered at Rwanda Governance Board (RGB) with legal personality number 008/ RGB /NGO/2016. Save Generations Organization's vision is to aspire a community that is able to raise up generations of people full of hope, with good values, dreams, ability and actions. Save Generations Organization's mission is to create space and provide opportunities to children, youth, and women for their integral development and healthy life and to enable them reach their full potential. Save Generations Organization's areas of interventions are: Education, Child Protection & Well-being; Adolescents and youth sexual reproductive health & rights and family planning (AYSRHR&FP); Youth and women socio-economic development; and Environment protection and climate change resilience.

Since its creation, Save Generations Organization intervenes in the area of human rights in general and rights of women and girls in particular. However, in its interventions Save Generations Organization promotes human rights, women's rights and child rights including Sexual and Reproductive Health Rights (SRHR); gender equality and women & girls' empowerment; men engagement and positive masculinity.

ABOUT RÉSEAU DES FEMMES OEUVRANT POUR LE DÉVELOPPEMENT RURAL

Réseau des femmes is non-governmental organization with a mission to empower rural women so that they fully participate in the transformation of their lives and become actors and vectors of a positive change for the sustainable development. The organization's vision is a society where women and men have equal rights and efficiently contribute to the sustainable development.

Réseau des Femmes interventions are interlinked and allow working in a holistic approach. Those are the followings: Women and decision making; Improvement of rural women's socio – economic situation; Women and Education; Fighting Gender Based Violence and Promotion of Reproductive Health and Rights, HIV/AIDS and other diseases; Promoting the Culture of peace and conflicts prevention.

EXECUTIVE SUMMARY

Objective of the Report

Save Generations Organization and Réseau des Femmes take this opportunity to submit the First report on the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (hereinafter the Maputo Protocol). The main objective of this report is to assess the implementation status of article 14 the Maputo Protocol in Rwanda. The Report highlights some commendable achievements made by the Government of Rwanda *Vis a Vis* the recommendations made by the African Commission. It also provides potential grounds for legal reforms, policy changes and other measures aimed at improving women's health rights.

Methodology

The drafting of this report is based on data collected from national documents including laws, policies and strategic plans; different studies, national reports; and from Focus Group Discussions with rightholders from different women's rights organizations that participated in this report (listed in annex of the report); as well as interviews with different key stakeholders including some key informants (public and private institutions).

Key Findings

The report notes progress made by the Government of Rwanda in implementing of respective recommendations made by the African Commission to the Government of Rwanda specifically on article 14 of the Protocol.

The report notes with appreciation, legal reform undertaken as well as the adoption of various policies, strategic plans and initiatives that have contributed to the improvement of women's health rights in Rwanda.

The report also highlights some concerns in some areas that require specific attention and thus suggests recommendations that would address the concerns raised.

Limitations of the Report

The report does not cover all the rights provided under the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. The report will only cover article 14 of the Protocol.

Structure of the Report

The report covers only Part B of the ACHPR on the implementation status of article 14 of the Protocol on the Rights of Women in Africa.

The report commends progress made by the Government of Rwanda in the implementation of article 14 of the protocol and raises concerns and lastly where applicable recommends the African Commission the next step to take when engaging with the Government of Rwanda in the upcoming session.

I. PROTOCOL TO THE AFRICAN CHARTER ON HUMAN AND PEOPLES' RIGHT ON THE RIGHTS OF WOMEN IN AFRICA

This Part assesses the implementation status of article 14 of the Protocol to Women's Rights in Rwanda.

BACKGROUND INFORMATION

The constitution of Republic of Rwanda under article 21 recognizes the right to good health for all Rwandans. The following provision is under-pinned by article 45 of the same, which imposes duty to the State to mobilize the population for activities aimed at good health and to assist them in the realization of those activities.

The government of Rwanda party to protocol to the African charter on human and Peoples' rights on the rights of women in Africa and international mechanisms setting substantive rights of women and promotion and protection of those rights. The implementation of the provisions contained in the above protocol particularly article 14 has committed Rwanda to adopt various policies, strategic plans etc.

Article 14:

Health and reproductive rights

Positive developments

Save Generations Organization and Réseau Des Femmes, welcome the adoption of various positive policies that aim to promote and protect sexual and reproductive health and rights such as the National School Health Policy (2014); the National Gender Policy (2021); the Girl's Education Policy (2008); Rwanda Health Sector Policy (2015); the Comprehensive Sexuality Education program (2016); the Rwanda Community Based Health Insurance Policy (2010); the Rwanda National Health Insurance Policy (2010); the Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Policy (2018); as well as National Family Planning and Adolescent Sexual and Reproductive Health (FP/ASRH) Strategic Plan (2018–2024).

Save Generations Organization and Réseau Des Femmes commend the Government of Rwanda for enacting various laws which promote the realization of reproductive health such as the Law n° 21/05/2016 of 20/05/2016 relating to human reproductive health.

Save Generations Organization and Réseau Des Femmes, positively note article 148 of the Law determining offences and penalties in general, N°68/2018 of 30/08/2018 criminalises the denial of freedom to practice family planning.

Save Generations Organization and Réseau Des Femmes, commend the Government of Rwanda for reducing maternal mortality rate especially among teenage mothers.

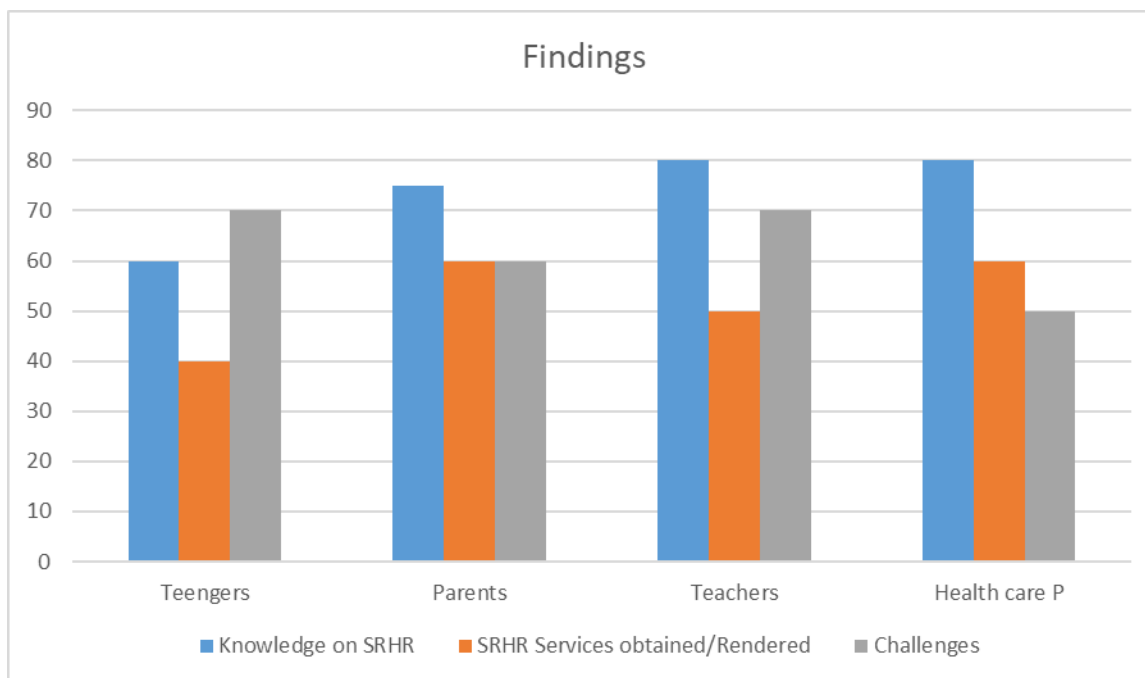
According to the latest Rwanda Demographic Health Survey (RDHS) 2019-2020, overall, 5% of women age 15-19 have begun childbearing: 4% have had a live birth, and 1% was pregnant at the time of the interview. The proportion of teenagers who have begun childbearing rises rapidly with age, from less than 1% at age 15 to 15% at age 19. Teenagers with no education and those in the lowest wealth quintile tend to start childbearing early than other teenagers. However, these teenage pregnancies can be reduced further if teenagers are fully allowed to access contraceptives.

Save Generation Organization (SGO) and Réseau des Femmes in partnership with other CSOs

commissioned a quick survey in July 2022 in nine (9) Districts (Gasabo, Bugesera, Muhanga, Kamonyi, Rwamagana, Gatsibo, Burera, Musanze and Nyagatare) of its implementation. The survey aimed to (a) assess the progress of the implementation of article 14 of the Maputo Protocol;

(b) identify gaps in the implementation of article 14 of the very Protocol; and (c) outline recommendations to address the identified gaps.

Data collected in the major stakeholders in the mentioned districts targeted the key informants who are usually key beneficiaries of Save Generations Organization and Réseau des Femmes, the total interviewers was 155 individuals representing, Teenagers, parents, teachers, health care professions and other key informants from NGOs and Related institutions.



All identified issues were relating to the insufficient implementation of existing policies and laws aiming at promoting and protection the women’s health rights as well as some legal barriers and these issues were as follows:

- Cultural and religious beliefs barriers are still a big challenge hinders women and girls of reproductive age to access and enjoyment of SRHRs and the fact that issues of sexuality are regarded as taboo.

- Limited information, education and communication on existing SRHR legal frameworks (insufficient dissemination)
- Some national laws and policies do not conform to international and regional human rights instruments that Rwanda has ratified
- Stigma and discrimination that pushes some women to go for clandestine abortion and this has contributed to unsafe abortion incidences in Rwanda.

Areas of concern

Save Generations Organization and Réseau des Femmes is concerned with the following:

- **Persistent cultural misconceptions on Family planning**

Interviews with key stakeholders revealed that taboo surrounding sexuality and misconception on family planning continue to be an obstacle in terms of access to reproductive health services in rural areas.

- **Mandatory HIV Testing**

Despite the voluntary approach entrenched in paragraph one of article 10 of the Law n° 21/05/2016 of 20/05/2016 relating to human reproductive health, paragraph (2) of the same article provides otherwise. It literally reads as follow, “No person shall undergo unconsented HIV/AIDS testing. However, mandatory testing may be required upon request by competent organs in accordance with law.” However, the Law does neither define the “competent organs” nor explain under which circumstances the “competent organs” can compel an individual to undergo HIV Testing.

Mandatory HIV/AIDS testing is critical since it is often accompanied by a lack of adherence to confidentiality or counselling, and it constitutes a direct violation of an individual’s rights to dignity, privacy, work and freedom from discrimination.

- **Legal barriers**

Abortion on medical ground is made difficult by the requirement of medical doctor (article 125 (2) of the Law determining offences and penalties in general, N°68/2018 of 30/08/2018). Access

safe and legal abortion becomes more difficult for women owing to the limited number of available medical doctors based on the ratio of one (1) doctor per 15,806 patients.

Lastly, the health centers where the majority women go for the antenatal consultations and thereafter delivery cannot carry out safe abortion services since they do not have qualified medical doctors and thus women seeking abortion on medical ground have to visit district hospitals, which are not nearer to them compared to health centers and note that women and girls access post abortion care services at health centers assisted by midwives and nurses.

According to findings from the study jointly conducted by Guttmacher Institute and the School of Public Health of the National University of Rwanda, an estimated 22 % of unintended pregnancies in Rwanda that end in induced abortion are carried out in unsafe methods due to legal restrictions and strong stigma surrounding abortion. The same study revealed that half of abortions in Rwanda are performed by untrained/unqualified persons.

According to the Rapid Assessment conducted by GLIHD, findings indicate that 90% of health centers have at least a midwife who can perform Post Abortion Care (PAC) services after training and that health centers have enough nurses available in different levels A1 and A2 who can support in the provision of safe abortion services. Therefore, it is feasible to train and assign specifically trained mid-wives and nurses to handle safe abortion services at first level.

Moreover, in Rwanda, Health Centers serve as the first entry level for accessing health services and thus are well placed in terms of accessibility due to their proximity to persons seeking different health services particularly in rural areas. Consequently, they are well placed to offer safe abortion services.

In 2003, WHO's safe abortion guidance recommended that abortion services be provided at the lowest appropriate level of the health-care system. It states that vacuum aspiration can be provided at primary-care level up to twelve (12) completed weeks of pregnancy and medical abortion up to nine (9) completed weeks of pregnancy, and that mid-level health workers can be trained to provide safe, early abortion without compromising safety. It includes mid-level providers: midwives, nurse practitioners, clinical officers, physician assistants, and others. Training includes a bimanual pelvic examination to determine pregnancy and positioning of the

uterus, uterine sounding, trans-cervical procedures, and provision of abortion, and skills for recognition and management of complications. (Bulletin of the World Health Organization)

The role of mid-level health workers has been increasingly grown in many aspects of health care, both in developing countries because of the crisis in human resources in health systems, and in developed countries to reduce the cost of health care when procedures allow for a lower cadre of providers than physicians.

In the United States of America for example, physician assistants, certified by the Board of Medical Practice in the United States of America (USA), have been permitted to carry out early abortions in the states of Montana and Vermont since 1975. (Freedman MA, Jillson D, Coffin RR, Novick LF. Comparison of complication rates in first trimester abortions performed by physician assistants and physicians. *Am J Public Health* 1986; 76: 550-4 doi: 10.2105/AJPH.76.5.550 pmid: 2870654).

In Kenya and Ethiopia, both states advance more than Rwanda to liberate midlevel health care providers as trained health professionals are allowed to perform abortion (article 26 par 4 of Kenya constitution). In Ethiopia since the enactment of the new law of 2005, efforts have been undertaken to improve the access to safe abortion and related care by training midlevel health care providers.

Save Generations Organization and Réseau des Femmes is concerned with medical doctor requirement for a legal and safe abortion (article 125 (2) of the Law determining offences and penalties in general, N°68/2018 of 30/08/2018) bearing in mind the limited number of available medical doctors based on the ratio of one (1) doctor per 15,806 patients.

Irrespective of various advocacies done by CSOs in Rwanda to remove the restrictive conditions appeared in repealed law (2012 Penal code), under article 125, Paragraph 2 of the 2018 Law determining offenses and penalties in general, a requirement of a medical doctor to perform an abortion was maintained. The article provides that; “A recognized medical doctor performs an abortion. Conditions to be satisfied for a medical doctor to perform an abortion are determined by the Order of the Minister of Health”, Ministerial Order **N°002/MoH/2019 of 08/04/2019**.

Subsequently, in line with implementing the provisions of article 125, Paragraph 2 of the law determining offenses and penalties, a Ministerial Order N°002/MoH/2019 of 08/04/2019 determining conditions to be satisfied for a medical doctor to perform an abortion was published in 2019.

Therefore, according to the current legal status quo, only a medical doctor is allowed to perform safe abortion services. The requirement for only a medical Doctor to provide safe abortion services risk to limit the anticipated dividends of expanding access and affordability of safe abortion services and its positive outcomes in relation safeguarding reproductive health and rights due to scarcity of medical Doctors and unaffordability due to high cost of services.

Allowing mid-level Healthcare Professional to provide safe abortion services in Rwanda will facilitate expanding accessibility, availability and affordability to all women and adolescent girls who qualify for and seek safe abortion services in accordance with the law.

This report specifically seeks to inform the African Commission on the existing barriers/challenges that still hinder access to and affordability of safe abortion services despite the tremendous strides made in law and practice, by the Government of Rwanda.

RECOMMENDATIONS:

Save Generations Organization and Réseau des Femmes calls upon the African Commission to recommend to the Government of Rwanda to:

- i.** Review the provisions of article 10 (2) of the Law n° 21/05/2016 of 20/05/2016 relating to human reproductive health with the view of prohibiting mandatory HIV testing since it jeopardizes the respective international and regional accepted standards in particular article 14 of the protocol;
- ii.** Amending the provision of current law determining offenses and penalties by removing the requirement for abortion services to be carried out by “recognized medical doctor” or by expanding the power to other categories of health care providers to include trained mid-wives and nurses as per World Health Organization guidelines;
- iii.** In order to mitigate the risks of unintended pregnancies and unsafe abortion among teenagers/adolescents; Government of Rwanda should adopt a liberal approach by

- unconditionally allowing teenagers/adolescent (age 15-19) to access available contraceptives methods without third part accompaniment (Parent or Guardian) through a revised sexual reproductive and health rights law and medical liability law;
- iv. Initiate appropriate legal and policy reforms leading to ensuring that trained healthcare professionals are permitted to provide safe abortion services in both law and practice;
 - v. Increase awareness campaigns on sexual and reproductive health and related rights aligned to international and regional accepted standards; by ensuring the increased level of co-operation and Multi-stakeholders involvement to include faith based organizations engagement;
 - vi. Adolescents inclusion in sexual reproductive health programmes and available services in national policies to fully reflect the provision of article 14 of the protocol;
 - vii. Community engagement in sexual reproductive health programmes particularly, adolescents' participation ;
 - viii. Guarantee special access for women and girls to sexual and reproductive health and rights and facilitate their access to comprehensive sexuality education through various channels both digital and non-digital tools of education;
 - ix. Continue efforts to reduce legal barrier, in particular by removing obstacles to access to termination of pregnancy in its existing legal clauses and continuing the public debate geared towards the definitive decriminalization of abortion;
 - x. Adopt new and improve the existing mechanisms for school-based comprehensive sexuality education for it would be concrete tool for the women and young girls to be acquainted with existing rights and procedures to exercise the rights accrued to health reproductive rights as enshrined in the entire protocol and specifically under article 14;
 - xi. Government in particular decentralized entities should own to invest in family planning programmes and other respective available established programmes and ultimately ensure that those programmes are accessed by all including adolescents' girls.

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7. Law No 49/2012 of 22/01/2013 on medical professional liability insurance that contains a set of rights, which can be considered as patient rights charter.
8. Organic Law N° 10/2013/ of 11/07/2013 governing Political Organizations and Politicians
9. Law N° 04/2013 of 08/02/2013 relating to access to information.
10. Law N°54/2011 of 14/12/2011 relating to the rights and the protection of the child
11. Law No 34/2010 of 12/11/2010 on the establishment, functioning and organization of Rwanda Correctional Service.
12. Law N° 66/2018 of 30/08/2018 regulating labour in Rwanda
13. Law N° 59/2008 of 10/09/2008 on prevention and punishment of gender-based violence
14. Law n° 01/2007 of 20/01/2007 relating to protection of disabled persons

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4. Ministry of Gender and Family, *National Integrated Child Rights Policy* (2011)
5. Ministry of Gender and Family Promotion, *National Gender Policy* (2021)
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11. Ministry of Trade and Industry *Small and Medium Enterprises (SMEs) Development Policy* (2010)
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ANNEX OF ORGANIZATIONS THAT PARTICIPATED IN DRAFTING OF THE SHADOW REPORT ON ARTICLE 14 OF THE MAPUTO PROTOCOL

1. SAVE GENERATIONS ORGANIZATION
2. RESEAU DES FEMMES OEUVRANT POUR LE DEVELOPPEMENT RURAL
3. RWANDA WOMEN’S NETWORK
4. AFRO ARK
5. IMPANURO GIRLS INITIATIVE
6. GIRLS LEADERS FORUM
7. EMPOWER RWANDA
8. BOLD WOMEN RWANDA
9. GREAT LAKES INITIATIVE FOR HUMAN RIGHTS DEVELOPMENT (GLIHD)