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Baseline Survey
on **Unpaid Care
Work Status** among
Women and Men in
8 Districts of Rwanda.



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Executive Summary

Researchers in various regions of the world have shown that women and girls are spending a tremendous amount of time carrying out unpaid care and domestic work (UCDW) on a day-to-day basis. For many women, care work is often tedious, unrewarded, and unrecognized in the family, community and nation. Ironically, while women spend time performing the difficult work of attending to others' care needs for free, research shows that men hardly take on these types of tasks and are instead heavily invested in paid work on any given day.

Research also shows that in low-resource settings such as sub-Saharan Africa, women and girls in rural areas carry a much heavier burden of care work than their male counterparts in urban areas that have access to time- and labor-saving technology and basic services. Women in rural areas tend to be uneducated, have low income, care for larger families and are unfamiliar with many of the technologies that help reduce the burden of care work in households. Given the drudgery of care and domestic work, many women and girls are hindered from being able to pursue paid work or other income-generating activities that could benefit them and their families.

In Rwanda, until very recently, there has been limited research on the correlation between women's unpaid care work, time use and economic wellbeing. However, the few existing studies on this topic conducted by Oxfam, the Institute of Development Studies (IDS) and ActionAid International all show that Rwandan women's experiences are similar to those of women in other parts of the world that experience inequality in the distribution of unpaid care work. To better understand the current status of women's unpaid care status, UN Women Rwanda conducted a baseline study of unpaid care and domestic work among men and women's in 8 districts namely: Gasabo, Nyarugenge, Muhanga, Musanze, Rubavu, Nyaruguru, Ngoma, and Kirehe. This aim of this baseline was to collect data to help inform UN Women's transformative approaches to recognize, reduce and redistribute unpaid care work in women's economic empowerment programming program ('3R Programme').

“

....women and girls in rural areas carry a much heavier burden of care work than their female counterparts in urban areas....

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To understand the care-related dynamics in households, this study utilized both quantitative and qualitative research methodologies. Drawing on Oxfam's Household Care Survey (HCS) and the Harvard Analytical Framework (also referred to as the Gender Roles Framework), we sought to understand how women, men and children in the study sites spend their time, how care activities are distributed in the household and the access that households have to basic public services and infrastructure that facilitate their everyday survival. The study also explored the social norms that shape power relations and gender division of care labor.

Time use

The present research findings revealed that both women and men started their day early. Women multitasked between caring for children as well as household, or community members, cleaning the house or compound and engaging in farm activities. Men on the other hand, had limited engagement in care activities and started the day by performing farm-related activities or other income-generating work such as construction and trading. Women in urban areas spent 3.7 hours on unpaid care work daily as compared to men who spent only one hour on these activities. In rural areas, women spent 3.3 hours on unpaid care work while men spent 1.1 hours on these tasks.



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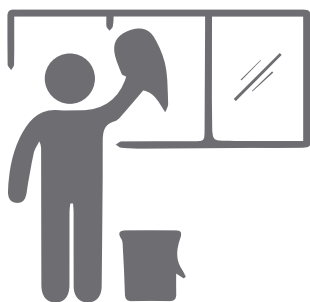


Time- and labour-saving equipment and support services

Our findings show that households in the upper wealth quintile had access to time- and labor-saving equipment such as water pumps, refrigerators, electric or gas stoves, washing machines and a clean storage area for clothes. In low-income households, respondents did not have any of these infrastructures which resulted in women spending long hours performing care-related work. Basic public infrastructure such as electricity, water, healthcare and childcare services were more accessible for households in urban areas than in the rural settings. Surprisingly, the quantitative and qualitative data showed different results in terms of respondents' answers to questions about distance to water points. In the quantitative data, 92.3% of respondents reported that they had access to an improved water source. However, in the qualitative data, majority said they did not have access to clean water and had to walk for hours to get this basic need. The qualitative respondents in rural districts reported that women spend longer hours walking to a water point, healthcare facility, or childcare facility compared to women in urban areas. Furthermore, accessibility to these services varied depending one's residence. Some individuals lived closer to services while others had to walk longer distances to get to any of these services.



Majority of men said they did not grow up performing care work or seeing their fathers performing this type of work.



92.01%
of women said they wished their partners would help them with domestic work

Social norms and perceptions

Regarding individuals' perceptions of male involvement in UCDW, the survey showed that the majority of respondents (87.16%) felt that men should engage in care and domestic work. Individuals residing in rural areas held this perception more so than their counterparts in the urban settings (81.07%). These views contrasted with qualitative interviews which showed that both women and men believed it is women's prerogative to perform care-related activities in the home. The discrepancy between respondents' desire to see men participate in UCDW and the belief that caring is 'women's work' demonstrates that the Rwandan patriarchal culture has had a tremendous influence on the ways women and men in households across the 8 districts interpret their roles in the home. Majority of men said they did not grow up performing care work or seeing their fathers performing this type of work. Arguably, this upbringing has shaped the ways these men think about the division of care labour in the household. Both men and women reported that men who did care and domestic work risked being mocked, ridiculed, or sanctioned by others in the society. Therefore, it is not surprising that 94.5% of male respondents reported that they would be willing to perform care-related work only if no one was going to find out. While most men expressed willingness to support women with household work, the reality is that, Because of the social norms surrounding care work, majority of men were doing little to support women with house chores.

The baseline results showed that women more often than not, did not request for support from their spouses even when they felt that they need help in the household. In the survey, 37.38% of women reported that they never asked their partner for help with care and domestic work. Further, 92.01% of women said they wished their partners would help them with domestic work. The overwhelming majority of these respondents (93.51%) were residing in rural areas. Based on these statistics, it is clear that majority of women wanted their spouses to assist them with care-related work in the household even though they did not ask for this assistance. Women's reluctance to request for help from spouses is linked to Rwandan cultural norms that place the caring responsibility squarely on women's shoulders. From a tender age, girls are socialized to know their place in the home and once they grow up and get married, they begin to take on the role of rearing children and caring for the others in the household. In light of this gendered upbringing, it is unsurprising that women may not be open to requesting men's help in the home. Another reason that women are reluctant to ask their husbands/partners for help is that this might increase the potential for domestic violence. In the qualitative interviews, women expressed fear that they could lose husbands if they started demanding for spousal support where care activities were concerned. It appears that while the government and civil society organizations are involved in community activities that challenge negative social norms relating to caring in the home, these activities have not had the expected impact as men continue to hold onto traditional notions about the roles women and men should play in society. Therefore, there is need for the concerned stakeholders to engage more men and boys in programs that support men's participation in care and domestic work.

Women's decision making

When women have agency to make household decisions, more often than not, this has positive impact on their livelihoods and those of their children. In this study, women in both urban and rural areas reported that they had some say over household decisions such as purchasing of large items, children's schooling and health, own health and when to go to the doctor, decisions about small daily purchases, decisions about how many children to have and spacing of children, decisions about whether to visit relatives or travel, decisions on how to spend own time, decisions about which family members should do domestic tasks, and decisions about which family members should do productive and paid activities. For all these aspects, a considerable number of female beneficiaries reported being the sole decision makers while male beneficiaries reported joint decision making. While women were aware of the right to co-own family property [e.g. land, livestock, cars, bicycles etc.] in many instances, their right to manage and dispose of these assets were very limited. In numerous interviews women reported that men often made decisions regarding the disposal of movable assets [e.g. bicycles, food crops] without consulting them. Men also owned assets that they did not tell women about. For example, some men had small parcels of land called ingarigari where they planted and sold food crops without the knowledge of their wives. It appears that although women were knowledgeable about their right to own property within the context of marriage, this did not necessary translate into "real ownership" as men seemed to have sole control of these properties. These findings align with those of other studies that show that women's household decision making in Rwanda tends to diminish where disposal of valuable family property is concerned.

Wellbeing, time constraints and care work

Numerous studies on unpaid care and domestic work show that there might be an association between women's involvement in care-related work in the household and adverse physical and mental health outcomes. In this study, we found that women engaged in strenuous work of caring for families under very difficult circumstances. Women were engaged in labour-intensive and time-consuming work in farms, at construction sites, at the market and on the streets, but earned little from these activities. Consequently, majority were living in poverty while caring for young children and other family members. Because of economic hardship, women lacked access to time-and labour-saving equipment that would have reduced their care workload. The COVID-19 pandemic has also exacerbated the situation in that many women were forced to stay home (guma mu rugo) because of the health measures that the government put in place to contain the transmission of the viral epidemic. This in turn, limited women's opportunities for generating income or gaining employment and also restricted their interactions with others. All these stressors led women to experience emotional and psychological distress. Some of the women respondents interviewed said they wanted access to mental healthcare so as to cope with their life circumstances.

Women were engaged in labour-intensive and time-consuming work in farms, at construction sites, at the market and on the streets, but earned little from these activities.



Image credit: ChainPhoto / UN Women Rwanda: A Farmer in Munini Sector (Musanze), harvesting in Aug 2021

1. Introduction



The overall objective of the baseline was to assess the attitudes, knowledge and behaviors related to unpaid care work and productive/paid work in Rwanda...



UN Women is the United Nations (UN) entity dedicated to gender equality and the empowerment of women. At the global level, UN Women supports UN member states to accelerate progress on meeting the needs of women and girls while also working with governments and Civil Society Organizations (CSOs) to design the laws, policies, programmes and services needed.

In this relation, UN Women has developed a programme aiming at removing structural barriers to women's full and equal participation in the economy of Rwanda, Senegal and South Africa by recognizing, reducing, and redistributing unpaid care work. This programme is called "Transformative approaches to recognize, reduce, and redistribute unpaid care work in women's economic empowerment programme" and shortened as the "3R Programme".

In this context, unpaid care work is defined as "work performed by household members without a payment and which someone can be hired for. In this relation, the rationale behind the 3R programme is that unpaid care work is more of a burden for women than it is for men as women spend disproportionately more time on unpaid care work than men. For this reason, the 3R programme is set to advance transformative change at national, community and household levels through its contribution to two outcomes: (1) National and local governments develop/strengthen laws, policies and services that recognize and address the disproportionate share of unpaid care work by women and girls and (2) Women's cooperatives and other organizations provide transformative care services in urban and/or rural areas to reduce and redistribute unpaid care work.

Prior to the 3R Programme implementation, UN WOMEN conducted a Baseline Survey on Unpaid Care Work Status among Women and Men in 8 Districts of Rwanda. The overall objective of the baseline was to assess the attitudes, knowledge and behaviors related to unpaid care work and productive/paid work in Rwanda by collecting qualitative and quantitative data on the mentioned indicators. The districts covered by this baseline survey are Nyaruguru and Muhanga Districts in the Southern Province; Kirehe and Ngoma Districts in the Eastern Province; Gasabo and Nyarugenge Districts in the City of Kigali; Musanze District in the Northern Province as well as Rubavu District in the Western Province.

This document is the baseline survey report, and it consists of five sections: Introduction, Background, Methodological Approach, Findings and Annexes. Attached in the annexes section are the tools used for data collection, the consent and assent forms, endorsement letter as well as the study terms of reference published by UN Women.



2. Background

This section sets up the background for the baseline survey through providing an understanding of the current situation regarding unpaid care work in Rwanda, regional and global level from the review of the existing literature. The section provides a global overview of unpaid care work, the summary of key policies and laws advocating for unpaid care work as well as the current situation.

2.1. Overview of the status of unpaid care work

Worldwide, more women than men spend significant amounts of time engaging in unpaid care and domestic work. Unpaid household and care work refers to “non-market, unpaid work carried out in households (by women primarily, but also to varying degrees by girls, men and boys) which includes both direct care (of persons) and indirect care (such as cooking, cleaning, fetching water and firewood collection etc.).” International Labor Organization shows that, although Unpaid Care Work is not recognized, its value ranges from 12-40 percent of the Gross Domestic Product.

Prevailing gender norms mean that women and girls undertake the bulk of unpaid care work such as looking after and educating children, looking after older family members, caring for the sick, preparing food, cleaning, and collecting water and firewood. According to available statistics, women perform three times more

unpaid household and care work compared to men and spend longer hours performing care-related tasks than men. Furthermore, even when women assume paid employment in the job market, this does not reduce the amount of unpaid care work activities that they engage in when in the home and community; instead, women end up with a “double burden” of work in the public and domestic sphere.

Recent data from UN Women indicates that the COVID-19 global pandemic has significantly increased women’s caring burden, with 60% of women now reporting an increase in their household and care work since the beginning of the pandemic. The value of women’s unpaid care work each year is an estimated \$10.8 trillion globally, a colossal economic dividend demonstrating that women are contributing in a very significant way to market economies worldwide and yet, they are not being compensated in any way for their caring labour. Furthermore, this contribution is not being counted as part of the national gross domestic product (GDP) in countries.

The socially prescribed and established gender roles that denote women and girls as care providers, can undermine their rights, limit their opportunities, capabilities and choices, and so hold back their holistic empowerment. Consequently, despite the numerous international instruments, agreements and policies that are currently in place to empower women and promote gender equity and equality, this discrepancy in unpaid care work continues to persist, thereby impacting women disproportionately in terms of the economic returns they can earn from their labour activities. As a result of the fact that majority of women spend long hours performing unpaid labour-intensive activities in the home and community, in the long-run, they end up being less economically empowered compared to men. Unlike women, men often receive remuneration for many of the activities they engage in on a day-to-day basis, thus giving them an economic edge. It is no wonder then that, women continue to make up the highest numbers of persons living in poverty globally. This gendered economic inequality places women at a disadvantage in the sense that they are less likely to have decision-making power in households. In many instances, only men have the autonomy to make household decisions regarding how family resources are spent, whether to dispose of property and who can inherit land among other decisions.

Due to socially constructed roles as primary caregivers and their responsibility for providing goods and services for their families, women perform the bulk of unpaid care work across all economies and cultures, with variations by age, household structure, social and cultural class, location, and so forth. But to say that care is provided on an unpaid basis does not mean that it carries no costs. In fact, women bear the bulk of the costs entailed in its provision in terms of foregone opportunities to engage in paid work or enroll in education or vocational training.

So, while caregiving is essential for all societies and economies, it is clearly unfair that only women have to provide it. This gender inequality in unpaid care work strengthens the gender gap in the labor market and its outcomes.

The large amounts of time spent by women and girls on unpaid care work also means that their participation in civil, economic and social spheres and in public life is limited.

In sub-Saharan Africa as elsewhere, women continue to disproportionately carry the responsibility of performing unpaid household and care work. In a recent study conducted by Oxfam (2019) in five urban informal settlements in Kenya's capital, Nairobi, researchers found that women spent an average of about 5 hours a day on primary care compared to men who spent only about 1 hour per day on this activity. Furthermore, in the above-quoted study conducted by Oxfam in 2019, women were 20 percent more likely to have spent their time on childcare 24 hours prior to the study than men. While women were spending time performing unpaid care work, men spent almost double that time on paid work.

Across Africa, intentions to accomplish inclusive and sustainable development are being weakened by insufficient investment in the care economy whereby women and girls provide too much of their hours of unpaid household and care work, yet remains unrecognized, under-invested in and undervalued. This has interrupted gender equality in countries globally with specific barriers that unpaid household and care work creates for sustainable development in Africa.

This also explains that investing in quality public services and accessibility to income generation in Africa addresses to critical inequality in unpaid household and care works which easily hinder the progress of many Sustainable Development Goals.



In addition, Unpaid Household Care Work (UHCW) is also difficult to capture: as an example, a woman is looking after children while cooking or engaging in farm work, along with the variation and seasonality of UHCW make it difficult to capture.

In Rwanda, a study conducted by Oxfam found that unpaid care work is among the leading factors contributing to time poverty for women and that each hour a man spends on care work, a woman spends three hours. Given the limited existing research and literature on this subject, it is not clear what other dynamics or confounding may be contributing to women's unpaid care crisis in Rwanda. Indeed, this empirical evidence demonstrates that there is need for further research to better understand and document the gender relational dynamics in households across Rwanda and the type of support that women need access to, to address household and care responsibilities in the family and community.

It is important to note that women in the paid labour market may also not be able to adequately substitute for their care responsibilities, and therefore the care and human development outcomes of those being cared for may also suffer. Whereas there has been significant growth in female labour force participation in recent decades, there has been little progress in changing the distribution of unpaid care work. During the last three decades, the gap between women and men's contributions to unpaid household and care work narrowed by only seven minutes per day (ILO, 2018). As a result, women continue to work longer hours than men do overall.

2.2. Normative instruments related to unpaid care work in Rwanda

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is one of the internationally normative instruments related to unpaid care work through provisions for women's rights. Rwanda signed (01 May 1980) and ratified (02 Mar 1981) the CEDAW. The Articles 7 and 8 specifically call on States to eliminate discrimination against women in all spheres of political and public life and to enable women to represent their governments on an equal basis with men. The CEDAW also urges states to take obligatory measures to address problems rural women face and their economic roles to be considered in durability of families such as work in moneyless sectors (Article 14).

The Beijing Declaration and Platform for Action declares that women's rights are human rights. This is structured along 12 critical areas of concern and calls for the advancement and empowerment of women in all spheres. Among other things it addresses issues relating to violence against women, women and conflict, and women's access to power and decision making.

“...unpaid care work is among the leading factors contributing to time poverty for women...”



Correspondingly, the fifth Sustainable Development Goal (SDG) has a call for Governments to recognize and value unpaid care and domestic work by providing public services, infrastructure and social protection as well as promoting equal responsibilities within households. In addition, because of the SDGs importance to achieving gender equality, it calls for the promotion of shared responsibility within the household and the family as nationally appropriate target, talking about care, it is a cross cutting issue along all of the SDGs and there is still a huge gender gap in terms of the time devoted to domestic and care activities. The massive burden of domestic and care work on women's lives is the consequence of what we define as unfair social organization of care. This means an unequal distribution of responsibilities between men and women in households and communities.



Image credit: UN Women

The Constitution of the Republic of Rwanda of 2003, as revised in 2015, especially in its article 30 provides for the right to free choice of employment and equal pay for equal work. It stipulates that all individuals, without any form of discrimination, have the right to equal pay for equal work.

Law N° 32/2016 of 28/8/2016 Governing Persons and Family, includes provisions for individuals in a marital union to jointly manage the household by among other things, providing moral and material support. However, this law does not specify the roles men and women should play with respect to care and domestic work in the household. The law also states (under Art. 209) that “one of the spouses performs duties alone if the other is unable to do so” (p.142), but does not explain under what circumstances this would be permissible.

The Revised National Gender Policy of 2021, promotes the use the gender approach as a national planning tool to promote a social and legal framework conducive to gender equality in all areas of

public, private and civil society life and contributes to women and men national development process. It also promotes a framework for exchange and partnership between all key players in charge of promotion of the status of the Rwandan women and men.

The Revised National Gender Policy puts in place the guidelines for addressing unpaid care work. The has three main priorities in relation to unpaid care work. The priority 2 that targets to accelerate women’s economic empowerment, priority 4 that targets to gender cultural norms and support best practices, as well as the priority 6 that targets to increase women meaningful participation and representation in leadership and decision-making positions in public, private and Civil Society Organizations at all levels. The policy highlights the strategies to use to reduce the intensity and time women spend on unpaid care work and ensure their participation in economic empowerment and participation at all levels. This was recalled by an informant from National

Women Council emphasizing that the Government of Rwanda has done its part in relation to unpaid care work. The informant added that the second step has to be the role of Implementing Agencies and partners to implement the policy provisions.

On another side, the primary data findings understood that the existing policies don’t recognize unpaid care work fully as an issue for consideration. Most of the informants at local and national levels and the ones from civil society organizations indicated that the policies don’t specifically address unpaid care work. This is emphasized by the key informants from Ministry of Gender and Family Promotion, ActionAid and Reseau des Femmes that there is no specific policy on unpaid care work. In the same instance, an informant from Gender Monitoring Office indicated that their institution hasn’t conducted yet any monitoring and evaluation activities in this area as there is no specific policy for them to evaluate its implementation.

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...for every hour a man spends on unpaid domestic chores, a woman spends three hours....

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Furthermore, the findings indicated the need for valuing unpaid care work. Different informants highlighted that unpaid care work is valued and it's not clear how they contribute to the growth of the household as well as the country. In this regard, the informant from Ministry of Gender and Family Promotion called for her ministry and the government to value the unpaid care work for further recognition. This was echoed by the informant from Gender Monitoring Office that valuing unpaid care work will show the government how valuable the work is and take steps to address the issue. The same informant added that valuing unpaid care work will play role in changing men's mindset to understand how their wives are burned and start working together.

2.3. Current situation in Rwanda

According to International Labor Organization (ILO), Unpaid care work is care work provided without a monetary reward by unpaid carers. And unpaid carers are mostly women and girls from socially disadvantaged groups. A recent study conducted in Rwanda by Oxfam in partnership with the University of Rwanda on unpaid care work revealed that for every hour a man spends on unpaid domestic chores, a woman spends three hours. However, since care work is often not considered work, most people are less likely to report the time spent on unpaid care work (UHCW).

Although women perform nearly all activities that increase the value of land such as planting, cultivating, reaping, and processing food crops, they frequently do not have the decision-making power that comes with land ownership. The findings of National Institute of Statistics in Rwanda Labour Force Survey of 2019 illustrate that there is a difference between female and male who were employed in dependent jobs as employees in favor of males. The percentage of female employed as employees was 66.2% against 68% among males. The percentage of female employed in dependent jobs as unpaid care and domestic workers was 5.4 percentage points higher than among male 6.6% against 1.2%.

About 90% of the working age, female population are engaged in one or more types of work, spending on average 26,7 hours of work in such activities; for example household chores including shopping and preparing meals 11,1 hours per week; looking after children and elderly 7,5 hours per week; manufacturing household goods for own or family use 7,4 hours per week; while about 68% of the working male population are engaged in one or more types of own-use production work, spending on average only 16,2 hours of work in such activities.

Women remain underrepresented in the labour force and especially amongst senior management positions and as CEOs of larger companies. The ability of women to improve their participation in the labour force depends on skills and knowledge acquired vis-à-vis to the labour market, ability of the economy to generate decent jobs and cultural beliefs/attitudes which may prevent women from performing non-traditional jobs such as carpentry, construction, mechanical engineering, etc. This results in the use of quality time on domestic and unpaid work.

Furthermore, In Rwanda, the majority of women 92.97% working in the paid labor force is employed as casual workers in agriculture and informal sectors where you find the salary is very low. As a result, a sizeable number of women remain poor. The total of 61% of women in Rwanda live below the poverty line compared with 59.3% of men, according to Women for Women International, 2004, the biggest concerns about gender inequality are women's unpaid labor. Many marginalized groups, including rural women and domestic workers, are often deprived of economic independence and many times their labors go unnoticed by the society. With empowerment policies striving to raise the incomes of women, resources can be appropriately managed and allocated to eradicate the issue.

The 2030 Agenda for Sustainable Development commits the Government of Rwanda to Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate. The results affirm the importance of engaging men in a deliberate questioning of gender norms and power dynamics, so that they can embrace better co-operation and sharing of activities at the household level and that a Do No Harm approach to women's economic empowerment should involve activities to engage men at the community level in questioning and ending gender based violence building on those interventions that have shown evidence of changes in men's attitudes and behaviors related to gender based violence.

Additionally, engaging men in transforming gender relations was an OXFAM case study done in 2020 and launched in 2021. The study was about Men Care as a global campaign which was seeking to promote men's active involvement as equitable, non-violent parents and caregivers with the aim of achieving greater family wellbeing, gender equality, and better health for mothers, fathers and children. The case study showed how Men Care campaign helped the increase of men's active involvement in care giving, it reduced men's use of violence against their partners and children and increased men's contributions to childcare and equalizing power dynamics and decision making in the household among family members.



92.97%
working in the
paid labor force
is employed as
casual workers
in agriculture
and informal
sectors

Image credit: Freepik.com

3. Methodological approach

The baseline survey adopted mixed methods of quantitative and qualitative research. This section explores the conceptual framework of the baseline for both components, the methodology used as well as the limitations.



3.1. Conceptual frameworks

For the quantitative component, the conceptual framework adopted for the baseline survey is inspired by the Household Care Survey (HCS), a standardized questionnaire toolkit developed by Oxfam International for measuring and understanding unpaid care and domestic work. The survey has 12 aspects to capture how women, men, girls and boys spend their time; how care is provided; by whom, and which are the main factors that affect people's responsibilities for unpaid care and domestic work. The 12 aspects of the survey are the basis of the analysis and are explored throughout the report.

On the other hand, the qualitative component adopted the Harvard Analytical Framework. Under this approach, three tools were used including the Activity Profile, the Access and Control Profile as well as the Influencing

Factors. The first tool focuses on the gender-based division of labor, the measurement of the time women and men spend on different activities and including paid and unpaid care work. The second tool focuses on understanding the differences in accessing resources for men and women as well as understanding who controls the resources. In the same regard, the third tool explores the different influencing factors affecting the division of labor as well as the access and control over resources.

Furthermore, through exploring the existing services and service providers, the survey understood the opportunities for sharing unpaid care work between family and the society. In the same regard, the survey understood the broader landscape of the extent to which the unpaid care is recognized. This was done through an exploration of the policies, laws, services and social institutions affecting the unpaid care work.



3.2. Methodology

The baseline survey used mixed methods for data collection and analysis. The quantitative part used a household survey questionnaire and the qualitative part used Focus Group Discussions (FGDs), Individual In-depth Interviews (IDIs) as well as Key Informants Interviews (KIIs). This section details the scope of the survey, the survey population, the primary data processes as well as data analysis and reporting.

3.2.1. Geographical scope and population of the research

The baseline survey was conducted in 8 districts where the 3R Programme of UN Women will be implemented. The districts included 5 urban districts namely Gasabo and Nyarugenge in the City of Kigali (CoK), Muhanga in the Southern Province, Musanze in the Northern Province and Rubavu in the Western Province. The baseline also covered 3 rural districts; namely Nyaruguru in the Southern Province as well as Ngoma and Kirehe in the Eastern Province. In addition, key informants' interviews at national level were conducted with governmental institutions as well as Civil Society Organizations mostly located in the CoK.

The population of HCS included both male and female members of cooperatives who benefited other UN Women programmes. A survey questionnaire, pre-programmed into android-enabled devices, was administered to 545 respondents (471 females and 74 males) from the anticipated sample size of 600 respondents. In the rural districts, the survey participants were sampled systemically from the sample frame, the list of cooperative members. However, the systematic sampling was not applicable in the urban districts considering that the cooperatives had fewer members and so, all of them were interviewed.

The population for qualitative interviews varied based on the context. In the rural districts, where cooperatives had many available members, the participants included both males and females who didn't participate in the household care survey. In the urban districts, considering that the cooperatives had fewer members, the qualitative interactions included some household care survey respondents and community volunteers who were available at the time of data collection. In addition, KIIs were conducted at both community, local and national levels. The list of conducted interactions in each district is in the annexes.

Image credit: UN Women

3.2.2. Primary data collection processes

Prior to the actual field data collection, an endorsement letter was sought by UN Women, from the Ministry of Gender and Family Promotion (MIGEPROF). The letter was meant to introduce the data collection team to both the District authorities and informants at national level. In consideration that the study was conducted in the UN Women's areas of implementation, the ethical review and approval was not required as per research rules and regulations in Rwanda.

Prior to conducting any community level interactions and household surveys, the data collectors sought informed consent from the potential respondents. For the quantitative household survey, the consent was digitally recorded as part of the survey. For the qualitative interactions, the consent was provided in the form of a signature of the participant on the printed consent forms.

Participation to the baseline survey was voluntary. Participants received full information about the use of the information and provided their consent to participate. Furthermore, explanations were provided about how their confidentiality and anonymity were to be preserved so that no risks or harm result from one's engagement or refusal of engagement in the survey.

The quantitative data analysis used MS Excel and the qualitative data analysis was done daily through debrief sessions as well as thematically, after the triangulation of findings across sites and comparisons with the quantitative findings.

3.3. Baseline survey limitations

The baseline survey encountered different limitations. Below are the elaborated limitations and related mitigation measures.

Limited number of survey respondents in urban districts: It was planned that 300 household surveys will be conducted in urban districts and a same number in rural ones. However, the cooperatives in urban districts had few participants and some members had already dropped out and the targeted 300 surveys could not be reached. Specifically, for Rubavu District, a considerable number of cooperative members had moved to other areas such as the CoK or the city of Goma, in the neighboring country of the Democratic republic of Congo (DRC). To mitigate this challenge, in the urban districts, everyone on the cooperatives' lists and who was available and willing, was interviewed.

Lack of male respondents: The data collection targeted both males and females for both quantitative surveys and qualitative interactions. However, across all districts, male respondents were fewer than female respondents. As a result, the majority of quantitative survey respondents are women. The same scenario also happened for the qualitative interactions: it was expected that two FGDs will be conducted with male members of cooperatives, one with married men and another with single fathers, in each district. With the limited availability of male members of the visited cooperatives, instead of FGDs, In-Depth Interviews (IDIs) were adopted for the available men. In addition, where it couldn't be possible to find at least fewer males, the team interviewed community volunteers such as Community Health Workers (CHW) and Inshuti z'Umuryango (IZU).



Image credit: UN Women



4. Findings and discussion

4.1. Household and individual characteristics

4.1.1. Sex and District of residence of respondents

Table 1: Distribution of respondents by sex, household headship and area of residence

	Rural		Urban		Total	
Sex	Number	Percentage	Number	Percentage	Number	Percentage
Female	258	85.4%	213	87.7%	471	86.4%
Not household head	176	58.3%	126	51.9%	302	55.4%
Household head	82	27.2%	87	35.8%	169	31.0%
Male	44	14.6%	30	12.3%	74	13.6%
Not household head		0.0%	1	0.4%	1	0.2%
Household head	44	14.6%	29	11.9%	73	13.4%
Total	302	100.0%	243	100.0%	545	100.0%

As illustrated in the above table, the total number of respondents is 545, among them 86,4% (n=471) were women and 13.58% (n=74) were men. While the study was set to interview 300 respondents from rural and 300 respondents from urban area, in rural Districts, the baseline reached 302 respondents, and 243 in urban Districts. Among female respondents only 31%, n=169 declared being households heads compared to their counterpart male respondents 13.4%, n=73.

Declared Household Heads

 **31%**
were women

 **13.4%**
were men

4.1.2. Household Ubudehe Category

Table 2: Household Ubudehe categories

	Rural		Urban		Total	
Row Labels	Number	Percentage	Number	Percentage	Number	Percentage
1	39	12.91%	28	11.52%	67	12.29%
2	174	57.62%	108	44.44%	282	51.74%
3	88	29.14%	104	42.80%	192	35.23%
Don't know	1	0.33%	3	1.23%	4	0.73%
Grand Total	302	100.00%	243	100.00%	545	100.00%



70.53%
from Rural areas



55.9%
from Urban areas

To understand the poverty status of the surveyed households, the HCS included questions about the household Ubudehe Category. The above table shows that In rural area, most of the respondents are in category 1&2 (70.53%, n=213) compared to (55.9%, n=136) from urban area where respondents are in category 1 &2. The household Ubudehe Category is one of the indications of their capacity to afford the time and labour saving equipments.

4.1.3. Education level

Table 3: Highest level of education attained by the respondents

	Rural		Urban		Total	
Row Labels	Number	Percentage	Number	Percentage	Number	Percentage
None	106	35.10%	56	23.05%	162	29.72%
Post-secondary		0.00%	3	1.23%	3	0.55%
Pre-primary	50	16.56%	30	12.35%	80	14.68%
Primary	127	42.05%	101	41.56%	228	41.83%
Secondary: A-level		6	1.99%	23	9.47%	29
Secondary: O-level	13	4.30%	30	12.35%	43	7.89%
Grand Total	302	100.00%	243	100.00%	545	100.00%

As revealed in the above table 41.83% (n=228) of respondents their highest level of education is primary. The same table shows that 29.72% (n=162) didn't attend school.

In terms of main activities that the respondents engaged in on a regular basis in the last six months, the main occupations of the respondents were agriculture.

4.1.4. Household composition

Most of the households (56.17%, n=306) have 4-6 members, followed by households with 7-9 members (23.67%, n=129) as illustrated in the table below.

Table 4: How many members live in your household?

	Rural		Urban		Total	
Row Labels	Number	Percentage	Number	Percentage	Number	Percentage
1-3	51	16.89%	47	19.35%	98	17.97%
4-6	176	58.28%	130	53.5%	306	56.17%
7-9	68	22.51%	61	25.1%	129	23.67%
10+	7	2.32%	5	2.05%	12	2.2%
Grand Total	302	100.00%	243	100.00%	545	100.00%

With this consideration, it is important to note the amount of work needed for taking care of four to six family members as it may be a heavily demanding endeavour.

Children below six years old attending daycare centers

The baseline explored the households with children below six years old in order to understand the practices around attendance to daycare centers. The table below show 57.6% (n=174) of rural households reporting that they have children below six years with only 50.6% (n=88) of those children being reported that they attend a daycare center. This leaves half of the rural families (49.4%, n=86) with children under the age six and who are not attending daycare centers.

On the other hand 54.3% (n=132) of urban dwellers reported to have children aged below six years, however only 32.6% (n=43) attending daycare center.

Table 5: children attending daycare centers

	Rural		Urban		Total	
Row Labels	Number	Percentage	Number	Percentage	Number	Percentage
No	128	42.4%	111	45.7%	239	43.9%
Yes	174	57.6%	132	54.3%	306	56.1%
Grand Total	302	100.0%	243	100.0%	545	100.0%
Is there a child attending daycare center?						
No	86	49.4%	89	67.4%	175	57.2%
Yes	88	50.6%	43	32.6%	131	42.8%
Grand Total	174	100.0%	132	100.0%	306	100.0%

4.2. Assets and income

4.2.1. Ownership of and control over assets

This section focuses on the assets that are owned by the household while also exploring who has control over that asset in the household. The most common asset owned by most of the interviewed household are mobile phones (86%), houses that the household dwells in (75%), agricultural land (57%) and radio (37%).

Table6: Asset ownership

Owner of the Item	Agriculture land	Cattle	Goat	Pigs	Poultry	Mobile phones	Bicycles	Radio	Houses	Television
Self and spouse	33%	13%	12%	10%	11%	34%	9%	20%	43%	6%
Self	12%	2%	5%	5%	4%	30%	1%	7%	17%	3%
Partner/spouse	3%	1%	1%	1%	1%	11%	2%	5%	3%	1%
Other (e.g. people outside household)	1%	2%	1%	1%	0%	0%	0%	0%	1%	0%
Other household member(s)	2%	1%	2%	1%	4%	4%	2%	1%	2%	1%
Partner and other household member(s)	0%	0%	0%	0%	0%	1%	0%	1%	1%	0%
Self and other household member(s)	3%	2%	2%	2%	2%	3%	1%	2%	4%	0%
Self with others (including people outside household)	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Self, partner and other household member(s)	2%	1%	1%	1%	1%	1%	1%	2%	4%	0%
I don't know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Not applicable	43%	77%	75%	80%	75%	14%	84%	63%	25%	90%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

When it comes to decision making over household assets, men reported making decisions regarding household resources independently. However, a man interviewed through qualitative interactions, a widower, reported that he made household decisions in consultation with his children.

4.2.2. Financial capital

Baseline investigated the respondents do savings and the extent to which they decide on their savings. Additionally, baseline explores the extent to which married female influence or change decision about taking a loan.

As illustrated in the table below, majority of respondents 80.2%, (n=437) reported possessing savings. The same table shows that 57.7% (n=251) of respondents take decision on the use of their savings, however 5.8% (n=16) of rural respondents reported that their spouse decide over their savings compared to their counterparts of urban 3.8% (n=6) respondents.

Table 7: Financial capital and decision making

Do you have savings?	Rural		Urban		Total	
Row Labels	Number	Percentage	Number	Percentage	Number	Percentage
No	24	7.90%	83	34.20%	107	19.60%
Refused to answer		0.00%	1	0.40%	1	0.20%
Yes	278	92.10%	159	65.40%	437	80.20%
Grand Total	302	100.00%	243	100.00%	545	100.00%
Who take decision over saving of the respondents?						
Partner/spouse	16	5.80%	6	3.80%	22	5.10%
Self	151	54.70%	100	62.90%	251	57.70%
Self and other household member(s)	2	0.70%	1	0.60%	3	0.70%
Self and Partner	106	38.40%	52	32.70%	158	36.30%
Grand Total	276	100.00%	159	100.00%	435	100.00%
Married women's influence on decision about taking a loan						
Never	22	13.50%	5	4.20%	27	9.60%
Refused to answer	1	0.60%		0.00%	1	0.40%
To a large extent	64	39.30%	59	49.60%	123	43.60%
To some extent	76	46.60%	55	46.20%	131	46.50%
Grand Total	163	100.00%	119	100.00%	282	100.00%

The findings in the table above suggest that male can use household income without consulting their spouses. In this framework, 13.5% (n=22) of married female in rural never influence or change decision about taking loan compared to 4.2% (n=5) of their counterparts' urban dwellers.

4.3. Adults' time use

Similar to other studies that have documented the unequal gender distribution of labour in households in sub-Saharan Africa and elsewhere around the world, this baseline survey also found that, care work is distributed unequally between women and men in households across all the eight districts where this baseline study was conducted. The findings indicate that women in Rwanda spend more time carrying out unpaid care and domestic work compared to their male counterparts who only played a minute role in these activities.

This section identifies how addressed respondents spend their day and estimate the time spent on unpaid care work. In this regard, respondents have been asked to report what they were doing for each hour of the previous day, starting at 4am. The findings informed the baseline survey about how unpaid care work is allocated between men and women respondents of 3R programme in their households for both rural and urban settings.

Generally, the total working hours for interviewed respondents are 13 hours per day for both men and women. Majority of respondents (79.1% of female and 83.7% of male respondents) indicated waking up between 06:00am and 07:00am.

However, there is a small number of respondents who reported waking up before this hour from 04:00am and immediately start both paid and unpaid care work (39.4% of female and 37.8% of male). After waking up, both male and female respondents directly start getting involved in work. At the end of the day, respondents go back to sleep between 07:00-08:00pm as reported by 73.8 % of female and 58% of male respondents. It could be noted that there is also a small number of respondents who reported they continue working up to 11:00pm.

Time spent on unpaid care work varies between female and male and according to areas where they live. The main tasks that are considered as part of the UCW activities in this baseline survey include caring for children, water collection, firewood collection, cooking related activities, caring for people with disability/ ill/ elderly, caring for community members, teaching/tutoring/training children as well as washing and drying clothes.

Comparing the two settings, females in rural areas spend much more time on unpaid care work than females in urban areas. In rural areas, females spend on average 7.1 hours on unpaid care work daily compared to 6.9 hours for females in urban areas. For males, the estimated average time spent on unpaid care work is 2.1 hours in both urban and rural areas.

Table 8: Estimates of time on UCW for respondents in Urban Areas /Time in Hours

Main tasks of UCW activities	Average Hours/person/day	
	Female	Male
Caring for children	1.3	0.2
Water collection	0.5	0
Firewood collection	0	0.1
Food and drink preparation, doing the dishes	1.4	0.6
Caring for people with disability, ill and elderly	1.0	0.6
Caring for community members	1.0	0.4
Teaching, tutoring and training children	0.5	0.2
Washing and drying clothes	1.2	0
Total	6.9	2.1



In urban areas, females spend much more time on unpaid care work than males. This baseline survey shows that females spend on average 6.9 hours on unpaid care work daily compared to only 2.1 hours for males. Caring for children as well as food and drink preparation including doing the dishes are the most time-consuming activities for females as they spend respectively 1.3 and 1.4 hours per day on these activities. They are followed by washing and drying clothes with 1.2 hours per day. Then comes caring for community members that include caring for elderly, sick or people with disabilities from the community with 1 hour per day. On the other side, the activity that takes much time of males in urban areas is caring for people with disability/ill/elderly as well as food and drink preparation which occupies on average 0.6 hours per day. This is an indication that females are more concerned with activities performed inside their households.

Table 9: Estimates of time on UCW for respondents in Rural Areas /Time in Hours

Main tasks of UCW activities	Average Hours/person/day	
	Female	Male
Caring for children	1.2	0.5
Water collection	1.0	0.2
Firedwood collection	0.5	0.3
Food and drink preparation, doing the dishes	1.3	0.1
Caring for people with disability, ill and elderly	0.7	0
Caring for community members	1.2	0.6
Teaching, tutoring and training children	0.1	0.2
Washing and drying clothes	1.1	0.2
Total	7.1	2.1

Similarly, in rural areas, females spend much more time on unpaid care work than males as well. On average, females spend 7.1 hours per day on unpaid care work compared to only 2.1 hour for males. Food and drink preparation including doing the dishes is the most time-consuming activity for females with 1.3 hours per day and it is followed by caring for children and caring for community members which take 1.2 hours. On the other side, caring for community members and caring for children are the two activities that take much of the time of males, 0.6 and 0.5 hours respectively.

In rural areas, women typically engage in agriculture, animal husbandry, petty trading, construction, weaving, and UCW are performed in the afternoons.

“
On average,
females spend
7.1 hours per day
on unpaid care
work compared to
only **2.1 hours** for
males.....”

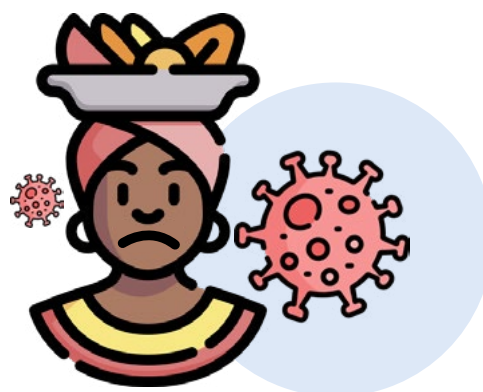
Yes, agriculture is the most time-consuming activity for us here. We wake up around five in the morning and by six, we are already in the farm, digging. When we finish around one in the afternoon, we carry out some other domestic chores such as collecting firewood and fetching water and cooking but we often go back to the farm around three in the afternoon, for finishing up remaining activities.”

The qualitative interactions in both rural and urban areas find out that women are more multitasking when working on UCDW compared to men. Being much more in rural areas, women work on different activities at the same time while men work on one activity in the same time.



As reported by both men and women who participated in qualitative interactions, mainly after agriculture activities, women stay at home and at the same time they work on preparing food, preparing children to go to school, washing clothes as well as preparing the harvests. On the other side, men work on one activity only such as grazing animals or preparing harvests.

A few women, particularly those in urban areas, reported carrying out business activities in the form of petty and informal trading of vegetables and fruits. However, with COVID-19, these women reported that they had an increased care workload during the periods, especially when the government issued public health measures for limiting the spread of the virus for citizens including lockdowns (guma mu rugo) because of high COVID-19 positivity rates. Women who were previously engaged in small businesses for example, have been unable to continue with these ventures because of the economic effects of consecutive lockdowns. Women reported that they lacked financial capital to continue with their businesses.



“I sell fruits and vegetables as a street vendor, however, during lockdowns, I could not circulate in the neighbourhood to sell vegetables. I had to stay at home and used all my capital for food supplies provision. After lockdowns, I was not able to return to my business activities.”



4.4. Time- and labor-saving equipment

Specific types of equipment can contribute to reducing the time and intensity of domestic work. In this regard, the baseline survey assessed the ownership of these items in respondents' households. The explored items that are intended to address the unequal workload of unpaid care work among household members include items allowing the increased access to and coverage of water, fuel/energy, food preparation, clean space, clean clothes, items used in caring for children and elderly, ill people as well as people with disabilities.

Table10: Distribution of respondents by time saving equipment ownership

	Rural		Urban		Total	
Row Labels	Number	Percentage	Number	Percentage	Number	Percentage
Water e.g. Water tap in house/compound	62	25.7%	13	4.3%	75	13.8%
Fuel/energy e.g. Electric/gas stove	73	30.3%	43	14.3%	116	21.4%
Food preparation e.g. Refrigerator	5	2.1%	4	1.3%	9	1.7%
Clean space e.g. Dustbin/vacuum cleaner	190	78.8%	252	83.7%	442	81.5%
Clean clothes e.g. Clothes storage	125	51.9%	169	56.1%	294	54.2%
Childcare e.g. Playpen	51	40.5%	52	29.5%	103	34.1%
Caring for people who are elderly, ill or living with disability e.g. Wheelchair	18	18.9%	15	10.8%	33	14.1%

However, the affordability of these items is linked to the economic power of individuals to be able to purchase them. This is shown by high access among respondents in third ubudehe category compared to those in first and second ubudehe category. The findings reveal that overall, more expensive items such as water taps, refrigerators and electric/gas stove were owned by 36.69% (n=200) of respondents. In addition, a fair number of respondents owned items helping them to have a clean space like dustbins (81.5%, n=442) and clean clothes like clothes storage (54.2%, n=294). Furthermore, ownership of equipment allowing interviewed respondents to care for children as well as adults' dependents is low. Only 34.1% (n= 103) reported having childcare equipment like playpen and 14.1% (n=33) reported having equipment supporting them in caring for people who are elderly, ill or living with disability like wheelchairs.

In qualitative interviews, many female respondents in rural districts reported that they lacked access to time-and labour-saving equipment which resulted in them spending long hours engaging in care work. In all the rural districts, most respondents said they used charcoal or firewood for cooking. In contrast, the situation in urban contexts was more varied. Some respondents reported that they used charcoal for cooking while others said they had access to liquefied cooking gas. In this consideration, women in rural areas appear to be spending more time on care roles and domestic work than those residing in urban and/or peri-urban areas where childcare services and time-and labour-saving equipment are more accessible.

“Collecting firewood takes a lot of time and buying them is too expensive. If we only had this energy saving charcoal cookers or the small gas-cooker we see in wealthy households, it would save us so much time. When you have to collect firewood, you can no longer cross the border as that is how we make an income. You spend your day collecting firewood and when what you find is not dry enough, you spend even more time cooking.”



“

When you finish your morning farming activity, whether for wage or in your own farm, you dedicate the entire afternoon to collect firewood here and there in the forests nearby and the entire afternoon is wasted, and yet one could have had another waged activity.”

Lack of time saving equipment is regarded by Civil Society Organizations staff as one of the main factors for women in rural areas to spend much time on UCWD. The informants from two organizations that work in the area of unpaid care work reported that their organizations found the time saving equipment a big contributor to unequal distribution of UCWD among men and women. In the same regard, the informants showed that the limited time saving equipment issue is mainly in rural areas comparing to urban areas. An informant from Réseau des Femmes said that household in urban areas have access to time saving materials and have housemaids who support on UCWD.

“I am a woman as well and I work full time. I am able to keep my work and work every day because I have a housemaid who works on the domestic work. This is not possible for a poor rural woman.”

”

4.5. Infrastructure, external support and schemes

Investment in community infrastructures such as electricity, improved water, health facilities and child care centres are known to reduce UCW and free up more time for women and girls to engage in formal jobs and/or social and political activities. In this regard, the Government of Rwanda continues to invest in multi-sectorial infrastructure that contributes towards the achievement of sustainable development. These infrastructures include modern roadways, electricity, housing, information and communications technology (ICT), water and sanitation systems, healthcare facilities, markets, industries, schools, early childhood development centres (ECDs) and others. Despite these impressive strides in development, inequalities in terms of service provision across sectors still remain. Across districts, access to public amenities varies depending on one's place of residence as well as economic status. In line with the Harvard Gender Analysis Framework, we asked study participants about their accessibility to certain basic services that could help reduce the time spent on unpaid care and domestic work. In all 8 districts participants reported that they had access to electricity, water, schools, childcare facilities, healthcare and markets. However, accessibility to these provisions varied from household to household and across districts.

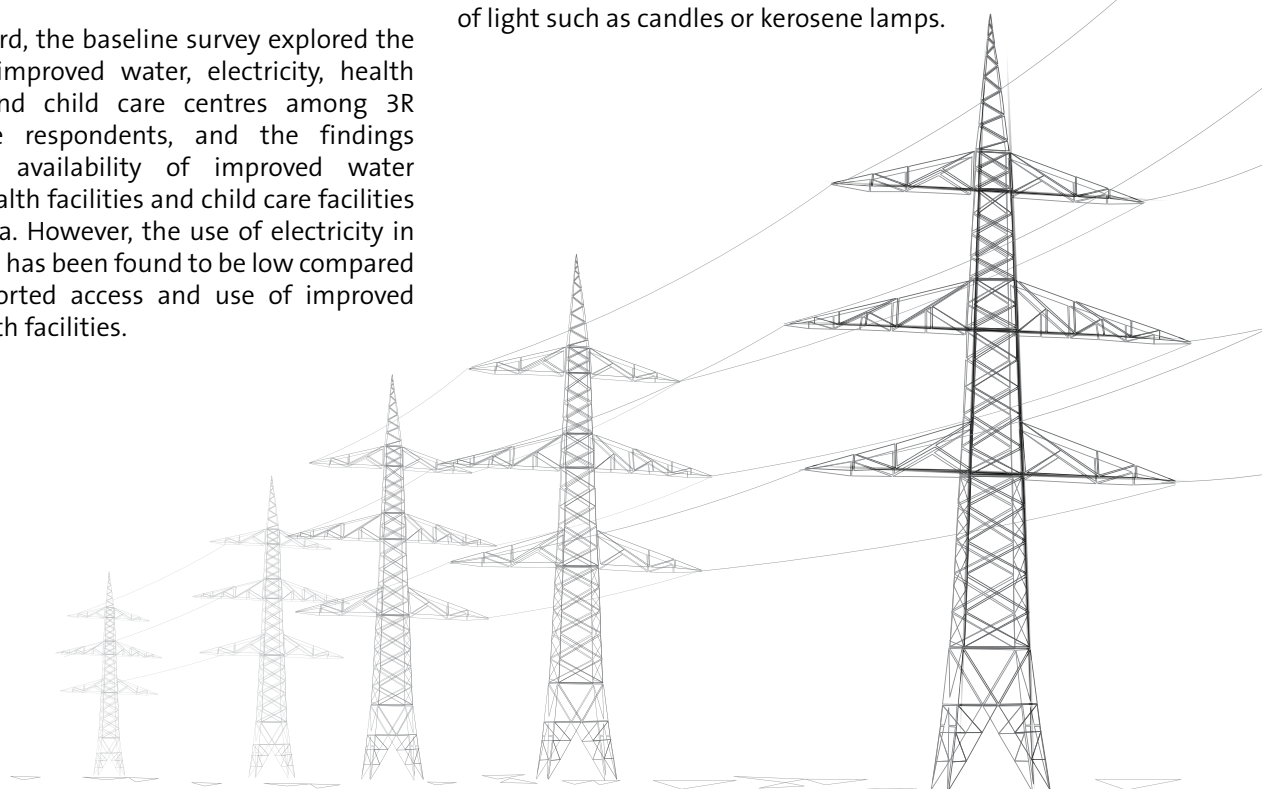
In this regard, the baseline survey explored the access to improved water, electricity, health facilities and child care centres among 3R programme respondents, and the findings show the availability of improved water sources, health facilities and child care facilities in their area. However, the use of electricity in households has been found to be low compared to the reported access and use of improved water, health facilities.

4.5.1. Electricity

Table 11: access to electricity

Electricity in the house	Number	Percentage
Yes	325	60%
No	217	40%
Electricity is government provided	Number	Percentage
Yes	255	78.5%
No	58	17.8%
I don't know	12	3.7%

Of the interviewed respondents, 60%, n=325 have an electricity connection for their house in urban areas, majority of respondents said they had access to electricity. Most of the rural areas respondents did not have electricity in the household even though there was a main grid serving the community. This was mainly because of the high cost of electricity, that most families in these localities are unable to afford. A few households reported that they have access to solar energy for the lighting of their households. Other households used other sources of light such as candles or kerosene lamps.



4.5.2. Water

Access to water varied depending on where one was residing. Clean water was more accessible to individuals in urban areas than in rural areas. Indeed, the majority of urban residents reported that they had access to piped water in the compound or nearby (10-15 minutes' walk). In contrast, people residing in rural areas did not have running water in their compounds and had to travel 30 minutes or longer to fetch water at a river or swamp. Often the water from these sources is not clean but families had to do with it since they had no alternative. In Kirehe district (Kigarama sector), women reported that they had to travel long distances (between 40 minutes to 1 hour) to fetch water in neighboring villages as they do not have piped water in their homes. This endeavour—according to respondents—was a risky affair as they faced a real danger of slipping and drowning each time they made a trip to the water source. In Ngoma district (Jarama sector), women also expressed concern about the risks associated with fetching water. These women reported that four children and one adult male had drowned in a swampy area close to where they regularly fetched water. Compared to women in all other districts, the women in this area walked the longest time [2 hours] to get to a water source. Given the risks associated with fetching water in wetlands, women sometimes paid a helper 100 Rwandan francs (less than \$

0.10) to assist with fetching water whenever they could afford it. Older women had to pay a similar amount for help with transporting water to their homes since they could not carry heavy loads. Our findings are consistent with other studies which have documented the risks women in low-resource settings face in the process of fetching water and/or firewood.

The findings from interviews with informants at National level indicate that the issue of access to clean water in rural areas is a matter of concern. The informant from MIGEPROF admitted that it's a problem that water is not enough and community members travel long for fetching which takes time of women. In the same regard, the informant from Réseau des Femmes revealed that their organization found lack of water as a main concern and their interventions include both trainings and material support for rain water harvesting.

While majority of respondents (86.2%, n=467) do not have a water tap in their house, they reported using an improved water source (92.3%, n=500). One out of three respondents (36%, n=195) access the improved water source in the range of time between 0-5 Minutes and for 25.6%, n=139, the water source is in a distance covered between 6 and 20 minutes.

Table 12: Access to clean water

Water tap in households

	Rural		Urban		Total	
Row Labels	Number	Percentage	Number	Percentage	Number	Percentage
No	288	95.7%	179	74.3%	467	86.2%
Yes	13	4.3%	62	25.7%	75	13.8%
Grand Total	301	100.0%	241	100.0%	542	100.0%
Do you use improved water						
No	25	8.3%	17	7.1%	42	7.7%
Yes	276	91.7%	224	92.9%	500	92.3%
Grand Total	301	100.0%	241	100.0%	542	100.0%

How long does it take to walk from your house to the improved water source that you use?

	Rural		Urban		Total	
Row Labels	Number	Percentage	Number	Percentage	Number	Percentage
Above 60 min	26	8.6%	15	6.2%	41	7.6%
Min 0-5	85	28.2%	110	45.6%	195	36.0%
Min 21-40	52	17.3%	32	13.3%	84	15.5%
Min 41-60	33	11.0%	8	3.3%	41	7.6%
Min 6-20	80	26.6%	59	24.5%	139	25.6%
Grand Total	301	100.0%	241	100.0%	542	100.0%



The lack of time saving infrastructure, especially water puts more burden to women comparing to their husbands. The qualitative interactions revealed that women are the ones who work on UCDW that require traveling a long distance or working many hours. As reported by different Key Informants at community, cell, sector and district level, women carry the burden as result of limited time saving infrastructure. A Community Health Worker in Nyarugenge district said: “We have what taps in the community but when water is not running, women and children are the ones who travel to other communities to fetch water”. This was echoed by a Cell Social Economic Development Officer (SEDO) in Kirehe districts that mainly women are the ones who fetch water from the swamps.

Table 13: Schools/childcare services

Are childcare facilities available in your area?

	Rural		Urban		Total	
Row Labels	Number	Percentage	Number	Percentage	Number	Percentage
I don't know	2	0.7%	13	5.4%	15	2.8%
No	32	10.6%	57	23.7%	89	16.4%
Yes	267	88.7%	171	71.0%	438	80.8%
Grand Total	301	100.0%	241	100.0%	542	100.0%
Does your family usually use the childcare facilities?	80	26.6%	59	24.5%	139	25.6%
No	163	54.2%	119	49.4%	282	52.0%
Yes	104	34.6%	52	21.6%	156	28.8%
Grand Total	301	100.0%	241	100.0%	542	100.0%
Why do you not use the childcare facilities?						
I don't know	2	1.2%		0.0%	2	0.7%
I have no						
time to go there	1	0.6%	2	1.7%	3	1.1%
It is too far	1	0.6%		0.0%	1	0.4%
Too expensive	8	4.9%	11	9.2%	19	6.7%
Unreliable service	1	0.6%		0.0%	1	0.4%
Grand Total	163	100.0%	119	100.0%	282	100.0%

With majority of respondents (80.8%, n=438) reporting availability of Early Childhood Center (ECD) in their area, the availability of schools and childcare facilities varied across districts. In urban areas, most people had access to schools and childcare facilities. In rural areas, some households reported that they had access to schools and ECDs while others said they lacked these facilities.

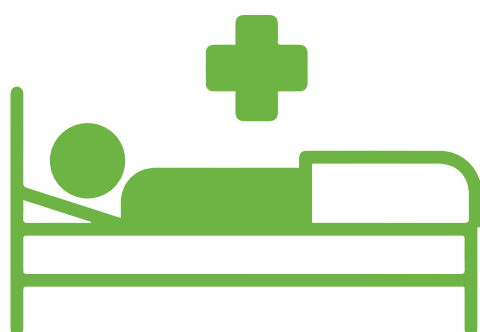
For those who are not using the childcare facilities, the main reason was not having a child in the age of ECD goers (between 3 and 6 years old). Other reasons were reported to be related to the high costs (6.7%, n=19), unreliable service (0.4%, n=1), lack of time to take the child to the center (1.1%, n=3) and the long distance to the center (0.18%).

In the urban district of Rubavu which is neighboring to the town of Goma in the Democratic Republic of Congo (DRC) for example, respondents reported that childcare facilities were made available for women engaging in cross-border trade. This allowed women to leave children at these facilities throughout the day while they do business in the DRC. In one area of Muhanga District, respondents said it took children between 1 hour and 1½ to get to school. This was an arduous and risky journey for children. In Nyaruguru district, respondents reported that the District has ECDs although they lacked full-time caregivers to assist children. Some organizations set up mobile crèches for women working high up in the mountains and in tea plantations. In other rural districts, respondents reported that there were challenges with ECDs. In Ngoma (Jarama sector) for example, ECDs were home-based and not spacious enough to cater for all children. Some of the ECDs could only take in about 15 children per day.

This meant that many other children could not attend day-care. In another area of Jarama sector, ECDs closed down due to poor management. Parents in this locality are now forced to take children with them to the farms during working hours. In Kirehe District, most ECDs were not operational because of lack of remuneration for childcare providers. In other cases, these facilities were few and overcrowded which led parents to be concerned about the potential risk of children contracting COVID-19.

4.5.3. Healthcare

The attitude towards health seeking is very positive. An overwhelming majority of respondents (99.6%) reported seeking healthcare whenever they or any other household member(s) are ill. The same share of respondents also reported that these healthcare facilities are government subsidized.



An overwhelming majority of respondents
99.6% reported seeking healthcare whenever they or any other household member(s) are ill.

Table 14: Distribution of respondents by time used to travel to health facilities

Does your family usually use health facilities when household members are ill?

	Rural		Urban		Total	
Row Labels	Number	Percentage	Number	Percentage	Number	Percentage
No	1	0.3%	1	0.4%	2	0.4%
Yes	300	99.7%	240	99.6%	540	99.6%
Grand Total	301	100.0%	241	100.0%	542	100.0%
How long does it take to walk from your house to the health facility that you usually use?						
Above 60 min	97	32.2%	14	5.8%	111	20.5%
Min 0-5	16	5.3%	21	8.7%	37	6.8%
Min 21-40	70	23.3%	86	35.7%	156	28.8%
Min 41-60	47	15.6%	30	12.4%	77	14.2%
Min 6-20	69	22.9%	89	36.9%	158	29.2%
Grand Total	301	100.0%	241	100.0%	542	100.0%

Overall, 99.6% respondents reported access to a Health Post (Poste de Santé) close to where they live [up to 20 minutes walking distance]. In rural areas on the other hand, respondents' proximity to a health facility varied depending on their area of residence. Some were close to a Health Post while others were a long distance away with one out of three respondents (14.2%, n=77) travelling up 40 minutes and above to get to a healthcare facility. Specifically, some rural residents reported that it took them between 30 minutes to 1 hour to get to a health centre or hospital. Some travelled longer (between 1½ to 3 hours) to get to a health centre or hospital. In Kirehe District (Kigarama Sector), respondents said the health centre was 3 hours away. The distance to this health facility on a motorbike cost them 1,500 Rwandan francs. The closest health post in this area was 1½ hours away. Because of limited transportation means, most residents have no other options to get to a health facility besides walking.

The quality of care at the health posts varied. In urban areas, the quality of care was reported to be better than in the rural areas and in urban informal settlements. Respondents in most rural districts observed that the health posts in their communities were overcrowded, stockout medical commodities, had poorly trained/unqualified personnel and were

not equipped to handle emergencies. Respondents in urban areas said they had easy access to health centres and hospitals which is not the case in rural areas. Based on our findings, rural residents had difficulty getting to a health facility and access to healthcare services. For women that were sick, expectant, or caring for the infirm [especially children and the elderly], presenting at a health facility for treatment took hours. It was also a very costly affair given the transportation costs.

4.5.4. Government scheme

Respondents were aware of existing government schemes such as the VUP, Ubudehe and Mutuelle de Santé. Those who met the criteria for these services reported that they are receiving government support. However, individuals with disabilities said that they did not have access to services that were meant to support them. These were primarily persons living in rural areas. Numerous other respondents also confirmed that services for persons with disabilities and elderly were not within reach in their districts. It is concerning that persons with disabilities in rural areas have limited support given that the country has a comprehensive legislative and policy framework on disability that caters for this group.

4.6. Social norms and roles

Table 15: Respondents perceiving that men should engage in domestic work

	Rural		Urban		Total	
Row Labels	Number	Percentage	Number	Percentage	Number	Percentage
Yes	278	92.05%	197	81.07%	475	87.16%
I don't know	7	2.32%	16	6.58%	23	4.22%
No	17	5.63%	30	12.35%	47	8.62%
Grand Total	302	100.00%	243	100.00%	545	100.00%

Majority of respondents (87.16%, n=475) perceive that men should engage in care and domestic work. A difference exist between the perception of rural and urban residents as the respondents in the rural areas are more (92.05%, n=278) to perceive that men should engage in domestic and care work, than their urban counterparts (81.07%, n=197).

Perception of married women on men's engagement

Table 16: Married women wishing their spouse would help if no one was to find out

	Rural		Urban		Total	
Answer	Number	Percentage	Number	Percentage	Number	Percentage
Yes	145	78.38%	98	76.56%	243	77.64%
No	36	19.46%	30	23.44%	66	21.09%
Refused to answer	4	2.16%		0.00%	4	1.28%
Total	185	100.00%	128	100.00%	313	100.00%

These perceptions are less progressive for the interviewed married women. While majority would welcome the help of their spouse on care and domestic work if the community members would not find out that he helped, one out of five women (21%, n=66) believes that men should not do such work even when no one is going to know.

The qualitative data showed that most married men relied on their spouses to carry out care and domestic responsibilities in the home and were scarcely engaged in these activities. Furthermore, most men and women believed that culturally, it was not their responsibility to perform this work. A lot of men also believed that if they performed care responsibilities in their homes, they would become the laughing stock of their community and the same reason was also reported by some women who were not willing to see their husband engaging in domestic chores.



Married women reported high levels of satisfaction on the gendered division of labor, both across rural and urban areas. In addition, the married women perceive that their spouse must also be satisfied with the division of labor.

Table 17: Satisfaction of married women with division of labor

	Rural		Urban		Total	
Satisfaction level	Number	Percentage	Number	Percentage	Number	Percentage
Very satisfied	55	29.73%	40	31.25%	95	30.35%
Fairly satisfied	42	22.70%	32	25.00%	74	23.64%
Satisfied	66	35.68%	47	36.72%	113	36.10%
Unsatisfied	22	11.89%	9	7.03%	31	9.90%
Grand Total	185	100.00%	128	100.00%	313	100.00%

Table 18: Perception of married women on the satisfaction of their spouses on the division of labor

	Rural		Urban		Total	
Satisfaction level	Number	Percentage	Number	Percentage	Number	Percentage
Very satisfied	46	24.86%	47	36.72%	93	29.71%
Fairly satisfied	34	18.38%	12	9.38%	46	14.70%
Satisfied	63	34.05%	44	34.38%	107	34.19%
Unsatisfied	28	15.14%	15	11.72%	43	13.74%
I don't know	14	7.57%	10	7.81%	24	7.67%
Grand Total	185	100.00%	128	100.00%	313	100.00%

While married women reported being satisfied with the division of labor, they also reported wishing their partners would help them with domestic work. Overall, 92.01%, n=288 of the married and female respondents reported wishing that the partner would help with domestic work with an overwhelming majority of rural residents (93.51%, n=173 of the married women in rural areas and 89.84%, n=115 of the urban married women).



Table 19: Would you like your partner to help you with domestic work?

	Rural		Urban		Total	
Answer	Number	Percentage	Number	Percentage	Number	Percentage
No	10	5.41%	12	9.38%	22	7.03%
Refused to answer	2	1.08%	1	0.78%	3	0.96%
Yes	173	93.51%	115	89.84%	288	92.01%
Grand Total	185	100.00%	128	100.00%	313	100.00%

7.03% (n=22) women in rural and urban areas who reported unwilling to receive their spouses' help on domestic work reported that it is because domestic work is a woman's responsibility and not the man's.

Asked about whether they ever ask their partners to help with domestic work, one out of three women (37.38%, n=117) reported that they never ask their partner to help. One out of four married women (25.24%, n=79) reported that, their partners always help when they are asked to. It is worth noting that more women in the urban areas reported receiving help from the husband when they asked (32.03%, n=41 of married women in urban areas compared to 20.54%, n=38 or married women in rural areas).

Table 20: Married women asking their partners to help with domestic work

	Rural		Urban		Total	
Answer	Number	Percentage	Number	Percentage	Number	Percentage
At least once	25	13.51%	17	13.28%	42	13.42%
At least once a day	38	20.54%	14	10.94%	52	16.61%
At least once a week	55	29.73%	47	36.72%	102	32.59%
Never	67	36.22%	50	39.06%	117	37.38%
Grand Total	185	100.00%	128	100.00%	313	100.00%

Table 21: Married women receiving support from partners when asked

	Rural		Urban		Total	
Answer	Number	Percentage	Number	Percentage	Number	Percentage
Always when I asked	38	20.54%	41	32.03%	79	25.24%
Never	71	38.38%	46	35.94%	117	37.38%
Often when I asked	29	15.68%	11	8.59%	40	12.78%
Sometimes when I asked	47	25.41%	30	23.44%	77	24.60%
Grand Total	185	100.00%	128	100.00%	313	100.00%

4.6.1. Satisfaction of men on the current division of labor

Men expressed their willingness to participate more in household chores; however, they also reported being satisfied (37.1%, n=11) or very satisfied (49.97%, n=12) with the current division of labor. The interviewed men also perceive that their partners are equally satisfied with the current division of labor as 50.09%, n=12 of interviewed men perceive that their partners are very satisfied (and 39.8%, n=11 of men perceive that their partners are satisfied) with the current division of labor.



Table 21: Married women receiving support from partners when asked

	Rural		Urban		Total	
	Percentage	Number	Percentage	Number	Percentage	Number
Satisfaction of men on current division of labor						
Very satisfied	50.81%	23	48.70%	12	49.97%	35
Satisfied	33.93%	15	41.83%	11	37.10%	26
Fairly satisfied	15.25%	8	9.47%	2	12.93%	10
Total	100.00%	46	100.00%	25	100.00%	71
Men's perceived satisfaction of partner on current division of labor						
Very satisfied	50.70%	23	49.18%	12	50.09%	35
Satisfied	38.46%	16	41.79%	11	39.80%	27
Fairly satisfied	5.29%	5	9.03%	2	6.79%	7
Unsatisfied	5.11%	1	0.00%		3.06%	1
I don't know	0.45%	1	0.00%		0.27%	1
Total	100.00%	46	100.00%	25	100.00%	71

4.6.2. Engaging more in domestic tasks if no one was to know

Based on respondents' views, social norms around the division of labour continue to be deeply rooted in Rwandan society. As is the case elsewhere in the East African region, these norms contribute immensely in the gendered division of care work. As such, unpaid care and domestic work remain highly feminized across the 8 districts. Both women and men in this study expressed the notion that caring responsibilities in the home are the prerogative of women. Given this view, men's caring role in the home is very limited. Most men in the study reported that they only perform care responsibilities when their wives fall ill, travel far away from home or have a baby. On days when their wives are present and in good health, men do not engage in caring activities and if they do, this support is often very limited.



	Rural		Urban		Total	
Row Labels	Percentage	Number	Percentage	Number	Percentage	Number
No	5.05%	3	6.16%	1	5.50%	4
Yes	94.95%	43	93.84%	24	94.50%	67
Grand Total	100.00%	46	100.00%	25	100.00%	71

Both urban (93.84%, n=24) and rural (94.95%, n=67) male respondents reported they would engage more in domestic tasks if no one was going to find out.

Qualitative interactions found a minority of men who assisted their spouses with care responsibilities in the household. This was common in the urban areas, particularly among households with individuals that are educated and affluent and where time and labour-saving equipment are available. Notably, because of social stigma, most men who supported their wives with care and domestic work [e.g. cooking, cleaning and washing] preferred to do this work in a private setting where others in the community could not see them. One of the few care activities that men were willing to do in the open was dropping and picking up their children from school.

One of the key informants from Gender Monitoring Office (GMO) expressed the support of men to their wives specifically in urban area where the population is more educated and exposed to the issue of unpaid care work, and spouses have developed strong friendship where the wives feel free to ask for help to their husbands compared to their rural counterparts due to their mindset and behaviour change. In her own words she said:

“Men in urban area are supporting their wives in carrying out some of the unpaid care work like taking babies to healthcare services and immunization, taking children at school etc. But still, men are ashamed of performing specific domestic care work”.

“I know that I need to help my wife with the household chores but when I do so, I don’t want the community members to find out. This is not a common practice here, if anyone would ever find out, they would laugh at me.”



On the other hand, men who benefited men engage trainings indicated changing their mindset and started working on UCDW. Men who participated in the qualitative interviews, who are members of cooperatives in Ngoma districts, reported that they got trained on how to support their wives with UCDW and they started doing so. They emphasized that their mindset towards UCDW has changed after getting trained.

To support the men transformation, MIGEPROF is developing a man engage strategy. As recalled by the informant from this ministry, the strategy comes as to complement the interventions that usually target women. She emphasized that men play a big role in households’ improvements, and this emphasizes the need for getting men changed and play a role in unpaid care work.

Persisting social norms in the wider society that equate ‘caring’ with femininity keep men from engaging in caring and domestic work. Some respondents (both men and women) reported that men who do care work are stigmatized by the wider society for performing “women’s work”.

In some districts such as Muhanga for example, men who cook in their homes and those that work as chefs in restaurants are usually called names like *igisambo* (Kinyarwanda) or *'gourmand'* (French) (meaning, a gluttonous person) because it is believed that the reason these men cook is so that they can have a lot to eat. This stigmatization of men involved in care work has also been reported in Uganda. In a study by Oxfam (2018), researchers found that men in the Kaabong (sub-region of Karamoja), Kabale and Kampala districts are subjected to gossip and ridicule for engaging in care work. In Kaabong, a man may be called a *loroomot* (greedy) if he is found in the kitchen cooking as this is culturally unacceptable.

Across the dataset, respondents recounted that men who perform care work [particularly when their wives are in the home] are often viewed by others as victims of their wives' sorcery (*uburozi*). In Rubavu district for example, respondents participating in a focus group discussion (FGD) noted that it is common practice to hear people in the community claiming that a married man (*umugabo*) who cooks, cleans and cares for his children has been bewitched by his wife. We heard similar stories in interviews with respondents

in other districts. Arguably, the stigmatization of men who engage in care work plays a role in deterring others from supporting their wives with care and domestic work.

Because of social norms around the gendered division of care work, women in some districts were reluctant to ask their husbands for support in the home [even though they needed this support]. Others did not ask for support from spouses because they feared that the latter would be mocked by fellow men for engaging in care work. Some said that they avoided putting pressure on their husbands to help with care-related work in the home because they did not want these men to lose interest in them and marry another wife.

4.6.3. Men's preferred domestic tasks

When asked to pick the top three domestic chores that are the favorite of the male respondents, caring for children, agriculture and livestock rearing related activities (such as collection fodder and feed) as well as washing clothes were picked the most.

Table 24: Top three chores ranked as favorite by male respondents

Row Labels	Rural	Urban	Total
Caring for children	39.31%	42.44%	40.56%
Agriculture and livestock related activities	28.54%	24.62%	26.97%
Washing, mending, ironing clothes	8.34%	17.80%	12.14%
Caring for community members/community work	10.97%	2.72%	7.66%
Caring for elderly	1.30%	6.08%	3.22%
Cleaning the house or compound	5.49%	6.33%	5.83%
Meal preparation	0.74%	0.00%	0.44%
Water collection	5.31%	0.00%	3.18%
Total	100.00%	100.00%	100.00%

“

*.....men
believed that
caring in the
home was
the preserve
of women,
not men.*



Differences exist in the expressed preferences by men in rural and urban areas. While the caring for children and agriculture related activities are favored by men across rural and urban areas, rural men are not enthusiastic about washing clothes picked 8.34% by men in rural area vs 17.8% by men in urban areas. On the other hand, while the men in rural areas were many 10.97% to pick caring for community members or community work as one of the favorite activity, the same was not true for men in urban areas as this option was only picked at a rate of 2.72% only.

4.6.4. Men single heads of households

Only a few men that we interviewed reported that they were estranged (separated or undergoing divorce) from their spouses or widowed. The baseline found that men who were separated or widowed engaged in care and domestic activities daily. Unlike their married counterparts, this category of men recounted that they carried out unpaid care work and domestic activities on their own. These activities included cooking, cleaning, collecting firewood and water as well as caring for young children. These men were also engaged in paid productive work such as masonry, agriculture and animal husbandry.

Nonetheless, these men believed that caring in the home was the preserve of women, not men. When asked whether they would engage in care-related work if they had a spouse, all the men in this group said they would not perform this type of work. These men's attitudes and beliefs towards care work did not differ from those of their married counterpart who did not do care work in the household.

While these data are no generalizable across Rwanda given the small sample of men in this category, from a qualitative perspective, the data demonstrate, that for some men, engaging in care-related activities does not necessary change their attitudes or beliefs regarding gendered social norms around unpaid care and domestic work.



4.7. Decision making in the household

Decision making power within family or households is related to pattern of UCDW. In this regard, the baseline survey explored who usually have a final say within beneficiaries' households when it comes to different aspects such as general health of household members including children's schooling, use of money at home, leisure time use, division of domestic tasks among households' members, as well as engagement in productive and paid activities among households' members.

Respondents reported the agency to make the decisions themselves or jointly with their spouse across all the aspects explored including the decision about the children's schooling, the respondents' own health, the purchase of small items and the purchase of large items such as land, cattle, or phone. Consistently with the qualitative findings, the aspect on which the respondents have the greatest agency is in relation to decision making about their own health where more than half of the rural and urban respondent reported making the decision themselves.

“It is for us to decide about what kind of food to cook, or when to take the child to the health facility if they are feeling ill. I don't consult anyone; I just make the decision.”

“Our household normally consumed what we harvest in our farm. But in the rare case when there is something to buy, it is usually a small expense and I make that decision myself.

”

Table 25: Distribution of respondents deciding and influencing decisions about children's schooling by area of residence

Children's schooling	Rural		Urban		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
Who makes the decision						
Myself	105	34.77%	103	42.39%	208	38.17%
Myself and my partner jointly	135	44.70%	90	37.04%	225	41.28%
Partner/spouse	34	11.26%	31	12.76%	65	11.93%
Not applicable	14	4.64%	9	3.70%	23	4.22%
Parents	7	2.32%	4	1.65%	11	2.02%
Someone else and me jointly	6	1.99%	4	1.65%	10	1.83%
Not specified	1	0.33%	2	0.82%	3	0.55%
Total	302	100.00%	243	100.00%	545	100.00%
Extent of the influence						
To a large extent	125	41.39%	150	61.73%	275	50.46%
To some extent	102	33.77%	58	23.87%	160	29.36%
Not applicable	47	15.56%	20	8.23%	67	12.29%
Never	27	8.94%	13	5.35%	40	7.34%
Not specified	1	0.33%	2	0.82%	3	0.55%
Total	302	100.00%	243	100.00%	545	100.00%

On the other side, it is surprising that female and male beneficiaries don't agree about who normally make most of the decisions about other aspects not involving much amount of money. These aspects include children's schooling and health, own health and when to go to the doctor, decisions about small daily purchases, decisions about how many children to have and spacing of children, decisions about whether to visit relatives or travel, decisions on how to spend own time, decisions about which family members should do domestic tasks, and decisions about which family members should do productive and paid activities. For all these aspects, a considerable number of addressed female beneficiaries reported being the sole decision makers while male beneficiaries reported joint decision making.



Table 26: Distribution of respondents deciding about children's schooling by Sex or respondent

	Female		Male		Total	
Decisions about children's schooling	Number	Percentage	Number	Percentage	Number	Percentage
Myself	191	40.55%	17	22.97%	208	38.17%
Myself and my partner jointly	174	36.94%	51	68.92%	225	41.28%
Not applicable	19	4.03%	4	5.41%	23	4.22%
Parents	11	2.34%		0.00%	11	2.02%
Partner/spouse	63	13.38%	2	2.70%	65	11.93%
Someone else and me jointly	10	2.12%		0.00%	10	1.83%
Grand Total	471	100.00%	74	100.00%	545	100.00%

In the qualitative data, women reported that they were involved in decision-making in the household and that they had some say over how household assets were utilised. In terms of ownership, women were aware of their legal rights to family property in line with the laws of the Republic of Rwanda. However, women's knowledge of their rights did not necessarily translate into equitable ownership of property. In many instances, men had control over these assets and were the primary decision-makers as far as disposal of assets were concerned. This was especially true when it came to large movable assets such as bicycles or motorcycles and immovable assets like land.

"We all know that the bicycle in the house is the property of the husband. He uses it in many activities requiring means of transportation like carrying the harvest from the farm to the house. For us, we carry loads on our heads."



Some men concealed family property from their wives in order to deny women access to these properties. In Kirehe district for example, respondents participating in a focus group recounted that some men in the district own small parcels of land called ingarigari where they plant crops and sell the harvest without informing their wives.

“We don’t show everything to our wives, it is common for men here to have ingarigari [small piece of land] that we cultivate without the wife knowing and we sell the harvest and attend to our own needs.”

This is consistent with the quantitative findings about the decision making on large purchases such as land, cattle or mobile phones. While this is reported as a joint decision by 46.06% of the respondents with comparable statistics across the rural and urban areas, about one out of ten women perceive that they have no power to influence or change that decision. Male respondents of qualitative interactions reported that they have improved in the aspect of joint decision making since they have already been trained on a previous UN Women funded initiative.

We now consult our wives but before the training we received through the cooperative, we did not. We did not see the use of consulting the wives but now we know it is important and before making decisions, we talk with our wives about it. This includes decisions about the quantity of harvest to sell but before, we would just go ahead and sell everything.



Image credit: UN Women

Table 27: Decision making on purchasing large items

Large purchase	Rural		Urban		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
Who makes the decision						
Myself and my partner jointly	146	48.34%	105	43.21%	251	46.06%
Myself	76	25.17%	85	34.98%	161	29.54%
Partner/spouse	47	15.56%	25	10.29%	72	13.21%
Not applicable	18	5.96%	18	7.41%	36	6.61%
Parents	8	2.65%	5	2.06%	13	2.39%
Refused to answer		0.00%	1	0.41%	1	0.18%
Someone else and me jointly	6	1.99%	2	0.82%	8	1.47%
Not specified	1	0.33%	2	0.82%	3	0.55%
Total	302	100.00%	243	100.00%	545	100.00%
Extent of respondent's influence						
To a large extent	122	40.40%	143	58.85%	265	48.62%
To some extent	98	32.45%	61	25.10%	159	29.17%
Not applicable	43	14.24%	23	9.47%	66	12.11%
Never	36	11.92%	14	5.76%	50	9.17%
Refused to answer	2	0.66%		0.00%	2	0.37%
Not specified	1	0.33%	2	0.82%	3	0.55%
Grand Total	302	100.00%	243	100.00%	545	100.00%

This example demonstrates men's reluctance to co-own property with their spouses despite existing laws that secure women's rights to these assets. Further, our findings show that men's dominance over household assets in Rwanda continues to persist even in the face of clear legal provisions requiring equitable distribution of these resources. This problem has also been documented by other researchers.



4.8. Wellbeing and time constraints

4.8.1. Economic challenges among widows and single mothers

Similar to the married women interviewed for this study, widows and single mothers, herewith referred to as women heads of households, reported that they often carried out care and domestic tasks on their own. All women were living with their children or grandchildren. Sometimes children assisted with house chores and running errands after school although for the most part, these women did most of the care and domestic work. The tasks included cooking, cleaning, caring for children and searching for water and firewood.

As you know, there are household chores that are done by men and not women. For example, splitting firewood logs, that's an activity done by men. But for us who do not have husbands we have to try and do everything or wait until a male neighbour visits and we beg them to help with that. But the women who have husbands they get help on that but us, we have to do everything and we get very tired.

In interview after interview, there were repetitive narratives about how widows and single mothers were living a precarious life. Most women reported that they lacked a steady source of income and were living in poverty. Some women said they had no land or other family assets and were struggling to care for themselves and their children.



In Nyarugenge District for example, three widows who participated in a focus group discussion said that they had difficulty providing for their families because of economic hardship. One of these widows is a survivor of the Genocide against Tutsi, and she is part of the government social protection scheme of Direct Support (DS) where she receives 15,000 RWF per month. However, without another source of income, the DS is insufficient to cover for the cost for renting the house she resides in, cater for food and cover school materials for her grandchildren who live with her. The other two women reported engaging in agricultural activities for subsistence. Because they did not own land, the women participated in a farming practice known as “Tugabane” [meaning ‘let’s share’] where they got into an agreement with a land owner to use their land for agriculture and share the harvest. In some instances, women owned land, but still struggled to make ends meet. In the mountainous Nyaruguru District, seven widows who owned land and engaged in agriculture and animal husbandry for survival said their income was not adequate to meet family needs.

To eke out a living, widows and single women also engaged in other activities such as street vending of fruits and vegetables (kuzunguza). Some single mothers said they worked at construction sites. However, these jobs were low-paying and labour-intensive. Widows in Kirehe District recounted that prior to COVID-19, they regularly travelled into neighbouring Tanzania to purchase commodities such as rice and sugar which they then sold at their local market. However, since the government begun implementing measures to contain the transmission of COVID-19, the Rwanda-Tanzania border-crossing in the district has remained closed making it difficult for these women to continue business. Because of financial difficulty, some of the women said they were struggling to feed their children and pay rent.

4.8.2. Mental health and well-being of widows and single mothers

In light of their difficult life circumstances, widows and single women reported that they were psychologically distressed. Most of the women also said that they felt depressed, lonely and socially isolated. One of the widows in Nyarugege District who lost her husband due to COVID-19 said she was still grappling with bereavement and had little motivation to search for new work opportunities. Most widows felt that they were ostracised by the community because of their widowhood status. During interviews, these women reported that they were often left out of community projects that targeted women in their locale and that in many instances it is married women who seemed to meet the criteria for participation in these projects.

Both widows and single women said they wanted access to mental healthcare in order to better cope with life. Women also stated that they need financial support to venture into new business so that they can take care of themselves and their children. Similar to other women who participated in this study, widows and single mothers said they wished they had time and labour-saving infrastructure in their households to ease their care workload.

These findings suggest that caring for children single-handedly in the context of abject poverty and the ongoing COVID-19 pandemic is a difficult endeavour that may contribute to adverse mental health outcomes in women living in low-resource settings. Furthermore, our findings show that women heads of households who do not have a spouse and who feel socially isolated from the wider community due to the stigma attached to their marital status or widowhood are particularly susceptible to stress and other mental health problems. In essence, these women have an increased likelihood of undergoing emotional and psychological distress not only because of their unpaid care workload, but also, because of loneliness and isolation.

The present findings build upon previous studies (Seedat & Rondon, 2021; Oxfam, 2019) that have shown a link between women's unpaid care workload and health and wellbeing. An informant from the Ministry of Gender and Family Promotion (MIGEPROF) emphasized that the time spent on unpaid care work doesn't leave enough time for women to take care of themselves. Given the health-related risk factors that women are predisposed to as a result of unpaid care work, time poverty and loneliness, it is of utmost importance that programs

seeking to empower women are designed to reduce women's caring responsibilities while also advancing their capacity to be financially independent.

4.8.3. Sensitizing and training communities on unpaid care work

The majority of key informants interviewed (government and NGOs representatives) reported that they were involved in sensitizing community members on issues such as gender equality, gender-based violence prevention, positive masculinity, positive cultural norms, child and family protection, conflict resolution and collaborating for socio-economic development. Often, these issues were discussed during umugoroba w'ababyeyi (parents' meetings) and Inteko z'Abaturage (Citizens' Assemblies). Respondents also noted that there were other [local and international] organizations involved in similar initiatives. Most respondents said they received training from the Ministry of Gender and Family Promotion (MIGEPROF) prior to engaging in community sensitization.



Image credit: UN Women Rwanda

Others said they had been trained by Rwanda Men's Resource Centre (RWAMREC) — a non-governmental organization that focuses on promoting gender equality, positive masculinities and GBV prevention in Rwanda.

Key informants from non-governmental organizations such as ActionAid Rwanda and Réseau des Femmes Ouvrant pour le Développement Rural reported that they were implementing programs that specifically address unpaid care and domestic work. Both these organizations said they were involved in training beneficiaries in several districts on the unequal distribution of care work in households and use time diaries to help both women and men trace the amount of time they spent on care responsibilities. The time diaries approach empowers men to have a better understanding of the drudgery of care work that women perform on a daily basis and can be used to leverage men's participation in unpaid care and domestic work.

The baseline understood that the current sensitization and trainings on gender equality aspects including unpaid care work target both women and men. The civil society organizations' and governmental projects target both men and women and are targeting to change the mindset of men to play role in the household unpaid care work. An informant from National Women Council (NWC) reported that they realized that men have a big say in the household and that the previous initiatives for sensitization were not targeting them which hindered the progress in gender equality. In this instance, the NWC adopted the approach of engaging men in mobilization and trainings on gender equality aspects.

All respondents from government agencies (i.e. officials at sector and cell levels) reported that they did not have a mandate or policy to address unpaid care and domestic work specifically, although some of the issues they tackled within the community were, in one way or another, related to caring in the household.

According to respondents, community sensitization has contributed to some change in households in the site of study. In some households, spouses are working in concert with each other on unpaid care related activities. However, this change is not significant. In many instances, men's attitudes and beliefs surrounding the gender division of labour in households continue to persist. As some respondents observed, even after attending training on gender equality and positive masculinity, most men continue to hold onto traditional notions regarding the roles of women and men in the home. Indeed, most men still feel that unpaid care and domestic work is not their prerogative. As a consequence, a majority remain uninvolved in care-related activities in the household.

This resistance to change could be attributed to the environment in which most men have grown up in. As we found during interviews with numerous leaders at the community level, the gendered division of care work in homes is shaped by traditional Rwandan notions about what it means to be a [married] woman (umugore) or man (umugabo) in society. Like most other African cultures, Rwanda is a patriarchal society (Jessee, 2020).



Image credit: UN Women Rwanda

“
*Changing
 a culture
 requires
 long-term
 intervention.*
 ”



Women should
 stand up and
 take the lead in
advocating and
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 issue of unpaid
 care work.

As such, when women get married, they are expected to bear children and take on the responsibility of caring for them and the household (Zraly, Rubin, & Mukamana, 2013).

Men on the other hand are expected to provide for the family. This cultural division of gender roles has a long history in Rwanda and continues to shape the ways families function (Jessee, 2020). And, as some respondents noted, it would be difficult for Rwandans to abandon this culture overnight given that it is a way of life. As one key informant in Muhanga district noted, “changing a culture requires long-term intervention. One training is not enough.

From the key informants’ perspectives, social norms in form of resistance and poverty are still great challenge to behavior change regarding unpaid care work, where a clear resistance is common either among men or women. Here is how they have expressed it: “there are men as well as women who are very reluctant to change their mindset and behavior vis-à-vis to redistribution of unpaid care work. Women should stand up and take the lead in advocating and addressing the issue of unpaid care work. Again, poverty is hindering the success of reducing unpaid care work and gender inequality. For example, if there is subsidize for women, and they are required to provide a certain contribution, most of them are unable to afford it.”

This was echoed by the informant from MIGEPROF stating that changing a culture requires long term interventions that mobilize households to understand the benefits of sharing unpaid care work. Development partners must have a long-term plan of intervention.” A salient theme in most respondents’ accounts was that there is need for more community outreach programs that focus on changing men’s mind-set and attitudes regarding unpaid care and domestic work.

4.9. Upbringing and UCDW

Of the series of questions asked to men about their upbringing and whether they had male role models performing care related work, overwhelming majority of men consistently reported not seeing any male member of their household performing those. The questions included preparing meals, taking care of children, persons with disability or the elderly, washing clothes and cleaning the compound.

Table 28: growing up, did you see a man in your house preparing meals?

When you were a child or teenager, did your father or another man in the home Prepare meals?

	Rural		Urban		Total	
Row Labels	Number	Percentage	Number	Percentage	Number	Percentage
Frequently	3	6.5%	3	12.0%	6	8.5%
Hardly ever	2	4.3%		0.0%	2	2.8%
I don't know	3	6.5%		0.0%	3	4.2%
Never	28	60.9%	20	80.0%	48	67.6%
Sometimes	10	21.7%	2	8.0%	12	16.9%
Grand Total	46	100.0%	25	100.0%	71	100.0%

When you were a child or teenager, did your father or another man in the home Clean the house or compound?

Frequently	5	10.9%	3	12.0%	8	11.3%
Hardly ever	3	6.5%		0.0%	3	4.2%
I don't know	4	8.7%		0.0%	4	5.6%
Never	26	56.5%	19	76.0%	45	63.4%
Sometimes	8	17.4%	3	12.0%	11	15.5%
Grand Total	46	100.0%	25	100.0%	71	100.0%

When you were a child or teenager, did your father or another man in the home Wash clothes?

Frequently	5	10.9%	3	12.0%	8	11.3%
Hardly ever	3	6.5%		0.0%	3	4.2%
I don't know	4	8.7%		0.0%	4	5.6%
Never	26	56.5%	19	76.0%	45	63.4%
Sometimes	8	17.4%	3	12.0%	11	15.5%
Grand Total	46	100.0%	25	100.0%	71	100.0%

When you were a child or teenager, did your father or another man in the home Take care of you or your siblings?

Frequently	12	26.1%	7	28.0%	19	26.8%
I don't know	2	4.3%		0.0%	2	2.8%
Never	22	47.8%	13	52.0%	35	49.3%
Sometimes	10	21.7%	5	20.0%	15	21.1%
Grand Total	46	100.0%	25	100.0%	71	100.0%

In both in-depth interviews and focus groups, most men reported that they grew up in homes where their parents engaged in a gendered division of household labour: mothers did all the care work while fathers performed activities outside the house/home (e.g. farming, rearing animals, trading, fishing and so forth). One man in Kirehe district report that he has never seen his father working on UCDW and that his father considered these responsibilities as shameful for men. In the discussion, the man said that his father had a saying about UCDW “Ndakatsa mu muriro” to emphasize that he would never help in preparing food.

Men also reported that when they were children, they were not taught by their mothers to do care-related work and neither were they expected to engage in these activities. Therefore, because of their upbringing, men are socialized to perform paid labour-intensive activities outside the household.

	Rural		Urban		Total	
Row Labels	Number	Percentage	Number	Percentage	Number	Percentage
Frequently	13	28.3%	6	24.0%	19	26.8%
Hardly ever	1	2.2%		0.0%	1	1.4%
Never	23	50.0%	16	64.0%	39	54.9%
Sometimes	9	19.6%	3	12.0%	12	16.9%
Grand Total	46	100.0%	25	100.0%	71	100.0%

When you were a child or teenager, were you taught how to Clean the house or compound?

Frequently	15	32.6%	6	24.0%	21	29.6%
Hardly ever	2	4.3%		0.0%	2	2.8%
Never	19	41.3%	16	64.0%	35	49.3%
Sometimes	10	21.7%	3	12.0%	13	18.3%
Grand Total	46	100.0%	25	100.0%	71	100.0%

When you were a child or teenager, were you taught how to Wash clothes?

Frequently	15	32.6%	6	24.0%	21	29.6%
Hardly ever	1	2.2%		0.0%	1	1.4%
Never	18	39.1%	15	60.0%	33	46.5%
Sometimes	12	26.1%	4	16.0%	16	22.5%
Grand Total	46	100.0%	25	100.0%	71	100.0%

When you were a child or teenager, were you taught how to Take care of you or your siblings?

Frequently	12	26.1%	6	24.0%	18	25.4%
Hardly ever	3	6.5%		0.0%	3	4.2%
Never	19	41.3%	17	68.0%	36	50.7%
Sometimes	12	26.1%	2	8.0%	14	19.7%
Grand Total	46	100.0%	25	100.0%	71	100.0%

As illustrated in the table above, the high number of urban respondents reported never taught domestic activities in their childhood. i.e 68.0%, n=17 of urban respondents reported never taught take care of themselves or their siblings while their rural counterparts are 41.3%, n=19.

On another side, the survey found out that there is limited exposure of youth and children on how to change social norms around UCDW. The teaching curriculum and the teaching materials in both primary and secondary schools don't facilitate the learning about working on UCDW by both females and males. The Key Informants from Civil Society organizations indicated that the curriculum doesn't put emphasize on teaching children and youth on changing social norms and learn that both females and males can work on UCDW. In addition, the same informants revealed that some teaching materials don't facilitate in changing the social norms. This is in care where some materials, figures and pictures, indicate men working in paid work while women work on UCDW only.

4.10. Sanctions and violence

To understand whether the gendered division of labour in households created conflict between spouses, we asked respondents to share their perspectives on this issue. A majority of respondents observed that spousal conflict was a major problem in many households. Sometimes this conflict was related to the unequal distribution of unpaid care and domestic work. For instance, some women said their husbands scalded, harassed or beat them up for preparing meals "late", even when they had a heavy workload and no help. Other women said their husbands threatened to marry another wife if they complained to them about not receiving help in the household. These claims were supported by Inshuti z'Umuryango volunteers who confirmed that unequal division of care work in households created conflict between spouses.

Table 30: Attitude towards violence

In your opinion, is it acceptable or unacceptable to beat a woman If she spoiled/burnt/ failed to cook a meal?

	Rural		Urban		Total	
Row Labels	Number	Percentage	Number	Percentage	Number	Percentage
Female	257	85.4%	211	87.6%	468	86.3%
It is acceptable	8	2.7%	12	5.0%	20	3.7%
It is unacceptable	249	82.7%	197	81.7%	446	82.3%
Refused to answer		0.0%	2	0.8%	2	0.4%
Male	44	14.6%	30	12.4%	74	13.7%
It is acceptable	1	0.3%		0.0%	1	0.2%
It is unacceptable	43	14.3%	30	12.4%	73	13.5%
Grand Total	301	100.0%	241	100.0%	542	100.0%
In your opinion, is it acceptable or unacceptable to harshly criticize or yell at a woman If she spoiled/burnt/failed to cook a meal?						
Female	257	85.4%	211	87.6%	468	86.3%
It is acceptable	67	22.3%	41	17.0%	108	19.9%
It is unacceptable	188	62.5%	169	70.1%	357	65.9%
Refused to answer	2	0.7%	1	0.4%	3	0.6%
Male	44	14.6%	30	12.4%	74	13.7%
It is acceptable	13	4.3%	3	1.2%	16	3.0%
It is unacceptable	31	10.3%	27	11.2%	58	10.7%
Grand Total	301	100.0%	241	100.0%	542	100.0%

In both rural and urban settings, beating is not acceptable by both men and women. In the urban districts, 81.7%, n=197 women reported beating being unacceptable. In rural districts, 82.7%, n=249 women denied beating as well. In the same regard, their males' counterparts, urban 12.4%, n= 30 and rural 14.3%, n=43 didn't support beating.

Women also noted that there were multiple other factors that contributed to conflict between spouses. For example, alcoholism was a pervasive problem in virtually all the 8 districts where this study was conducted. Indeed, in most of the visited households, both female and male respondents reported that men spend long hours drinking alcohol at local bars and returned home late in the night. Some women reported that their husbands became violent when they returned home from their drinking sprees. During focus group discussions with married women in Ngoma district (Jarama sector) for example, respondents recounted how their husbands would come home drunk and start fights/arguments with them. This group of women also said they felt frustrated because their husbands did not contribute much towards household expenditure, yet, expected to see food on the table at the end of each day. For these women, the lack of financial support from their husbands as well as their abuse of alcohol was more problematic than their husbands' minimal role in care-related work in the household.

Conflict over resources was also a major problem in households. Sometimes husbands and wives engaged in altercations over the ownership and disposal of family assets. In many instances, conflict arose when men claimed to be sole owners of family property and disposed of these assets without consulting with their wives. These incidents at times led women to seek redress from the local authorities although this only led to further conflict as men would then blame women for getting them in trouble with the law. In some cases, after having an encounter with law enforcement [e.g. arrest and imprisonment due to violation of a spouse's rights], men became reluctant to provide any support to their wives. In rare circumstances, some women also took over family property and disposed of it without consulting their husbands, which in turn led to domestic conflict.

Misunderstandings between spouses also emerged after women underwent gender equality training and became 'emancipated'. According to one female key informant from Kirehe district, some women became disrespectful to their husbands after undergoing gender training and learning about their rights.

Similarly, in Nyaruguru, a village elder noted that women began to "behave badly" (abusing alcohol and coming home late in the night) after getting trained on their rights. At the same time, the elder pointed out that the majority of men who underwent training on positive masculinity and gender equality in the district were still reluctant to change and continued to hold onto traditional beliefs regarding gender roles. All these issues created a toxic environment in the household, leading to spousal conflict and estrangement.

Polygamy and infidelity were other factors that contributed to household conflict. In some districts such as Ngoma (Jarama sector), polygamy was rife among men involved in the fishing industry. According to one Inshuti z'Umuryango volunteer, when men travelled across the border into Burundi for fishing, they ended up marrying other wives and spending a significant amount of time away from home. Having other life partners reduced the amount of time men spent in the home and the support they offered to spouses and children in Rwanda. Often women were left to fend for themselves and their children which became a source of conflict.



5. Recommendations and Conclusion

The baseline survey findings in Rwanda align with previous studies which show that women are carrying the heaviest burden of unpaid care and domestic work in the household. Indeed as is the case in countries like Kenya, Uganda, Tanzania, India, Nepal, Vietnam and many other regions of the world, women in Rwanda report that they receive limited support relating to care from their spouses. What complicates their lives even further, is that women continue to engage in the drudgery of care work —walking long distances to fetch water and firewood, having limited access to affordable childcare and working long hours in menial jobs that pay so little —with limited intervention from government and civil society. In addition, some women report that they have conflict in the home because of their spouses’ alcoholism, unwillingness to help with care work, infidelity and disagreements over the management and disposal of household assets. Women in single-headed households face particular challenges in that they are not only dealing with lack of resources, but also, loneliness and social isolation which is contributing to mental health issues.

This baseline study also showed that men’s lives are deeply rooted in patriarchy. Majority believe that care-related responsibilities lie squarely with women, hence their reluctance to provide support in the home. The consequence of this unequal distribution of care work in the household is that it has created enormous disadvantages for women: this situation is denying women opportunities for decent work, leisure and rest while subjecting some women to emotional and psychological distress.

The gendered division of labor in the household is also reinforcing these values into the next generation and preparing boys and girls to enter a world in which care work continues to be unequally distributed. If this scenario persists, Rwanda will not be able to achieve the United Nations Sustainable Development Goals (SDG 5) relating to gender equality and empowerment of women and girls by 2030.

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The gendered division of labor in the household is also reinforcing these values into the next generation...

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Image credit: UN Women

Therefore, to level the playing field, it is imperative that we recognize, reduce and redistribute ['3Rs'] unpaid care work so that women can perform household work with relative ease and also have the time to pursue work that is fulfilling and rewarding both financially and otherwise. Therefore, the recommendations emerging from this baseline study center on the '3Rs' framework which seeks to transform women's experiences in the household by recognizing, reducing and redistributing the amount of time spent on care and domestic work.

5.1. Recognize care

Strengthening public policy: The government of Rwanda should strengthen national laws and policies relating to women's UCDW. For example, the law N° 32/2016 of 28/8/2016 Governing Persons and Family doesn't specify the roles of men and women in the households and this ambiguity in the legal language needs to be addressed. This law needs to stipulate clearly that both spouses in a household should contribute towards UCDW.

Although the recently revised the National Gender Policy (2021) advocates for a nationwide male engagement program to ensure men's and boys' increased participation in gender related interventions across sectors, it is not clear whether this will involve training on the redistribution of household care work specifically. Policy action 4.1.1 targets to increase men's participation in household chores so that women can have more time for productive activities but does not articulate how this will be undertaken and which stakeholders will be involved. Therefore, there is need for further revision of the current National Gender Policy to address these concerns.

Monitoring Progress on United Nations SDG Target 5.4.1: To achieve the UN Sustainable Development Goal relating to unpaid care work [SDG target 5.4.1], the government should develop a system of monitoring and evaluating how targets under this goal are being met across all the sectors that provide public services to Rwandans. Similar to the recommendations made by Oxfam (2018) to the government of Uganda, it is important that key stakeholders within the Government of Rwanda recognize how their work meets the goal of valuing women's care workload and promotes shared responsibilities in households.

Strengthening sharing unpaid care work education in schools: The government should strengthen the teaching curriculum to have children and youth engaged at an early age. In the same instance, there is a need to replace teaching materials that reinforce gender stereotypes with those that promote equitable distribution of care and domestic work among males and females.

Valuing unpaid care work: The government should invest in estimating the value, in monetary form, of unpaid care work. This is mainly indicated the contribution of unpaid care for household development as well as the country development. This is will contribute to influencing policy makers on understanding the level of which unpaid care work should be cared for and the community members will value it and work together.

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...there is a
need to replace
teaching
materials
that reinforce
gender
stereotypes...
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Image credit: UN Women Rwanda



Image credit: UN Women

5.2. Reduce the care burden

Government and civil society

Addressing childcare: The government has strong will for childcare through policies and infrastructure such as ECD centers and promotion of Home Based ECDs. The remaining main gaps are limited availability, challenges in affordability and lack of sustainability of existing ones. The government should prioritize financing early childhood education and development. The national budget should allocate finances to construct childcare centres and schools in rural and urban areas that lack these facilities. In addition, the government should consider providing financial assistance or subsidies to already existing childcare facilities that lack the financial wherewithal to meet operational costs, caregivers' salaries and other needs so that these institutions can operate and also attract caregivers/educators. The Ministry of Education should play the oversight role of ensuring that childcare institutions all across the country are properly managed and accountable.

Public services and infrastructure: While the government has made remarkable strides towards achieving sustainable development, there is still more that needs to be done. Basic infrastructure such as healthcare, electricity, water and sanitation, childcare, roads and transportation should be a major priority particularly in rural areas and in urban informal settlements which are faced with enormous challenges due to the lack of these services. In addition, social protection services for the rural poor, the elderly and persons with disabilities should be made available. These services should be brought closer to communities so that the public —and most especially women and girls who often carry the burden of care— can reduce the amount of time spent traveling to seek services. There is also need for services to be monitored and evaluated to ensure accountability. Another way that the government could enhance social protection service provision for rural communities is to initiate a Community Works Program [part of VUP] that specifically focuses on training and employing individuals to provide social care services for pre-school children, children and adults living with disabilities and the elderly. Such an initiative could provide temporary relief for the unemployed [particularly women since many of them lack opportunities for paid work] while also catering for persons that need these services. A similar program has been successfully implemented in the former Yugoslav Republic of Macedonia by UNDP and local partners. In Rwanda, such a program would be very beneficial to communities given the limited number of persons with expertise in social care training vis-à-vis the need for services.



Time- and labor-saving infrastructure: As has been observed in previous studies (Coffey et al., 2020), it is crucial for national governments in low-income settings to invest in affordable time- and labour-saving technologies for populations in the low wealth quintile as a way of addressing unequal distribution of care work. In the case of Rwanda, there is a clear need for investing in these technologies in order to reduce women's care burden in poor households. Fuel-efficient stoves and clean water systems in households will cut down on the drudgery women engage in while walking to forested areas in search of firewood and water. UN Women, ActionAid Rwanda, Réseau des Femmes Ouvrant pour le Développement Rural and other organizations that are currently implementing projects to reduce women's unpaid care and domestic work could share with the Government of Rwanda about the potential benefits of investing in TLSE for rural women and perhaps partner with the government to scale up these initiatives across the country.

Supporting single-parent households: Similar to the recommendations made by Grantham et al. (2021) regarding what governments around the globe can do to address UCDW, the government of Rwanda should provide social assistance schemes and other protection mechanisms to single-parents (including widowed persons) in the low wealth quintile to enable them cater for their children. This will help reduce the stress and mental anguish that many are grappling with.

Providing mental healthcare to women: An increase in care and domestic work during the COVID-19 era has contributed to the prevalence of mental health disorders among women globally. In Rwanda, the heavy burden of care work along with economic hardship are exacerbating mental health issues in women, making it harder for them to function properly. Therefore, women [particularly those in the bottom wealth quintile] need to be provided with free psychosocial services to address their mental health. Women also need assistance to create support groups where they can converge on a regular basis [while adhering to COVID-19 control measures] with other women to discuss issues that concern them. Such a social support system can go a long way in helping women reduce stress. This can also be a platform for women to develop new ideas that could help advance their livelihoods.

Addressing alcohol and substance abuse: Alcoholism and substance abuse [particularly among men] are pervasive in Rwanda and contribute to domestic violence and limited spousal cooperation in households. Therefore, to reduce women's care burden, the Government of Rwanda needs to address alcohol and drug addiction in the population by scaling up interventions in communities where this problem is prevalent.



Image credit: UN Women

5.3. Redistribute care responsibilities

National government, civil society and other actors

Changing mindsets: To help reduce care work in the household and the community, it is important to address the negative social norms that keep men from engaging in care-related work. As this study found, RWAMREC, ActionAid Rwanda and Réseau des Femmes Ouvrant pour le Développement Rural are among the organizations implementing programs that equip men with knowledge and skills in positive masculinity, fatherhood, gender equality and sharing care-related responsibilities in the household. In a recent randomized control trial, Doyle and colleagues (2018) found that RWAMREC’s MenCare+ intervention program known as “Bandeberaho” (which translates as “Role Model” in Kinyarwanda) was effective in reducing intimate partner violence (IPV), physical violence against children as well as dominance in men’s household decision-making. The program also helped increase men’s participation in childcare, women’s antenatal visits and household tasks. These findings demonstrate that male engagement intervention programs can be effective in changing the ways men think about their role in the home and in enhancing their participation in care-related responsibilities in the household. Therefore, the Government of Rwanda should partner with RWAMREC and other civil society organizations to design a male engagement intervention program that could be scaled across the country.

There is also need for the Government of Rwanda, civil society organizations, media, faith-based institutions and the private sector to work jointly towards communicating messages through the mass media that encourage men and boys to participate in care-related responsibilities in the home. Such messages could be communicated through social media platforms (e.g. Twitter, Facebook, Instagram etc.) as well as through radio and television as a majority of youth and adults have access to at least one of these platforms. Furthermore, creative art forms such as drama, story-telling, poetry and music can be used to educate boys on positive masculinity, GBV prevention, gender equality and equal distribution of care labor in the household.

In addition to targeting men, it is also important to involve women in these interventions. In the present study, a majority of women seemed to think that caregiving was their sole responsibility. Evidently, this is a perception that needs to be changed. Women should be sensitized to understand that care work and domestic tasks ought to be a shared responsibility between men and women. Women should be engaged alongside men in interventions that are intended to change perceptions, attitudes and beliefs around caring in the household.



In light of our findings which indicate that local leaders all across the 8 districts involved in this study were unaware of their mandate to address the unequal distribution of unpaid care work in households in their locales, the Ministry of Health, The Ministry of Gender and Family Promotion (MIGEPROF), the National Women’s Council and the Ministry of Local Government (MINALOC) should all work together to ensure that leaders at the local level including Friends of Families (Inshuti z’Umuryango), chiefs of villages (Abayobozi b’Imidugudu) and others are aware of the new National Gender Policy and are equipped to educate men and women in their communities on issues relating UCDW. Leaders could share this information during Families’ Evening (Umugoroba w’Imiryango), citizens’ assemblies (Inteko z’Abaturage) and village meetings (Inama z’ Imidugudu). Furthermore, institutions of higher learning, civil society organizations and faith-based institutions should also play a role in educating men and women on positive masculinity and gender equality through workshops, seminars and conferences.

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7. Annexes

7.1. Terms of Reference

Baseline survey on Unpaid Care Work status among women and men in 8 districts of Rwanda



Organization:
UN Women



Location:
Rwanda



Type of contract:
National consultant



Languages required:
English, Kinyarwanda



Duration of initial contract:
30 days

1. Background

From cooking and cleaning, to fetching water and firewood or taking care of children and, the sick and the elderly, women carry out at least two and a half times more unpaid household and care work than men. As a result, they have less time to engage in paid labor, or work longer hours, combining paid and unpaid labor. Women's unpaid work subsidizes the cost of care that sustains families, supports economies, and often fills in for the lack of social services. Yet, it is rarely recognized as "work". Unpaid care and domestic work is valued to be 10 and 39 percent of the Gross Domestic Product and can contribute more to the economy than the manufacturing, commerce, or transportation sectors. With the onslaught of climate change, women's unpaid work in farming, gathering water, and fuel is growing even more.

Policies that provide services, social protection, and basic infrastructure, promote sharing of domestic and care work between men and women, and create more paid jobs in the care economy, are urgently needed to accelerate progress on women's economic empowerment.

Care work is fundamental for human wellbeing as well as essential for a vibrant, sustainable economy with a productive labor force. The centrality of care to sustainable development and its relevance for gender equality are now widely recognized by the global community including

as a target under Sustainable Development Goal 5. Care work ensures the complex and life-sustaining web on which our very existence depends. Without it, individuals, families, societies, and economies would not be able to survive and thrive. Yet, around the world women and girls shoulder a disproportionate share of care work that is unpaid, unrecognized, and undervalued. Prior to the COVID-19 crisis, women already did three times as much unpaid domestic work and care work as men with women on average doing around 4.1 hours per day compared to men who on average do around 1.7 hours. For women living in rural areas these figures can vary widely, particularly in areas with limited access to regular basic services such as energy, water, and sanitation, as women and girls tend to bear the brunt of the unpaid labor to collect and manage these resources and services for daily household consumption.

Furthermore, illness or other negative events in the household can increase the time spent by women and girls on care-giving and domestic work. This has been brought into sharp focus by the COVID-19 pandemic which has exacerbated the care demands on women and girls due to pandemic-related measures and lockdowns. As evidenced from previous epidemics, women and girls tend to be the ones who take on the bulk of the extra care needed when national systems are unable to cope. Addressing unpaid care work is particularly relevant in Rwanda.

On average, women spend approximately 26.7 hours per week on unpaid care work compared to only 16.1 hours spent by men and according to the 2019 Labor Force Survey, women in Rwanda continue to face significant obstacles in entering the labor market and progressing in their careers. Barriers to participation, persistent occupational and sectoral segregation and a disproportionate share of unpaid household and care work prevent them from enjoying equal access to opportunities. This impedes women's economic choices and weighs on their social status, while ultimately curbing the country's growth and social development.

Agriculture is a major economic sector for Rwanda, employing about 70 percent of the total population and accounting for approximately 31 percent of GDP; and it stands out as one of the most strategic sectors in Rwanda's development, and 75 percent of Rwanda's agricultural production comes from smallholder farmers. Data shows the enormous contribution of women in Rwanda, as key producers for their families, market, and the country in general. In addition to their direct role in agricultural production, women also spend considerable time in post-harvest handling activities such as cleaning, sorting, and drying which they must combine with their domestic care responsibilities.

Unequal access to time-saving, climate-resilient infrastructure and technology remains a considerable impediment to women's economic empowerment in Rwanda. In relation to access to clean water, only 7 percent of female headed households had access to piped water into their dwelling compared to 10 percent of male headed households. In rural areas, people are required to walk long distances in order to reach an improved drinking water source, with 16 percent of households living within 0-200 meters and 34 percent living within 0-500 meters. By contrast, 60 percent of households in urban areas are within 0-200 meters and 72 percent are within 0-500 meters to an improved drinking water source. The task of collecting water as well as firewood – the most commonly used fuel in rural areas – tends to fall on women and girls, and since the onset of the COVID-19 pandemic, 33 percent of women have seen their time allocated to collecting firewood and fetching water increase by 33 percent, compared to 28 percent of men. This increase is due to the high demand for water and sanitation to meet the hygiene standards needed to keep the coronavirus at bay.



Image credit: UN Women

In order to address the inequities in unpaid care, UN Women has developed a multi-country programme dubbed 'Transformative approaches to recognize, reduce, and redistribute unpaid care work in women's economic empowerment programming' programme ('3R Programme') to be implemented in Rwanda, South Africa and Senegal. The programme is to remove the structural barriers to women's full and equal participation in the economy by recognizing, reducing, and redistributing unpaid care work. In order to contribute to this overarching goal/impact, the programme aims to contribute to the following two outcomes:

1. National and local governments develop/ strengthen laws, policies, and services that recognize and address the disproportionate share of unpaid care work by women and girls
2. Women's cooperatives and other organizations provide transformative care services in rural and/ or urban areas to reduce and redistribute unpaid care work; and

The theory of change that frames the programme is as follows:

- If national and local laws, policies and services recognize and address the disproportionate share of unpaid care work by women and girls; and
- Transformative care services in rural and urban areas reduce and redistribute unpaid care work;
- Then women's and girls' unpaid care work in Rwanda is reduced, freeing up their time to equally contribute to and benefit from sustainable livelihoods;
- Because structural gender inequalities that prevent women and girls from realizing their economic rights and empowerment will be removed.

The 3R Programme will build on UN Women's expertise at the global, regional, and country-level. In particular, it will complement existing UN Women programmes on climate-resilient agriculture and rural women's economic empowerment in Rwanda, by developing a care component which responds to lessons learned that indicate insufficient attention is given to women's unpaid care and domestic workloads, and overall time poverty. This programme fills a critical gap by developing transformative solutions to these challenges.

The 3R programme responds to the need for more programmatic interventions on recognizing, reducing and redistributing (3Rs) women's unpaid care and domestic work as well as overall time poverty. With support from Global Affairs Canada, the 3R Programme will integrate a standalone care component into existing UN Women programmes on climate-resilient agriculture and rural women's economic empowerment in Rwanda and will:

- Support national and local policy advocacy for greater awareness and capacity building to redress discriminatory social norms and address the 3Rs of unpaid care work in laws, policies, and services;
- Develop economically sustainable models of transformative care services and childcare provision;
- Increase access to time-saving, climate-resilient infrastructure for thousands of women through well-established partnerships with women's cooperatives, associates, and other organizations;
- Raise awareness in communities, including by engaging men and boys, about discriminatory social norms and the 3Rs of unpaid care work.

2. Description of required services/ results:

With the above background that, UN Women is hiring a consultancy firm to undertake a baseline survey on unpaid care work in 8 Districts namely Nyaruguru, Muhanga, Kirehe, Ngoma, Gasabo, Nyarugenge, Musanze, and Rubavu. The purpose of the survey is to collect qualitative and quantitative data on attitudes, knowledge, and behaviors related to women's unpaid care work specifically to quantify time women and men spend on unpaid care work and productive work in Rwanda. The Consultant will conduct the survey with pre-selected households in the selected 8 Districts. The Consultancy firm will be supervised by the project manager of 3R at UN Women with provision of technical support on the survey. This assignment will take approximately one month starting from the date of signing of the contract.

The overall objective of the baseline study is to collect qualitative and quantitative data on attitudes, knowledge, and behaviors related to unpaid care work and productive/paid work in Rwanda.



Specific objectives for the baseline survey study are to:

1. Provide detailed contextual information/ situational analysis on attitudes, knowledge, and behavior of individual women and men, their communities, and stakeholders relating to the project's outcomes and outputs to help refine and evidence the project theory of change.
2. Gather relevant baseline data on time women and men spend on unpaid care work, productive/paid work, leadership, socio-political events, learning opportunities leisure, among others to enable tracking changes in women's time use to be measured over the course of the project and in relation to men.
3. Provide a baseline situation quantitative or qualitative as applicable on the policy and legal context in Rwanda as regard to unpaid care work.

4. Tasks and Outputs

Reporting to UN Women based Project Coordinator, the Consultancy firm will conduct the following tasks:

- Initial briefing and discussion of ToR with Project Coordinator and relevant UN Women staff.
- Review project documentation (proposal, log frame, theory of change, etc.) and existing evidence
- Write inception report including

- methodology and Workplan for the baseline, and discuss schedule with UN Women team
- Develop data collection instruments (design questionnaires and all data entry processes, and qualitative tools adapted for different target groups as appropriate)
- Translate all tools into Kinyarwanda for ease of understanding by the targeted stakeholders.
- Design sampling strategy and draw up detailed list of sampling points.
- Collaborate with community leaders and community members to participate in the research.
- Oversee the start-up of the baseline data collection and ensuring quality control processes are in place and provide on-going technical support for the duration of the data collection process and ensure the ongoing coordination and management of all data collection.
- Provide regular updates on the data collection exercise to UN Women team and recognize and give account of challenges/ limitations in obtaining data and provide feedback from fieldwork activities to UN Women.
- Analyze all qualitative and quantitative data and draft baseline report and present to UN Women and partners for discussion.
- Finalize country-level baseline report based on feedback received.
- Present the Baseline survey findings on the time spent by women on unpaid care work to stakeholders.

Outputs/Deliverables	Activities	Timing
Inception Report and Desk Review of the unpaid care work	Brief meeting with UN Women and other concerned institutions, prepare and present a comprehensive inception report which includes among others the methodology and preliminary sampling frame. Key partners to be consulted should be consulted to finalize the baseline study tools (questionnaire, etc...) at this stage. Tabulation plan/analysis plan should be included in the inception report	5 days
Primary data collection	Training for enumerators and undertake the data collection/interviews for the sampled households	15 days
First draft on the Unpaid Care work	Share the first draft of the baseline survey to UN Women and other relevant stakeholders	5 days
Presentation of the baseline study	PowerPoint presentations to be used in all validation workshops (virtual or face to face if allowed by then). Consultants will facilitate all workshops.	1 day
Final baseline study Report	Consultants will after incorporation of given comments and guidance during the presentation of the first draft of the baseline study finalize the report and submit the final report.	3 days
Presentation of the Final report of the Baseline study	Presentation (in form of PowerPoint presentation) of the findings during a workshop to all stakeholders	1 day

5. Partnership

The consultancy firm would need to consult with UN Women team as per an agreed upon consultation work plan to finalize the data collection tools, analysis, and report.

- Timeframe: Start date and end date for completion of required services/results
The research institution is expected to conduct the baseline study for a period not exceeding 30 days from the signing of contract day. Interested parties are called to submit their technical proposal, detailing their methods, outlining their timeline, and suggesting a budget based on the methodology agreed upon in the COVID-19 context, and taking into account the immediateness of the data required for it to be relevant.

7. Qualification and Experience

- Advanced degree in social sciences, economics, statistics, and gender studies related areas.
- Experience on power relations, gender, women's rights programmes, ideally including women's economic empowerment.
- Extensive experience in conducting quantitative and qualitative data using digital tools.
- Good knowledge and experience of designing surveys and sampling methodologies.
- Proven at least 10 years' experience in conducting participatory approaches and interviews as data collection approaches.
- Experience using mobile devices for digital survey data collection.
- Managing and coding data collected through a survey.

- Extensive experience on women's rights, Rwandan cultural beliefs/attitudes, and with some experiences on the intersectionality of climate resilient sustainable agriculture, women's unpaid care work, and women's economic participation and unpaid care work.
- Excellent facilitation skills.
- Fluency in Kinyarwanda, English, and/or French.
- Ability to engage people in conversation and record answers clearly and accurately.
- Organizational and team engagement skills.

Mode of application

Interested candidates are requested to submit their detailed CVs and intent letter to rwanda.offers@unwomen.org not later than 18 November 2021. Only pre-selected candidates will be notified.

7.2. Data collection tools

Survey questionnaire

Section 1: Introduction and consent

Greet the respondent, and then give them this introduction:

My name is——— I am a researcher employed by FATE Consulting Ltd. We are carrying out a survey to help us understand about work in households and the community.

Your participation is completely voluntary. I want to assure you that it is fine if you decide not to answer a particular question or wish to discontinue the questionnaire altogether at any point.

We will be using this (show tablet) to take down your answers. It's like a cell phone but it will only be used to record your answers. It does not record voice and does not take pictures. Using this helps us to conduct the interview in a shorter time with less possible mistakes. (Note: Show how the tablet works if you think it will make the respondent more comfortable)

The records of this research will be kept private. In any publication based on this questionnaire, any information that will make it possible to identify participants won't be disclosed.

We are interested in your responses to the questions. Do you have any questions about what I have mentioned so far?

Do you agree to participate in this survey?

If the respondent agrees, start the interview.

A. Preliminary information

1. Household number
2. Name of the head of household
3. District
4. Sector
5. Cell
6. Village

B. Demographic information

1. What is your name?
2. Is the respondent male or female?
3. How old are you? (Enumerator: record the exact age)
4. What is your UBUDEHE category?
5. What is the highest level of education you have achieved so far? Options: None, Pre-primary, Primary, Secondary: O-level, Secondary: A-level, Post-secondary, Don't know
6. Are you the Head of the HH?
7. What is your relationship with the head of HH? Options: Spouse/partner, Child, Grandchild, Niece/ nephew, Son in law/ daughter in law, Other.

- **Section 2: Household characteristics**

8. How many members live in your household?
9. Name of household member (Please name you and your partner first, then your children, your parents, your and your partner's brothers and sisters, their partners and their children, add any others)
10. What is your relationship to the person? Options: Self, Partner/cohabitant, Child, Brother/sister, Parent, Grandchild, Grandparent, Son/daughter-in-law, Niece/Nephew, Sister/brother-in-law, Other relative, Other not related, Domestic worker, Step-child, Father/ mother-in-law
11. What is [NAME's] gender?
12. What is [NAME's] age?
13. What is the highest level of education [NAME] has achieved so far? Options: None, Pre-primary, Primary, Secondary: A level, Secondary: O-level, Post-secondary, I don't know, Not applicable
14. If [NAME] is <6 years: Is [NAME] in day care?
15. If [NAME] is in day care, how many hours does [NAME] spend at the childcare centre on a usual week day? Number in hours
16. If [NAME] is ≥ 6 years: In the last six months, what kind of activity has [NAME] been mainly involved in? (You can select up to two options.) Options: Unemployed, Engaged in paid domestic work, Student/pupil/trainee, In retirement, Permanently disabled, Unpaid work for family business, Informal work-income-generating activity, Work for wage or salary, Agriculture, Other, Engaged in unpaid work, Self-employed in the formal sector, I don't know

- **Section 3: Assets and income**

- Now I will ask you some questions about assets of your household.
17. Does anyone in your household currently have any [ITEM]? Name of asset: Agriculture land; Cattle; Sheep, goat(s), pig(s), Poultry; Mobile phone(s); Bicycle(s); Car(s), truck(s); Radio; House
 18. If 'yes', how many [ITEM] does your household currently have? Number of items
 19. Who would you say owns most of the [ITEM]?
 20. Who would you say can decide whether to sell or give away [ITEM]
- Options for Q20 and 21: Self; Partner/spouse; Self and partner/spouse jointly; Other household member(s); Self and other household member(s); Partner/spouse and other household member(s); Self, partner and other household member(s); Self with others (including people outside household); Other (e.g. people outside household / don't know)
21. Do you have any savings?
 22. Who mostly decide about how to use your savings? Options: same as Q20 and 21

- **Section 4: Adults' time use**

Please think about what you were doing in the last 24 hours (yesterday morning at 4am, finishing 3am of the current day). I will ask you for the main activity and one simultaneous activity you were doing at a certain time during the day.

23. What were you doing yesterday from [TIME]?

- 04am – 05am
- 05am – 06am
- 06am – 07am
- 07am – 08am
- 08am – 09am
- 09am – 10am
- 10am – 11am
- 11am – 12pm
- 12pm – 01pm
- 01pm – 02pm
- 02pm – 03pm
- 03pm – 04pm
- 04pm – 05pm
- 05pm – 06pm
- 06pm – 07pm
- 07pm – 08pm
- 08pm – 09pm
- 09pm – 10pm
- 10pm – 11pm
- 11pm – 12am
- 12am – 01am
- 01am – 02am
- 02am – 03am
- 03am – 04am

- **Activities**

- Leisure and resting
- 00 = Doing nothing
- 01 = Sleeping, napping
- 02 = Personal care and eating
- 03 = Leisure time

- **Paid work**

- 04 = Selling products at the market/ work in own business
- 05 = Construction, making furniture, repairing
- 06 = Fishing
- 07 = Tending livestock, caring for animals
- 08 = Opening the ground for farming
- 09 = Weeding
- 10 = Harvesting
- 11 = Drying, processing an agricultural product
- 12 = Other farming activities
- 13 = Other non-farming income generating activities
- Caring for people and domestic work
- 14 = Shopping household supplies (incl. food)
- 15 = Washing and drying clothes (for myself)
- 16 = Washing and drying clothes (for others)
- 17 = Food and drink preparation, doing the dishes
- 18 = Grinding, pounding
- 19 = Cleaning the house or compound, preparing the beds
- 20 = Fuel collection (e.g. firewood, charcoal)

- 21 = Water collection
- 22 = Caring for children
- 23 = Teaching/tutoring/training children
- 24 = Caring for disabled, ill, elderly
- 25 = Caring for community members
- 26: Repairing households
- 27: Grazing
- 28: Manufacturing households' goods

- **Education**
- 29 = Attending school, training or studying
- 30 = Attending school related events

- **Community activities**
- 31 = Attending group/committee meetings
- 32 = Community work (e.g. infrastructure projects or community events)
- 33 = Attending community functions (e.g. weddings, funerals)

- **Other activities**
- 34 = Religious activity
- 35= Activities related to health care
- 36 = Other, specify
- 37 = Care work for pay (cooking, childcare, adult care, cleaning, collecting firewood)
- 38= Washing services for pay
- 39= Bathing others (e.g. children, elderly, ill, disabled)
- 40 = Ironing and mending clothes (for myself)
- 41= Ironing and mending clothes (for others)

- 24. With whom did you perform this activity? Options: No one; Partner; Son/ step-son; Daughter/ step-daughter; Brother; Sister; Father; Mother; Father-in-law; Mother-in-law; Grandfather; Grandmother; Son-in-law; Daughter-in-law; Brother-in-law; Sister-in-law; Nephew; Niece; Business partner/colleague; Friend/neighbour; Other, specify
- 25. What else were you doing at the same time?
- 26. Were you responsible for looking after a child (<18 years) during that hour?
- 27. Were you responsible for looking after a dependent adult during that hour?
- 28. Is there any activity that you did not do yesterday but that you usually do?
- 29. If 'yes', what is the activity?
- 30. How many hours do you spend on this activity on a usual day?
- 31. Is there any activity that you did yesterday but that you usually do not do?
- 32. If 'yes', what is the activity?
- 33. Have there been any unusual events yesterday (e.g. visit, illness, festivity)?
- 34. What time of the year is caring for people and domestic work most difficult for your household? Options: rainy season, dry season, Other: specify
- 35. What time of the year is paid/ income-generating work most difficult for your household? Options: rainy season, dry season, Other: specify
- 36. Repeat the above questions (Q24 to 36) if the respondent is married/has a partner. Ask the respondent to think about what their spouse/partner were doing in the last 24 hours and ask them to answer these questions on their behalf.

- **Section 5: Children's time use**
- I would like you to think about what your child did in the last 24 hours (starting yesterday morning at 4am, finishing at 4am today).

37. How many hours did [Name of the child] spend on sleep yesterday?
38. Now, think about the rest of the day. I want you to tell me how much time [Name of the child] spent on the following activities yesterday.
 - Work for family business (e.g. farm work, cattle herding,)
 - Work for pay for someone not in the household
 - At school (including play time)
 - Studying at home/extra tuition outside the home
 - Meal preparation (including shopping and doing the dishes)
 - Fuel collection
 - Water collection
 - Cleaning the house or compound
 - Washing clothes
 - Caring for younger children
 - Caring for adults (e.g. household members who are elderly, ill or living with disability)
 - Leisure (playing, sports, seeing friends)/personal care/doing nothing
 - Other activities (please specify)
39. While [Name of the child] were doing other activities (e.g. housework or playing), did [Name of the child] also look after younger children yesterday?
40. If 'yes', how many hours did [Name of the child] look after younger children for?

• ***Let's now get back to you***

41. Has [activity] increased/decreased since COVID-19 started? Options: Stayed the same, Increased, Decreased
 - Activity
 - Water collection
 - Fuel collection
 - Meal preparation
 - Washing and drying clothes
 - Cleaning the house or compound
 - Caring for or supervising children
 - Caring for or supervising dependent adults
 - Main paid work activity
42. If 'increased', how many hours do you spend more on [activity] on an average day, compared to before COVID-19 started? Time in hours
43. If 'decreased', how many hours do you spend less on [activity] on an average day, compared to before COVID-19 started? Time in hours
44. If caring for people and domestic work has increased: have you experienced any of these changes to your usual situation as a result of your increased time spent on unpaid care and domestic tasks during COVID-19/lockdown? Select the three most significant. Options: No, Not able to do my usual paid work , Not able to look for paid work, Not able to pursue my education/studies, Not able to get sufficient rest/sleep/time for self-care, Not able to provide adequate care for a family member, or I have had to leave dependants unsupervised, I have had an injury or illness due to domestic tasks, I have experienced increased tensions/arguing/criticism in the household, I have experienced increased violence/abuse in the household, I have been physically unwell/sick, I have been feeling stressed/anxious/depressed , Other (please specify)
45. During COVID-19, have you received any additional support to what you usually receive for caring for family members or unpaid domestic tasks? Select all that apply. Options: No; Cash subsidy for family or for care work (e.g. child benefit, carers' allowance, old-age pension, disability allowance); In-kind support for family needs (e.g. food, medicines, clothing, household equipment); Health services without fees; Free government care services (e.g. childcare, eldercare, care for people who are elderly/ill/ living with disability); Public infrastructure without fees (e.g. water systems, electricity, transportation); Other (please specify)

46. Which of these supports/services would be most beneficial to you, to manage unpaid care and domestic work to care for your family? Select all that apply.

•

• **Section 6: Perceptions of UCDW**

47. Who in your household do you think generally makes the most significant contribution to the well-being of the household? Options: Me, My partner, Another woman in the household, Another man in the household, Other, I don't know
48. I would like you to rank the following activities. Please select the 4 most valuable activities, starting from the most valuable.

• **Activities**

- Meal preparation
 - Planting/harvesting crops
 - Cleaning the house or compound
 - Drying/ processing an agricultural product
 - Caring for children
 - Carpentry/ making furniture
 - Caring for elderly, ill or disabled
 - House construction/repair
 - Water collection
 - Selling products/trading
 - Taking care of farm animals
 - Washing, ironing, mending clothes
49. Let's now look at the 4 most valuable activities. What activities do you think are the most valuable?
50. What are other activities on the matrix do you think are valuable?
51. Select the 4 activities that you think require most skills. What activity do you think requires most skills?
52. What are other activities on the matrix do you think require skills?
53. Which domestic work or care activity is most problematic for your family (in terms of mobility, health and time burden)? Interviewer reads all options and selects only one option. Options: None, Water collection, Fuel collection, Meal preparation, Cleaning the house or compound, Washing and drying clothes, Caring for children, Caring for elderly, Caring for of community members, Mending and ironing clothes.

• **Section 7: Social norms and roles**

54. Out of 5 men in your village, how many do you think said that they spent at least an hour on caring for people and domestic work yesterday?
55. Do you think men in your village should do caring for people and domestic work?
56. If 'no' in 518: Why should men not do caring for people and domestic work? Options: Because it would not be the right thing to do, It's a women's task/it's not a men's task, Men don't know how to do it, the community would disapprove, Other, specify
57. Out of 5 women in your village, how many do you think said that men should do caring for people and domestic work?
58. Out of 5 men in your village, how many do you think said that men should do caring for people and domestic work?
59. For women only: If nobody were to know that your husband did caring for people and domestic work, would you want him to do it more?
60. For men only: If nobody were to know that you did caring for people and domestic work, would you do it more?

- **For women only:**

61. Would you like your partner to help you with [TASK]?
 - Tasks
 - Water collection
 - Fuel collection
 - Meal preparation
 - Washing and drying clothes
 - Cleaning the house or compound
 - Caring for children
 - Caring for elderly, ill or disabled
62. Why would you not like your partner to help you with [TASK]? Options: He will refuse; It's a women's task/it's not a men's task; He will think I am lazy; He will not know how to do it; the community would disapprove; Other, specify; He is busy with paid work
63. In the last month, how often have you asked your partner to help you with [TASK]? Options: Never, At least once, At least once a week, At least once a day
64. When you asked, how often has your partner helped you with [TASK]? Options: Never, Sometimes when I asked, Always when I asked, Often when I asked
65. How satisfied are you with this division of tasks? Options: Unsatisfied, Fairly satisfied, Satisfied, Very satisfied
66. How satisfied do you think your partner is with this division of tasks? Options: Unsatisfied, Fairly satisfied, Satisfied, Very satisfied
67. What domestic/care work, if any, would you like your sons/boys/young men in your family to be able to do or know how to do well? Please select all that apply. Options: None, Water collection, Fuel collection, Meal preparation, Washing, ironing, mending clothes, Cleaning the house or compound, Caring for children, Caring for people who are elderly, ill or living with disability, Caring for community members, Other (specify)

- **For men only**

68. Would you like to participate more in [TASK]?
 - Tasks
 - Water collection
 - Fuel collection
 - Meal preparation
 - Washing and drying clothes
 - Cleaning the house or compound
 - Caring for children
 - Caring for elderly, ill or disabled
69. Why would you not like to participate more in [TASK]? Options: My wife won't let me; It's a women's task/it's not a men's task; I don't know how to do it; the community would disapprove; Other, specify; I'm busy with paid work
70. Would your partner like you to participate more in [TASK]?
71. Which domestic work or care task is your favourite? Options: None, Water collection, Fuel collection, Meal preparation, Cleaning the house or compound, Washing, mending, ironing clothes, Caring for children, Caring for elderly, Caring for community members
72. Which domestic work or care task is your second favourite? Options: None, Water collection, Fuel collection, Meal preparation, Cleaning the house or compound, Washing, mending, ironing clothes, Caring for children, Caring for elderly, Caring for community members
73. Which domestic work or care task is your third favourite? Options: None, Water collection, Fuel collection, Meal preparation, Cleaning the house or compound, Washing, mending, ironing clothes, Caring for children, Caring for elderly, Caring for community members
74. Are you satisfied with this division of tasks? Options: Unsatisfied, Fairly satisfied, Satisfied, Very satisfied
75. How satisfied do you think your partner is with this division of tasks? Options: Unsatisfied, Fairly satisfied, Satisfied, Very satisfied

- **Section 8: Upbringing and UCDW**

- For men only
76. When you were a child or teenager, did your father or another man in the home:
- Prepare meals
 - Water collection,
 - Fuel collection,
 - Cleaning the house or compound,
 - Washing, mending,
 - ironing clothes,
 - Caring for children,
 - Caring for elderly,
 - Caring for community members? Options: Never, Hardly ever, Sometimes, Frequently.
77. When you were a child or teenager, were you taught how to:
- Prepare meals
 - Water collection,
 - Fuel collection,
 - Cleaning the house or compound,
 - Washing, mending,
 - ironing clothes,
 - Caring for children,
 - Caring for elderly,
 - Caring for community members? Options: Never, Hardly ever, Sometimes, Frequently.
78. What domestic/care work, if any, would you like your sons/boys/young men in your family to be able to do or know how to do well? Please select all that apply. Options: None, Water collection, Fuel collection, Meal preparation, Washing, ironing, mending clothes, Cleaning the house or compound, Caring for children, Caring for people who are elderly, ill or living with disability, Caring for community members, Other (specify)

- **Section 9: Decision making**

79. Who normally makes most of the decisions about the following?
- Decisions about children's schooling and health
 - Decisions about your own health and when to go to the doctor
 - Small daily purchases (e.g. food, toiletries)
 - Large purchases (e.g. land, cattle, cell phone)
 - How many children to have and spacing of children
 - Whether to take out a loan
 - Decisions about whether to visit relatives or travel
 - Decisions on how I spend my own time
 - Which family members should do domestic tasks, like sweeping, collecting water or caring for children.
 - Which family members should do productive /paid activities, such as agricultural work, farm animals, or trading.
- **Options: *Myself, My partner, Someone else, Myself and my partner jointly, Someone else and me jointly.***
80. If not 'myself', to what extent do you think you can influence or change their decision?
Options: Not at all, to some extent, to a large extent, Not applicable
81. In which of these domains would you most like to have more control over decisions?

Section 10: Sanctions/punishment and violence

82. In your opinion, is it acceptable or unacceptable to beat a woman in the following situations?
83. In your opinion, is it acceptable or unacceptable to harshly criticise or yell at a woman in the following situations?
- Situations
 - If she spoiled/burnt/failed to cook a meal
 - If she disobeyed her husband/uncle/father/brother

- If she spent money without asking
 - If she failed to care well for the children
 - If she left a dependent/ill adult unattended
 - If she did not prepare her husband/uncle/father/brother's bath
 - If she failed to fetch water/firewood for her husband/uncle/father/brother
 - If she left the house without asking
84. During the last month, do you think someone might have beaten a woman close to you because of any of the previously mentioned situations?
85. During the last month, do you think someone might have harshly criticized a woman close to you because of any of the previously mentioned situations?
86. In your opinion is it acceptable or unacceptable to shame/mock a man in the following situations?
- If he is cooking
 - If he is cleaning the house/compound
 - If he is washing clothes for other household members
 - If he is taking care of children
 - If he is bathing a child
 - If he is taking care of a dependent/ill adult
 - If he is bathing a dependent/ill adult
 - If he is washing dishes
 - If he is fetching wood/fuel
 - If he is fetching water
87. During the last month, do you think a man close to you might have been shamed/mock for doing any of the previously mentioned activities?
88. Who do you think has influenced your views about punishing women and men for not doing/doing caring for people and domestic work? You can select up to two options. Options: No one, Parents, Other relatives, Peers/friends, Neighbours/ community members, Religious leaders, Cultural leaders/elders, Political leaders, Policies/laws, School/education, Other

• **Section 12: Time- and labour-saving equipment, products and services**

- Now I will ask you some questions about some equipment your household may or may not own. Note that these questions are about specific types of equipment that can reduce the time and intensity of domestic work and are different to the questions I asked you earlier about assets.
89. Do you have this item in your household?
- Water e.g. Water tap in house/compound
 - Fuel/energy e.g. Electric/gas stove
 - Food preparation e.g. Refrigerator
 - Clean space e.g. Dustbin/vacuum cleaner
 - Clean clothes e.g. Clothes storage/washing machine
 - e.g. Chest of drawers/wardrobe for clothes
 - Only proceed if the household has at least one infant (≤ 3 years):
 - Childcare e.g. Playpen
 - Only proceed if the household has at least one member who cannot walk or is blind (other than infant):
 - Caring for people who are elderly, ill or living with disability e.g. Wheelchair

Section 13: Infrastructure, external support and schemes

- Now I will ask you about external support from the state, employers, civil society or community that your household may or may not receive.
90. Do you use an improved water source (not a natural source like a river or spring)?
91. If 'yes', Is it usually government provided?
92. If 'yes', how long does it take to walk from your house to the improved water source that you use?
- 0-5 minutes
 - 6-20 minutes
 - 21-40 minutes
 - 41-60 minutes
 - More than 60 minutes

93. Does your family usually use health facilities when household members are ill?
94. If 'yes', Are these health facilities usually government provided?
95. If 'yes', how long does it take to walk from your house to the health facility that you usually use?
 - 0-5 minutes
 - 6-20 minutes
 - 21-40 minutes
 - 41-60 minutes
 - More than 60 minutes
96. Do you use electricity in your house?
97. If 'yes', is the electricity usually government provided?
98. Are there childcare facilities available in your area (for children under school-starting age)?
99. If 'yes', does your family usually use the childcare facilities?
100. If 'no', why do you not use the childcare facilities? Options: Too expensive, Poor quality, Unreliable service, Want to spend time with my child, Have other childcare arrangements, Other (specify)
101. If 'yes', are the childcare facilities usually government provided?
102. Are you a member of any type of association, group or club which holds regular meetings?
103. What type of group is it? You can select up to two options. Economic/producer group, Religious/social group, Finance/savings group, Voluntary group for community activities, Digging group, Educational group, Women's group, Other (specify)
104. Do you hold any civic local leadership position, or have you held any civic local leadership position in the past?
105. Have you ever participated in training on gender roles, responsibilities or parenting?

This is the end of the interview.

Is there anything else related to caring for people and domestic work that you would like to add and that we have not yet discussed?

0 = No

1 = Yes (specify)



Image credit: UN Women Rwanda

Focus Group Discussion Guide

Questions	Probes and instructions
In this community, what are the activities that women and men do in a typical day starting from the time they wake up to the time they go to sleep? Please, list all activities done each hour.	<p>Probe to:</p> <ul style="list-style-type: none"> • Make sure the list provided by the respondents is exhausted • Make a list of activities performed by women • Make a list of activities performed by men • Probe to know if there had occurred any changes due to the COVID-19 pandemic
<p>In this community who makes decisions in their households? What kind of decision do they make?</p> <p>Why are they the ones to make such decisions?</p>	<p>Probe:</p> <p>Make sure they mention all those different decisions that take place in different households</p> <p>How are those different decisions perceived by everyone in the household?</p> <p>Are they agreed on?</p> <p>How does decision-making affect the division of different activities that are carried out in this community and the people to perform them?</p>
<p>Are there some activities which are performed by men but the community thinks those should be carried out by women?</p> <p>What do you think of a man in your village who might do caring for people and other domestic work?</p>	<p>Probe:</p> <p>Ask about all named activities that were mentioned to be performed by women</p>
<p>What are the tools that are available in the households of this community that can help to reduce the time and intensity of domestic work?</p> <p>What are the facilities or services that are available in this community that can help to reduce the time and intensity of domestic work?</p>	<p>Probe:</p> <ul style="list-style-type: none"> • Consider every activity mentioned in the first question • Probe to know if any changes have occurred in terms of service provision due to COVID-19 pandemic • Probe to know if majority of people in the community know about the availability of these services • Are services affordable or free?
What kind of supports/services do you find to be most beneficial, to manage caring and domestic works in this community?	Probe for every activity mentioned in the first question
What kind of facilities and services do you wish to get, to manage caring and domestic work in this community?	

National level guide

Themes	Main questions	Probes and instructions
Introduction	<p>What role do you play at the institution where you work?</p> <p>What is the mandate of your organization in relation to caring and domestic works?</p>	
Policies, laws, institutions and services that recognize the caring and domestic work	What guidelines and policies does your organization have related to caring and domestic work?	<p>Probe:</p> <ul style="list-style-type: none"> If s/he say there are none, ask why?
Sharing caring and domestic works between men and women	<p>What are the perspectives of your organization about men and women sharing caring and domestic work?</p> <p>What do you think about men and women sharing caring and domestic work?</p>	
Attitudes, beliefs and norms related to caring and domestic work	How do attitudes, beliefs and cultural norms affect the caring and domestic work that women and men do in the family and society?	<p>Probe:</p> <ul style="list-style-type: none"> Ask the informant if attitudes, beliefs and culture influence men's and women's roles in society. Let them explain. Ask if social norms around caring and domestic work have changed over time.
Service providers as well as the community practices around caring and domestic work	<p>How do you plan to reduce the intensity and time spent on care and domestic work, through service provision?</p> <p>What is the contribution of those services towards reducing the amount of time and effort spent on caring and domestic works?</p> <p>What do you think can be done to maximize the contribution of those services?</p>	<p>Probe:</p> <ul style="list-style-type: none"> Do you think the available caring services are sufficient to meet the needs of the women and men? Are service providers well-equipped to cater for Rwandan community needs? Are community members taking advantage of these services?

District, sector and cell levels guide

Themes	Main questions	Probes and instructions
Introduction	<p>What role do you play at the institution where you work?</p> <p>What is the mandate of your organization in relation to caring and domestic works?</p>	
Guidelines	What guidelines does your organization have related to caring and domestic work?	<p>Probe:</p> <ul style="list-style-type: none"> If s/he say there are none, ask why?
Sharing caring and domestic works between men and women	What do you think about men and women sharing caring and domestic work?	<p>Probe:</p> <ul style="list-style-type: none"> Do you find it as a concern to be taken into consideration?
Attitudes, beliefs and norms related to caring and domestic work	How do attitudes, beliefs and cultural norms affect the caring and domestic work that women and men do in the family and society?	<p>Probe:</p> <ul style="list-style-type: none"> Ask the informant if attitudes, beliefs and culture influence men's and women's roles in society. Let them explain. Ask if social norms around caring and domestic work have changed over time.
Service providers as well as the community practices around caring and domestic work	<p>What do you do to reduce the intensity and time spent on care and domestic work, through service provision?</p> <p>What is the contribution of those services towards reducing the amount of time and effort spent on caring and domestic works?</p> <p>What do you think can be done to maximize the contribution of those services?</p>	<p>Probe:</p> <ul style="list-style-type: none"> Are there programs and initiatives related to reducing the intensity and time spent on care and domestic work? Do you think the available caring services are sufficient to meet the needs of the community? Are service providers well-equipped to cater for community needs? Are community members taking advantage of these services? Or assisting one another with childcare needs?

Community level guide

Themes	Main questions	Probes and instructions
Introduction	What are your roles and responsibilities in this community?	Probe: How are your responsibilities related to relationships within households in this community?
Policies, laws, institutions and services that recognize the caring and domestic work	Are there certain guidelines that you get related to care and domestic work sharing between men and women in the households?	Probe: <ul style="list-style-type: none"> Have you ever been provided with any support that help you to fulfill your responsibilities specifically related to care and domestic work sharing? By who? If s/he say there are none, ask why?
Sharing caring and domestic works between men and women	What do you think about men and women sharing caring and domestic work?	Probe: <ul style="list-style-type: none"> Do you find it as a concern to be taken into consideration?
Attitudes, beliefs and norms related to caring and domestic work	<p>How do attitudes, beliefs and cultural norms affect the caring roles that women and men play in the family and society?</p> <p>Are there conflicts in this community that affect the division of care and domestic work?</p> <p>Are there conflicts that are due to how care and domestic work are shared between men and women in this community?</p>	Probe: <ul style="list-style-type: none"> Ask the informant if attitudes, beliefs and culture influence men's and women's roles in society. Let them explain. Ask if social norms around caring and domestic work have changed over time.
Service providers as well as the community practices around caring and domestic work	<p>What service providers are available in this community?</p> <p>What is the contribution of those services towards reducing the amount of time and effort spent on caring and domestic works?</p> <p>What do you think can be done to maximize the contribution of those services?</p>	Probe: <ul style="list-style-type: none"> Do you think the available caring services are sufficient to meet the needs of the community? Are service providers well-equipped to cater for community needs? Are community members taking advantage of these services? Or assisting one another with childcare needs?

7.3. List qualitative interactions and informants

List of interactions conducted in each district

Type of interaction	# of interactions								Total interaction
	Nyaruguru	Muhanga	Rubavu	Musanze	Kirehe	Ngoma	Nyarugenge	Gasabo	
FGD with married men	1				1				2
FGD with Married women	1	1	1		1	1	1		6
FGD with non-married women	1	1			1		1		4
IDI with Married men		1	2	2		2		2	9
IDI with non-married men	1	1			1				3
IDI with married women			1	2				1	4
IDI with non-married women						1		1	2
KII with cell Social Economic Development Officer (SEDO)	1		1		1	1			4
KII with sector Social Affair	1	1	1		1	1			5
KII with Community Health Worker (CHW) or Inshuti z'umuryango (IZU)	1		1		1	1	1		5
KII with a member of National Women Council at cell level	1		1		1	1			4
KII with Village Leader	1						2	1	4
KII with District Joint Action Development Forum (JADF) Officer	1	1	1	1	1	1	1	1	8
KII with District Vice Mayor in charge of Social Affairs	1				1 (Good Governance Officer)	1		1 (Gender and Family Promotion Officer)	4
KII with Cross-border ECD			1						1

List of Informants at National Level

Institution	Number of respondents
Ministry fo Gender and Family Promotion (MIGEPROF)	1
ActionAid	2
Reseau des Femmes	1
Gender Monitoring Office (GMO)	1
National Women Council (NWC)	1

7.4. Additional quantitative tables

Decision making in the household

Decision about own health	Rural		Urban		Total	
	#	%	#	%	#	%
Who makes decision						
Myself	159	52.65%	148	60.91%	307	56.33%
Myself and my partner jointly	105	34.77%	76	31.28%	181	33.21%
Partner/spouse	30	9.93%	12	4.94%	42	7.71%
Parents	4	1.32%	3	1.23%	7	1.28%
Someone else and me jointly	3	0.99%	2	0.82%	5	0.92%
Not specified	1	0.33%	2	0.82%	3	0.55%
Total	302	100.00%	243	100.00%	545	100.00%

Small purchase	Rural		Urban		Total	
	#	%	#	%	#	%
Who makes decision						
Myself	136	45.03%	132	54.32%	268	49.17%
Myself and my partner jointly	113	37.42%	82	33.74%	195	35.78%
Partner/spouse	38	12.58%	18	7.41%	56	10.28%
Parents	7	2.32%	6	2.47%	13	2.39%
Someone else and me jointly	7	2.32%	3	1.23%	10	1.83%
Not specified	1	0.33%	2	0.82%	3	0.55%
Total	302	100.00%	243	100.00%	545	100.00%
Extent of influence						
To a large extent	135	44.70%	158	65.02%	293	53.76%
To some extent	92	30.46%	49	20.16%	141	25.87%
Not applicable	43	14.24%	19	7.82%	62	11.38%
Never	30	9.93%	15	6.17%	45	8.26%
Refused to answer	1	0.33%		0.00%	1	0.18%
Not specified	1	0.33%	2	0.82%	3	0.55%
Total	302	100.00%	243	100.00%	545	100.00%

The top five most reported activity categories for each hour are listed below.

Table 68: Distribution of respondents by hourly main activities

Time	Main Activity	Female	Male
04:00-05:00am	<ul style="list-style-type: none"> • Caring for children, cleaning the house or compound, washing other people's clothes • Food and drink preparation, doing the dishes • Farming activities (agriculture and livestock) • Non-farming income generating activities • Religious activity 	34 (7%)	3 (4%)
05:00-06:00am	<ul style="list-style-type: none"> • Cooking and caring for children, household and community members (disabled, elderly, ill) • Collecting water and cleaning the house or compound, preparing the beds, washing dishes, washing self and other people's clothes • Off-farm income generating activities (construction aid, selling on the market) • Farm activities (harvesting, drying agricultural product) • Religious activity (including praying) 	186 (39.4%)	28 (37.8%)
06:00-07:00am	<ul style="list-style-type: none"> • Cooking and caring for children, household and community members (disabled, elderly, ill) • Collecting water and cleaning the house or compound, preparing the beds, washing dishes, washing self and other people's clothes • Off-farm income generating activities (construction aid, selling on the market) • Farm activities (harvesting, drying agricultural product) • Attending community meetings and religious activity (including praying) 	373 (79.1%)	62 (83.7%)
07:00-08:00am	<ul style="list-style-type: none"> • Cooking and caring for children, household and community members (disabled, elderly, ill), healthcare activities • Collecting water and cleaning the house or compound, preparing the beds, washing dishes, washing self and other people's clothes • Off-farm income generating activities (construction aid, selling on the market) • Farm activities (harvesting, drying agricultural product) • Attending community meetings, functions (wedding/funerals) and religious activity (including praying) 	415 (88.1%)	69 (93.2%)

Time	Main Activity	Female	Male
08:00-09:00am	<ul style="list-style-type: none"> Cooking and caring for children, household and community members (disabled, elderly, ill), healthcare activities Collecting water and cleaning the house or compound, preparing the beds, washing dishes, washing self and other people's clothes Off-farm income generating activities (construction aid, selling on the market) Farm activities (harvesting, drying agricultural product) Attending community meetings, functions (wedding/funerals) and religious activity (including praying), Drying, processing an agricultural product Food and drink preparation, doing the dishes 	423 (89.8%)	70 (94.5%)
09:00-10:00am	<ul style="list-style-type: none"> Cooking and caring for children, household and community members (disabled, elderly, ill), healthcare activities Collecting water and cleaning the house or compound, preparing the beds, washing dishes, washing self and other people's clothes Off-farm income generating activities (construction aid, selling on the market) Farm activities (harvesting, drying agricultural product, weeding) Attending community meetings, functions (wedding/funerals) and religious activity (including praying) 	427 (90.6%)	67 (90.5%)
10:00-11:00am	<ul style="list-style-type: none"> Cooking and caring for children, household and community members (disabled, elderly, ill), healthcare activities Collecting water and cleaning the house or compound, preparing the beds, washing dishes, washing self and other people's clothes Off-farm income generating activities (construction aid, selling on the market) Farm activities (harvesting, drying agricultural product) Attending community meetings, functions (wedding/funerals) and religious activity (including praying) 	419 (88.9%)	66 (89%)
11:00-12:00am	<ul style="list-style-type: none"> Cooking and caring for children (tutoring, cleaning and feeding), household and community members (disabled, elderly, ill), healthcare activities Collecting water and cleaning the house or compound, preparing the beds, washing dishes, washing self and other people's clothes Off-farm income generating activities (construction aid, selling on the market) Farm activities (harvesting, drying agricultural product) Attending community meetings, functions (wedding/funerals) and religious activity (including praying) 	394 (83.6%)	61 (82.4%)

Time	Main Activity	Female	Male
12:00-01:00pm	<ul style="list-style-type: none"> • Cooking and caring for children, household and community members (disabled, elderly, ill), healthcare activities • Collecting water and cleaning the house or compound, preparing the beds, washing dishes • Off-farm income generating activities (construction aid, selling on the market) • Farm activities (harvesting, drying agricultural product) • Attending community meetings, functions (wedding/funerals) and religious activity (including praying) • Washing and drying clothes (for others) 	331 (70.02%)	49 (66.2%)
01:00-02:00pm	<ul style="list-style-type: none"> • Cooking and caring for children, household and community members (disabled, elderly, ill), healthcare activities • Collecting water and cleaning the house or compound, preparing the beds, washing dishes, washing self and other people's clothes • Off-farm income generating activities (construction aid, selling on the market) • Farm activities (harvesting, drying agricultural product) • Attending community meetings, functions (wedding/funerals) and religious activity (including praying) 	277 (48.1%)	43 (58.1%)
02:00-03:00pm	<ul style="list-style-type: none"> • Cooking and caring for children, household and community members (disabled, elderly, ill), healthcare activities • Collecting water and cleaning the house or compound, preparing the beds, washing dishes, washing self and other people's clothes • Off-farm income generating activities (construction aid, selling on the market) • Farm activities (harvesting, drying agricultural product) • Attending community meetings, functions (wedding/funerals) and religious activity (including praying) 	304 (64.5%)	46 (62.1%)
03:00-04:00pm	<ul style="list-style-type: none"> • Cooking and caring for children, household and community members (disabled, elderly, ill), healthcare activities • Collecting water and cleaning the house or compound, preparing the beds, washing dishes, washing self and other people's clothes • Off-farm income generating activities (construction aid, selling on the market) • Farm activities (harvesting, drying agricultural product) • Attending community meetings, functions (wedding/funerals) and religious activity (including praying) 	336 (71.3%)	49 (66.2%)

Time	Main Activity	Female	Male
04:00-05:00pm	<ul style="list-style-type: none"> • Cooking and caring for children, household and community members (disabled, elderly, ill), healthcare activities • Collecting water and cleaning the house or compound, preparing the beds, washing dishes, washing self and other people's clothes • Off-farm income generating activities (construction aid, selling on the market) • Farm activities (harvesting, drying agricultural product) • Attending community meetings, functions (wedding/funerals) and religious activity (including praying), Washing and drying clothes (for myself) 	343 (72.8%)	50 (67.5%)
05:00-06:00pm	<ul style="list-style-type: none"> • Cooking and caring for children, household and community members (disabled, elderly, ill), healthcare activities • Collecting water and cleaning the house or compound, preparing the beds, washing dishes, washing self and other people's clothes • Off-farm income generating activities (construction aid, selling on the market) • Farm activities (harvesting, drying agricultural product) • Attending community meetings, functions (wedding/funerals) and religious activity (including praying) 	366 (77.7%)	38 (51.3%)
06:00-07:00pm	<ul style="list-style-type: none"> • Cooking and caring for children, household and community members (disabled, elderly, ill), healthcare activities • Collecting water and cleaning the house or compound, preparing the beds, washing dishes, washing self and other people's clothes • Off-farm income generating activities (construction aid, selling on the market) • Attending community meetings, functions and religious activity (including praying) 	334 (70.9%)	23 (31%)
07:00-08:00pm	<ul style="list-style-type: none"> • Cooking and caring for children, household and community members (disabled, elderly, ill), healthcare activities • Collecting water and cleaning the house or compound, preparing the beds, washing dishes, washing self and other people's clothes • Off-farm income generating activities (construction aid, selling on the market) • Attending community meetings, and religious activity (including praying) 	348 (73.8%)	43 (58.1%)

Time	Main Activity	Female	Male
08:00-09:00pm	<ul style="list-style-type: none"> Cooking and caring for children, household and community members (disabled, elderly, ill) Collecting water and cleaning the house or compound, preparing the beds, washing dishes, washing self and other people's clothes Attending community functions and religious activity 	65 (13.8%)	7 (9.4%)
09:00-10:00pm	<ul style="list-style-type: none"> Cooking and caring for children, household and community members (disabled, elderly, ill), healthcare activities Attending religious activity 	19 (4%)	3 (4%)
10:00-11:00pm	<ul style="list-style-type: none"> Other non-farming income generating activities Selling products at the market/ work in own business Washing and drying clothes (for others) 	3 (0.6%)	2 (2.7%)
11:00pm-12:00am	Sleeping, napping	All	All
01:00-02:00am	Sleeping, napping	All	All
02:00-03:00am	Sleeping, napping	All	All
03:00-04:00am	Sleeping, napping	All	All



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UN WOMEN IS THE UN ORGANIZATION
DEDICATED TO GENDER EQUALITY AND
THE EMPOWERMENT OF WOMEN.

A GLOBAL CHAMPION FOR WOMEN AND
GIRLS, UN WOMEN WAS ESTABLISHED TO
ACCELERATE PROGRESS ON MEETING THEIR
NEEDS WORLDWIDE.

UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to ensure that the standards are effectively implemented and truly benefit women and girls worldwide. It works globally to make the vision of the Sustainable Development Goals a reality for women and girls and stands behind women's equal participation in all aspects of life, focusing on four strategic priorities: Women lead, participate in and benefit equally from governance systems; Women have income security, decent work and economic autonomy; All women and girls live a life free from all forms of violence; Women and girls contribute to and have greater influence in building sustainable peace and resilience, and benefit equally from the prevention of natural disasters and conflicts and humanitarian action. UN Women also coordinates and promotes the UN system's work in advancing gender equality.





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