

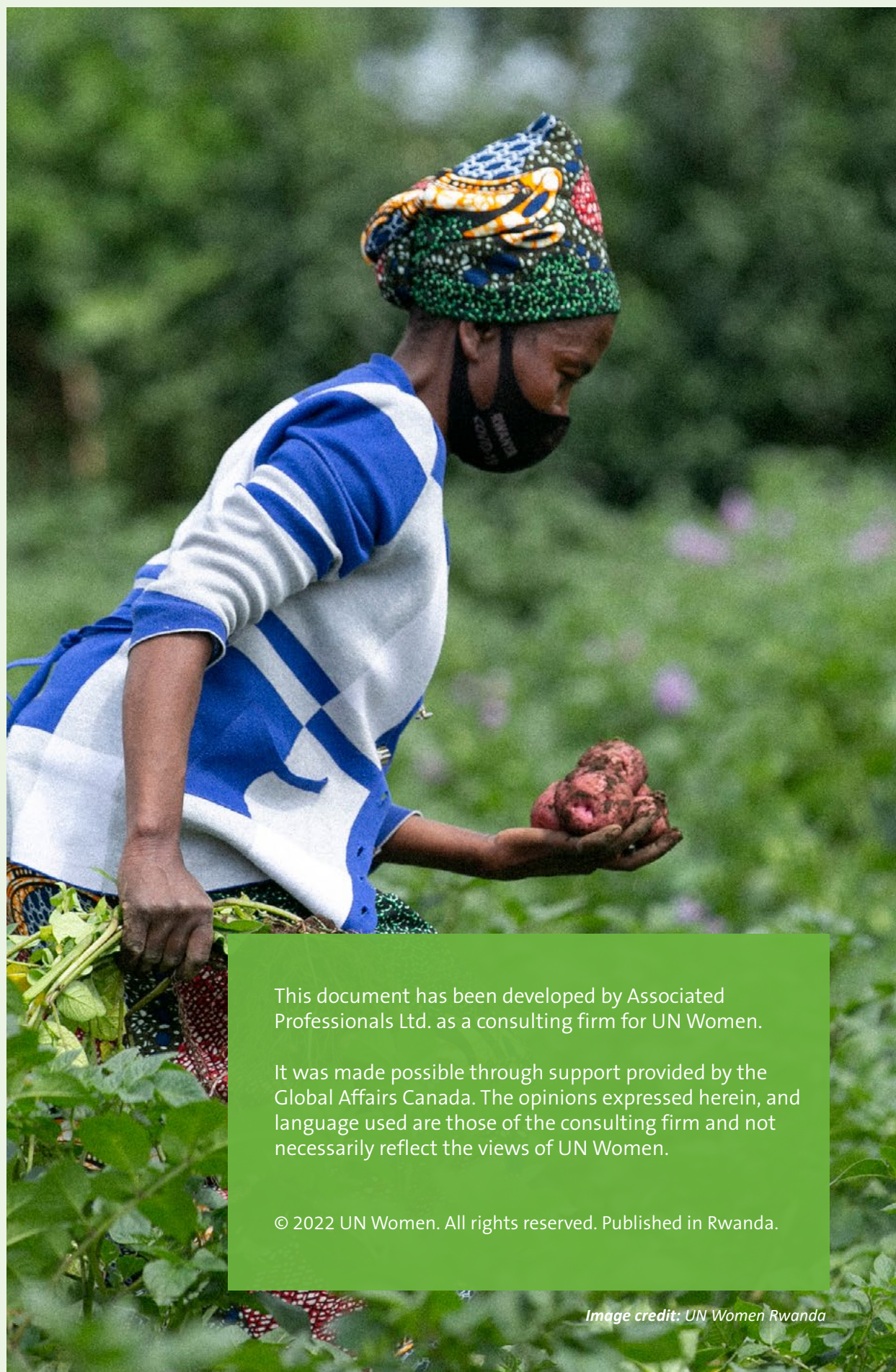


**SURVEY OF EXISTING CARE SERVICES
AND SOCIAL CARE INFRASTRUCTURE
IN 8 DISTRICTS OF RWANDA**

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.



This document has been developed by Associated Professionals Ltd. as a consulting firm for UN Women.

It was made possible through support provided by the Global Affairs Canada. The opinions expressed herein, and language used are those of the consulting firm and not necessarily reflect the views of UN Women.

© 2022 UN Women. All rights reserved. Published in Rwanda.

Image credit: UN Women Rwanda

Table of Contents

8-19

1. INTRODUCTION & CONTEXT

- 1.1. Introduction
- 1.2. Policy and legal framework related to unpaid care work in Rwanda
 - 1.2.1. National Policies and Strategic Plans
 - 1.2.2. National laws
- 1.3. Unpaid care work in Rwanda: recent developments
 - 1.3.1. The 3R Framework in addressing Unpaid Care Work in Rwanda

20-22

2. STUDY OBJECTIVES AND SCOPE OF THE WORK

- 2.1. Objectives
- 2.2. Scope

23-31

3. APPROACH AND METHODOLOGY

- 3.1. Approach

Figure 1: Mixed methods approach

- 3.2. Methodology and survey protocols
 - 3.2.1. Questionnaire design
 - 3.2.2. Training of data collectors
 - 3.2.3. Data collection process
 - 3.2.4. Sampling

Figure 2: Sample distribution across rural and urban set ups

Table 1: Sample distribution by district

- 3.2.5. Demographics of respondents

Figure 3: Marital status of respondents

Figure 4: Education profile

Table 2: Classification of respondents according to their poverty status

Figure 5: Representation of respondents in Cooperative management position

- 3.2.6. Data analysis
- 3.2.7. Report writing
- 3.2.8. Limitation

Table of Contents

32-42

1. FINDINGS

1. IDENTIFYING UNDERLYING FACTORS/CHALLENGES THAT CONTRIBUTE TO WOMEN'S INVOLVEMENT IN UNPAID CARE WORK

1.1. Unpaid care activities performed by women

Figure 6: Unpaid care activities performed by women

1.2. Distribution of UCW among rural and urban women

Figure 7: Distribution of UCW among rural and urban women

1.3. Men involvement in performing UCW

Figure 8: Men involvement in performing UCW (Rural vs. Urban)

Figure 9: Men's involvement in UCW per district

1.4. Women's involvement in paid work

Figure 10: Women involved in paid care work per district

Figure 11: Women in paid work

1.5. Time spent on UCW

Figure 13: Time spent by rural and urban women on UCW

1.6. Factors driving UCW

1.7. Effects of UCW on women

43-48

2. NEEDS AND CONCERNS OF WOMEN AFFECTED BY UNPAID CARE WORK

2.1. Overall awareness of existing care service solutions among respondents

2.2. Level of awareness of different types of Care Service Solutions among women

2.3. Capacities to use Care Service Solutions

2.4. Level of satisfaction

2.5. Top 3 CARE SERVICE SOLUTIONS perceived as most effective

49-53

3. OPTIMAL, VIABLE FUNCTIONAL AND TECHNOLOGICALLY SOUND CARE SERVICE SOLUTIONS THAT WORK BETTER FOR WOMEN

3.1. Involvement of beneficiaries in needs identification for addressing UCW

3.2. Care Service Solutions most potential solutions

3.3. Willingness to pay for Care Service Solutions

3.4. Most needed services but not available

54-55 RECOMMENDATIONS

56 REFERENCES



Image credit: UN Women Africa

LIST OF FIGURES

Figure 1: Mixed methods approach	10
Figure 2: Sample distribution across rural and urban set ups	12
Figure 3: Marital status of respondents	13
Figure 4: Education profile	14
Figure 5: Representation of respondents in Cooperative management positions	15
Figure 6: Unpaid care activities performed by women	17
Figure 7: Distribution of UCW among rural and urban women	18
Figure 8: Men involvement in performing UCW (Rural vs. Urban)	19
Figure 9: Men’s involvement in UCW per district	20
Figure 10: Women involved in paid care work per district	21
Figure 11: Women in paid work	22
Figure 12: Time spent by women on UCW	23
Figure 13: Time spent by rural and urban women on UCW	23
Figure 14: Overall awareness of existing care service solutions	25
Figure 15: Level of awareness of the service solutions per district	26
Figure 16: Level of awareness of different types of CARE SERVICE SOLUTIONS among women	27
Figure 17: Ratio users per care service solution vs. awareness:	28
Figure 18: Level of satisfaction with available Care Service Solutions	29
Figure 19: Top 3 CARE SERVICE SOLUTIONS perceived as most effective	30
Figure 20: Respondents consulted and not consulted	30
Figure 21: Top 3 most potential service solutions	31
Figure 22: Top 3 Care Service Solutions with highest potential	32
Figure 23: Willingness to pay for Care Service Solutions	32
Figure 24: Urban and rural set ups: needed services not available	33

INTRODUCTION & CONTEXT

1.1. Introduction

While overall, women's access to economic resources has improved, the distribution of unpaid care work remains very unequal (UN-Women, 2019). Unpaid care work encompasses all unpaid services provided within a household for its members, including care of persons, housework, and volunteer community work (Actionaid, 2020), (Deepta & Zambelli, 2017). Therefore, unpaid care work includes taking care of children, caring for sick and people with disabilities, caring for animals, performing household tasks like cleaning, collecting water and firewood and cooking and community voluntary. According to Narayan, the disproportionate burden of unpaid care work is one of many manifestations of gender inequalities and one of the causes of gender inequalities persistence (Narayan, 2017).



The likelihood of “economic disempowerment” is increased, due to the unequal load of unpaid care duties placed on women...



Unpaid care occupies large amounts of women’s and girls’ time than men and boys (UN-Women, 2019). This is mainly due to gender roles and stereotype, and to a bigger extent cultural gender norms and values. For while women spend time doing the difficult work of attending to others’ care needs for free, research shows that men rarely do so and are instead heavily invested in paid work on any given day (UN Women, 2022). As highlighted by Carolina, in her Master’s thesis, women participate in the UCW at a rate that is nearly twice as high as that of men, even in nations with a relatively narrow disparity like Norway (Carolina, 2021).

Unpaid caregiving is one of the leading causes of time poverty for women, according to a recent study performed in Rwanda by Oxfam in collaboration with the University of Rwanda. The findings revealed that, a woman dedicates three hours to household duties essentially, unpaid care work for every hour for a male (UN Women, 2022) . This means that high levels of poverty and a lack of public services make life more difficult for women and girls as well as their families, making women more exposed to exhaustion.

The time spent by women and girls on unpaid care work limits their participation in civil, economic, social, and political spheres. The likelihood of "economic disempowerment" is increased, due to the unequal load of unpaid care duties placed on women (Brigitte, et al., 2017), and the human development outcomes of both the women and those being cared for may be impacted because women in the paid labor market may not be able to adequately fill their caregiving duties (Deepta & Zambelli, 2017).

Image credit: UN Women Rwanda





Image credit: UN Women Africa

COVID-19 pandemic has further exposed the care crisis worldwide, which has had an acute impact in developing economies that rely on unpaid care work. This situation has placed a disproportionate burden on women even more (ILO, 2022). For instance, many studies have highlighted that women and girls in rural areas in low-resource settings such as Sub-Saharan Africa bear a much heavier burden of care work than women in urban areas who have access to time and labor-saving technologies and basic services. Women in rural areas are often uneducated, have low incomes, care for larger families, and are unfamiliar with many of the technologies that can help reduce the burden of household care work. Many women and girls are prevented from pursuing paid work or other income-generating activities that could benefit them and their families due to the chore of care and domestic work (UN Women, 2022).

Based on the above, it is clear that unpaid care work is a crucial challenge to gender equality globally. That is why many initiatives and interventions are coming up to address such challenge both in developed countries or developing countries, rural areas and urban areas. Although the magnitude of UCW varies from one context to another, what is common is that unpaid care work continues to be a challenge for women and girls globally. When it comes to Sub-Saharan Africa, women are more burdened, women are still faced with it leading to time poverty for women. National laws and policies have been amended, developed but gaps still exist, partly due to the fact much attention has been given to support women's empowerment and the advancement of gender equality with less attention to UCW.

In Rwanda, a lot has been done in as far as gender equality and women advancement is concerned; gender equality mechanisms have been put in place, such as gender machineries, gender responsive budgeting program, and affirmative actions in leadership and education have been established to support policy and legal implementation. Rwanda has also ratified and domesticated key international instruments on gender equality, such as CEDAW, the Beijing Declaration and Platform of Action, and major ILO labor conventions and has made progress toward achieving SDG 5 on gender equality, as the country works hard to achieve gender equality and empower all women and girls. This could provide a solid foundation for addressing issues of unpaid care work for women. However, as indicated below, there are some gaps that need a holistic approach to address women's UCW burdens.



Image credit: UN Women Rwanda

1.2. Policy and legal framework related to unpaid care work in Rwanda

As indicated above, Rwanda has ratified and signed different international treaties, conventions and laws related to gender equality, elimination of discrimination against women in all spheres, and the SDGs. However, there are no policies and laws regulating unpaid care work in Rwanda, a fact that makes women continue to bear a disproportionate amount of the burden of unpaid care work.

Revising some policies and laws in Rwanda to incorporate unpaid care work will not only benefit women and girls challenged by the issue but will at a bigger extent will make the country meet SDG #5, related to Gender Equality and the Empowerment of All Women and Girls, which specifically requires the abolition of violence and the abolition of harmful practices; ensuring women's access to economic resources, including through equal inheritance rights and equality in family laws; and promoting shared responsibility for unpaid care and domestic work, which falls disproportionately on women's shoulders.

1.2.1. National Policies and Strategic Plans

The following are some existing policies in Rwanda that need to be revisited to provide clear guidelines, strategies and direction for recognition, reduce and redistribution of unpaid care work for women.



National Strategy for Transformation (NST1): Although the strategy has some provisions to empower women in productive works, however, it does not recognize the UCW and makes no recommendations for dealing with such issues in order to achieve national transformation. The recommendation here is during the revision of the strategy, UCW should be given attention.



National Gender Policy (2020): While the policy acknowledges the existence of unpaid care work as a burden on women (sections 3.1.2), it does not provide solutions. In addition, the policy does not include any policy actions aimed at reducing the care burden on women, nor does it assign such responsibilities to any specific institutions. The recommendation here is to update the policy to incorporate possible solutions and proposal for policy actions and assign responsibilities for the same.



National Early Childhood Development Policy (2016): Unpaid care work is listed as a barrier to women's economic empowerment in the National Early Child Development Policy, along with solutions and their associated costs. However, there is still a gap on how barriers can be removed. The recommendation here is to revisit the policy by strengthening implementation and M&E of the policy to address barriers.



The National Employment Policy (2019): The policy only addresses agricultural issues, leaving out the additional work done by women in communities and households, therefore, the policy provides no guidelines for recognizing the UCW. The recommendation here is that, the policy should be updated to better align care work with additional productive work in and out of agriculture.



Gender Monitoring Office (Strategic Plan 2017-22): The Strategic plan indicates unpaid care work as one of the problems that hinder women's gender equality progress (section 1.3 of the plan), however, the plan does not outline any implementation-level initiatives to close the aforementioned deficiencies. The recommendation here is to address this deficiency during the elaboration of the next strategic plan.



Energy sector strategic plan (2018/19 - 2023/24): The time women and girls spend on unpaid care work especially collecting firewood and plant residues for cooking is highlighted as the most significant gender issue in the energy sector. It also acknowledges that this reduces the amount of time available for other activities such as income generation and education, and increases absenteeism at school among girls.

Though the strategic plan recognizes unpaid care work as a problem for women and girls, it does not include guidelines to ensure redistribution and community sensitization to the negative gender stereotypes that consign women to unpaid care work. The recommendation here is to revise the plan to include clear and detailed guidelines to tackle the plan issue indicated above.



National Policy on Cooperatives in Rwanda (2018): The policy emphasizes inclusivity among cooperative membership to provide women, youth, and people with disabilities with benefits such as mutual support, joint and collective investment, and access to lower-interest loans, but it does not address the issue of unpaid care work. During policy revision, it is recommended to consider UCW.

Image credit: UN Women Africa



1.2.2. National laws

The following are some existing laws in Rwanda explicitly related to UCW but with no articles or provisions that explicitly articulating provisions governing recognition, reduce and redistribution of unpaid care work among women and men.

The National Constitution of the Republic of Rwanda of 2003, as revised in 2015, O.G. N° Special of 24/12/2015): The Constitution offers sufficient principles for creating laws and policies that ensure gender equality, notably in governance, which has been accomplished through a variety of institutional and legal frameworks. New laws ensuring equal treatment of men and women have replaced all discriminatory legislation, and they cover topics like inheritance, education, and regulations governing access to and control over land for those who are legally married. Unpaid care work, one of the major factors affecting national development and gender equality, is not addressed in the National Constitution. As a result, gender stereotypes and negative masculinity persist, and women continue to bear the brunt of unpaid care work compared to their male counterparts.



Law N° 66/2018 of 30/08/2018 regulating labour in Rwanda: It prohibits gender discrimination, guarantees equal pay with no discrimination. This is consistent with the 1951 ILO Convention 100 on Equal Remuneration. The provisions, however, only apply to women in formal employment, leaving out the vast majority of women who work in the informal sector. The law, however, is silent on unpaid care work and equal access to maternity leave for male parents. Furthermore, a minimum wage must be established so that those who are unable to bargain, such as women, are protected by law.

Presidential Order n° 31/01 of 25/08/2003 establishing the method of paying compensation for physical suffering from vehicle accidents: It acknowledges 'unpaid care work' in compensating for physical suffering caused by vehicle accidents, but does not specify the basis for calculating that compensation in terms of the UCW's value.

Law N° 32/2016 of 28/08/2016 Governing Persons and Family: It governs natural persons, families, and interpersonal relationships, but it is silent on household unpaid work and how it is regulated within families.

Law N° 003/2016 of 30/03/2016 Establishing and Governing Maternity Leave Benefits Scheme: Because of her pregnancy or recent delivery, a female employee is entitled to maternity leave, which is established and governed by this law, while spouse (man) who is also a parent is not entitled to it, which means that a husband/spouse contributes nothing to taking care of the newborn child.

In conclusion, based on the cited existing national policies, strategies and laws, dealing with unpaid care work for women continues to be a challenge. The country is very much focusing on women economic empowerment through job creation as a means of reducing unemployment, creating a venue for women's access and control of resources and confidence among women, while ignoring unpaid care work. Unpaid care for women is a big challenge that needs to be addressed holistically through the adoption a National Policy on OCW and subsequent laws.

ECD Day Rwanda- Image credit: UN Women Rwanda



1.3. Unpaid care work in Rwanda: recent developments

There has been little research in Rwanda on women's unpaid care work, especially time use, and economic well-being as well as available care service solutions related to reduce, recognize and redistribute of unpaid care work for women, until recently. The few available and reviewed studies include the study conducted by Oxfam on engaging fathers in transforming gender relations; a working paper titled *“You Cannot Live Without Money’: Balancing Women’s Unpaid Care Work and Paid Work in Rwanda”*, produced by the Institute of Development Studies (IDS); ActionAid’s report on National-level research to assess the effect of unpaid care work (UCW) on women’s economic participation in Rwanda; the UN Women Rwanda Baseline Survey on unpaid care and domestic work among men and women in eight districts of Gasabo, Nyarugenge, Muhanga, Musanze, Rubavu, Nyaruguru, Ngoma, and Kirehe; and a UN Women Rwanda’s assessment of gaps in laws and policies related to unpaid care work among others. There is also an interesting thesis by Carolina Herrera-Cano on unpaid care work in Rwanda, focusing on NGOs’ actions towards women’s empowerment published in 2021. All studies show that Rwandan women's experiences are similar to those of women in other parts of the world who face inequality in the re-distribution of unpaid care work.

According the findings of the UN Women baseline survey on unpaid care work in Rwanda, women multitask by caring for children, household or community members, cleaning the house and compound, and participating in farm activities. Men, on the other hand engage in fewer care activities and begin the day by performing farm-related or other income-generating activities such as construction and trading.

Women in urban areas spend **3.7 hours per day** on unpaid care work, while men spent only one hour on these activities.

In rural areas, women put in **up to 3.3 hours** of unpaid care work, while men put in up to 1.1 hours (UN-Women , 2022).

1.3.1. The 3R Framework in addressing Unpaid Care Work in Rwanda

In Rwanda, a number of Stakeholders, including the Government and NGOs are working to address the adverse impacts of UCW in Rwanda. Among the leading organizations are ActionAid Rwanda and OXFAM, CARE INTERNATIONAL, UNICEF, UN Women and other international and local NGOs. Most of these organizations have carried out advocacy and actions to reduce, recognize and redistribute unpaid care work.

The 3Rs which include Recognition, Reducing, and Redistribution encompasses strategies that have been applied and proved to be effective elsewhere as per literature reviewed below, and this could be innovatively applicable to the Rwanda's context too.

Recognition: This entails giving UCW proper consideration at policy, community, and household levels in order to make the UCW visible and valuable; seen and acknowledged at all levels, beginning with household, community, in private sector, and even the state level (Actionaid, 2020). Recognition can take various forms, such as

accounting for it in national statistics when calculating the GDP, or giving compensation for the UCW when determining other benefits, such as pension related payments (Actionaid, 2020).

Reduce: In order to reduce UCW, it is necessary to determine how child care facilities, cooking technologies that save time, water harvesting, awareness-raising at all levels for a shift in mindset, etc. may be implemented (Actionaid, 2020). It is therefore important to invest in time-saving technologies and infrastructures as strategies to reduce UCW. Dinkelman (2011), for example, discovered that when rural electrification was implemented in South Africa, women's time spent on household tasks decreased by 9%, (Actionaid, 2020). In addition to that, planting water sources near to home in Pakistan meant less time spent doing housework and more female employment. Increasing public care services is another method since improved access to public resources promotes improved work-life balance which can free more time for women and girls (Actionaid, 2020).

ECD Day Rwanda- Image credit: UN Women Rwanda





Image credit: UN Women Africa

Another example is Kenya, where the government expanded preschool education to children aged four to five, increasing female labor participation (Actionaid, 2020)

Redistribute: The redistribution of UCW means that this work is equally distributed between men and women. According to OXFAM (2020), a framework for redistribution of responsibilities, time, and resources is required. For instance, a campaign launched by OXFAM in 2020 in Rwanda called “men care” was basically aimed at engaging fathers in transforming gender relations. The campaign has shown positive results on redistribution of UCW as it contributed to improving men's involvement in child care and decreasing men's use of violence against their partners and children. The campaign also contributed to balancing power structures and family decision-making, among other things (OXFAM, 2020), (UN-Women, 2022).

In order to address the inequities in unpaid care work, 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’) that is being implemented in Rwanda, South Africa and Senegal. The overarching goal of 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.



Image credit: UN Women Rwanda

The 3R Programme builds on UN Women’s expertise at the global, regional and country level. 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. The UN Women Rwanda 3R programme fills a critical gap by developing transformative solutions to these challenges and 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 aims to:

- **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 timesaving, 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.**

The care service solutions listed in the baseline survey report by UN-Women are; Water taps in house/compound; Electric/gas stove; Refrigerator; Dustbin/vacuum Cleaners; Clothes storages; Early Children Development Centers; Caring equipment for older people, ill or with disability e.g. wheel chairs. These equipment or services can contribute to reducing the time and intensity of domestic work. However, the affordability of such equipment is linked to individuals' economic ability to purchase them, while accessibility of such facilities depends on individual residential locations as well as awareness of their availability in a given area.

STUDY OBJECTIVES AND SCOPE OF THE WORK

2.1. Objectives

The general objective of this Survey is to identify the needs and barriers faced by rural and urban women regarding unpaid care work, identify existing care services and social care infrastructure in 8 districts of Rwanda targeted by UN Women and assess their viability and functionality in addressing the needs faced by men and women affected by unpaid care work in those districts.

More specifically, the study aims to:

- Conduct an assessment of needs and barriers faced by rural and urban women regarding unpaid care work in districts targeted by the 3R project;
- Conduct a feasibility analysis of existing and needed care service solutions to identify cost-effective solutions and assess their transformative potentials;
- Formulate a set of realistic solutions, mechanisms, products and services that can be designed and tested to address the needs faced by rural and urban women regarding unpaid care services, with a focus on exploiting the potential of transformative technologies including mobile technology;
- Provide directly actionable information and specific recommendations to UN Women and its project partners in terms of cost-effective solutions for transformative care services and childcare provision that meet the specific needs identified among rural and urban women;
- Propose innovative partnerships and models to recognize, reduce and redistribute women's unpaid care work.

2.2. Scope

This study is comprised of two main parts:

- The first part is a survey to identify cost-effective solutions for transformative care services and childcare provision that respond to the needs of rural and urban women. It also encompasses an assessment of needs and challenges faced by rural and urban women regarding unpaid care work, and an assessment of the relevance of projects developed by UN Women implementing partners to provide recommendations on necessary adjustments that will be integrated in project implementation.
- Part two of the study is the mapping of the surrounding ecosystem relating to unpaid care work and existing solutions to address unpaid care work in Rwanda. This includes a gap analysis of solutions and an analysis of good practices in the project's areas of intervention on one hand, and an identification of stakeholders in the sector of unpaid care services for rural and urban women, including government, private sector, multilateral organizations and civil society organizations, including women's organizations.



Image credit: UN Women Africa





APPROACH & METHODOLOGY

3.1. Approach

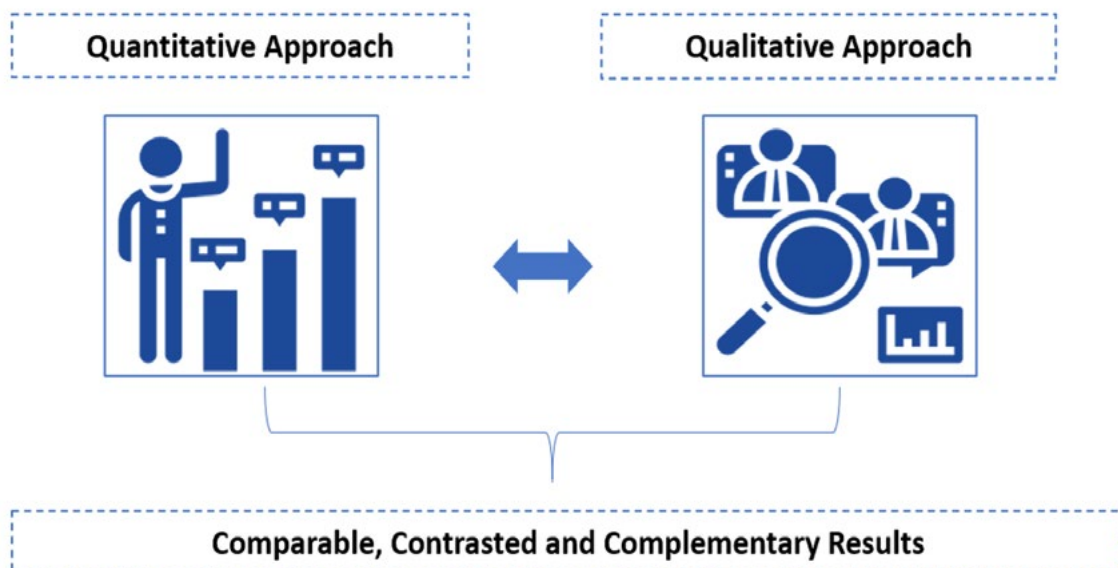
The study used a mixed research design approach comprising of cross sectional quantitative and qualitative methods. For the quantitative part, we conducted a survey of 300 women members of cooperatives supported by UN Women under the 3R project, using a structured questionnaire. Literature reviews have been also conducted to complement primary data on the overall status of UHCS by women in Rwanda through secondary sources (UN women data and reports, reference data and studies, laws, policies and regulations).

The qualitative part of the study was effected through Focus Group Discussions (FGDs and Key Informant Interviews (KIIs). FGDs served to gather in-depth information related to the barriers faced by women and girls affected by unpaid care work, gendered distribution of roles at household and community levels, and gather information on existing and/or needed cost-effective solutions for transformative care services and childcare provision that work for women. Key Informant Interviews included women heads of cooperatives, male members of the same cooperatives and women with disabilities (men and women) and stakeholders involved in care service provision. The aim was to

gather insights of particular significance on unpaid care work given their knowledge and experience in dealing with unpaid care issues and care service provision in Rwanda; I.e. the perceptions of males about unpaid care work, the needs and concerns of women with disabilities with regard to unpaid care work as well as insights and recommendations for improvement from people involved in care service solutions.

The purpose of using a mixed approach was to be able to triangulate the data by gathering insights from comparable, contrasted, or complementary results and thereby ensure validity of the findings.

Figure 1: Mixed methods approach



3.2. Methodology & survey protocols

3.2.1. Questionnaire design

A digital quantitative questionnaire was designed based on the following Assessment Dimensions (ADs) as highlighted in the ToRs:



Image credit: UN Women Rwanda

- **AD #1:** Identifying underlying factors/barriers/challenges that contribute to women's involvement in unpaid care work
- **AD #2:** Identifying the needs and concerns of women affected by unpaid care work
- **AD #3:** Identifying optimal, viable functional and technologically sound care service solutions that work better for women and girls and that can help them save on time that they need to invest in paid work
- **AD #4:** Identifying care service solutions, products and services that are cost-effective and have highest transformative potentials to redistribute unpaid care work among men and women (including services provided under UN WOMEN support).

The questionnaire was benchmarked, reviewed and subsequently approved by UN Women Rwanda along with the inception report. It was developed in English and translated in Kinyarwanda to ensure easy reference by data collectors as well as facilitate the understandability by the respondents. The questionnaire is found in annexes.

3.2.2. Training of data collectors

A total of six (6) seasoned data collection team was trained and briefed by assigned lead researchers prior to launching the survey. The training was an opportunity to familiarize researchers with all data collection protocols for a reliable and accurate data collection process. In order to ascertain the suitability of content as well as the language of the questionnaires in actual field conditions, all the instruments were pre-tested in the field by the trained field staff, accompanied with the overall Data Coordinator.

*Visit to Kotibanya & Kobinya cooperatives in Rubavu district
Image credit: UN Women Rwanda*



3.2.3. Data collection process

Prior to field data collection activities, a letter of endorsement of this research was requested and granted by MIGEPROF to inform target districts authorities and the leadership of participating cooperatives of the objectives of the research. Respondents were mobilized in collaboration with UN Women local implementing partners (INADES, ADRA, AVSI and RDO) who informed and supported the research team to get appointments with the interviewees.

The survey was deployed in 7 preselected districts of Gasabo and Rubavu (urban set up) and Musanze, Kirehe, Ngoma, Muhanga and Nyaruguru (rural set up). The survey was done through physical and face-to-face contacts, while answers were registered in the tablets using SurveyCTO platform by assigned enumerators. Data were uploaded to the server daily, crosschecked and regularly cleaned. Quality was assured by back-checking of minimum 3% of all questionnaires as well as ongoing supervision by an assigned Survey Coordinator and Assistant Data Manager.

During this phase, a total of 8 FGDs were conducted with women members of cooperatives supported by UN Women and 15 KIIs organized with UN Women Implementing Partners under the 3R program.



Image credit: UN Women Rwanda

The insights from FGDs and KIs served to map care service in target districts and to further inform the research on the formulation of recommendations on how care service provision can be improved, and how a strong monitoring framework in care service provision can be operationalized.

A literature review of policy and legal framework underpinning unpaid care work in Rwanda as well as and previous assessments conducted by various stakeholders was also undertaken to understand the context of unpaid care work and identify ongoing initiatives to address the disproportionate share of unpaid care work by women and girls. The desk review informed the development of a detailed study plan, sampling strategy and the formulation of data collection tools.

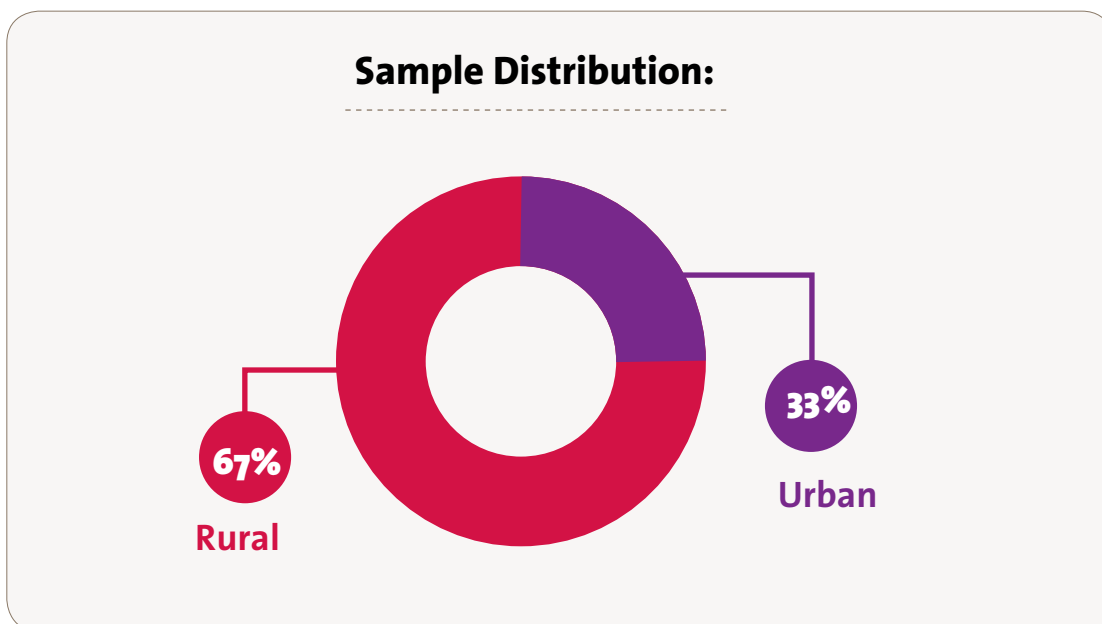
3.2.4. Sampling

The study used a purposive sampling strategy with a predetermined total sample size of 300 women, comprising 200 rural women and 100 urban women from UN WOMEN supported cooperatives. Gasabo and Rubavu districts were considered as urban (n=100), while the remaining districts, namely Musanze, Kirehe, Ngoma, Muhanga and Nyaruguru were considered rural (n=200).

The sample size in each district was determined using proportional weighing technique, resulting in selecting more participants in districts with higher number of UN Women supported cooperative members and less in districts with less numbers. To this end, an equitable representation of different types of care services provided through UN Women support was reflected into the sample size (cooperatives that received labor saving technologies on one hand, and child care facilities and services on the other).

Figure 2: Sample distribution across rural and urban set ups

Sample Distribution		
Set up	Number	%
Urban	100	33%
Rural	200	67%



Once the co-operatives and total number of respondents were determined in each district, a systematic random sampling was used to pick the respondents having the same socio-economic characteristics. Those include:

- o **Being a woman and registered as an active member of the cooperative**
- o **At least one year of membership.**

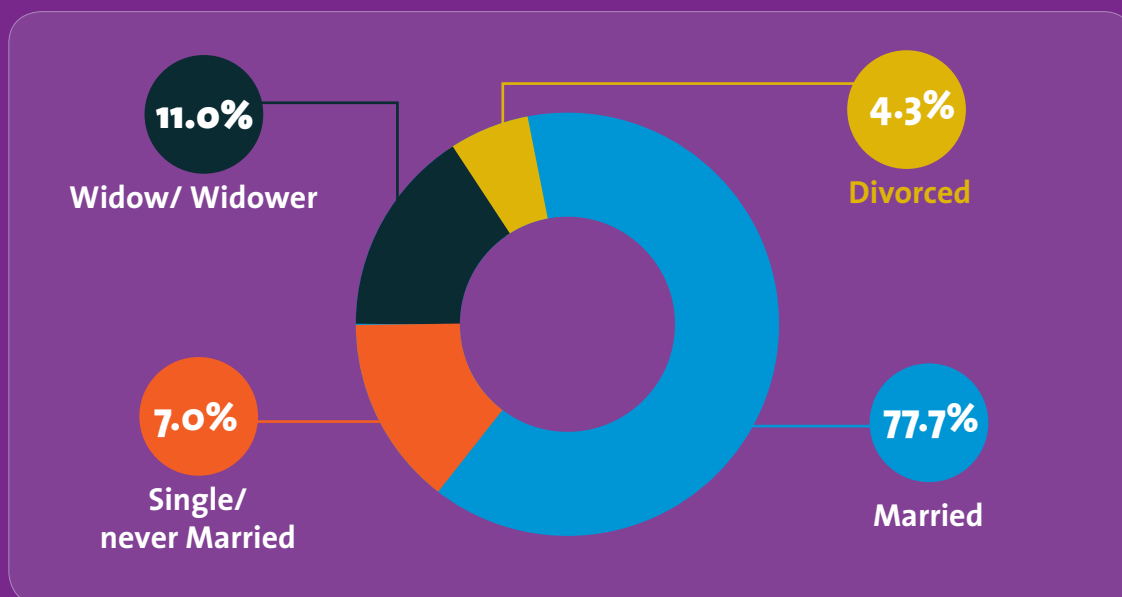
To minimize overlaps, e.g. in case of 2 cooperatives providing similar care service in the same sector, the cooperative with high membership size was sampled. The survey focused exclusively on women and girls as a group adversely affected by unpaid care work in accordance with the terms of reference. Sample distribution across target districts:

Table 1: Sample distribution by district

District	Number	%
GASABO	10	3%
KIREHE	45	15%
MUHANGA	12	4%
MUSANZE	27	9%
NGOMA	41	14%
NYARUGURU	75	25%
RUBAVU	90	30%
Total	300	100%

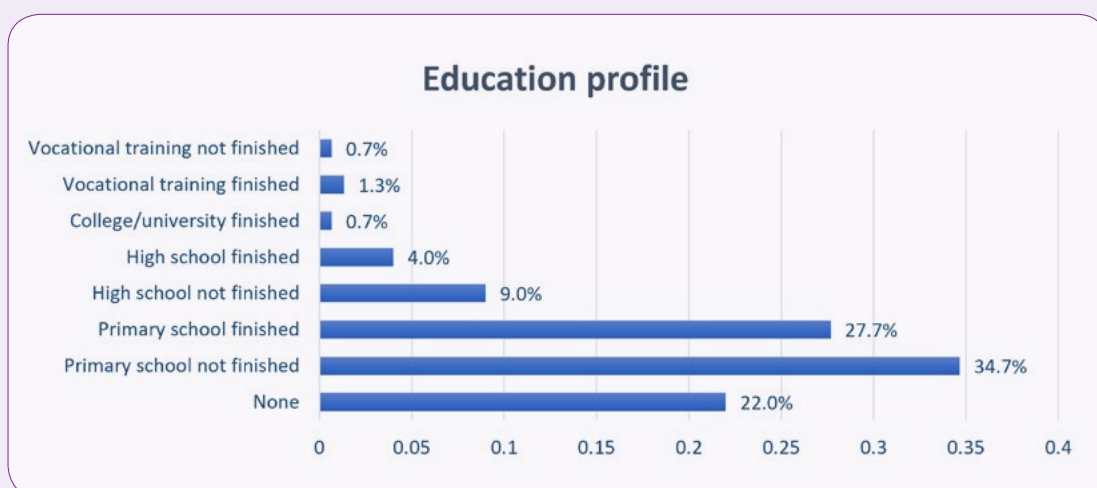
3.2.5. Demographics of respondents

Figure 3: Marital status of respondents



The sample was composed of 77.7% married women, 11% of widows, and 4.3% of the divorced.

Figure 4: Education profile



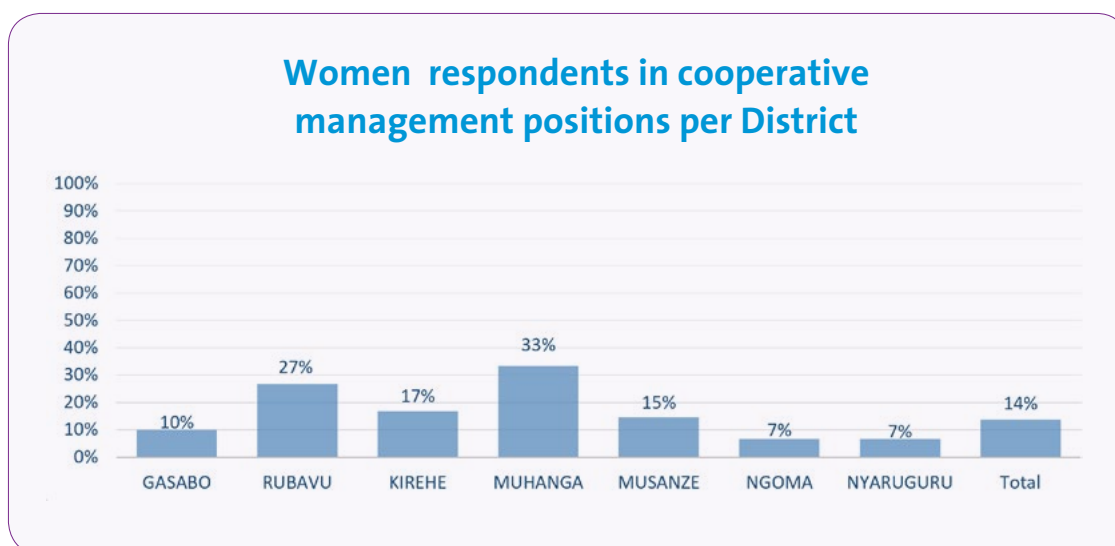
It transpired that most of the respondents (34.7%) did not cross the primary school level; 27.7% managed to complete secondary education while 22% did not attend any school. Only a tiny percent of 4% completed high school while 9% attended but did not manage to finish that level.

Table 2: Classification of respondents according to their poverty status

Ranking	Ubudehe categories	% of respondents
1	Category 1	18.7%
2	Category 2	57.0%
3	Category 3	24.3%
TOTAL		100.0%

The vast majority of respondents (57%) claimed to be in Ubudehe category 2, with 24.3% in category 3 and 18.7% in category 1.

Figure 5: Representation of respondents in Cooperative management positions



Women respondents from Muhanga cooperatives have the highest representation in cooperative management (33%), followed by Rubavu (27%) and Kirehe (17%). Ngoma and Nyaruguru have the lowest proportion of women representation in management positions.

3.2.6. Data analysis

Data from Survey CTO were analyzed through STATA and excel. Tabulation and graphs were constructed, trends analyzed and interpreted using standard and frequency codes. Quantitative data was triangulated with the information from focus group discussions (FGDs) and key informants' interview (KIs) and synthesized in a comprehensive, focused and concise report.

3.2.7. Report writing

Given the dual objective of the assignment, findings from the assessment are presented in two parts in this report: the first part covers the analysis of cost-effective solutions for transformative care services and childcare provision in the 7 Districts out of 8 targeted districts for UN Women Rwanda; and the second part covers the mapping of existing and needed care service provision and social care infrastructures. The 8th District, namely Nyarugenge, was not included in the sample as initially determined in the terms of reference due to the fact beneficiary cooperatives under the 3R project were still being identified with no service care solutions provided to them by UN Women implementing partners at the time of the survey. Nevertheless, this omission did not affect the total number of target respondents of 300 people.

3.2.8. Limitation:

The timeframe for this study coincided with the 5th National Census that was being conducted countrywide and this delayed the process of obtaining the Endorsement Letter from the line ministry (MIGEPROF), as they needed to ensure that the survey proceedings would not collide with the conduct of the National Census. This impacted on the planning of the study and commanded an extension of the timeframe by 1 month and a half.

The other limitation was the difficulties to communicate directly with women respondents included in the sample, as provided phone numbers could not go through. To mitigate this constraint, we liaised with cooperative presidents who then helped in reaching out to the sampled members and extend the invitation to them. The research team appreciates the support provided by UN Women supervisory team in this regard.

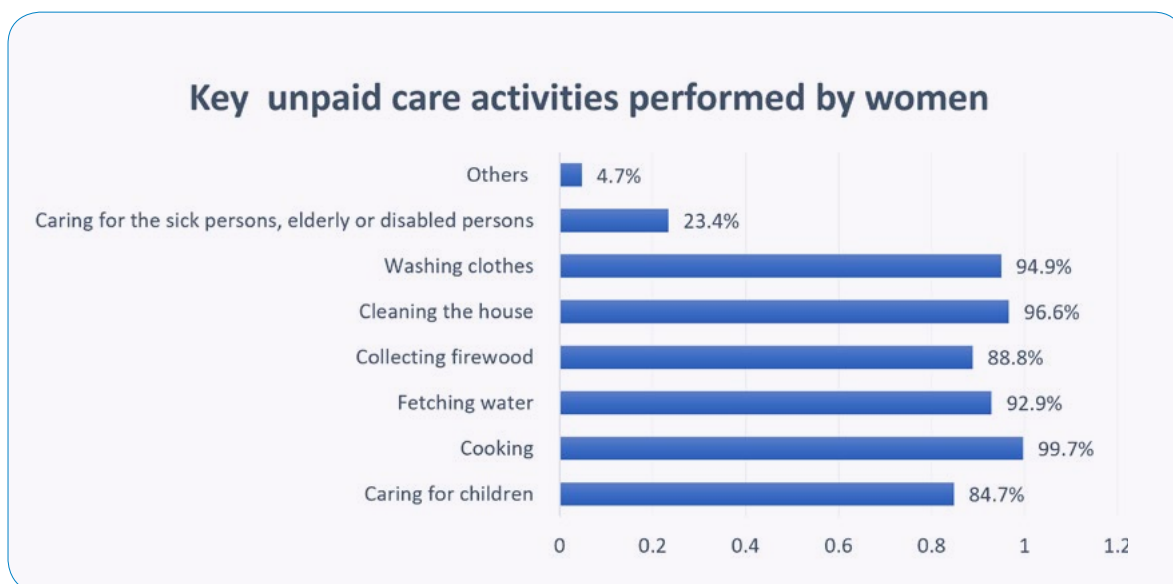


FINDINGS

1. IDENTIFYING UNDERLYING FACTORS/CHALLENGES THAT CONTRIBUTE TO WOMEN'S INVOLVEMENT IN UNPAID CARE WORK

1.1. Unpaid care activities performed by women

Figure 6: Unpaid care activities performed by women

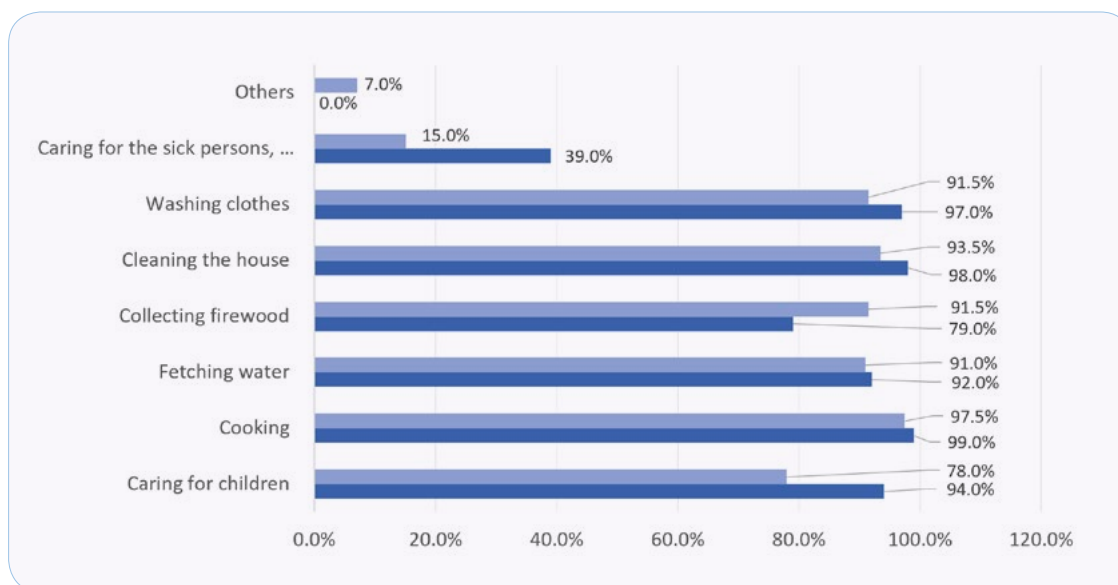


Overall, women who participated in the survey are highly involved in different forms of UCW, from cooking (99.7%), house cleaning (96.6%), washing clothes (94.9%), fetching water (92.9%), etc. This in itself demonstrates the magnitude of unpaid care work among women and girls in the 7 districts covered by the survey. Other UCW activities in which women are involved include room making, washing dishes, helping children to complete their homework, and feeding animals. This shows that women and girls are involved in most if not all of domestic works at household level.



1.2. Distribution of UCW among rural and urban women

Figure 7: Distribution of UCW among rural and urban women



As reflected in the figure 7, a comparison between rural and urban women shows no significant difference in their level of involvement in unpaid care work activities. The only notable differences are for caring the sick as it stands at 39% in urban areas and 15% in rural; collection of the firewood which scored 91.5% in rural more than 79% in urban set ups; and caring for children with rates 94% in urban areas compared to only 78% in rural areas. During focus group discussions, the following explanations were given on the above mentioned disparities:

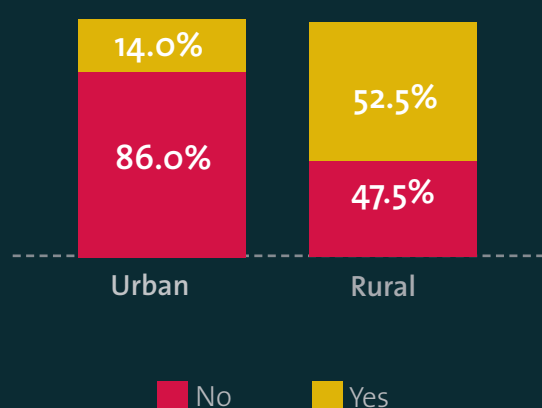
- 1) **High involvement of urban women in caring for the sick results from the fact that women in urban areas have better access to health facilities than their rural counterparts;**
- 2) **There are literally no forests where firewood can be cut from cities as people use gas or charcoal for cooking. This justifies the lower percentage of urban women who involve in collection of firewood;**
- 3) **Lastly, unlike in rural areas, women in the cities are busier performing informal and formal paid jobs with little time in caring for their babies than those in the rural set ups. This was cited as the reason behind low involvement of women in urban areas in caring for their babies.**



Image credit: UN Women Rwanda

1.3. Men involvement in performing UCW

Figure 8: Men involvement in performing UCW (Rural vs. Urban)



The analysis of responses shows that only 14% of urban women admitted that their husband get involved in unpaid care work alongside their wives. In rural areas, 52.5% of women respondents said that their husbands are also involved in unpaid care work as summarized in figure 8 above. This might be justified by the fact that in urban areas, many families use maids whereas in rural areas the entire bulk of work is done by family members themselves.

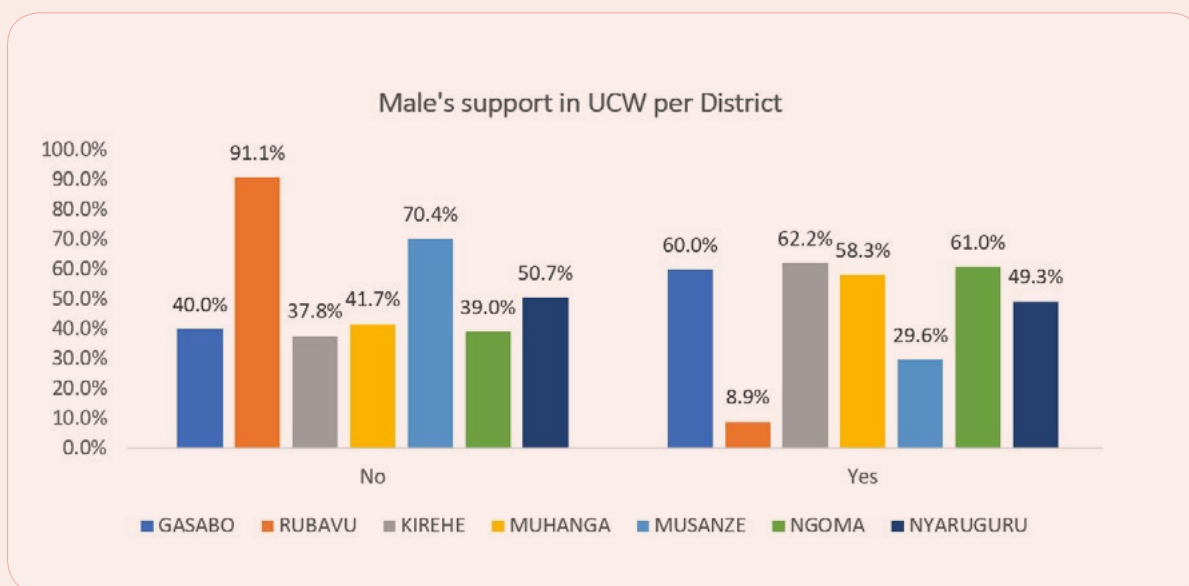
As for the comparison between districts (figure 10 below), Kirehe District is on top on the districts where women acknowledged that their husbands get involved in unpaid care work, with 62.2% confirming this. Conversely, Rubavu district ranked lowest among the districts where men participate in unpaid care work, with only 8.9% of women respondents saying so.

During FGDs, women participants insisted that men in their areas are not involved in domestic unpaid care work at all. Even when men decide to engage in domestic work, they said, they cannot perform certain activities such as cooking, caring for children, washing clothes and cleaning their houses. Participants said that unpaid care work is traditionally considered a woman’s job because women are “the heart of the family” and therefore expected to be at the center of everything. Men who get involved in unpaid care work alongside their wives are regarded as “women dominated” by neighbours and they are called all sorts of names, including “Inganzwa”: dominated by their wives, or “yariye agasombe”: they have been bewitched... and this ends up discouraging them from engaging in UCW further.



Image credit: UN Women Rwanda

Figure 9: Men’s involvement in UCW per district



MEN’S VIEWS ABOUT UCW

419 Findings from key informant interviews organized with male member of target cooperatives in the process of this study corroborated the survey findings about their little involvement in UCW. Most male rated their own involvement in UCW as low as 15%-20% whereas women's involvement was estimated to vary between 80%-85%.

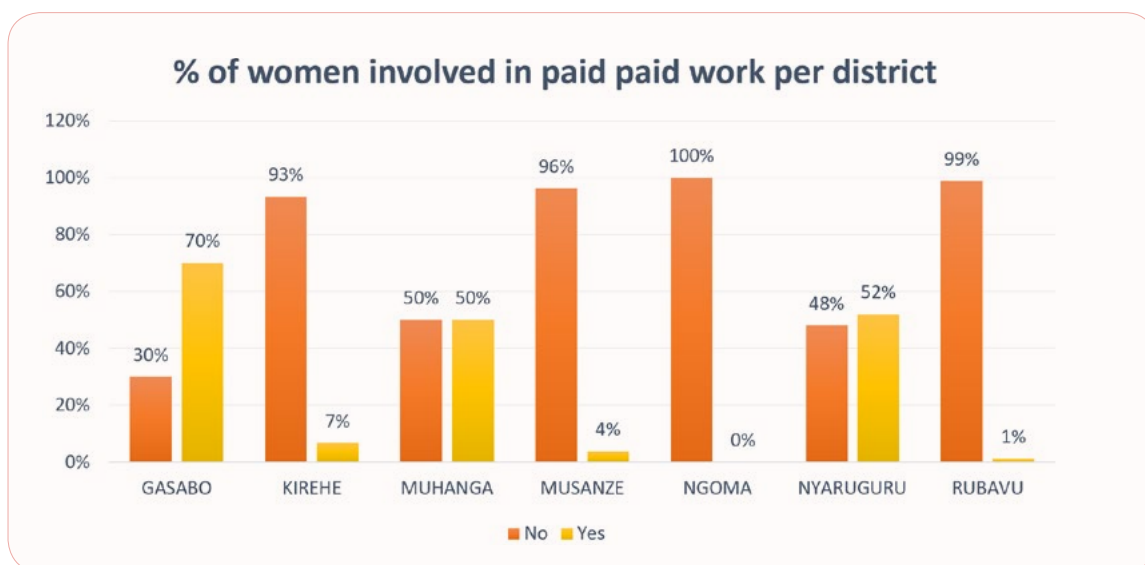
One man in Musanze district said, "My wife raises up at 4am, earlier than anyone else, goes to fetch water down at the river (2km distance) and when she comes back, she has to wash the children before they go to school and prepare porridge for them. Around 8am she goes back to collect more water to prepare for the lunch and water the caws. At the same time, she is responsible of feeding the caws, cleaning the house and compound, and ensuring that food is on the table for everyone in the evening". In other areas such as Kirehe and Ngoma districts, men participants said that the water source is as far as 4kms, and for poor families without a bicycle, it's the responsibilities of their wives to fetch water and hold it at their heads. Only men who have bicycles get involved in domestic water collection.



1.4. Women’s involvement in paid work

One way of assessing the economic impact of unpaid work on women and girls is through their involvement in paid work, since the time spent by them in paid work means less time spent in unpaid care work.

Figure 10: Women involved in paid care work per district



Above three quarters (81.8%) of surveyed women indicated not having any paid work. All respondents from Ngoma claimed not to have been involved in any form of paid work. The other districts that have the lowest proportions of women without involvement in paid work are Rubavu, Musanze and Kirehe with 1%, 4% and 6% respectively. The district with the highest proportion of women involved in paid work is Gasabo (70%).

Figure 11: Women in paid work

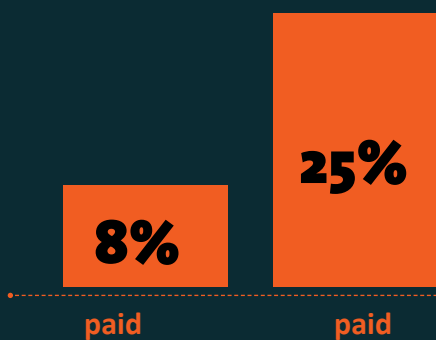
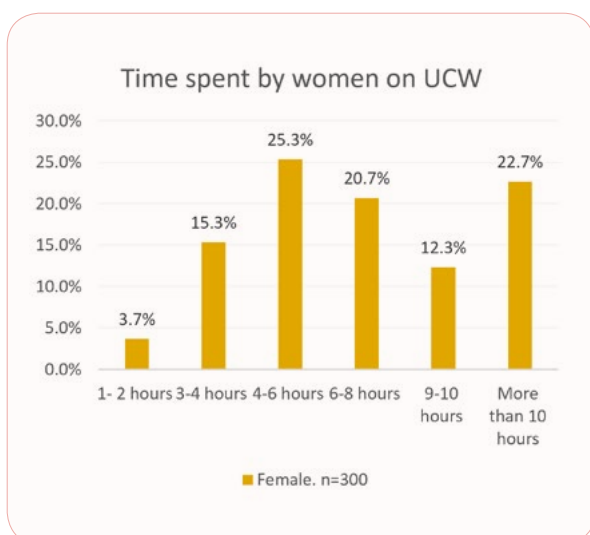


Figure 11 compares access to paid work among rural and urban women. It indicates that rural women are better served in terms of their involvement in paid jobs with 25%, compared to urban women with 8% only. However, as it can be observed the involvement of rural and urban women in paid work is quite low. As confirmed through focus group discussions, this has huge impact on women’s economic empowerment and is a factor behind widespread poverty faced by women since UCW prevents them from participating in income-generating activities.

1.5. Time spent on UCW

The overall trend on time spent by women on UCW shows that majority of respondents (25.3%) spend 4-6 hours per day on it. This is consistent with similar research findings the assessment of the effects of unpaid care work on women’s economic participation conducted by Action Aid (2020) which estimated that women spend 4 hours on average on UCW. Another important segment of respondents said that they spend more hours on UCW, respectively 6-8 hours (20.7%), 9-10 hours (12.3%) and more than 10 hours (22.7%).

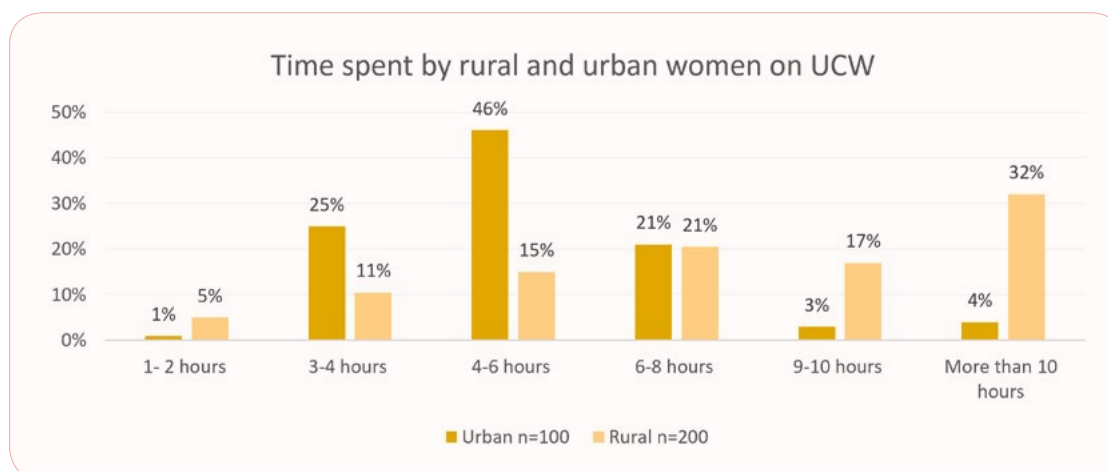
Figure 12: Time spent by women on UCW



A comparison between rural and urban women shows that close to a half of surveyed women living in urban areas **(46%) spend between 4 to 6 hours on UCW daily** while one third **(32%)** of rural women claimed to spend more than 10 hours on UCW. The percentage of women who spend 6 to 8 hours is similar for in both rural and urban set ups (21%).



Figure 13: Time spent by rural and urban women on UCW



The above figure clearly show that rural women in rural areas spend more hours on UCW than women in urban areas. This suggests that there is need for more investment in care service solutions in rural areas do alleviate the impact of unpaid care work on rural women.

1.6. Factors driving UCW

Table 3: Factors driving UCW

Factors driving the unpaid care work	%
Cultural values and social norms	78.7%
Lack of resources to hire a house maid	71.7%
Limited investment capacity	59.3%
Kids are still young to take care of themselves	53.0%
Lack of skills needed in the labor market	31.7%
Lack of men's involvement	7.7%
Agreed upon division of labor with my husband	2.3%
Being too old	1.0%

According to the survey, cultural values and social norms takes the first spot (78.7%) among the factors driving unpaid care work among women. The lack of resources to hire a maid (mentioned by 71.7% of respondents) and the lack of investment capacity (59.3%) follow as second and third spots.

Discussing the issue of cultural values and social norms during FGD sessions, participants said that this is due to the traditional division of labour in the Rwandan context. One woman said: ‘We all grew seeing our mums doing most of the work at home and our dads relaxed and coming back home late and in most of cases drunk after enjoying a good company with their peers in a bar. And this has not yet completely changed’. This calls for gender transformative interventions that address the root causes of unpaid care work, namely mindset change among rural and urban populations to redistribute unpaid care work among males and females.

Image credit: UN Women Africa



1.7. Effects of UCW on women

Table 4: Effects of UCW on women

Effects of UCW on women	%
I have no time for paid work	84.7%
Lack of self-esteem and feel underestimated by my husband	40.7%
I feel workaholic and over exhausted	28.0%
I feel uncomfortable for not contributing to the HH income	28.0%
Poverty	1.3%



UCW has multiple effects on women involved in as established through this survey. The lack of time to dedicate on paid work was cited by most of the respondents (84.7%). This is the biggest consequence of unpaid care work that has been cited by survey participants but also during focus group discussions and key informants throughout. Other negative effects include the lack of self-esteem and feeling underestimated by their male partners (40.7%), feeling workaholic and over-exhausted (28%), and being uncomfortable for not contributing to their household income (28%).

During FGDs with women participants, they said that heavy involvement in UCW prevents women even from thinking about their future, E.g. participating social activities with their fellow women, participating in informal saving groups and also venture into income generating activities. This keeps them in a cycle of poverty as they stressed during those discussions. They also stressed that UCW prevents girls and young women from completing their education, thereby jeopardizing their future. Finally they said that UCW has serious negative effects on their health as it's a source of back problems, eye problems, headache, accidents such as rupturing your legs, not taking care of themselves and their body, early ageing and just being ineffective.

Men participants in KIIs said also recognized the negative effects of UCW on women health and acknowledged that they feel for them. Though they said that the situation is improving with more men willing to share the bulk of domestic work with their wives, the current state of things is that women remain overwhelmingly involved in UCW. Men also said that as a result of their partner's heavy involvement in UCW, they suffer from various diseases and are exposed to early ageing.



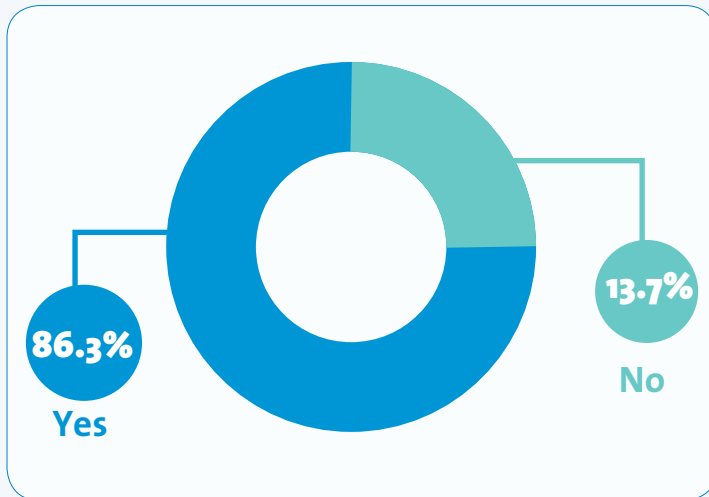
ECD Day Rwanda- Image credit: UN Women Rwanda

NEEDS AND CONCERNS OF WOMEN AFFECTED BY UNPAID CARE WORK

Awareness of existing care service solutions is an indication of the efforts made by care service providers in reaching out to beneficiaries and making them understand how those services can help them save time and reduce their pains.

2.1. Overall awareness of existing care service solutions among respondents

Figure 14: Overall awareness of existing care service solutions



Overall, there is a relatively high level awareness of care service solutions among women affected by UCW as reflected in figure 14 above. At least 86.3% of respondents (259 out of 300) admitted to be aware of the existence of these solutions available in their areas of residence. Across the districts, the awareness level ranges between 73.3% (lowest) to 100% (maximum), a level of awareness which was attained in two districts, namely Musanze and Ngoma. This is reflected in the figure 15 below:



Figure 15: Level of awareness of the service solutions per district

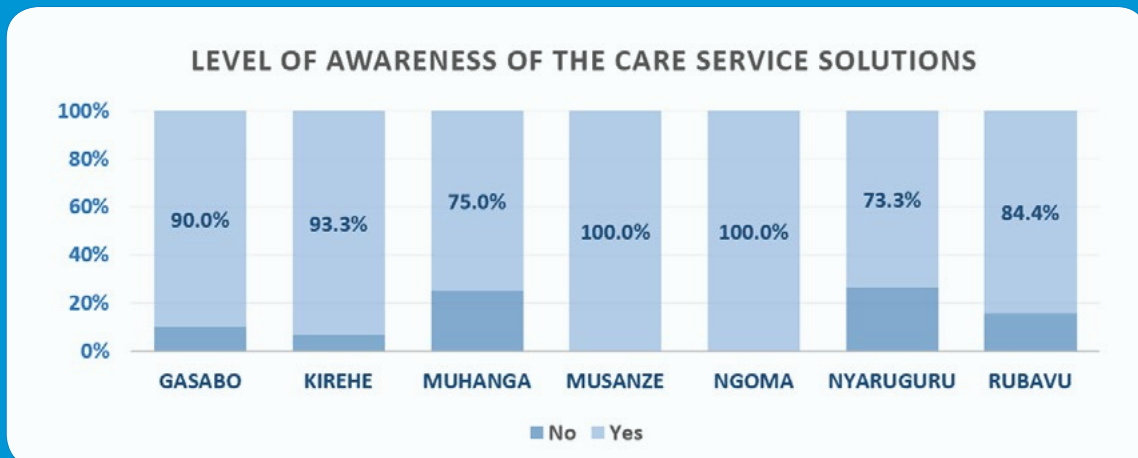


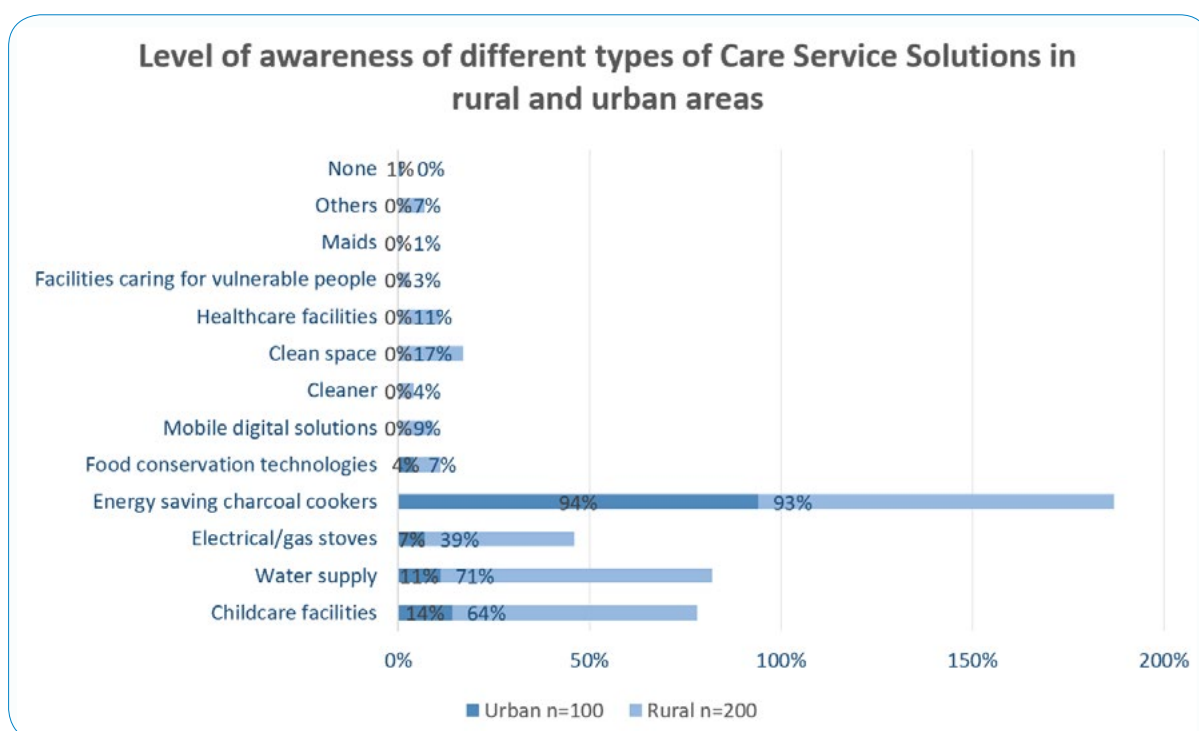


Image credit: UN Women Rwanda

2.2. Level of awareness of different types of Care Service Solutions among women

Regarding the awareness of different types of solutions, the findings from the survey have shown that only four types of care solution are well known among women target beneficiaries, namely 1) Energy saving charcoal cookers with 93% of women in rural areas and 94% of urban women; 2) Water supply technologies come as second most known, especially in rural areas (71%) and 41% in urban areas; 3) Childcare facilities with 64% people in rural areas aware about it and 14% in urban areas; and 4) Electrical or gas stoves with 39% awareness in rural areas and 7% in urban areas. The level of awareness of the other care service solutions on the list is relatively low. It is worth noting that in general, the awareness of existing care service solutions is higher in rural areas than in urban areas

Figure 16: Level of awareness of different types of Care Service Solutions among women



2.3. Capacities to use Care Service Solutions

Not all the respondents who are aware of Care Service Solutions are able to use them. The below statistics highlight the ratio of those who are aware of the services and those who actually use them. In total, the respondents who acknowledged to be aware of care service solutions said that they use 5 care service solutions only as outlined below, out of a list of 12 options that was proposed to them:

Figure 14: Overall awareness of existing care service solutions

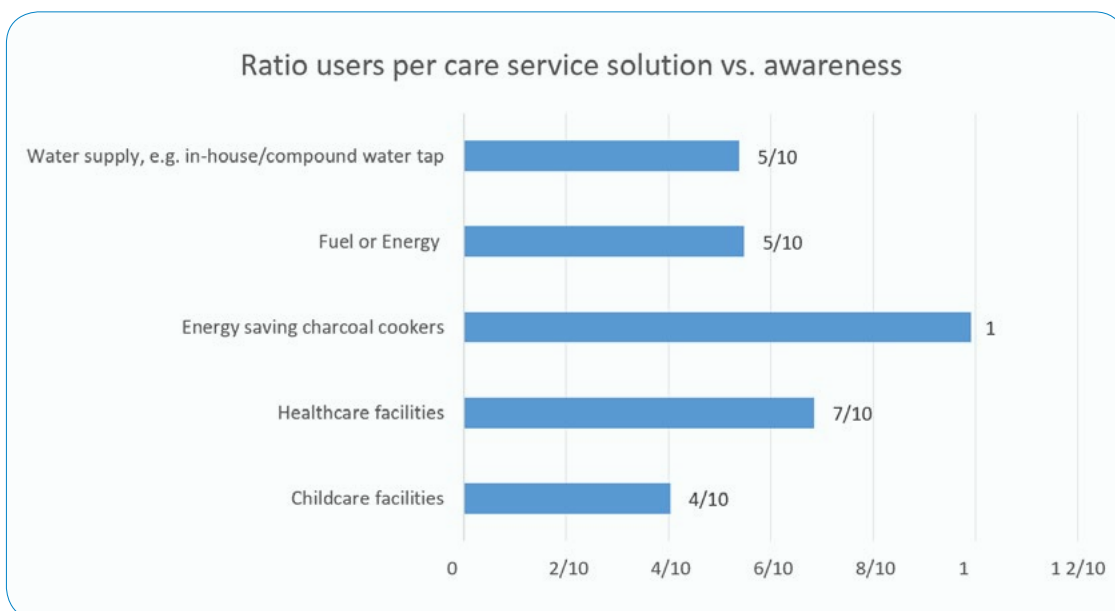


Figure 17 above outlines the use of care service solutions for respondents who claimed to be aware of them. In general, figures show a relatively low ratio of use of existing services. Out of the five care service solutions, which they are aware of, only Energy saving charcoal cookers are fully used (ratio 1). For the other services, such as childcare facility, water supply and fuel or energy (electricity and gas stoves), the use ratio is 50% or below.

Limited capacity to use existing care service

solutions in their respective areas of residence has been explained as a result of limited affordability and lack of understanding of benefits resulting from using the existing services. High illiteracy levels among rural women was also highlighted as a factor behind women's inability to use a number of care services. There is need to multiply outreach meetings with members of the community on the benefits of existing care service solutions and come up with cost-effective models for their participation and use of these services.

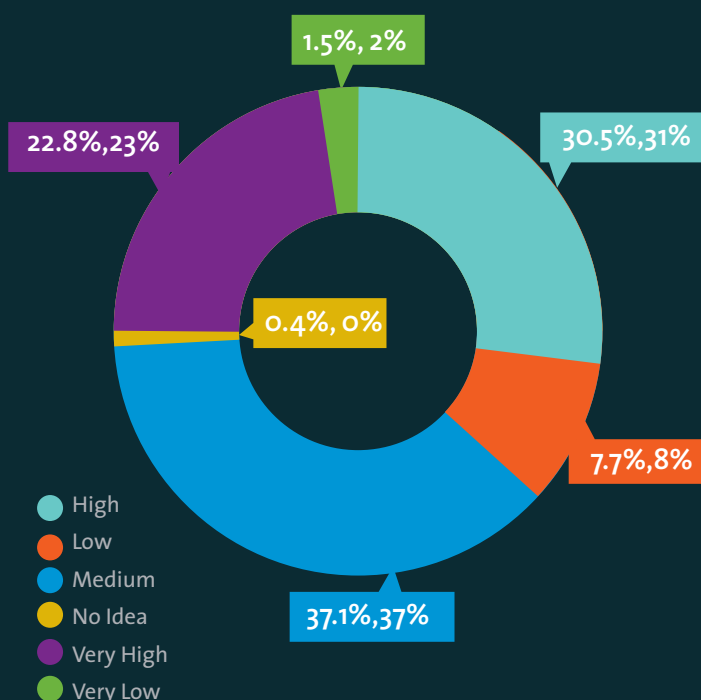
People with disabilities in general and women with disability in particular face additional challenges related to their capacity to use existing care service solutions as outlined during key informant interviews with male and female people with disabilities. For instance, persons with physical disabilities said that they face mobility constraints when they need to collect water or firewood and they need wheel chairs which they cannot afford in most of times. In the same vein, women and men with visual impairment said that they need another person by their side to direct them in their daily activities including domestic work due to risks of accidents as a result of their involvement in unpaid care work. For deaf people in general, communication is the major barrier they are faced with, permeating in all aspects of their lives. Deaf people in general have little or no understandable speech, and struggle to lip-read. The use of sign language can be a huge help if those around them can also use sign language, or if interpreters are accessible. However without the use of interpreters, many Deaf women struggle to access services including available service (whether those services relate to social care, health, education, criminal justice, or any other services).

People with disabilities in general need mobility aids and equipment adapted to their disability to alleviate their struggles and help them get involved in domestic work and contribute to the wellbeing of their families



2.4. Level of satisfaction

Level of satisfaction with available care service solutions



The figures presented in Figure 18 above show that a total of 30.5% of respondents have a “high” level of satisfaction about care service solutions they receive, followed by 22.8% who claimed to have a “very high” level of satisfaction. However, a combined total of 44.8% said that they have either a “medium” level of satisfaction (37.1%), or a “low” satisfaction (7.7%). These figures depict a rather average level of satisfaction of respondents with available care service solutions. This is consistent with the findings discussed under figure 18 above on limited capacity to use existing care solutions. It can be concluded henceforth that limited capacity to use existing services (due to lack of affordability, lack of understanding of benefits resulting from using the services and illiteracy levels among rural women is the reason behind the low level of satisfaction of users of these services.

2.5. Top 3 CARE SERVICE SOLUTIONS perceived as most effective

Figure 19: Top 3 care service solutions perceived as most effective



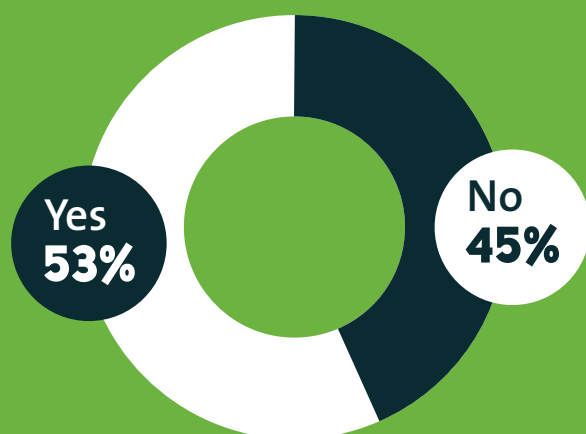
Water supply (77%) childcare facilities, electrical/gas stoves were ranked by respondents as the ones that work better for women in both rural and urban areas. The reasons for this choice was attributed to the labor saving attributes of those care service solutions, time saving and user friendliness.

OPTIMAL, VIABLE FUNCTIONAL
AND TECHNOLOGICALLY SOUND

CARE SERVICE SOLUTIONS THAT WORK BETTER FOR WOMEN

3.1. Involvement of beneficiaries in needs identification for addressing UCW

Figure 20: Respondents consulted and not consulted

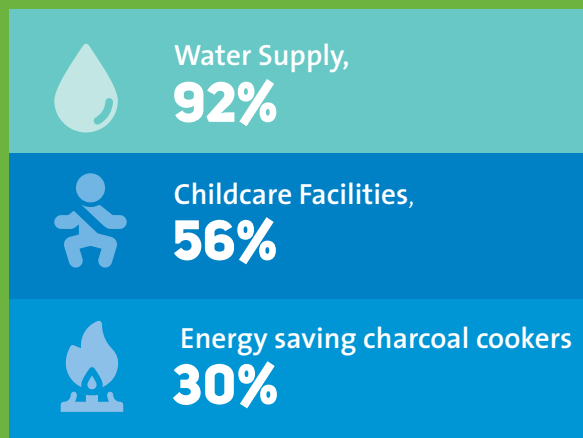


The survey found that slightly more than a half (53.3%) of women target beneficiaries in supported cooperatives have been consulted in the process of setting up the existing care service solutions. Respondents further said that those consultations were done through cooperative meetings, communication by local authorities, through citizen participation forums such as Umuganda, parents' weekly evening meetings and through community mobilization campaigns.

3.2. Care Service Solutions most potential solutions

By aggregating responses from both rural and urban areas, the top three care service solutions perceived as most potentials in addressing the needs of women and girls affected by UCW are – in the order of priority: Water supply (92%), childcare facilities (56%) and energy saving charcoal cookers (30%).

Figure 21: Top 3 most potential service solutions



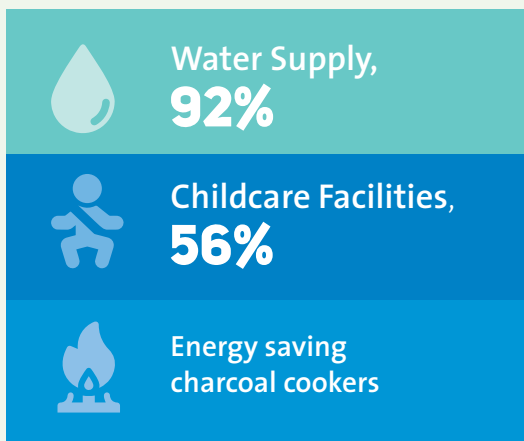
However, there are differences in prioritization when it comes to comparing the responses from rural only and urban only: in rural areas, women prioritized water supply (92%), childcare facilities (56%) and energy saving charcoal cookers (30%); whereas in urban areas, they prioritized financial support (100%), mobile digital solutions (78%) and water supply (28%).



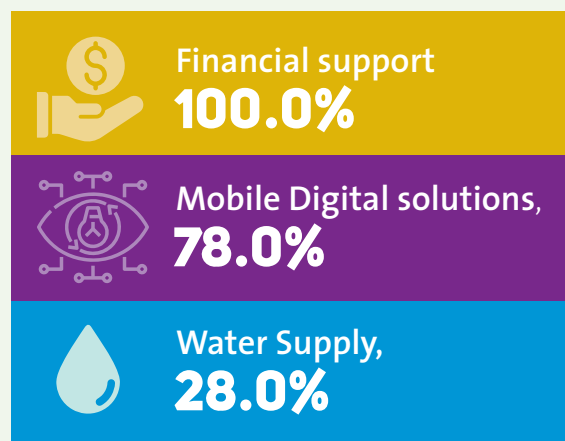
Image credit: UN Women Africa

Figure 22: Top 3 Care Service Solutions with highest potential

Rural: Top 3 with highest Potential



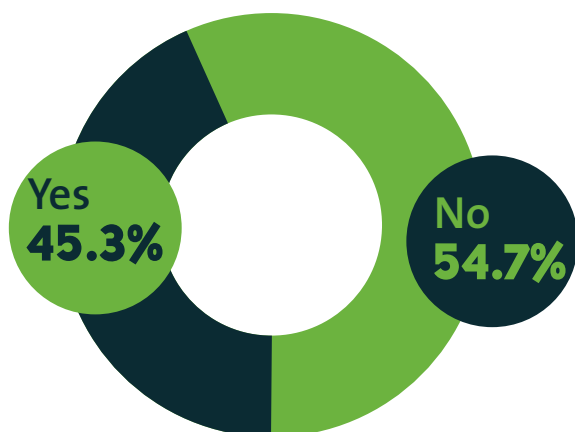
Urban: Top 3 with highest Potential



It was noted that the reasons for the above ranking ranged from the affordability of services, accessibility (in terms of proximity to their place of residence), and being user friendly and technology sound.

3.3. Willingness to pay for Care Service Solutions

Figure 23: Willingness to pay for Care Service Solutions

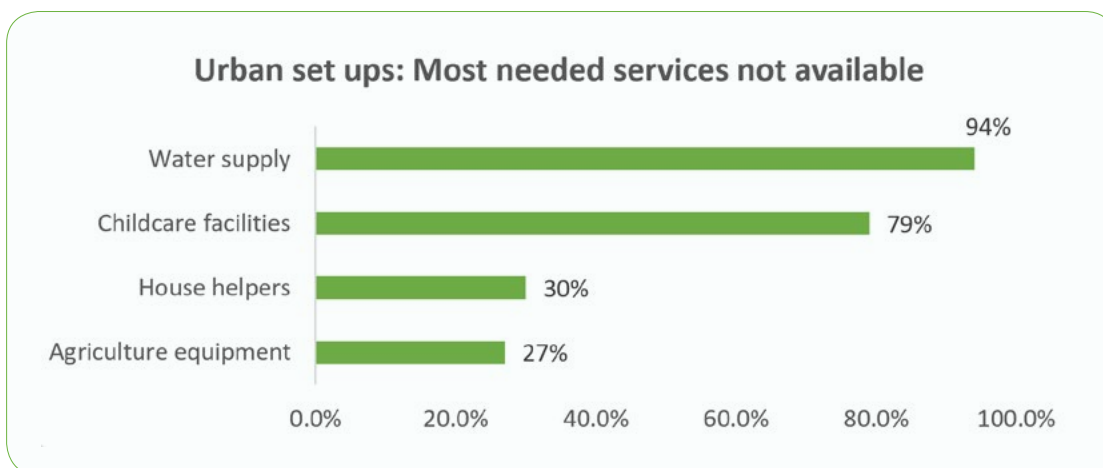


When respondents were asked about their willingness and readiness to pay for available services, slight more than a half (54.7%) said that they do not want to pay them, while only 45.3% expressed their willingness to pay. Again reasons provided for this include affordability, user friendly and their accessibility

3.4. Most needed services but not available

The survey also inquired about the most needed service solution among rural and urban women, but which may not be always available. Responses to these questions are summarized below:

Figure 24: Urban and rural set ups: needed services not available



In urban areas, water supply was reported as the upmost needed service by 94% of women, followed by childcare facilities (79%). The next were house helpers prioritized by 30% and agricultural equipment cited by 27% of respondents.

Similar to urban areas, water supply was also prioritized as the number one service by 67% of women living in rural set-ups, followed by house helpers (34.5%), mobile digital solutions and child care facilities. Asked why they prioritized mobile digital solutions, most respondents said that it was for use in agricultural management.



With regards to most needed – but not available care services, findings from focus group discussions with women and key informant interviews with men contrasted a bit with the prioritization above. Participants in those said that what they need the most is labour-saving and time-saving equipment and technologies with a long list of items including bicycles for the transportation of water and

produce, 3-wheel motorcycles for the transportation of produce and manure, water tanks, food conservation equipment, refrigeration systems. The need for educational programmes and dialogue on family functionalities and shared power relations between males and females at household and community level, men’s engagement in domestic work and managing social norms as pre-requisites for family harmony and improved economic gains at household level.



Handover of Energy Kits in Rubavu district.
Image credit: UN Women

RECOMMENDATIONS

- 1) This study recommends the adoption of a specific policy on UCW and revising other relevant policies of interest for changing the status of women and girls for their economic empowerment by incorporating unpaid care work; e.g. the Employment promotion policy, the Cooperative promotion policy, the Girls' Education policy, the family policy... in order not only to change the status of women in terms of economic participation and improved access to economic resources, but to also guide the interventions of national stakeholders on how they can contribute to recognizing, reducing and redistributing UCW that disproportionately affect women.
- 2) Various stakeholders in UCW are recommended to design integrated and holistic care service solutions, that promote the recognition, reduction and redistribution of unpaid care work, focusing on capacity building of users, entrepreneurship development, provision of nutrition skills and men's engage.
- 3) It is important for Stakeholders to prioritize actions that aim to address cultural and social norms and negative mindsets behind little involvement of men in domestic chores through awareness raising and capacity building. Unequal power relations between men and women at household and community levels and the promotion of Men's Engage approach should also be addressed through such interventions.
- 4) There is need to explore ways of valuing UCW (recognizing) rather than focusing on actions aimed to reduce it because unpaid care work will always be with us. This includes promoting monetizing UCW and measuring its economic contribution to households and to the national GDP. Once UCW is valued, men would naturally be involved in it and women involved in it will have more confidence knowing their contribution to the household development is recognized. This can be achieved through improving technologies used in UCW and professionalizing it by introducing remuneration schemes around unpaid care work so that men and women can see its economic and financial benefits.



Handover of Energy Kits in Rubavu district . *Image credit: UN Women*

- 5) UN Women and its stakeholders are recommended to multiply outreach meetings with members of the community on the benefits of existing care service solutions and come up with most cost-effective models for their participation and use of these services. This would partly address the issues of affordability amongst users and the lack of understanding of benefits resulting from using the existing services.
- 6) Consider commissioning a study to assess the readiness and willingness of users to pay for available care services with the aim to increase users' ownership and ensuring sustainability of care service infrastructures such as the ECD facilities and water tanks.
- 7) It is important to increase investments in care service solutions that have been identified as most needed by the respondents and ensure their accessibility and affordability by service users. These include water supply (water tanks), childcare facilities and agricultural equipment.
- 8) There is need to promote holistic care service provision, i.e. through integration of child care facilities with provision of soft skills like nutrition, literacy, family planning, entrepreneurship skills to the beneficiaries. In the same vein, it is important to ensure involvement of both men and women, and boys and girls affected by unpaid care work in the implementation of such programmes as they are both part of the UCW ecosystem.
- 9) There is need for mobilizing women with disabilities in target districts and help them understand their rights in relation to UCW. It is also recommended to carry research on unpaid work to ascertain the needs of people with disabilities and be able support them. Particular to deaf people, increasing awareness about the care service in sign language and providing sign language training to parents and other family members would be of a great support.

REFERENCES

Actionaid. (2020). *National-level research to assess the effect of unpaid care work (UCW) on women's economic participation in Rwanda*.

Bibler, S., & Zuckerman, E. (2013). *The care connection: The World Bank and women's unpaid care work in select sub-Saharan African countries*. Retrieved from <http://hdl.handle.net/10419/93728>

Brigitte, R., Catherine, M., Birasa, N., Deepta, C., Elena, Z., & Naomi, H. (2017, November). You Cannot Live Without Money': Balancing Women's Unpaid Care Work and Paid Work in Rwanda. *IDS WORKING PAPER*, 498. doi:ISSN: 2040-0209 ISBN: 978-1-78118-398-4

Carolina, H.-C. (2021). Unpaid Care Work in Rwanda: NGOs' actions towards women's empowerment.

Deepta, C., & Zambelli, E. (2017). *No Time to Rest: Women's Lived Experiences of Balancing Paid Work and Unpaid Care Work*. . Institute of Development Studies. doi:ISBN 978-1-78118-393-9

ILO. (2022). Costs and benefits of investing in transformative care policy packages: A macrosimulation study in 82 countries.

Kamashazi, D. (2022). *Assessment of gaps in laws and policies related to unpaid care work in Rwanda*.

Narayan, L. (2017). Contextualising unpaid care work and women empowerment. *International Journal of Applied Research*, 654-659 . Retrieved from www.allresearchjournal.com

OXFAM. (2020). *Mencare in Rwanda: Engaging fathers in transforming gender relations*.

UN-Women . (2022). *Baseline Survey on Unpaid Care Work Status among Women and Men in 8 Districts of Rwanda*. UN Wome .

UN-Women. (2019). *PROGRESS OF THE WORLD'S WOMEN 2019–2020: FAMILIES IN A CHANGING WORLD*. doi:ISBN: 978-1-63214-156-9

ANNEXES

I. LIST OF PARTICIPANTS TO FOCUS GROUP DISCUSSION (FGD)

1) NYARUGURU

NAMES	COOPERATIVE	SECTOR	TELEPHONE
UWITONZE SERAPHINE	Twitezimbere Kiyonza/INADES	NGOMA	0780433767
IMANARIYO M.LOUISE	Twitezimbere Kiyonza/INADES	NGOMA	0784952015
NYIRAMINANI BEATRICE	Twitezimbere Kiyonza/INADES	NGOMA	0786143651
MUKAREMERA COSTASIE	Twitezimbere Kiyonza/INADES	NGOMA	0791077262
MUKABEGA DONATHA	Twitezimbere Kiyonza/INADES	NGOMA	078181823787
MUKANTWARI DONATHILE	Twitezimbere Kiyonza/INADES	NGOMA	0729256258
NYIRAMISAGO FRANCINE	Twitezimbere Kiyonza/INADES	NGOMA	0782783956
NYIRANSENGIYUMVA ANNONCIATA	Twitezimbere Kiyonza/INADES	NGOMA	0785958785

2) MUHANGA

NAMES	COOPERATIVE	SECTOR	TELEPHONE
USABAMARIYA Domitiriya	Tuzamurane	Cyeza	07815404643
MUKARUSHEMA Beatha	Tuzamurane	Cyeza	0782142379
UWIFASHIJE Francoise	Tuzamurane	Cyeza	0790563756
MUKARUSAGARA Redempta	Tuzamurane	Cyeza	0783232887
MUTESI Leonie	Tuzamurane	Cyeza	0781437344
UWAMAHORO Francoise	Tuzamurane	Cyeza	0786645425
SIBOMUKIZA Jeanne	Tuzamurane	Cyeza	0787801816
NIYOMUKESHA Marie Grace	Tuzamurane	Cyeza	No phone
UGIRIWABO Florence	Tuzamurane	Cyeza	No phone
UWITIJE Francoise	Tuzamurane	Cyeza	0789791457
MUKESHIMANA Frazia	Tuzamurane	Cyeza	0790680863

3) **GASABO**

NAMES	COOPERATIVE	SECTOR	TELEPHONE
Nyirabahinde Beatrice	Abishyizehamwe	Ndera	0788849204
Uwizeyimana Florence	Abishyizehamwe	Ndera	0788532442
Mukabanana Jeanine	Abishyizehamwe	Ndera	0791600174
Kayitesi Odette	Abishyizehamwe	Ndera	0785486028

4) **RUBAVU**

NAMES	COOPERATIVE	SECTOR	TELEPHONE
ICYIMANIMPAYE OLIVE	TWITEZIMBERE RYABIZIGE	CYANZARWE	0783001025
CYIZA Julienne	TWITEZIMBERE RYABIZIGE	CYANZARWE	0784951914
UKWISHAKA ANGELIQUE	TWITEZIMBERE RYABIZIGE	CYANZARWE	0787901119
UWIRAGIJE	TWITEZIMBERE RYABIZIGE	CYANZARWE	0787554148
UWIMBABAZI PASCALINE	TWITEZIMBERE RYABIZIGE	CYANZARWE	0783845526
NYIRAMAHOHO MAMY	TWITEZIMBERE RYABIZIGE	CYANZARWE	0780000000

5) **MUSANZE**

NAMES	COOPERATIVE	SECTOR	TELEPHONE
UZAMUKUNDA Esperance	ABESAMIHIGO	KIMONYI	0785565636
BUTOYA Melanie	ABESAMIHIGO	KIMONYI	0782260352
MURAGIJIMANA Jacqueline	ABESAMIHIGO	KIMONYI	0789586414
KANKUNDIYE Speciose	ABESAMIHIGO	KIMONYI	0789586414
UWIBAMBE Candide	ABESAMIHIGO	KIMONYI	0783210095
BAYAVUGE Consolee	ABESAMIHIGO	KIMONYI	0783418356

6) KIREHE

NAMES	COOPERATIVE	SECTOR	TELEPHONE
Uwibambe Maria	ABADAHIGWA BA GATORE	GATORE	0782946360
Uwamariya Leonile	ABADAHIGWA BA GATORE	GATORE	0788752871
Mukatzweyimana Jeanne	ABADAHIGWA BA GATORE	GATORE	0780914377
Mukankundebera Theodosia	ABADAHIGWA BA GATORE	GATORE	0787016972
Mukarubuga Peace	ABADAHIGWA BA GATORE	GATORE	0788227695
Uwanyingoma Jeanne	ABADAHIGWA BA GATORE	GATORE	0784166717
Uwingabire Valentine	ABADAHIGWA BA GATORE	GATORE	0781539298
Mukakagabo Marcelle	ABADAHIGWA BA GATORE	GATORE	0783821586
Mukeshimana Violette	ABADAHIGWA BA GATORE	GATORE	0787765449
Mukandanga Marguerite	ABADAHIGWA BA GATORE	GATORE	0784989999

7) NGOMA

NAMES	COOPERATIVE	SECTOR	TELEPHONE
Mukamurera Marie-Francoise	TUZAMURANE KIGOMA	JARAMA	0725205155
Mukamurenzi Therance	TUZAMURANE KIGOMA	JARAMA	0780000000
Mukandanga Oliva	TUZAMURANE KIGOMA	JARAMA	0727609821
Mukamazera Marie-Louise	TUZAMURANE KIGOMA	JARAMA	0737712600
Mukarurinda Dativa	TUZAMURANE KIGOMA	JARAMA	0780000000
Uyisenga Elvanie	TUZAMURANE KIGOMA	JARAMA	0721232168

II. LIST OF PARTICIPANTS TO KEY INFORMANT INTERVIEWS (KII)

1) Women's Cooperative Leaders:

NAMES	COOPERATIVE	TITLE	DISTRICT/ SECTOR	TELEPHONE
JEAN D AMOUR	KOTIBANYA	President	RUBAVU/ NYAKIRIBA	0787502108
UWINEZA ALICE	KOTIBANYA	Accountant	RUBAVU/ NYAKIRIBA	0787549945
Nyirarukundo Madeleine	TWITEZIMBERE	Presidente	RUBAVU/ CYANZARWE	0785166685
UWIBAMBE CANDIDE	ABESAMIHIGO	Presidente	MUSANZE/ KIMONYI	0785583382
UZAMUKUNDA Esperance	ABESAMIHIGO	Vice- Presidente	MUSANZE/ KIMONYI	07855656636
Verda	TWITEZIMBERE KIONZA	Presidente	NYARUGURU/ NGOMA	0782793336
Anastasié Nyandwi	BIMPINDUKA	Presidente	NYARUGURU/ NYAGISOZI	0783735614
Dusabe Alice	BAHONEZA	Presidente	NYARUGURU/ NGERA	0786478746
MUKASHYAKA THERESE	TUZAMURANE	Presidente	MUHANGA/ CYEZA	0782359800
MUSABYIMANA VIACINA	ABISHYZEHAMWE RUDASHYA	Presidente	GASABO/ NDERA	0781786701
Clementine	IMBARAGA MU ITERAMBERE	Presidente	KIREHE/ KIGARAMA	0787791710
Peace	ABADAHIRWA BA GATORE	Presidente	KIREHE/ GATORE	0785000399
Kansayisa Therese	TUZAMURANEKIGOMA	Presidente	NGOMA/ KIGOMA	0786088601
Mukamurera Marie- Francoise	TWAGUKE	Presidente	NGOMA/ JARAMA	0783759379 / 0744012927

2) Men

NAMES	DISTRICT	COOPERATIVE	TELEPHONE
UZABAKIRIHO Emile	KIREHE	ABADAHIRWA BA GATORE	0788240634
GAIRABO Protogene	KIREHE	ABADAHIRWA BA GATORE	0785290926
NTAMBARA Emmanuel	KIREHE	ABADAHIRWA BA GATORE	0786159110
HABUMUGISHA Fils	RUBAVU	KOTIBINYA	0787502108
NZABONIMPA EMMAUUEL	KIREHE	IMBARAGA MU ITERAMBERE	0784466731
UWITONZE SIMONI	KIREHE	IMBARAGA MU ITERAMBERE	0784098427
NTURANYENABO FABIEN	KIREHE	IMBARAGA MU ITERAMBERE	074466825
HABUMUGISHA Fils	RUBAVU	KOTIBINYA	0787502108
TABARUKA Esron	RUBAVU	TWITEZIMBERE RYANGARA	0783684408
MBONYINSHUTI Daniel	RUBAVU	TWITEZIMBERE RYANGARA	0789824299
NZAKIZWAMANA FELICIEN	MUSANZE	ABESAMIHIGO	0782099109
NDORANKIZE FELICIEN	MUSANZE	ABESAMIHIGO	0788805808
NDAGIJIMANA JOSEPH	MUSANZE	ABESAMIHIGO	0784520121
VALENSI	GASABO	ABISHYZEHAMWE RUDASHYA	0783719546
SYLVESTRE	GASABO	ABISHYZEHAMWE RUDASHYA	0788847077
MBARUTANSENGE EMMANUEL	NGOMA	TUZAMURANE KIGOMA	0783423232
NTIRENGANYA ATHANASE	NGOMA	TUZAMURANE KIGOMA	0722434441
MUSHINGWAMANA PROTOGENE	NGOMA	TUZAMURANE KIGOMA	0726735999
RUKUNDO J. BOSCO	NYARUGURU	TWITEZIMBERE KIYONZA	0785134515
MUTWARASIO ANTOINE	NYARUGURU	TWITEZIMBERE KIYONZA	0783463307
BIZIMUNGU VINCENT	NYARUGURU	TWITEZIMBERE KIYONZA	0786997464
AGABIMANA VITALIANI	NYARUGURU	BIMPINDUKA NYAGISOZI	
YARAMBA THARCISSE	NYARUGURU	BIMPINDUKA NYAGISOZI	

3) People with disabilities

NAMES	ORGANIZATION/ COOPERATIVE	PHONE
Mukeshimana Dativa	Executive Director, Rwanda National Association of Deaf Women (RNADW)	0784591495
Mukarukaka Liberata	KOBINYA/RUBAVU	0785992701
Yandereye Clarisse	KOBINYA/RUBAVU	0787511584
Ndagijimana Theogene	KOBINYA/RUBAVU	0783501021
Nzigiye Alphonse	KOBINYA/RUBAVU	0781034833

4) STAKEHOLDERS

NAMES	ORGANIZATION	POSITION/ROLE	PHONE
Marie-Solange Murebwayire	AVSI	Project Manager	
Elvanie Mutsiri	AVSI	Program & DSP Project Manager	
Eugene Rwibasira	Rwanda Development Organization (RDO)	Executive Secretary	
Munyanziza Jonathan	RWAMREC	Project Manager	
Clair Katwesigye	ACTION AID	Women's rights coordinator, UCW project coordinator	
KAYIHURA NYUNDO	ADRA	PROJECT MANAGER	
RACHELLE NYIRACUMI	HELP A CHILD	ECD PROGRAM MANAGER	
MUHOZA N. Amon	INADES	Project Officer	

Survey of Existing Care Services and Social
Care Infrastructure in 8 Districts of Rwanda
Produced by: **Associated Professionals Ltd**



Supported by:



4 KN 67 St
Kigali, Rwanda