

REPUBLIC OF RWANDA



Ministry of Gender and Family Promotion
(MIGEPROF)

COVID-19 RAPID GENDER ASSESSMENT

Gender Perspective

RWANDA | 2020



RAPID GENDER
ASSESSMENT (RGA)
ON THE IMPACT OF
COVID-19 ON WOMEN
AND MEN IN RWANDA

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PREFACE

The current COVID-19 pandemic presents a unique opportunity to examine the potential value of asking questions about the differentiated gender impacts to inform ongoing policy decisions and development interventions.

Experiences from previous pandemics show that women and girls can be especially active actors for change, while they can also experience the effects of the crisis in different (and often more negative) ways. Given that the COVID-19 is not gender-blind, the response to it should not be either.

Results from this assessment reaffirmed the importance of effective response to gender inequalities as aggravated by the crisis caused by COVID-19. The survey shows that during the pandemic women are the most affected in their economic activities as their businesses have been the most affected compared to men due to COVID-19 thus having a drastic reduction in household basic expenditures. Coping mechanisms related to use of the mobile technology was very slow as they are less familiar and less equipped than men. During COVID times, the unpaid care work increased as well as violence against women cases.

This report outlines the key policy recommendations on how Rwanda can best address the gender differentiated impacts. These include the acceleration of women empowerment programmes and expansion of social protection measures along with increased access to IT and eradication of any form of gender-based violence.

The Government of Rwanda is committed to work closely with different stakeholders to address gender differentiated impacts of Covid 19 as revealed in the assessment to ensure a conducive environment for both men and women, boys and girls to make sure no one is left behind in the country's development.

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This report is a result of joint effort made by Ministry of Gender and Family Promotion (MIGEPROF), UN WOMEN and UNFPA. With technical and financial support from UN WOMEN and UNFPA, this study was commissioned to assess the impacts of COVID-19 on men's and women's well-being in Rwanda to inform gender responsive solutions both in policies and strategies.

UN Women and UNFPA would like to express their gratitude to MIGEPROF for its continued partnership in promoting gender equality and more specifically for its technical support throughout this assessment. Much appreciation also goes to the National Institute of Statistics of Rwanda (NISR) for methodological insights and issuing Visa approval allowing this assessment to be undertaken during the COVID-19 period.

We also thank the technical team which oversaw the day to day implementation of this assessment, Emmanuel Ntagoza (MIGEPROF), Therese Karugwiza (UNFPA) and Muchochori Kanobana Dominique (UN Women).

The data collection, using phone calls, was conducted by the High Lands Centre of Leadership for Development (HLC- L4D), under the leadership of Professor Alfred R. Bizoza (from University of Rwanda) with his team, assisted by 20 males and females research assistants. This group worked very hard with high commitment and thus deserve special gratitude.

The work would not have been possible without the cooperation of around 2400 women, men, girls and boys from 12 sampled districts, who responded to the questionnaires through their cell phones, so many thanks to them. All of these individuals, organizations and Ministries have made a contribution that has been invaluable, without which the findings and results of this research would not have happened. Their contribution has made possible this resourceful and well informative report that constitutes a strong reference for decision makers and stakeholders in responding to COVID-19 for safer and more inclusive recovery process. May all those who directly or indirectly contributed to this achievement kindly receive our words of appreciation..

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EXECUTIVE SUMMARY

On March 11, 2020, the outbreak of Coronavirus was officially declared a pandemic by the World Health Organization (WHO). As its effects roll through societies and economies across the globe, women being the most vulnerable group, are expected to bear the heaviest impact.

It is in view of collecting accurate data on the differentiated gender impact on women and men as to advise proper policies and actions, that UN Women in partnership with UNFPA and the Ministry of Gender and Family Promotion (MIGEPROF) have commissioned this study to undertake a rapid assessment of gendered effects of COVID-19 pandemic in Rwanda. The study was carried out from a gender perspective and addressed several topics including effects of COVID-19 on domestic violence, women's rights, access to services such as health, access to improved water, social protection and other basic services, and effects on economic aspects in general.

The methodology used for this Rapid Gender Assessment (RGA) is informed by an E- Survey- a cell-phone based individual survey- conducted among 2,400 women, men, girls and boys, representing 98% of the total planned sample population. The data collection was carried out in twelve districts selected in the four provinces plus the City of Kigali. Out of these Districts, twenty-four administrative sectors (entities) were identified based on some criteria such as the dominance of incidence of GBV cases and teenage pregnancy. A structured standard questionnaire was administered by twenty enumerators (50% males and 50% females).

Results from this assessment reaffirmed the importance of having effective responses to gender inequalities, these are more aggravated by the crisis caused by COVID-19. Key findings and recommendations in the different areas are summarized below:

Result 1. Women are the most affected by COVID-19 in terms of their economic activities and income sources: Due to restrictions of movements and the fact that women are the majority in the informal sector and unsecured jobs, their business have been adversely affected than that of men during COVID 19 times thus resulting in loss of income.

To cope with these adverse impacts of COVID-19, some women have adopted “innovative coping mechanisms” such as rapid change and adaptation of their business model including home delivery strategy and increase used of IT (using of mobile phone to sell their products).

It is recommended to (R1) Develop new and continue accelerating on-going programmes on women's economic empowerment by the gender machinery and other stakeholders and (2) implement actions proposed in various relevant policies aimed to increase access to productive resources and create employment opportunities for women in stable decent sectors.

Result 2: Household level consumption expenditures have been reduced because of the decline in overall income during COVID-19 lock down. There is a general consensus from survey respondents (both men and women) on reported decline in household level consumption expenditures due to loss of jobs by the head of the household and subsequent financial difficulties coupled by increased commodity market prices.

It is suggested to (R2) Expand current package of social protection by considering affected families across all categories of *Ubudehe* and support them with food supplies or cash transfers as well as continue implementing programmes that offer more income opportunities, decent jobs, savings pro-poor and inclusive complementary social protection.

Result 3. Businesses operated by women have been the most affected compared to men due to COVID-19: Findings reveal significant gendered differences in COVID-19 impacts. Majority of women (54.6%) have closed their businesses compared to men (49%). This is further sustained by the negative effects in terms of loss of resulting income, reduced activities, and clients at a ranged of 76 to 100.

It is recommended to (R3) have new and well adapted financial and guaranty products especially for women in rural areas that are effectively embedded in the on-going national economic recovery plan in order to address difficulties in access to financial loans or products in supporting the recovery of their businesses; and (2) Ensure effective implementation of financial services proposed in the recovery plan

Result 4. The use of mobile banking and ICT facilities during COVID-19 is slightly lower for women compared to men. The use of digital payments dominated by mobile money during the lockdown period has substantially increased. Overall, results from this survey show how women have used these services (both mobile banking and ICT facilities) less when compared to men

Recommendations are that (R4-1) the Ministry of ICT and Innovation (MINICT) in collaboration with other relevant Ministries and partners should speed up the implementation of policy actions aimed at reducing the gender inequality in the gender digital divide and (R4-2) Scale up good lessons learnt on the use of mobile banking and other ICT facilities.

Result 5. The burden of care and unpaid care work for women has generally increased since the onset of COVID-19: This burden has remained the same even in time of lockdown while the time devoted to most of home related activities has also increased. On the other side, men's time devoted to take care of the children has slightly increased during the lockdown. However, this pattern should be interpreted as circumstantial rather than a constant pattern.

It is recommended (R5) to strengthen the mobilization of men and boys in participation of certain roles with continued education on gender concept at all levels of the society in line with the on-going "Men engage" national programmes and initiatives.

Result 6. There is no significant gender differentiated effects of COVID-19 in access to safe water and health services. The study results suggest no significant gender differentiated access to safe water and health services between women and men during COVID-19.

Result 7. Women were more likely than men to report Gender Based Violence. More concerns have been raised about the potential increase in GBV as result of the lockdown especially domestic and sexual violence. Results from this survey show women were more likely than men to report all forms of GBV cases, feel that GBV is a problem in Rwanda and the incidence of GBV increased during COVID-19. Domestic and sexual violence are the most common forms of GBV reported by both men and women at 16% and 10%, respectively. The spouse/partner and neighbours were primarily reported to be the perpetrators or offenders in case of GBV incidences.

To address GBV cases, it is recommended to: (R7-1) Strengthen and accelerate the various interventions by the government of Rwanda and its partners in addressing all forms of GBV; (R7-2) design and implement “second chance” education program for those who are unable to go back to formal schooling system as result of teenage pregnancy and (R7-3) Embed GBV prevention and protection measures in the on-going COVID-19 response plan and enforce the actions provided in different relevant policies, and (R7-4) initiate country level campaigns engaging specifically men and the youth to break the silence against reporting of the incidence of any form of GBV in their respective communities.

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1. INTRODUCTION

Since the outbreak of COVID-19 pandemic and after its declaration as a pandemic by the World Health Organization (WHO) on 11th March 2020, the world is facing unprecedented socio-economic shocks. These shocks have not only led to a global health emergency, but also a major global economic downturn (Alon et al. 2020; McKibben and Fernando, 2020). Certainly, COVID-19 has caused several worrying fatalities, the global economy has been negatively affected as a result of the disruption in both the demand and supply chains. The emerging literature shows how the pandemic may have different effects on different sectors, different categories of people (men and women), different age categories (young and old age), people in urban and rural areas, employment categories (formal and informal sector) and between regions (such as Europe, USA, and Africa) (Bizoza and Sibomana, 2020; Betron et al., 2020, Munayco et al., 2020, Gebhard et al., 2020). Another set of literature also confirms that the impacts vary based on the risk of exposure and biological susceptibility to infection as well as the robustness of prevailing socio-economic and political resilience to the shocks imposed by the pandemic (Norman, 2020; Bali et al., 2020; Gausman and Langer, 2020). Moreover, some literature and discourses focused around gendered effects of COVID-19. Some scholars, policy, and development actors assert men to be the most affected while others argue for women because they are likely to be much exposed to COVID-19 risks due to socio-cultural and behavioural differences, among other factors (Desmidt and Neat, 2020).

The COVID-19 pandemic is compared to other world crises which happened in 1929/30 and 2008/9. But the overall trend term -COVID-19 as unprecedented crisis because of its double-edged nature - it bears both negative effects on health and economy unlike the former ones characterized mainly by financial or economic crisis which affected mainly Europe and USA with relatively low impacts on African countries. Furthermore, the crisis in 2008 was mainly liquidity related and involved financial and fiscal policy interventions. The banks were not capable of recovering their necessary assets to cover the losses they had made. Solutions involved a better understanding of the functioning of the economy through macro-economic modelling with at least a certain level of certainties on measurement and projections of the impacts. Unlike the previous crisis events, COVID-19 bears a high level of uncertainties, making it difficult to measure its impacts and dictating pragmatic solutions with less confidence. The explanation often provided in such situations is that “in exceptional times we need exceptional measures” (Kirman, 2010; Massa and de Velde, 2008).

Particular to Rwanda, the 2008 crisis negatively affected the country in terms of export and import performance, less spending by tourists due to financial stress in developed countries, reduced remittances, among others. But the Report by MINECOFIN (2009) substantiates no major effects of this global financial crisis on the financial sector, because it is rather isolated from the global financial system.

In regard to COVID-19, there are worrying health related trends from the global, regional, and national level perspectives. At global level, more than 60 million COVID-19 cases have been

already reported with about 1.4 million deaths¹. At regional level, Africa has so far registered more than 2.1 million cases and 50,432 deaths have been reported as of 25th November 2020². Similar to other African countries, Rwanda has not escaped this crisis in facing both health and socio-economic negative effects of COVID-19. A total of 5,750 COVID-19 confirmed cases are recorded in Rwanda with 5,240 cases (91.1%) recoveries and 48 fatalities (0.83%)³. The COVID-19 impacts have worsened and constrained the ability of the health system. Some studies have argued that even before the pandemic, many African countries had weak health systems, together with inadequate surveillance and laboratory capacity, scarcity of public health human resources, and limited financial resources (Nkengasong and Mankoula, 2020; Velavan and Meyer, 2020; Kapata et al., 2020; Zhao et al., 2020). Another strand of the literature argues that due to the experience of African countries in dealing with the Ebola outbreak, lessons learnt have added efforts in terms of investments in preparedness and surveillance of the pandemic than before (Kapata et al., 2020). The second position implies certain capacity of resilience of the health system in Africa.

From the socio-economic standpoint, the COVID-19 pandemic has amplified some of the structural challenges faced by African countries due to disruption in demand and supply chains. These comprise low per capita income, increased number of persons under the poverty line, deficit in trade balance, under and unemployment, affected informal supplies like jobs and other livelihood options, worsened status of food and nutrition security, changes in lifestyles from social and psychological behaviors, increase in social protection cases, and expanding government's budget to finance the containment and recovery measures against the pandemic (Bizoza and Sibomana, 2020; Bukuluki et al., 2020; Renzaho, 2020).

In response to both immediate effects of COVID-19 and establishing pathways for the transition and economic recovery measures, many African countries including Rwanda have acted and posed several policy, fiscal and monetary actions, health management, social protection (such as identification and distribution of food to people whose jobs were mainly informal and have been directly affected), and other measures meant to contain the spread of the pandemic but also transitional actions towards economic recovery such as gradual removal of the lockdowns. Immediate solutions opted by the government of Rwanda in collaboration with development partners include special offers and facilities by the National Bank of Rwanda to the commercial banks to ensure stable liquidity, expansion of the loan repayment period by the commercial banks and restructuring of people's loans, reduction of key repo rate (KRR) and inter-banking interest rates, fiscal measures such as tax exemption and extension of tax declaration and payment periods, and removal of some transaction costs such as costs related to mobile and e-banking. As part of the recovery measures, the government of Rwanda has put in place an economic recovery fund of more than 100 billion Rwandan Francs to support the recovery of businesses hardest hit by COVID-19 so that they can survive, resume operations and safeguard employment, therefore cushioning the economic effects of the pandemic (MINECOFIN, 2020).

Today Rwanda is still in the partial removal of the lockdown, restrictions on internal movements have been removed, the cross-border movements are yet prohibited except for essential goods (e.g. health supplies and food), the Airport started to operate on 1st August, 2020. Some sectors are still in uncertainty about the forward looking nature of their operations like hospitality and tourism, fear and risk averse behavior including reduction in spending and

1 https://www.worldometers.info/coronavirus/?utm_campaign=homeAdvegas1?

2 https://www.worldometers.info/coronavirus/?utm_campaign=homeAdvegas1?

3 <https://www.rbc.gov.rw/index.php?id=707>. Accessed 25/11/2020

investment persist, schools are still closed with some school re-opening for the learners in the final years, public gatherings are restricted and only allowed with high level of restrictions or measures to control the spread of the pandemic, some in-country businesses are gradually opening, livelihood options have been affected in one way or another, to name a few.

In the above circumstances, there is a greater likelihood to overestimate or underestimate the negative effects of COVID-19 on both men and women in Rwanda. Few attempts have been made so far to assess the impacts of COVID-19 on some specific sector categories. In this respect, the Rwandan Chamber of Women Entrepreneurs (RCWE) conducted a quick assessment among women business owners through a survey of its members in April 2020. Some of the findings reflect a lot of distress with respect to reduced income, loss of business opportunities, net loss on investments made before the crisis, challenges with liquidity and loan repayment, and challenges in dealing with overall uncertainty in economic processes, plus others. Another study was done by Access to Finance Rwanda (AFR, 2020) in April 2020 with a goal to understanding the COVID-19 responses from Micro-Finances and Saving and Credit Cooperatives (SACCOs). A study by Bizoza and Sibomana (2020) was also among the very few emerging cases of scientific publications on COVID-19 in Rwanda and Africa as whole. It focused on Rwanda and documented the policy response measures and anticipated short to medium socio-economic impacts of COVID-19, with a focus on external merchandise trade, small and medium enterprises (SMEs), and effects on the agriculture sector.

There are other regular assessments carried out by the National Institute of Statistics of Rwanda (NISR) with emerging consideration of COVID-19 impacts in its regular collection of statistics on different thematic areas. For example, the Labour Force Survey (LFS) of May 2020 provides evidence of increased unemployment rate by 9.1 percentage points (from 13% to 22.1%), and women are more likely to be unemployed (25%) than men (19.6%) (NISR, 2020). Also, the Consumer Price Index (CPI) in the urban area has increased from 3.1% to 8.9% in the corresponding period of September 2019 and September 2020. Though the differential impacts of COVID-19 are not clearly stated in these statistics, it has obviously driven certain changes calling for further investigation.

It is against the above background that UN Women in partnership with UNFPA and the Ministry of Gender and Family Promotion (MIGEPROF) conducted this study to undertake a rapid assessment of gendered effects of the COVID-19 pandemic on women and girl's wellbeing in Rwanda. The study was carried out from a gender perspective and has addressed several topics including effects of COVID-19 on domestic violence, women's rights, access to services like health, access to improved water, and social protection and other basic services as well as the economic aspects in general. It is anticipated that target users of this study's results are the government of Rwanda, women leaders, CSOs, development partners, academia, research institutions, private sector, media, community mobilisers, healthcare workers, women's rights organizations and relevant sectors organizations.

The rest of this report is structured around five sections including the introduction. Section two presents the methodology used for the Rapid Gender Assessment (RGA) dominantly informed by E-Survey. Section three presents the findings on differential impacts of COVID-19 on women compared to men on different socio-economic aspects of the respondents. In section four we discuss key results and their implications. Section five concludes the report with some policy and programmatic recommendations.

2. METHODOLOGY

Given the current context of restrictions related to COVID-19, face to face interviews with groups or individuals were difficult to conduct. This is to avoid more person to person transmission of the Corona virus and to comply with self-isolation and social distancing guidelines currently being implemented in the whole country as is the case in other African countries. Nevertheless, quality data was collected to inform the goal of this study. In collaboration with UN Women, UNFPA, MIGEPROF, NISR, and Local government at District level, a cell-phone based individual survey was conducted among 2,400 individuals, representing 98% of the total sample population. The difference is explained by reluctance of some respondents to consent for the interview especially those used to face to face interview and difficulty to reach some of the respondents on their phones or those of their neighbours previously provided during the identification of respondents. Through the contacts of village leaders received from the district leaders, we were able to identify randomly the number of men and women survey respondents as well as their phone numbers or reference numbers they can be reached on for the interview. The weight of women (52%) and that of men (48%) and the age differences were considered in selection of the respondents. One of the Research Assistants was assigned to ensure the respondents are identified and selected following these guidelines pre-established before the survey.

The data collection was carried out in twelve districts selected in the four provinces plus the City of Kigali. Out of these Districts twenty-four administrative sectors (entities) were identified based on a criterion, which include the number of cases of GBV and other patterns of gender violence; or high number of teenage pregnancies, a large number of people affected by COVID-19, and the proportion of the poor households headed by men and women. A structured standard questionnaire provided by the client with some adaptations was administered by twenty enumerators (50% males and 50% females) after a three days training, the pre-testing of the questionnaire, and its approval by the National Institute of Statistics of Rwanda (NISR)- this is part of the compliance measures with regard to all nationally conducted surveys. The detailed sampling process is provided in Annex 15.

Besides, the analysis considered each specific section with its respective questions. The response rates vary from each section due to the fact that some questions were specific to some category of people (e.g. questions addressed only to people who were employed, owned businesses, and those who receive benefits from social protection for unemployed people, among others). In the same line, responding to some questions required response(s) on the previous one and these were skipped when otherwise. For example, the question on cooperative membership was asked only for people who indicated they were involved in economic activities (see question # *B02*) otherwise they were supposed to skip up to question # *C05* (See *Annex 16*). In addition, most of questions asked during the survey have multiple choice responses, hence their interpretation focused on cases with higher frequencies termed as majority rather than seeing majority in the sense of representation. In addition, the

percentage weight is supposed to be equal to 100% only for cases of one response choice or where there are two response options such as a “Yes or No”.

Limitations: Due to COVID-19, the approach was to collect data using phone calls. It was for the first time to use virtual approach to collect primary data. So, we expected problems related to telephone connectivity due to geographical conditions, unwillingness or resistance of individuals to participate in the survey, among others. Therefore, we collaborated with local authorities at district, sector and village levels to ask for all support needed to perform well this assignment. Despite this support, the following challenges were encountered during data collection process and actions taken to overcome them:

- *Contacts issuing:* Some of contact persons delayed to share with us lists of respondents to be interviewed and this interrupted initial plans for data collection. This was addressed by continuous request for contacts from different districts until these are obtained.
- *Issues related to connectivity or accessibility:* During the interview, some of the contacts given were not online/inaccessible. This delayed the process as interviewers used to wait for selected person. As solution, interviewers were advised to shift to other contacts or ask for someone (especially household member)’ phone number which is accessible. Those without relatives with phones, interviewers used to wait until it becomes accessible, if not they asked village leaders for a somewhat equivalent replacement.
- *Issues related to consent of respondents:* Some of the listed respondents refused totally to participate in the assessment due to their personal reasons. Solution: Respondents who do not accept to give their time to this assessment, village leaders were informed so as to help in identifying other respondents following the pre-defined selection criteria.
- *Perception about phone-based surveys among respondents:* This approach was questionable by some of respondents who have information on people who obtain money dishonestly from people by cheating those using phone calls. Some of respondents perceived that interviewers are like those people. As solution, interviewers were advised to spend good time in explaining the purpose of this survey and the users of the survey findings by also ensuring the non-disclosure of individual contacts and information.

3. RESULTS OF THE RAPID GENDER ASSESSMENT SURVEY

This section presents and describes the findings of the Rapid Gender Assessment Survey (RGA) of the Impact of COVID-19 on women and men wellbeing in Rwanda. It is mainly about a comparison of women and men across the various thematic areas considered when assessing the impact of COVID-19 or the changes in people's socio-economic conditions that have occurred as result of COVID-19 in Rwanda. The description or the narrative focuses on the main trends or observations while details are presented in selected tables. Similarly, descriptive statistics about the sampling and the demographics are also presented in the Annex 1 and 2 respectively.

3.1. Socio-economic characteristics of respondents

Table 1 below provides descriptive statistics about the demographics of selected respondents in terms of age category, marital status, the household size, monthly income and expenditures. This helps to understand the socio-economic characteristics of the respondents to the questions pertinent to this study on the impact of COVID-19 on men and women as well as boys and girls. Survey results in Table 1 indicate that women represent 51.9% against 48.1% of men. The dominant age group for both men and women are 18-34 years and 35-49 years old. With respect to their marital status, it is observed that a high proportion of males are married (74.7%) compared to females (34%). About 18.7% and 8.5% of respondents are single persons (girls and boys) who are members of selected households aged 18 years and above. The majority of respondents have completed primary education (32.1% men and 29.4% women). Results also indicate that before the onset of COVID-19 a large share of men (26.75%) earned above 75,000 Frw on a monthly basis while the majority of women (30.28%) reported to earn less than 15,000 Frw. Summary statistics show that before COVID-19 monthly expenses for men and women living in urban area is higher than expenses for those from rural area (Frw 64,258 against Frw 39,945 Frw for men and Frw 49,785 Frw against Frw 32,542 Frw for women, respectively).

TABLE 1: Socio-economic characteristics of respondents by areas of residence (%)

	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Variables and response options	n=560	n= 675	n=595	n=570	n=1,155	n=1,245
Age category						
18-34	29.8	37.3	34.3	36.1	32.1	36.8
35-49	43.4	40.2	41.7	38.8	42.5	39.5
50-64	21.3	17.3	19.3	19.7	20.3	18.4
65+	5.5	5.2	4.7	5.4	5.1	5.3
Marital Status						
Married	72.7	30.2	76.6	38.4	74.7	34.0
Living with partner/Cohabiting	13.8	12.3	13.8	8.3	13.8	10.4
Married but separated	1.3	7.1	0.5	9.1	0.9	8.0
Divorced	0.2	9.9	0.8	7.2	0.5	8.7
Widowed	1.4	18.7	1.9	21.9	1.7	20.2
Single (never married)	10.7	21.8	6.4	15.1	8.5	18.7
Level of education						
Never attended school	7.1	10.4	14.5	19.8	10.91	14.7
Some-primary	25.4	24.0	33.6	31.6	29.61	27.47
Primary (completed)	34.1	29.8	30.3	29.0	32.12	29.4
Some secondary	14.5	21.8	11.3	13.3	12.81	17.91
Secondary (completed)	13.0	10.4	6.9	5.1	9.87	7.95
University (Middle level)	1.4	2.4	1.9	0.7	1.65	1.61
University (Completed)	4.5	1.3	1.7	0.4	3.03	0.88
Not stated/Do not know	0.0	0.0	0.0	0.2	0	0.08
Household size						
One person	7.1	8.3	5.9	6.8	6.49	7.63
2-4 persons	36.8	46.4	41.3	50.5	39.14	48.28
5-7 persons	39.5	35.0	43.2	36.8	41.39	35.82
8+ persons	16.6	10.4	9.6	5.8	13.00	8.27
Level of income before COVID-19						
Less than 15,000 RWF	10.7	23.6	20.7	38.3	15.84	30.28
15,001-30,000 RWF	19.5	22.5	25.6	24.6	22.6	23.45
30,001 – 45,000 RWF	12.0	13.2	14.6	11.6	13.33	12.45
45,001 – 60,000 RWF	12.7	10.7	13.6	8.3	13.16	9.56
60,001 – 75,000 RWF	5.4	6.4	5.7	3.9	5.54	5.22
Above 75,000 RWF	36.6	22.8	17.5	12.6	26.75	18.15
Do not know	3.2	0.9	2.4	0.9	2.77	0.88
Monthly expenditure before COVID-19						
Mean	64,258	49,785	39,945	32,542	51,763	41,902
Minimum	1,000	1,000	1,000	1,000	1,000	1,000
Maximum	450,000	400,000	400,000	300,000	450,000	400,000

3.2. Economic activities, household income, and other resources

Economic activities, household income, and other aspects of people’s livelihoods have been affected by COVID-19 pandemic. The study by Habinshuti et al. (2020) asserts that measures to slow down the spread of COVID-19, particularly lockdown series came with strong socio-economic impacts. They continue to argue that “Rwanda’s recent national Social Protection Response and Recovery Plan reported that people, particularly informal workers, were likely to face reduced income opportunities with prolonged implementation of lockdown measures”.

Results from this Rapid Gender Assessment (RGA) echo the above trend where subsistence farming is reported among other sources to be the main source of income for men (21.2%) followed by serving as casual labourers in agricultural related enterprises (19.6%), and working for pay from individuals or private companies (11.7%) compared to women who stated their own businesses or freelancer (29.7%) followed by Casual laborer in agricultural enterprise (23%) and Subsistence farmer (own production without employing others) with 17.8% as the main sources of income before the onset of COVID-19. The survey further assessed the effects of COVID-19 on income, results in table 2 show that 44.2% of women respondents reported to stop totally their economic activities compared to 17% of men. This was much difficult in rural areas where 50% of women against 17.7% men have temporally stopped their activities and hence sources of their income. Similarly, 35% of women and 45.5% of men have seen their income reduced while 15% of women and 32 % of men have lost their income (see also figure 1). Overall, both women (93.3%) and men (94%) respondents experienced a decline in their total income as a result of COVID-19 with insignificant differentiated gender effects. But looking at the combined effect, women were the most affected as the majority could not continue their activities compared to men due to lock down restrictions. Secondly, women are involved in most of the activities that are informal which were mostly affected by the restriction of people’s movement and closure of some services during the lockdown. Therefore, these findings provide insights on the negative effects of COVID-19 on women’s income and women’s working conditions and participation in the labour market (see Figure 1).

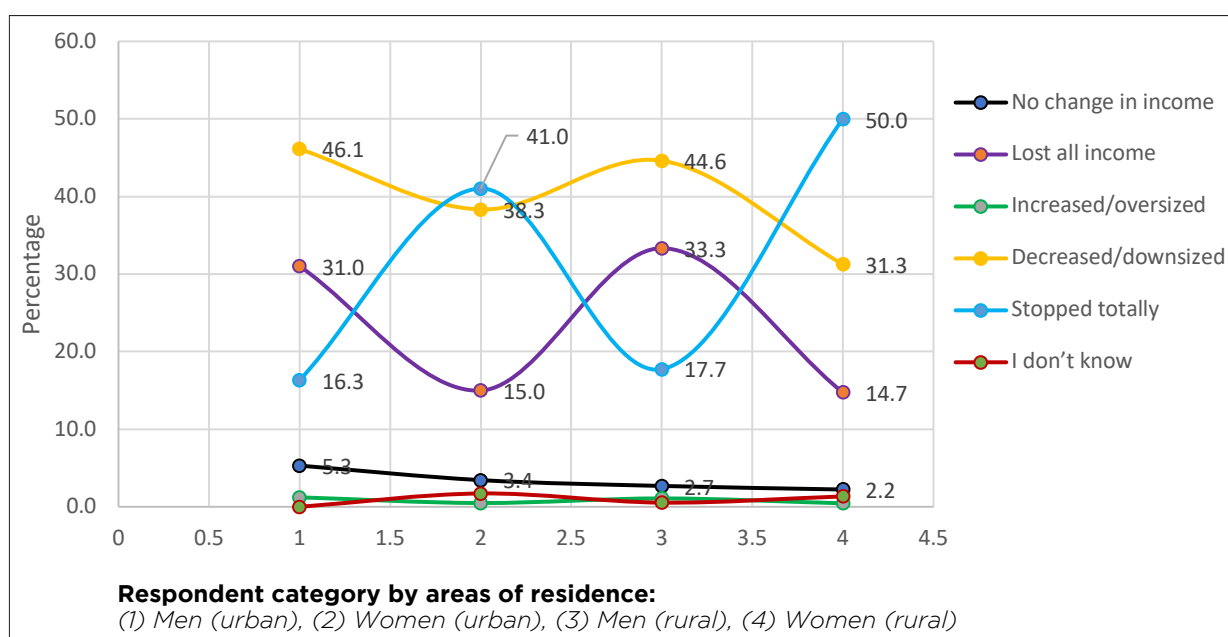


FIGURE 1: Changes in source of income

In response to the COVID-19 impacts, rural women and men (45.2% and 62.1% respectively) received more cash transfers from their relatives and friends than women and men from urban areas (41.9% and 57.7% respectively) while women received more support in kind channelled through the existing social protection structures at community level (22.5%) than men (14.5%). In kind support comprises mainly supplies for COVID-19 prevention (e.g. gloves, masks, sanitizer, handwashing, etc). It is also noticed that support for food was given to women (30.7%) and men (22%) from urban areas more than women (20.8%) and men (19.3%) from rural areas. In addition, fewer women (27.2%) and fewer men (25.5%) reported to have participated in public works in the context of the on-going social protection scheme (VUP 2020). But, projections from the economic recovery plan show women as the majority to be targeted through the existing social protection schemes as it was the case before the on-set of COVID-19. This lower participation is partly explained by the disruption of several collective activities during the lock down. Previous annual report of LODA (2018/2019) indicates that the number of men (50.5%) employed in the VUP's public works is slightly higher than women (49.5%) while the opposite is observed for extended public works where women are the higher (67.9%) than men (32.1%) due to the nature of activities that are customized to women's abilities and roles at household level.

TABLE 2: Source of income, effects of COVID-19, change in source of income, benefits from social grants and schemes

Variables and response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Personal source of income a week before the onset of COVID-19	n= 684	n= 866	n= 798	n= 754	n= 1,482	n= 1,620
Worked for a person/company/household or other entity for pay	15.2	8.8	8.7	2.8	11.7	6.0
Own business/freelancer and I employed other people	7.6	3.9	4.1	1.9	5.7	3.0
Own business/freelancer, but I did not employ other people	14.5	34.4	10.9	24.4	12.6	29.8
Casual work/odd jobs for others (non-agricultural)	7.3	7.3	11.0	7.3	9.3	7.3
Farmer and employed other people	3.7	3.7	3.1	2.8	3.4	3.3
Subsistence farmer (own production without employing others)	18.3	16.3	23.7	19.6	21.2	17.8
Casual laborer in agricultural enterprise	14.5	16.1	23.9	30.9	19.6	23.0
Worked (without pay) in a family business	5.0	1.2	3.1	2.3	4.0	1.7
Did not work for pay/money, but I am looking for a job and I am available to start working	0.2	0.4	0.3	0.5	0.2	0.4
Did not work for pay/money, because I have to take care of household chores, my children, elderly and the sick	0.0	0.5	0.3	0.3	0.1	0.4
Did not work for pay/money because I am studying full time	0.2	1.0	0.1	0.7	0.1	0.9
Did not work for pay/money, I have a long-term health condition, injury, disability	0.0	1.4	0.3	1.7	0.1	1.5
Did not work as I am retired/pensioner	0.0	1.3	0.4	0.5	0.2	0.9
Did not work for pay/money, I was not looking for a job and I was not available to work for other reasons	0.0	0.1	0.9	0.5	0.5	0.3
Other	13.7	3.8	9.3	3.9	11.3	3.8
Change in source of income	n= 245	n= 407	n= 186	n= 224	n= 431	n= 631

Variables and response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
No change in income	5.3	3.4	2.7	2.2	4.2	3.0
Lost all income	31.0	15.0	33.3	14.7	32.0	14.9
Increased/oversized	1.2	0.5	1.1	0.5	1.2	0.5
Decreased/downsized	46.1	38.3	44.6	31.3	45.5	35.8
Stopped totally	16.3	41.0	17.7	50.0	16.9	44.2
I don't know	0.0	1.7	0.5	1.3	0.2	1.6
Receive social grants or in kind support	n= 610	n= 747	n=622	n= 619	n- 1,232	n= 1,366
Food	22.0	30.7	19.3	20.8	20.6	26.2
Medication	0.7	0.4	0.6	0.7	0.7	0.5
Supplies for prevention (gloves, masks, sanitizer, handwashing containers, soap, etc.)	14.3	17.5	14.6	28.4	14.5	22.5
Personal hygiene supplies (menstrual supplies, baby diapers, adult diapers etc.)	2.0	5.4	1.8	3.4	1.9	4.5
Social protection grants (Ubudehe, disability)	3.3	4.2	1.6	1.5	2.4	2.9
Other cash transfer	57.7	41.9	62.1	45.2	59.9	43.4
Benefit from social protection schemes	n= 59	n= 46	n= 53	n= 37	n= 112	n= 83
VUP Classic public works	21.1	27.3	30.2	27.0	25.5	27.2
VUP Expanded public works	10.5	9.1	9.4	2.7	10.0	6.2
VUP Direct support	12.3	13.6	11.3	8.1	11.8	11.1
Nutrition sensitive direct support	12.3	6.8	9.4	24.3	10.9	14.8
Mutuelle de sante Support	21.1	13.6	15.1	18.9	18.2	16.1
VUP Financial support	7.0	11.4	11.3	2.7	9.1	7.4
People with disability support	5.3	4.6	5.7	8.1	5.5	6.2
Genocide survivor's assistance (FARG)	14.0	18.2	7.6	8.1	10.9	13.6

Those who reported to regularly receive money or goods from relatives or friends during COVID-19 period are mostly found in urban areas than in rural for both men (13.4% and 11.8% respectively) and women (29.8% and 25.4%). The majority confirmed that they no longer receive money or goods from relatives or friends (see table 3).

Another aim of this RGA study is to understand the decision-making process between women and men at household level on the use of the generated income. It is often difficult to have unbiased responses from men and women when this question is asked. For the context of Rwanda both men and women are considered heads of the household⁴. The expected response option is of a “jointly made decision” but this is not the case for all responses. To overcome such possible bias, the study unpacked the categories of expenditures or investments to understand better whether men and women are more likely to be the decision maker.

The findings in table 3 show that 35% of women and 64% of men decide jointly with their spouses while 53.2% of women and 33.5% of men decide alone on the use of their income at household level. Only expenses related to clothes are expressed the most affected areas of expenditure since the onset of COVID-19, this was equally reported between men (22.7%) and women (22.6%). Overall, 93% of women and 95.4% of men have reported a decline in their home consumptions as result of financial difficulties (24.7% men, 23% women), loss

4 Reference to the Law governing persons and family N°32/2016 of 28/08/2016

of the employment by the head of the household (16.2% for women and 16.05% for men), and other COVID-19 related impacts (See annex- table 5). Consequently, some respondent families eat less or skip a meal because of lack of money or other resources.

TABLE 3: Sources of money or goods and decision making about the use at household level

Variables and response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
	n= 560	n= 675	n= 595	n= 570	n= 1,155	n= 1,245
Regular receipt of money or goods from relatives/friends before the onset of COVID-19						
Yes	12.1	31.3	9.2	30.5	10.7	30.9
No	87.9	68.7	90.8	69.5	89.3	69.1
Regular receipt of money or goods from relatives/friends during the onset of COVID-19						
Yes	13.4	29.8	11.8	25.4	12.5	27.8
No	86.6	70.2	88.2	74.6	87.5	72.2
Change in receipt of money or goods	n= 75	n= 201	n= 70	n= 145	n= 145	n= 346
It has become a source of income after COVID-19 started	0.0	4.0	1.4	4.8	0.7	4.3
It is still a source and the amounts are still the same	0.0	1.0	1.4	1.4	0.7	1.2
It is still a source but the amounts have increased	0.0	1.5	0.0	1.4	0.0	1.5
It is still a source but the amounts have decreased	14.7	17.4	17.1	13.8	15.9	15.9
No, it is still not a source of income	70.7	72.6	77.1	75.2	73.8	73.7
Used to be a source, but no longer is	14.7	3.5	2.9	3.5	9.0	3.5
Change in combined household income	n= 75	n= 201	n= 70	n= 145	n= 145	n= 346
No change in income	1.3	6.5	7.1	2.8	4.1	4.9
Increased income	1.3	0.0	0.0	2.1	0.7	0.9
Decreased income	96.0	93.0	91.4	93.8	93.8	93.4
Do not know	1.3	0.5	1.4	1.4	1.4	0.9
Decision making about use of money in the household	n= 560	n= 675	n= 595	n= 570	n= 1,155	n= 1,245
I decide alone	34.3	53.2	32.8	53.3	33.5	53.3
Together with spouse	62.0	32.4	65.4	37.2	63.7	34.6
Partner/ Boyfriend	1.1	0.7	0.2	0.9	0.6	0.8
Partner/ Girlfriend	0.0	2.5	0.2	0.5	0.1	1.6
Other relative (specify)	2.7	11.1	1.5	8.1	2.1	9.7
Areas of expenditure since the onset of COVID-19	n= 2,119	n= 2,554	n= 2,213	n= 2,194	n= 4,332	n= 4,748
Household groceries (meal and drinks)	19.4	20.1	20.2	19.3	19.8	19.7
Agricultural inputs	10.6	10.2	11.0	12.1	10.8	11.1
Rents (house and land)	12.0	11.7	11.8	11.7	11.9	11.7
Health services	5.1	5.3	4.7	5.2	4.9	5.3
Transfer to relatives or friends	12.2	10.9	12.7	10.8	12.5	10.8
Cosmetics	17.0	18.2	16.5	18.4	16.8	18.3
Clothes	22.9	23.1	22.4	22.1	22.7	22.6
Other (specify)	0.8	0.6	0.7	0.5	0.7	0.5

3.3. Effects of COVID-19 on Businesses, Access to Finance, and Use of Mobile Banking

It is already evident from some earlier studies (Bizoza and Sibomana, 2020) that due to disruptions in the demand and supply chains, business entities have been affected by these shocks in Rwanda as it is for some other socio-economic aspects (Louis et al., 2020). Similarly, there are changes observed in access to finance and use of financial facilities like mobile banking emanated from COVID-19 related restrictions. This RGA survey therefore, assesses the extent to which people's businesses are affected in terms of changes in business income, the services or products delivered by business operators, layoffs of the staff, coping strategies and mechanisms used during and after the gradual removal of the lockdown as portrayed in Figure 2 and Table 4 below.

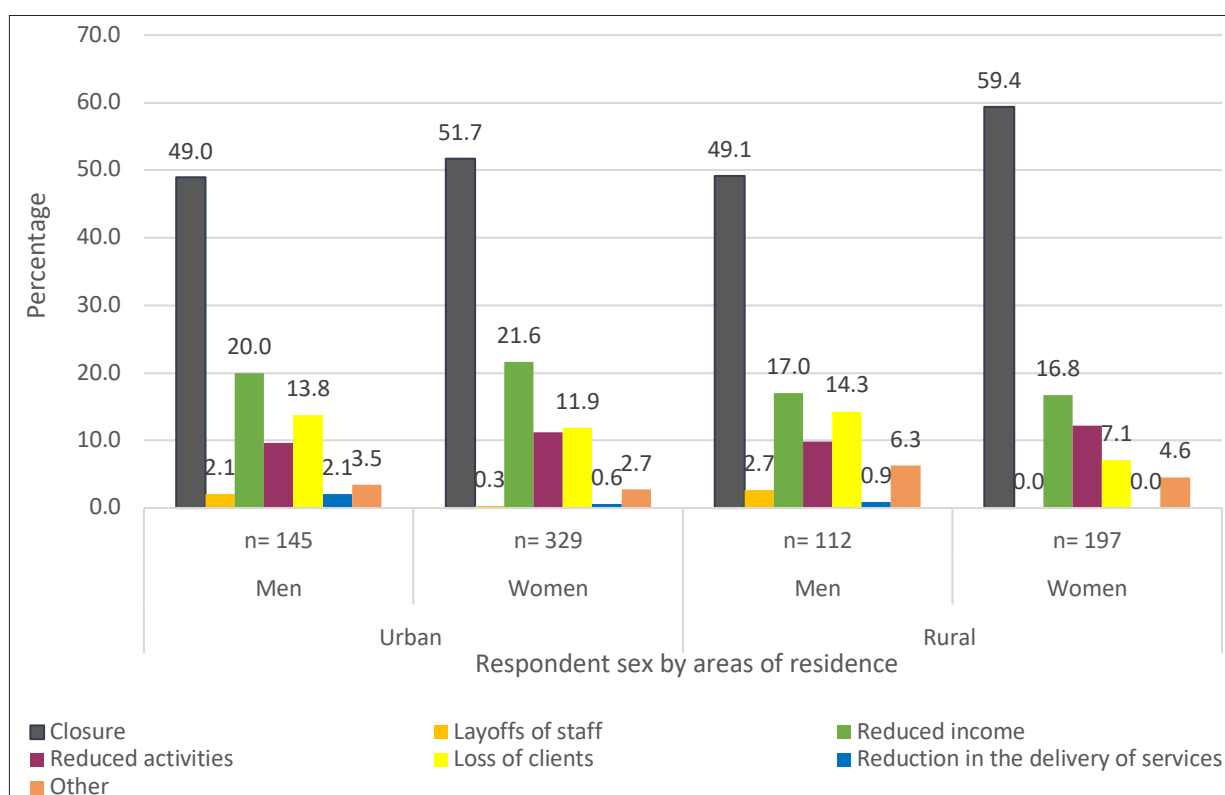


Figure 2: Effects of COVID-19 on business

Results from the survey reveal temporal closure of certain businesses as reported by both women (55%) and men (49%). In respect to their location, businesses ran by women from rural areas were more affected (59.4%) than urban based businesses owned by women (51.7%). Subsequently, respondents reported to lose their initial income drawn from the businesses and respective activities. Income losses (estimated between 76-100%) were reported by 66.3% of women and 59.3% of men while 63.5% women and 55.7% men reported that their activities were affected (response option 76-100%), and 64.4% women and 57.3% men reported the case of affected clients (response option 76-100%) (See Table 4).

TABLE 4: Effects of COVID-19 on Business and coping mechanisms

Variables and response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Effect of COVID-19 on business	n= 145	n= 329	n= 112	n= 197	n= 257	n= 526
Closure	49.0	51.7	49.1	59.4	49.0	54.6
Layoffs of staff	2.1	0.3	2.7	0.0	2.3	0.2
Reduced income	20.0	21.6	17.0	16.8	18.7	19.8
Reduced activities	9.7	11.3	9.8	12.2	9.7	11.6
Loss of clients	13.8	11.9	14.3	7.1	14.0	10.1
Reduction in the delivery of services	2.1	0.6	0.9	0.0	1.6	0.4
Other	3.5	2.7	6.3	4.6	4.7	3.4
Effect of COVID-19 on total income	n= 142	n= 319	n= 106	n= 191	n= 248	n= 510
Less than 5%	0.7	3.5	0.9	0.5	0.8	2.4
6% - 25%	0.7	9.1	5.7	4.7	2.8	7.5
26%-50%	14.8	10.0	6.6	6.3	11.3	8.6
51%-75%	23.9	13.5	28.3	18.3	25.8	15.3
76%-100%	59.86	63.95	58.5	70.2	59.27	66.27
Effect of COVID-19 on activities	n= 141	n= 303	n= 105	n= 179	n= 246	n= 482
Less than 5%	1.4	3.3	0.0	0.6	0.8	2.3
6% - 25%	0.7	10.2	1.9	6.2	1.2	8.7
26%-50%	17.7	10.2	14.3	7.3	16.3	9.1
51%-75%	24.8	14.9	27.6	19.0	26.0	16.4
76%-100%	55.3	61.4	56.2	67.0	55.7	63.5
Effect of COVID-19 on clients	n= 138	n= 301	n= 101	n= 166	n= 239	n= 467
Less than 5%	0.7	4.3	0.0	0.6	0.4	3.0
6% - 25%	2.2	9.3	3.0	4.8	2.5	7.7
26%-50%	14.5	10.0	10.9	7.8	13.0	9.2
51%-75%	25.4	15.0	28.7	16.9	26.8	15.6
76%-100%	57.3	61.5	57.4	69.9	57.3	64.5
Coping mechanisms after being affected by COVID-19	n= 138	n= 230	n= 124	n= 158	n= 262	n= 388
Shifting to another productive business	28.3	28.6	30.4	33.0	29.2	30.2
Ask for remittances to recover your business	22.8	10.3	23.2	12.7	23.0	11.2
Request for loan from financial institutions	17.9	3.7	19.6	3.1	18.7	3.4
Request for loan/ recovery fund from financial institutions	12.4	0.9	12.5	0.5	12.5	0.8
Other mechanism (specify)	9.7	14.9	20.5	22.8	14.4	17.9
Doing nothing	4.1	11.6	4.5	8.1	4.3	10.3

With regards to access to financial facilities during COVID-19 period, only 1.5% of women and 5.5% of men reported no constraint in accessing financial facilities from the financial institutions since the onset of the pandemic (see table 5). About 56% of women and 48.3% of men operate their activities through cooperatives (see table 7 in annex). Main activities reported are related to saving and lending (77.2% of women and 42.9 % of men respondents) and farming activities (19.6% men and 7.9% women), among others. More than 60% of both women and men respondents affirmed financial support/loans from their respective cooperatives especially during the lockdown. The following Figure (3) depicts differentiated percentage points of women and men respondents in using mobile money and access to financial facilities during the onset of COVI COVID-19.

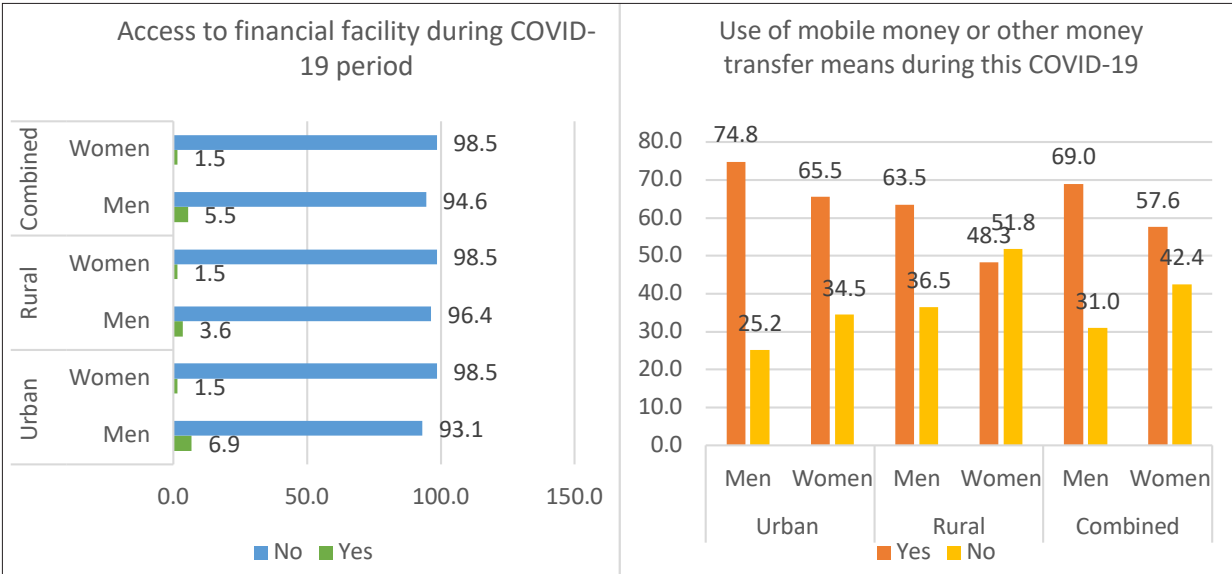


FIGURE 3: Access to finance and use of mobile money or other money transfer means during COVID-19 period

There is a reported increase in the use of ICT, mobile banking, and other e-payment facilities like Mobile Money (MoMo) and e-banking during COVID-19 period as observed by 57.6% women and 69% of men respondents during COVID-19 period (table 5). The results confirm that men and women from urban areas use mobile money more than those from rural areas where ICT literacy is likely to be very low. This is well supported by the high proportion of men (74.8%) and women (65.5%) from the urban areas who use MoMo and other means of money transfer compared to men (63.5%) and women (48.3%) located in rural areas (see figure 3 above and table 5). The top three services for which the above ICT based facilities were used include the purchase of air-time, transfer from person to person (P2P), and payment of electricity bills. In addition, 23.3% women respondents reported an increased use of ICT facilities over the period before the onset of COVID-19.

TABLE 5: Access to finance and use of ICT facilities when compared to the period before and after onset of COVID-19

Variables and response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Access to financial facility during COVID-19 period	n= 145	n= 329	n= 112	n= 197	n= 257	n= 526
Yes	6.9	1.5	3.6	1.5	5.5	1.5
No	93.1	98.5	96.4	98.5	94.6	98.5
Use of mobile money or other money transfer means during this COVID-19 period	n= 560	n= 675	n= 595	n= 570	n= 1,155	n= 1,245
Yes	74.8	65.5	63.5	48.3	69.0	57.6
No	25.2	34.5	36.5	51.8	31.0	42.4
Service for which mobile money was used during COVID-19	n= 1,136	n= 1,207	n= 849	n= 680	n= 1,985	n= 1,887
Food related items	15.5	14.1	13.1	14.7	14.5	14.3
Transfer (P2P)	23.0	24.4	27.3	25.7	24.8	24.9
Transport cost	7.3	4.8	3.7	4.4	5.7	4.7
Purchase of airtime	23.3	26.4	27.9	27.2	25.3	26.7
Data bundle	5.2	4.6	2.1	4.0	3.9	4.4
Payment of electricity bill	14.3	17.0	14.6	14.6	14.4	16.1
Payment of water bill	4.0	3.6	1.9	1.5	3.1	2.8
Payment of fuel	0.4	0.1	0.1	0.0	0.3	0.1
TV subscription	1.4	0.8	0.5	0.3	1.0	0.6
Other home supplies	5.7	4.3	8.8	7.7	7.1	5.5
Use of ICT in e-commerce, MOMO, e-payment, e-banking, communication, meetings...	n= 560	n= 675	n= 595	n= 570	n= 1,155	n= 1,245
The use of ICT has increased compared the period before COVID-19	67.9	69.8	68.6	59.5	68.2	65.1
The use of ICT did not much change	16.1	9.9	14.3	9.8	15.2	9.9
It was easier to use ICT compared to the situation before COVID-19	1.3	1.2	0.7	1.2	1.0	1.2
I had more access to ICT facilities than the period before COVID	7.7	18.5	12.9	29.0	10.4	23.3
I had limited access to ICT facilities compared the period before COVID-19	7.1	0.6	3.5	0.5	5.3	0.6

3.4. Agricultural Activities and Food Security

Despite the fact that the agriculture sector was declared unaffected sector by the government's restrictions on movement, and it is increasingly being seen as the hope and pillars for the economic resilience and recovery; not all agricultural activities and food security activities escaped the effects of the pandemic. Findings from this RGA survey indicated a majority of respondents continued to have access to food crop seeds (47% women and 52% men) and inorganic fertilizer (47% women and 51% men) for their farming activities. Expectedly, men have more access than women to these inputs. However, due to the COVID-19 effects, respondents stated that their ability to buy these inputs has decreased as observed by 67% of women and 77.5% of men. The main source of these inputs remains the agro-dealers for both women (47.5%) and men (42.2%). As result of the decrease in access to inputs as well as

other related factors, the respondents felt that production levels will decline (67.5% women and 78% men). However, these perception levels do not translate directly into the magnitude of observed or expected decline in the above indicator variables as consequences of the pandemic. Thus, a further exploration is needed to show the magnitude of the COVID-19 impacts.

TABLE 6: Access to agricultural inputs after the onset of COVID-19

Variables and response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Use of agricultural inputs during COVID-19	n= 496	n= 572	n= 568	n= 503	n= 1,064	n= 1,075
Crop seeds	59.6	56.4	46.6	39.9	52.2	47.7
Chemical/ inorganic fertilizers	59.9	58.2	44.2	36.9	50.9	47.0
Pesticides	33.2	17.9	33.9	13.7	33.6	15.7
Animal feeds	13.0	10.3	16.0	12.8	14.7	11.6
Poultry feeds	10.8	5.2	7.9	3.3	9.1	4.2
Other (specify)	2.5	25.5	5.4	30.9	4.2	28.3
Change in ability to buy inputs	n= 277	n= 330	n= 369	n= 366	n= 646	n= 696
Stayed the same	15.5	25.8	23.9	36.9	20.3	31.6
Increased	1.5	2.4	2.7	1.1	2.2	1.7
Decreased	83.0	71.8	73.4	62.0	77.5	66.7
Source of inputs used, during the onset of COVID-19	n= 221	n= 264	n= 241	n= 241	n= 462	n= 505
Agricultural extensionists	9.5	20.1	12.9	14.9	11.3	17.6
Agro-dealers	44.8	55.7	39.8	38.6	42.2	47.5
Local nearest market	14.0	4.2	21.2	10.4	17.8	7.1
Neighbors (farmers)	3.6	6.8	5.8	14.5	4.8	10.5
Other sources (specify)	28.1	13.3	20.3	21.6	24.0	17.2
Change in production	n= 277	n= 330	n= 369	n= 366	n= 646	n= 696
Stayed the same	15.5	24.6	22.8	34.7	19.7	29.9
Increased	1.5	2.7	3.0	2.5	2.3	2.6
Decreased	83.0	72.7	74.2	62.8	78.0	67.5

This study has also assessed possible changes in food availability at household level and perceived levels of COVID-19 impacts on food security among the survey respondents. The majority of the respondents (80.5% of women) and (73.6% of men) perceive negative changes in terms of food availability mainly due to increases in commodity prices despite government's timely regulation measures to halt the increase of the prices especially for food commodities (see Figure 4 for more clarity).

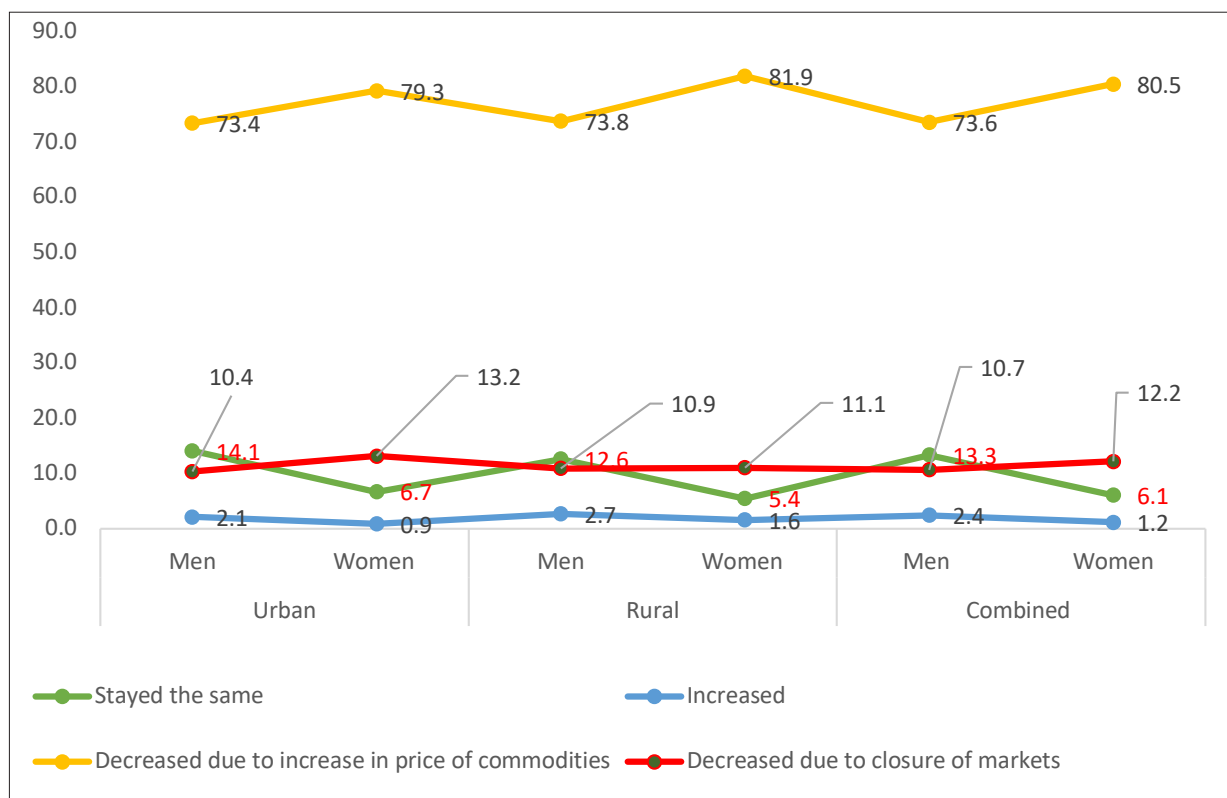


FIGURE 4: Changes in availability of food commodities since the onset of COVID-19

Also, consistent with the national statistics on the consumer price index (CPI), there was an increase of 8.9% for the urban CPI and 12.2% for the rural CPI comparing the period September 2020 vis-à-vis September 2019. A 1% and 2% monthly increase has been observed in urban and rural areas respectively. These factors, among others, might have contributed to the reported reduced number of meals to one per day per adult (60% women and 64% men), two meals per day for family members aged 5 to 17 years old, and two meals for children under five years old (59.5% women and 60.7% men). Respondents were also asked about the number of days (within 7 days of first week of lockdown) they consumed a certain number of food commodities as well as their sources. Results in Table 7 show that cereals and tubers were consumed more than 3 days a week on average and the majority of respondents (64% men and 61% women) reported local market or shops as the main source of consumed food commodities.

TABLE 7: Food availability, Food consumption level and source of food consumed

Variables and response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Changes in food availability since the onset of COVID-19	n= 560	n=675	n= 595	n=570	n=1,155	n=1,245
Stayed the same	14.1	6.7	12.6	5.4	13.3	6.1
Increased	2.1	0.9	2.7	1.6	2.4	1.2
Decreased due to increase in price of commodities	73.4	79.3	73.8	81.9	73.6	80.5
Decreased due to closure of markets	10.4	13.2	10.9	11.1	10.7	12.2
Number of meals per day: ADULT	n= 554	n= 662	n= 592	n= 560	n= 1,146	n=1,222
1	57.4	55.7	69.9	65.2	63.9	60.1

Variables and response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
2	39.2	41.5	28.7	32.5	33.8	37.4
3	3.4	2.7	1.4	2.3	2.4	2.5
More than 3 meals	0.0	0.0	0.0	0.0	0.0	0.0
Number of meals per day: aged 5 to 17 years	n= 418	n= 544	n= 440	n= 468	n= 858	n= 1,012
1	26.1	36.8	32.5	42.3	29.4	39.3
2	60.5	56.1	59.6	51.5	60.0	54.0
3	13.2	6.6	7.7	6.2	10.4	6.4
More than 3 meals	0.2	0.6	0.2	0.0	0.2	0.3
Number of meals per day: UNDER-5 Children	n= 338	n= 345	n= 369	n= 339	n= 707	n= 684
1	8.9	15.9	10.0	15.9	9.5	15.9
2	56.5	60.6	64.5	58.4	60.7	59.5
3	27.2	19.1	23.0	19.8	25.0	19.4
More than 3 meals	7.4	4.4	2.4	5.9	4.8	5.1

Mean days for food items consumption				
	Food commodities	Men	Women	Combined
Food items consumed by household within 7 days of lockdown period	Rice	3.51	3.35	3.42
	Sorghum	5.30	5.20	5.24
	Maize	4.42	4.45	4.43
	Cassava	3.58	3.56	3.57
	Other cereals and tubers (root crops, potatoes millet,, bread, wheat)	3.00	2.92	2.96
	Pulses (groundnuts, legumes, beans, lentils, peas, sesame)	4.48	4.27	4.37
	Vegetables including wild vegetables and leaves	5.28	5.19	5.23
	Fruits including wild fruits	5.29	5.05	5.16
	Meat, and poultry (including bush meat, and both red and white meat)	2.81	3.01	2.92
	Eggs	1.97	1.70	1.83
	Fish	2.22	2.74	2.52
	Milk, cheese, yogurt	3.51	3.61	3.57
	Sugar, honey, sweets	4.19	4.31	4.25
	Oil, fats	5.06	5.11	5.09
Source of food items consumed		Percent	Percent	Percent
	Own/ food items produced	25.47	28.66	27.15
	Work for food	1.05	1.37	1.22
	Market/shop purchase	64.08	61.32	62.62
	Food aid (from relatives/local constituencies)	8.52	7.37	7.91
	Borrowing/debts	0.43	0.57	0.5
	Other source	0.45	0.71	0.59

As depicted in Figure 5 below, food commodities consumed within 7 days of lockdown were sourced from nearest market and shops (62.6%) while 27.2% of respondents who mainly practice farming reported to consume commodities produced on their own. It is also indicated that about 8.5% of men and 7.4% of women confirmed to receive food aid from relatives and their respective local constituencies.

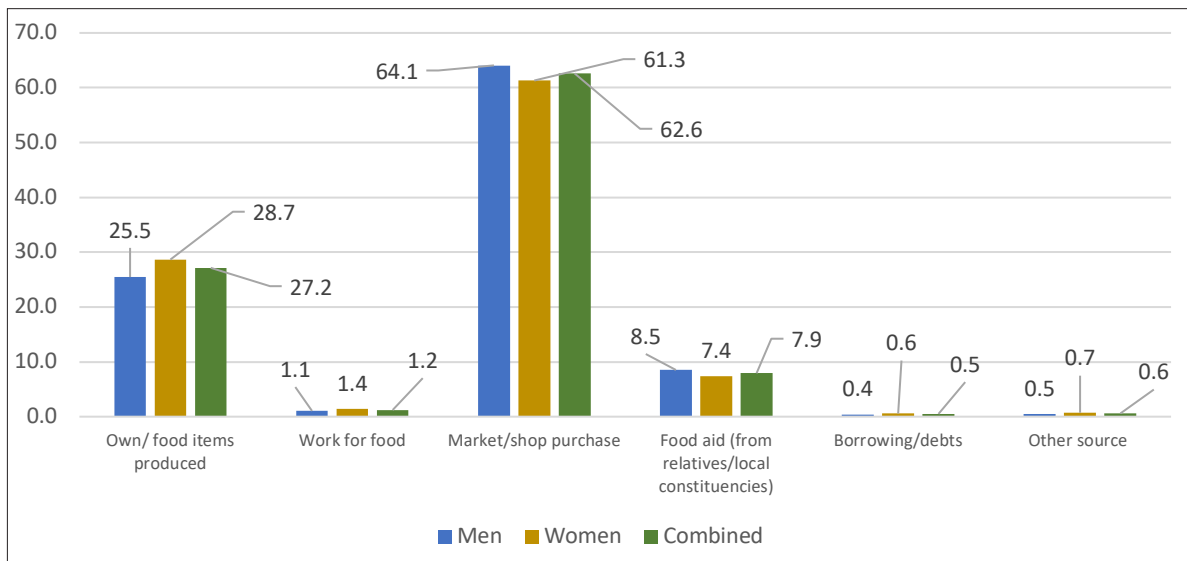


FIGURE 5: Source of food commodities consumed within 7 days of lockdown

3.5. Burden of care and unpaid care work

An increased burden of care and unpaid care work is hypothesized from the emerging literature on COVID-19 impacts. This assumption is mainly motivated by the closing of schools and the increased demand in water and sanitation to meet the hygienic standards needed to reduce the spread of COVID-19 that could add more pressure to women’s time and care burden. If it is the case, this adds a burden to the already large women share of care work as compared to their men counterparts.

Thus, this study investigates some key elements of people’s burden (men and women) in performing household level related tasks. The study proposed a list of major activities at household level and the assessment indicate the types of tasks mostly performed by women or men. Results from the survey in table 8 are consistent with the expectations where most of the activities at household level are performed by women rather than men in both in urban and rural areas. For example, 79% of women and 68.4% of men in rural area stated that women are mostly involved in food and meal preparation while in urban area it was reported by 73.5% of women and 64.3% of men; home cleaning activities (confirmed by 57.9% men and 52.2% of women in rural area and by 53.1% of men and 45.5% of women in urban area), shopping for the household, and support children for home schooling and training, and children’s care including feeding, cleaning, and physical care. Furthermore, tasks related to assisting elderly, sick or disabled adults with medical care, feeding, cleaning and physical care are less performed by both women and men as confirmed by 69% of women and 5.3% of men in urban area and by 8.7% of women against 3.8% of men in rural area. Respondents have also indicated how the time initially devoted to help non-household members has decreased since the onset of COVID-19. Table 8 below displays the proportion of respondents (if he/she is a man or woman) and spouse who spent more time in performing home activities.

TABLE 8: Person in the household who spent the most time doing the following activities before the onset of COVID-19

Variables and response options	Urban (n=1,235)				Rural (n=1,165)			
	Men		Women		Men		Women	
	Me	Spouse	Me	Spouse	Me	Spouse	Me	Spouse
Food and meal management and preparation (e.g. cooking and serving meals)	8.0	64.3	73.5	15.9	8.1	68.4	79.0	13.7
Cleaning (e.g. clothes, household)	6.7	53.1	45.5	16.0	7.1	57.9	52.2	16.5
Shopping for own household/ family members	52.5	8.7	65.7	7.7	50.7	10.5	62.7	6.7
Collecting water/firewood/fuel	9.2	32.4	23.9	13.7	11.7	28.5	25.9	16.8
Minding children while doing other tasks (e.g. paid work)	17.6	15.4	66.3	9.1	15.0	17.7	68.3	6.2
Playing with, talking to and reading to children	13.6	29.3	58.6	7.0	15.5	28.4	60.0	10.2
Instructing, teaching, training children	25.0	14.2	74.6	10.5	24.3	15.9	76.7	6.2
Caring for children, including feeding, cleaning, physical care	3.2	46.3	72.1	12.6	0.7	55.5	76.0	11.1
Assisting elderly/sick/ disabled adults with medical care, feeding, cleaning, physical care	2.0	5.3	69.0	9.9	0.0	3.8	8.7	1.7
Assisting elderly/sick/ disabled adults with administration and accounts	2.7	2.7	72.1	9.3	0.0	0.0	76.2	9.5
Affective/emotional support for adult family members	2.1	1.4	38.1	33.3	0.7	2.0	61.3	12.9

The analysis has also compared the time devoted to such activities before and after the onset of COVID-19 to see how this has affected people's time location to pre-identified types of activities. Among the list of activities proposed, there are those that could have resulted from the restrictions measures against COVID-19 such as home schooling and facilitation for online learning by students. Findings show increased time allocated as result of the lockdown to some of these activities for both women and men in urban areas, but mainly women overall. These include the time allocated to home schooling (71.4% of women respondents), children's care (60.3% of women respondents), and cleaning related activities (43.6% women). The time allocation by men for such activities remained generally unchanged, mostly because they fall under the activities they don't normally do (see table 9).

TABLE 9: Changes in time devoted to the following activities since the onset of COVID-19
(for urban residents)

Variables and response options	Men					Women				
	# Cases	Do not usually do it	Increased	Unchanged	Decreased	# Cases	Do not usually do it	Increased	Unchanged	Decreased
Food and meal management and preparation (e.g. cooking and serving meals)	45	0.0	13.3	55.6	31.1	496	0.4	18.4	37.7	43.6
Cleaning (e.g. clothes, household)	41	0.0	17.1	73.2	9.8	496	0.0	43.6	45.8	10.7
Shopping for own household/ family members	39	0.0	12.8	59.0	28.2	495	1.0	51.0	18.9	25.4
Collecting water/ firewood/fuel	38	0.0	18.4	76.3	5.3	491	1.0	33.0	54.2	11.8
Minding children while doing other tasks (e.g. paid work)	27	22.2	14.8	63.0	0.0	435	0.2	57.2	34.3	8.3
Playing with, talking to and reading to children	21	28.6	9.5	61.9	0.0	355	3.9	59.2	25.6	11.3
Instructing, teaching, training children	19	31.6	10.5	47.4	10.5	315	0.0	71.4	21.6	7.0
Caring for children, including feeding, cleaning, physical care	18	33.3	11.1	50.0	5.6	242	2.1	60.3	21.9	15.7
Assisting elderly/ sick/disabled adults with medical care, feeding, cleaning, physical care	15	46.7	0.0	53.3	0.0	55	1.8	20.0	20.0	58.2
Assisting elderly/ sick/disabled adults with administration and accounts	15	53.3	0.0	46.7	0.0	33	0.0	9.1	24.2	66.7
Affective/ emotional support for adult family members	15	53.3	0.0	46.7	0.0	14	0.0	14.3	35.7	50.0

The results from the survey in tables 8, 9, 10 (and in the annex 11) reflect the national trend of women’s higher unpaid care work burden compared to men. In Rwanda, women account for 52% of the population and spend on average 26.7 hours per week on care work compared to only 16.1 hours by men (NISR: Labour Force survey 2019, Gender thematic report). Social norms around what women, men, boys and girls do in the family and community setting result in an increase in the number of hours spent on care work even before the onset of COVID-19 pandemic. Also, the increased demand for water and sanitation to meet the hygiene standards needed to comply to the best practices against the spread of COVID-19 has added time allocated in fetching water and firewood in rural area (28.6% of men) while majority of women (54.1%) have seen this unchanged as compared to the period before the onset of COVID-19 (table 10).

TABLE 10: Changes in time devoted to the following activities since the onset of COVID-19 (for rural residents)

Variables and response options	Men					Women				
	# Cases	Do not usually do it	Increased	Unchanged	Decreased	# Cases	Do not usually do it	Increased	Unchanged	Decreased
Food and meal management and preparation (e.g. cooking and serving meals)	48	0.0	22.9	29.2	47.9	450	0.4	18.7	33.6	47.3
Cleaning (e.g. clothes, household)	46	0.0	28.3	47.8	23.9	449	0.5	43.7	43.7	12.3
Shopping for own household/ family members	45	2.2	17.8	37.8	42.2	449	0.2	10.0	32.3	57.5
Collecting water/ firewood/fuel	35	2.9	28.6	60.0	8.6	442	0.2	33.0	54.1	12.7
Minding children while doing other tasks (e.g. paid work)	21	9.5	9.5	76.2	4.8	411	0.5	56.2	36.3	7.1
Playing with, talking to and reading to children	15	6.7	6.7	80.0	6.7	356	2.8	54.5	32.9	9.8
Instructing, teaching, training children	14	7.1	14.3	78.6	0.0	331	1.2	63.8	26.3	8.8
Caring for children, including feeding, cleaning, physical care	13	7.7	15.4	76.9	0.0	265	1.1	58.1	23.8	17.0
Assisting elderly/sick/ disabled adults with medical care, feeding, cleaning, physical care	10	10.0	0.0	90.0	0.0	85	0.0	27.1	22.4	50.6
Assisting elderly/sick/ disabled adults with administration and accounts	10	10.0	0.0	90.0	0.0	48	0.0	10.4	29.2	60.4
Affective/emotional support for adult family members	10	10.0	0.0	90.0	0.0	22	0.0	13.6	45.5	40.9

3.6. Water and Sanitation

This sub-section focuses on the analysis of whether access to water is sufficient, and the explanatory reasons of limited or sufficient access to water; this is assumed to be the main contributing factor to improved sanitation. This is important especially in the period of lockdown where the majority of people are at home and require more improved sanitation facilities. Both women (53.2%) and men (52%) respondents stated that they have sufficient access to safe water while 31% of both women and men indicated limited access to safe water (table 11). Limited access is more observed in rural areas (39% men and 34.9% women) than in urban areas (22.1% men and 27% women). This is explained by limited supply of piped water which is available on certain days of the week (supported by 26% of women and 33.7% of men) and long distances to water sources (rural women 39%, rural men 43%).

TABLE 11: Access to clean and safe water, reasons for no access

Variables and response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Access to clean and safe water	n= 560	n= 675	n= 595	n= 570	n=1,155	n= 1,245
Yes, sufficient	63.2	58.2	41.3	47.2	52.0	53.2
Yes, but limited	22.2	27.0	39.0	34.9	30.8	30.6
No	14.6	14.8	19.7	17.9	17.2	16.2
MAIN reason for limited or no access to water	n= 206	n= 282	n= 349	n= 301	n= 555	n= 583
Piped water supply is only available on certain days of the week	37.4	31.9	31.5	20.6	33.7	26.1
Denied by cartels	0.0	1.1	0.0	0.0	0.0	0.5
Fear of COVID-19 infection	0.0	0.0	0.3	0.0	0.2	0.0
Harassment en-route to source	0.0	0.0	0.0	0.0	38.0	31.2
Source is too far away	30.1	23.4	42.7	38.5	38.0	31.0
Source closed due to COVID-19	1.0	0.0	0.3	0.0	0.5	0.0
Cannot afford the cost	4.4	16.0	2.6	9.0	3.2	12.4
Not enough water containers	1.0	6.7	0.0	7.6	0.4	7.2
Water access has always been a challenge	18.5	10.6	13.5	12.0	15.3	11.3
Due to floods	1.0	1.1	0.0	0.7	0.4	0.9
Other	5.3	9.2	8.3	11.6	7.2	10.5
Don't know	1.5	0.0	0.9	0.0	1.1	0.0

Similarly, RGA survey results in Figure 6 below indicate that high proportion of men (63.2%) and women (58.2%) respondents in urban areas agreed that they had access to sufficient water. However, there are still men (39%) and women (34.9%) reporting limited access to sufficient water especially those in rural areas.

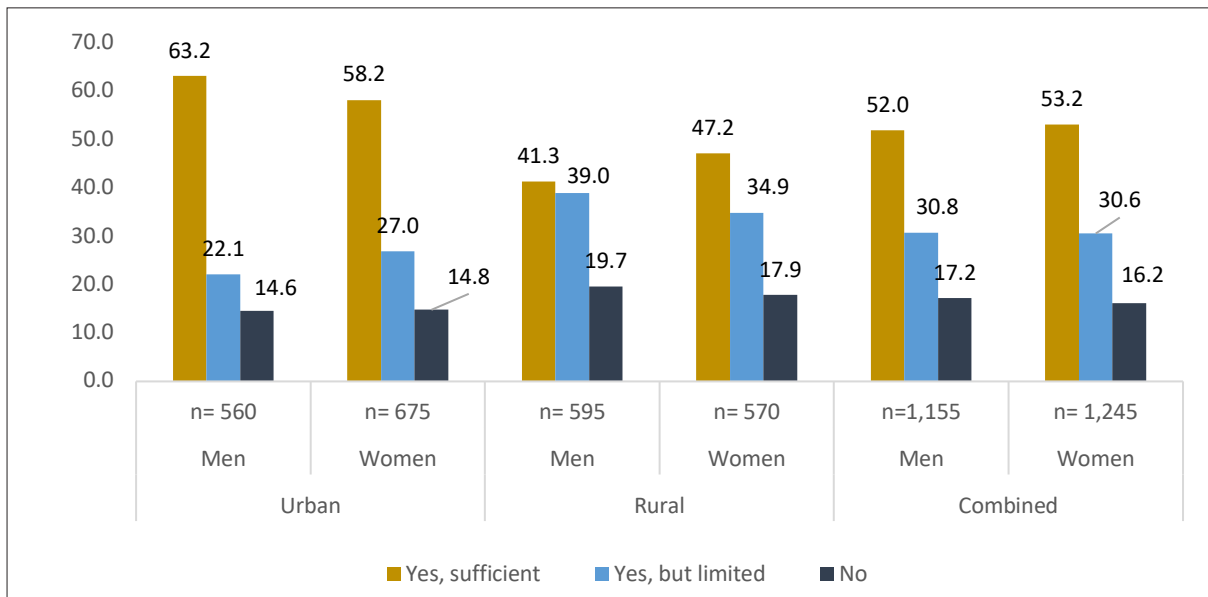


FIGURE 6: Access to clean and safe water

3.7. Health and health seeking behaviour

The COVID-19 impacts started by affecting and challenging the existing health system in the country. The pandemic led to most of the government interventions being skewed towards health-related interventions and in doing so compromising other sectors of the economy. The study by Louis et al. (2020) asserts that Rwanda’s pre-existing decentralized health care and mental health care system and its concerted efforts to address citizen’s needs have highlighted the impact of COVID-19 within the country’s unique context. In this study, the aim is to assess the source and the level of access to information regarding COVID-19, perceived impacts of COVID-19 on the mental health of the respondents and other members of the household, as well as the access to services before and after COVID-19. The responses from the survey in table 12 reveal that radio/television/ newspaper is the dominant source of information related to COVID-19 (31% of men and 25.6% of women) followed by public announcement (22.4% of women and 22.1% of men).

Furthermore, 91.2% and 94% of women and men respondents respectively have reported that their mental/emotional situation has been negatively affected as result of COVID-19. This also applies to other members of the households. The survey assessed if the access to other health services has been affected especially in terms of waiting time. Majority of respondents did not seek (no need) for medical health while 31.5% of women reported shorter waiting time compared to before COVID-19 outbreak. Both women and men (28.4% and 26.2% respectively) reported unchanged waiting time as compared to before the pandemic.

TABLE 12: Main source of info regarding COVID-19, effects on mental health and COVID-19 related symptoms

Variables and response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Main source of information regarding COVID-19	n= 1,757	n= 2,533	n= 1,664	n= 1,877	n= 3,421	n= 4,410
Internet & social media	2.9	2.3	0.7	1.0	1.8	1.7
Official Government websites or other communication channels	3.0	3.1	1.4	2.1	2.2	2.7
Radio/Television/Newspaper	29.8	24.8	32.3	26.7	31.0	25.6
Public announcement/speaker	20.8	21.4	23.4	23.7	22.1	22.4
Phone (text or call)	15.3	17.1	14.2	14.6	14.8	16.0
Community, including family and friends	13.3	14.6	10.7	14.2	12.0	14.4
Community health worker /volunteer	12.4	14.5	14.1	14.6	13.2	14.6
NGO/Civil Society organization	1.8	1.1	1.0	1.4	1.4	1.2
Other	0.8	1.2	2.0	1.7	1.4	1.4
No, I have not received information about COVID-19	0.0	0.0	0.1	0.1	0.0	0.0
Don't know	0.0	0.0	0.1	0.0	0.0	0.0
Respondent or any other household member (s) been/is still ill since the onset of COVID-19	n= 560	n= 675	n= 595	n= 570	n= 1,155	n= 1,245
Yes	53.6	69.5	49.6	74.4	51.5	71.7
No	46.4	30.5	50.4	25.6	48.5	28.3
Respondent's mental health been affected negatively since the onset of COVID-19						
Yes	93.9	89.3	94.0	93.3	93.9	91.2
No	6.1	10.7	6.0	6.7	6.1	8.8
COVID-19 related symptoms exhibited since onset of the COVID-19	n= 352	n= 249	n= 331	n= 260	n= 683	n= 509
Fever	24.9	20.7	24.6	19.0	24.8	19.9
Sore throat	4.4	5.4	5.8	5.4	5.1	5.4
Repeated shaking with chills	9.2	13.9	6.2	9.4	7.7	11.7
Muscle pain	4.8	5.4	4.2	6.0	4.5	5.7
Diarrhea	7.2	9.4	5.8	10.6	6.5	10.0
Dry cough	15.3	13.1	19.6	15.4	17.5	14.2
Difficulty in breathing/shortness of breath	4.0	5.4	4.6	3.6	4.3	4.5
Loss of taste or smell	3.6	5.7	4.2	5.4	3.9	5.6
Running nose	26.5	21.0	25.0	25.1	25.7	23.0
Changes in waiting time for those who sought health care assistance	n= 560	n= 675	n= 595	n= 570	n= 1,155	n= 1,245
Same waiting time as before COVID-19 outbreak	24.5	29.0	27.9	27.7	26.2	28.4
Longer waiting time as before COVID-19 outbreak	4.8	6.4	4.5	6.3	4.7	6.4
Shorter waiting time as before COVID-19 outbreak	15.2	29.0	14.1	34.4	14.6	31.5
Had to go repeatedly as doctors are not available during COVID-19 outbreak	0.5	1.0	0.3	0.9	0.4	1.0
Did not seek/need medical care	54.6	33.2	52.6	29.3	53.6	31.4

Variables and response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Self-medication for fear of getting infected with COVID-19	0.0	0.9	0.3	1.2	0.2	1.0
Don't know	0.4	0.4	0.2	0.2	0.3	0.3

The study assessed the types of health services needed and whether these were easy to access since the onset of COVID-19 compared to the situation before. Table 13 shows that 67.7% of women and 52.5% sought and accessed the needed basic health services, while 46.5% of men and 31.2% of women did not need any health service during this period. Family planning services were also considered part of the services accessed by households. Only 0.5% of women and 0.4% of men reported that they could not get access to health services when needed during the onset of COVID-19 although such services were not specified as well as the reasons (Table 13). These findings reveal that women were more likely to seek health care services than men. In the same line, 77% of women and 76% of men stated that they did not seek for alternative health care services as result of COVID-19 outbreak. It is also important to note that though there were no restrictions for people seeking any health service, it is hard to believe that expecting women who need antenatal care (4 visits are required) performed all visits as initially planned. However, this survey did not explore this specific aspect, calling for further investigation beyond the scope of this study.

The survey asked further about the change in access to menstrual hygiene products. Survey results in Figure 7 reveal that use of the menstrual hygiene products among women respondents has changed since the onset of COVID-19. The majority of women respondents (32.1% from urban and 29.2% from rural) reported a decline in the use of these products. This decline can be linked to a decline in income and issues related to accessibility due to closure of shops where these products are sold, among other reasons.

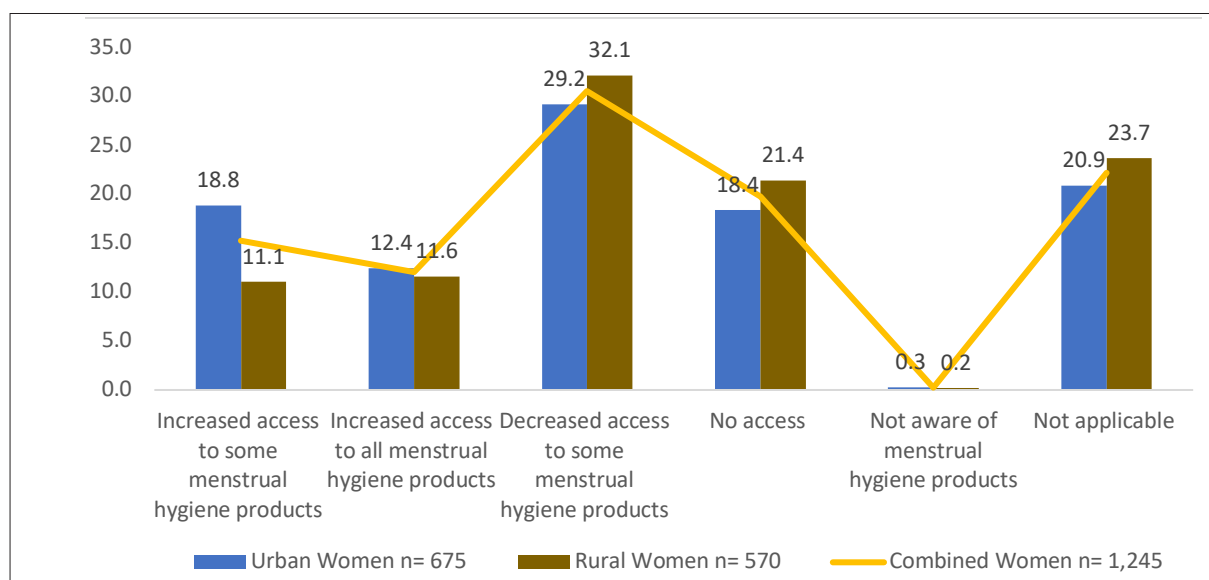


FIGURE 7: Changes in the use of menstrual hygiene products since the onset of COVID-19

With respect to health insurance coverage, the RGA survey revealed no significant gender imbalance. A slight difference is observed in terms of health insurance coverage using Community based health insurance known as ‘Mutuelle de sante’ between women (91%) and men (93%) (see Figure 8). This is not a surprising finding given the government’s efforts to enforce community health insurance through different mechanisms including the performance contract (Known as *Imihigo*) where health coverage is included among the performance targets by decentralized entities.

TABLE 13: Access to health services after the onset of COVID-19

Variables and response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Ability to access healthcare services	n= 560	n= 675	n= 595	n= 570	n= 1,155	n= 1,245
Yes, we tried and were able to access healthcare facilities	53.9	68.2	51.3	67.2	52.6	67.7
Yes, we tried but were not able to access healthcare facilities	0.5	0.4	0.3	0.5	0.4	0.5
Yes, we tried and were able to access some, but some we couldn’t	0.4	0.3	0.7	0.7	0.5	0.5
No, we didn’t need any healthcare services	45.2	31.1	47.7	31.4	46.5	31.2
Don’t know	0.0	0.0	0.0	0.2	0.0	0.1
Alternative sources of healthcare services	n= 561	n= 677	n= 598	n= 571	n= 1,159	n= 1,248
No need to seek alternative healthcare	74.7	77.0	79.3	75.1	77.1	76.1
Visiting herbalists	0.9	1.8	1.8	3.0	1.4	2.3
Procuring medication from pharmacies	4.8	3.7	3.3	2.5	4.1	3.1
Praying for healing	0.0	0.4	0.0	0.4	0.0	0.4
Using mid-wives	1.4	2.4	1.3	3.0	0.0	0.0
Calling personal /family doctor for consultation and prescription over the phone	11.8	11.8	9.5	13.3	1.4	2.6
Other	6.4	2.8	4.7	2.5	10.6	12.5
Don’t know	0.0	0.2	0.0	0.4	5.5	2.9
Health insurance coverage	n= 253	n= 210	n= 284	n= 179	n= 537	n= 389
Community based Health Insurance	90.1	91.9	96.1	89.9	93.3	91.0
MMI	0.0	0.5	0.0	1.1	0.0	0.7
RAMA/ RSSB	4.0	2.9	1.8	0.6	2.8	1.8
FARG	0.4	0.0	0.0	0.0	0.2	0.0
Private/ Out of pocket (self or relative)	3.6	4.3	0.7	3.9	2.1	4.1
Other (specify)	2.0	0.5	1.4	4.5	1.7	2.3

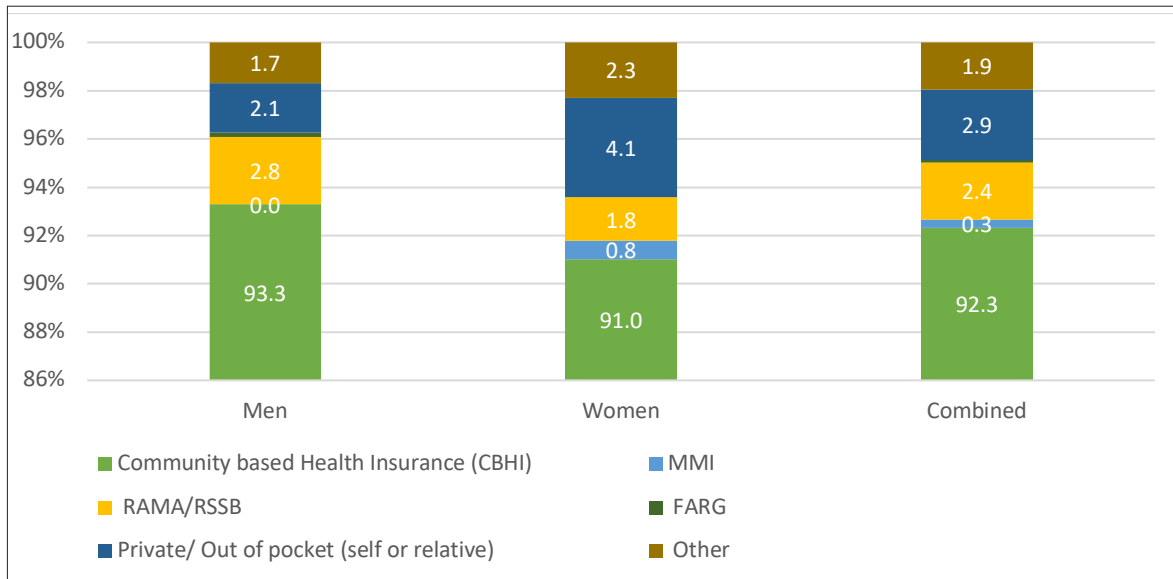


FIGURE 8: Health insurance coverage

3.8. Protection and security

This study also sought to understand the extent of people’s feelings about their security, if people have faced any sort of threat or violence linked to the compliance of Covid-19 related restrictions. For cases where people felt less secured, follow up questions were proposed to understand what could be possible reasons. Answers from the RGA survey reveal respondent’s perceptions about their feelings of safety in terms of security in their respective communities. Women felt more safer (84.9%) than male respondents (73.4%) and majority expressed that they did not experience any threat or violence linked to the compliance of COVID-19 related restrictions (reported by 95.4% of women compared to 87% of men respondents). Additionally, access to food, earning income from working, and access to water are the top three priority area expressed by the respondents as the reasons for their households to feel more secured (see Table 14).

Table 14: Changes in feelings of safety in the community since the onset of COVID-19 and top priority areas

Variables and response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Changes in feelings of safety	n= 560	n= 675	n= 595	n= 570	n= 1,155	n= 1,245
The same	24.5	8.6	23.4	7.4	23.9	8.0
Feel safer	73.4	83.3	73.5	86.8	73.4	84.9
Feel less safe	2.1	8.2	3.0	5.6	2.6	7.0
Do not know	0.0	0.0	0.2	0.2	0.1	0.1
Experience of threats or violence linked to the compliance of COVID-19 related restrictions.	n= 12	n= 55	n= 19	n= 33	n= 31	n= 88
Yes	0.0	5.5	21.1	3.0	12.9	4.6
No	100.0	94.6	79.0	97.0	87.1	95.5
Changes of feelings of safety in your home since the onset of COVID-19	n= 560	n= 675	n= 595	n= 570	n= 1,155	n= 1,245
The same feeling of safety	49.8	29.0	45.9	34.0	47.8	39.0
Feel safe	48.0	65.3	53.1	61.8	50.7	79.3
Feel less safe	2.1	5.6	1.0	4.2	1.6	62.0
Top three priority needs or concerns for respondents and households	n= 1,676	n= 2,024	n= 1,790	n= 1,707	n= 3,466	n= 3,730
Health care	11.87	11.86	11.62	11.66	11.7	11.8
Food	28.46	28.85	28.66	29.17	28.6	29.0
Water	9.43	8.79	11.45	10.37	10.5	9.5
Sanitation – Hygiene	5.49	7.56	4.75	7.21	5.1	7.4
Shelter and household items	8.59	9.63	7.09	7.85	7.8	8.8
Being sure that you can continue to live in your current place (security of tenure)	2.15	2.27	2.4	1.99	2.3	2.1
Education	3.52	4.35	3.07	3.4	3.3	3.9
Earning a living/getting an income/working	23.87	20.5	22.23	20.15	23.0	20.4
Safety and Security	2.8	2.77	3.24	3.05	3.0	2.9
Other (specify)	3.82	3.41	5.47	5.16	4.7	4.2

The trends in Table 14 are consistent with the national level statistics from the Rwanda Governance Score Card where the overall score for personal and property safety is estimated at 91.82%. The level of satisfaction with personal security scored 95.9% while the satisfaction with property security scored 86.3%. The homicides rates (per 100,000) are estimated at 3.68 with 99.99% level of satisfaction. The confidence level in “DASSO” is at 85.1% (RGB, 2019).

3.9. Gender Based Violence

Some scholars and other reports have expressed concerns about a potential increase of gender-based violence as result of COVID-19 related restrictions or during the lockdown. The study started the analysis by obtaining people’s perceptions about the extent to which GBV is seen a problem in Rwanda. Approximately a third of women respondents reported that GBV is somewhat a problem in Rwanda (37.5% in urban and 32.5% in rural areas) compared to 19.1 % and 13.1% of men in urban and rural area, respectively (table 15). Next, the study assessed the extent to which GBV could have changed (increased or decreased) as result of the onset of COVID-19. Results indicate that the respondents feel that the incidence of GBV has

declined both in urban (45.3% for women and 45.9% of men) and rural areas (52.5% women and 47.6% men). Overall, 30.4% of women and 18.8% of men perceive an increase in the incidence of GBV cases in their respective communities. Domestic and sexual violence are the forms of GBV most commonly reported by both men and women at 16% and 10%, respectively. The spouse/partner and neighbours were reported to be the primary perpetrators or offenders in the case of GBV incidences. Similarly, findings from the RDHS (2014-2015) indicated the husband / partner to be the main perpetrator for women (aged between 15 and 49) who have even experienced sexual violence (33.8%) or the current wife/ partner for men victims (aged between 15–49 years) observed at 17.6%. Findings from key consultations postulate that in families where husbands lost their jobs and felt disempowered, they became aggressive and women experienced heightened domestic violence. Additionally, the information from RDHS (2014-2015) reveal two major reasons which push men and women to initiate violence against their spouses, namely the drunkenness and an increase of the number of controlling behaviors displayed by the spouse (NISR, 2015).

Furthermore, from secondary data recorded at District level and Rwanda Investigation Bureau (RIB) show increasing trends of gender-based violence cases since 2015 till 2017 before declining in 2018. For example, the number of cases of sexual violence against women increased from 7,277 in 2015 to 9744 new cases in 2017 and declined to 7509 cases in 2018 (District level statistics as reported in One-UN, 2020). Similarly, GBV cases reported in 2017 stands at 4,690 and these increased at 10,704 cases in 2019, reflecting an increase by 128.2% during the two periods (One-UN, 2020). A more analysis of the incidence of GBV during the onset of COVID-19 using secondary data from RIB shows that GBV cases have decreased in March -April from 969 cases to 854 and have increased again from 1098 to 1243 GBV cases during May to June, 2020. When compared from March and June, the change in incidence reflects an increase of 28.3%. There is no clear evidence to attribute this increment to the effects of COVID-19 (see Figure 9). Several interpretations are possible. One may argue that majority of people reported GBV cases accounted during the lockdown after its progressive removal and hence they had time to report. Alternative view is that during the lock down GBV cases happened but they were not reported. In any case, it is clear that GBV cases are increasing and they need to be strongly addressed by the policy and development partners.

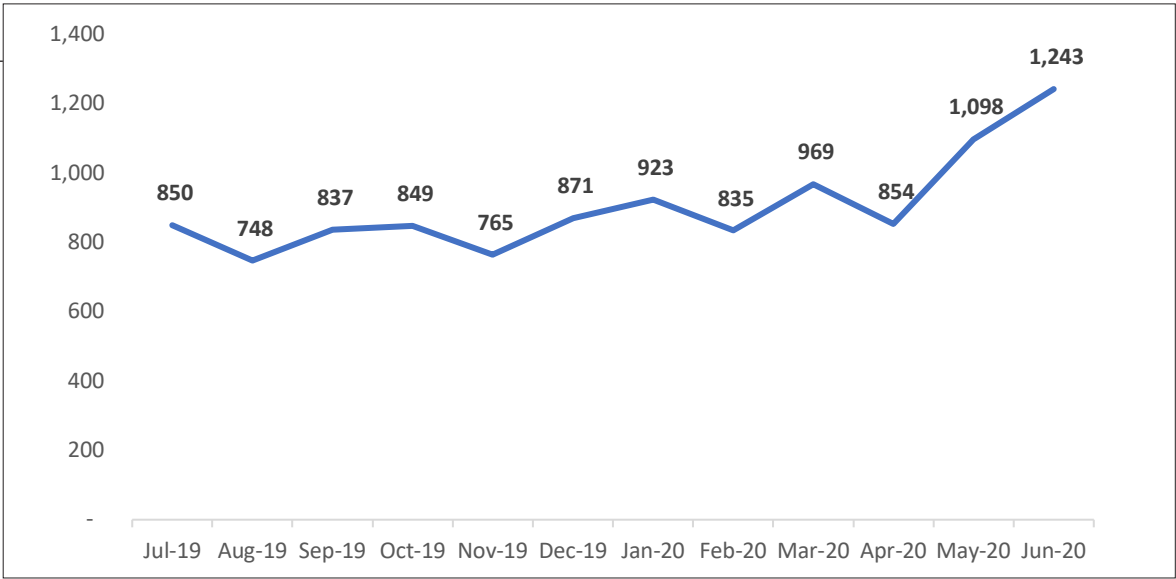


FIGURE 9: Trends of GBV cases (July 2019- June, 2020)

TABLE 15: Awareness of sexual harassment and other forms of GBV, Experience of GBV, perpetrator and change in the incidence of GBV forms (by location)

Variables and response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Extent to which gender-based violence is a problem in Rwanda	n= 560	n= 675	n= 595	n= 570	n= 1,155	n= 1,245
A lot	10.1	25.3	9.9	30.5	10.1	27.7
Somewhat	19.1	37.5	13.1	32.3	16.0	35.1
A little bit	61.1	31.9	65.2	33.0	63.2	32.4
Not at all	7.7	2.2	8.9	1.4	8.3	1.8
Do not know	2.0	3.1	2.9	2.8	2.4	3.0
Change in the incidence sexual harassment or other forms of GBV during COVID-19	n= 560	n= 675	n= 595	n= 570	n= 1,155	n= 1,245
Yes, increased	22.3	33.8	15.5	26.5	18.8	30.4
Yes, decreased	45.9	45.3	47.6	52.5	46.7	48.6
No, stayed the same	24.1	15.0	30.1	15.4	27.2	15.2
Don't know	7.7	5.9	6.7	5.6	7.2	5.8
Refused	0.0	0.0	0.2	0.0	0.1	0.0
How often do you think that gender-based violence occurs in Rwanda	n= 506	n= 636	n= 525	n= 546	n= 1,031	n= 1,185
Happens very often	12.3	20.6	13.5	27.8	12.9	24.0
Happens sometimes	32.8	52.6	30.7	49.3	31.7	51.0
Does not happen very often	48.0	25.2	49.5	21.6	48.8	23.5
Never happens	5.3	0.8	5.0	0.7	5.1	0.8
Don't know	1.6	0.8	1.3	0.6	1.5	0.7
Awareness of someone who experienced any GBV form since the onset of COVID-19	n= 735	n= 914	n= 770	n= 821	n= 1,649	n= 1,591
Sexual harassment e.g inappropriate and unwelcome jokes, suggestive comments, leering, unwelcome touch/kisses, intrusive comments about their physical appearance, unwanted sexually explicit comments, people indecently exposing themselves to them (the range of sexual harassment)	9.5	7.7	7.1	7.8	8.5	7.5
Slapped, hit, kicked, thrown things, or done anything else to physically hurt the person.	13.7	17.9	13.8	18.3	16.1	16.1
Female genital mutilation	0.7	0.8	0.1	0.4	0.7	0.3
Make the person have sex when s/he did not want to" and "do something sexual that s/he did not want to do".	7.1	12.3	7.9	12.7	10.0	10.4
Denial of resources/money/water	6.9	4.5	6.1	6.6	5.6	6.4
Online/Internet bullying e.g. physical threats, sexual harassment, sex trolling, sextortion, online pornography, zoom-bombing among others	1.6	1.1	1.2	1.8	1.3	1.5
Emotionally hurting someone through verbal abuse etc.	5.7	6.7	6.9	8.5	6.3	7.7
Denial to communicate with other people	0.7	2.0	1.4	2.0	1.4	1.7
Child/Forced marriage	0.8	1.4	1.3	1.6	1.2	1.5
Do not know	53.2	45.6	54.0	40.4	49.0	47.0
Refused	0.0	0.1	0.1	0.0	0.1	0.1

Variables and response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Perpetrator/offender in the case of knowing someone who experienced GBV	n= 276	n= 190	n= 254	n= 202	n= 530	n= 392
Spouse/partner	38.0	32.6	39.0	41.1	38.5	37.0
Other family member	5.1	4.2	9.1	5.9	7.0	5.1
Friend	5.4	11.1	5.9	4.5	5.7	7.7
Boss	1.8	5.8	2.8	3.0	2.3	4.3
Colleague	2.5	1.6	3.2	2.0	2.8	1.8
Client	0.4	0.5	0.0	0.5	0.2	0.5
Teacher	0.4	1.6	0.0	0.0	0.2	0.8
Neighbor	25.7	34.2	24.8	30.7	25.3	32.4
Health worker	0.0	0.0	0.0	0.0	0.0	0.0
Community leader	0.7	0.5	1.6	1.0	1.1	0.8
Religious leader	1.1	0.5	0.8	1.0	0.9	0.8
Security agent	7.3	4.2	9.1	5.0	8.1	4.6
Other	11.6	3.2	3.9	5.5	7.9	4.3
Knowledge about sources of help if you or someone else is exposed to sexual or physical abuse	n= 762	n= 889	n= 732	n= 684	n= 1,494	n= 1,573
Call for access to friendly spaces for children in the community	7.0	5.4	6.4	5.3	6.7	5.3
Seek support from family	8.1	4.7	7.8	5.0	8.0	4.8
Seek religious leader	6.4	2.7	5.3	3.1	5.9	2.9
Access to centres for women/men (Access to Isange One Stop Centre)	10.4	12.8	11.9	10.8	11.1	12.0
Approach community leaders	16.4	16.9	17.2	19.6	16.8	18.1
Talk with friends	8.0	7.3	7.4	7.3	7.7	7.3
Call helpline	8.9	9.7	9.3	6.9	9.1	8.5
Call/go to police	18.0	22.1	19.0	24.3	18.5	23.0
Go to health facility	11.3	12.0	9.7	11.4	10.5	11.8
Seeking support from civil society/NGOs	3.4	2.3	3.4	1.6	3.4	2.0
Other, specify	2.0	4.2	2.6	4.8	2.3	4.5
Do not know	0.1	0.0	0.0	0.0	0.1	0.0

The age group of respondents is also considered when assessing prevalence of GBV. Results asserted that women aging from 18-34 years and those from 35 to 49 years perceive that GBV happens often and sometimes in Rwanda compared to men classified in the same age category. Majority of respondents from those two age groups reported much on questions asking about changes in the incidence of sexual harassment or any other GBV form (see figure 10). This is well indicated by high response rates compared to respondents aged above 50 years.

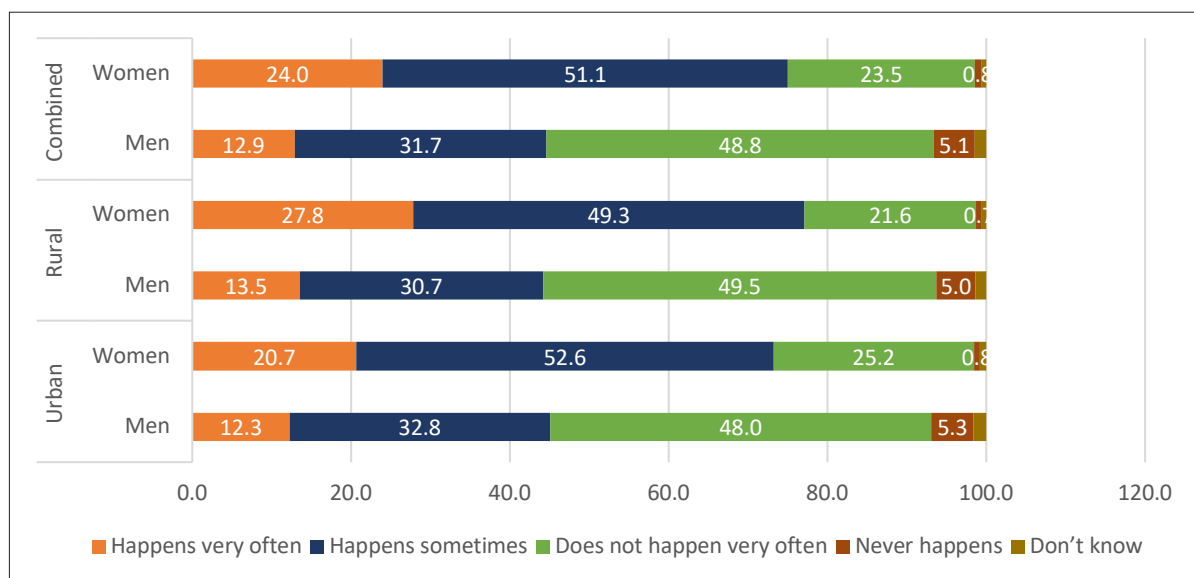


FIGURE 10: Perception about incidence of gender based violence in Rwanda

RGA survey findings illustrate that the majority of respondents from all age groups perceived that the incidence of GBV occurrence has decreased (see table 16).

TABLE 16: Awareness of sexual harassment and other forms of GBV, Experience of GBV, perpetrator and change in the incidence of GBV forms (by age group)

Variables and response options	18-34 years old		35-49 years old		50-64 years old		65 years and above	
	Men	Women	Men	Women	Men	Women	Men	Women
Extent to which gender-based violence is a problem in Rwanda	n= 371	n= 458	n= 491	n= 492	n= 234	n= 229	n= 59	n= 66
A lot	8.8	28.3	10.8	30.1	9.8	26.2	11.9	10.6
Somewhat	13.8	36.5	17.1	36.8	17.5	32.3	15.3	22.7
A little bit	69.3	32.5	61.9	30.3	59.8	34.5	49.2	39.4
Not at all	7.0	0.9	6.9	1.0	10.7	4.4	18.5	6.1
Do not know	1.1	1.8	3.3	1.8	2.2	2.6	5.1	21.2
How often do you think that gender-based violence occurs in Rwanda	n= 341	n= 446	n= 441	n= 478	n= 204	n= 213	n= 45	n= 48
Happens very often	12.6	23.8	12.9	27.2	12.8	20.7	15.6	8.3
Happens sometimes	29.3	52.0	33.6	49.2	32.4	52.6	28.9	54.2
Does not happen very often	51.9	22.2	46.7	23.2	49.5	24.9	42.2	33.3
Never happens	4.1	1.1	5.4	0.4	4.9	0.9	11.1	0.0

Variables and response options	18-34 years old		35-49 years old		50-64 years old		65 years and above	
	Men	Women	Men	Women	Men	Women	Men	Women
Don't know	2.1	0.9	1.4	0.0	0.5	0.9	2.2	4.2
Change in the incidence sexual harassment or other forms of GBV	n= 371	n= 458	n= 491	n= 492	n= 234	n= 229	n= 59	n= 66
Yes, increased	20.5	33.7	19.8	31.4	14.6	25.7	17.0	16.7
Yes, decreased	45.8	51.5	47.9	47.8	48.3	48.5	37.2	34.8
No, stayed the same	27.8	10.9	24.4	16.9	29.9	19.2	35.6	18.2
Don't know	5.9	3.9	7.9	3.9	6.8	6.6	10.2	30.3
Refused	0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.0
Awareness of sexual harassment or other forms of gender-based violence by women, men, boys' and girls' in public spaces since the onset of COVID-19.	n= 484	n= 663	n= 635	n= 665	n= 306	n= 316	n= 80	n= 91
Sexual harassment (different forms)	8.7	8.5	7.9	7.1	8.5	7.0	8.8	9.9
Slapped, hit, kicked, thrown things, or done anything else to physically hurt the person.	13.6	17.5	13.9	18.7	13.1	18.7	16.3	16.5
Female genital mutilation	0.8	0.8	0.2	0.0	0.3	0.6	0.0	3.3
Make the person have sex when s/he did not want to" and "do something sexual that s/he did not want to do".	5.6	14.2	9.1	11.7	7.8	12.0	5.0	6.6
Denial of resources/money/ water	7.2	6.3	5.5	4.5	6.9	5.7	8.8	5.5
Online/Internet bullying	1.0	1.2	1.7	1.5	1.6	1.6	0.0	2.2
Emotionally hurting someone through verbal abuse etc.	5.6	7.5	6.1	7.5	8.2	7.9	5.0	6.6
Denial to communicate with other people	1.5	2.3	0.9	1.7	0.7	1.9	1.3	2.2
Child/Forced marriage	1.2	1.5	1.1	1.4	0.3	1.9	2.5	1.1
Do not know	54.8	40.3	53.4	45.9	52.6	42.7	52.5	46.2
Refused	0.0	0.0	0.2	0.2	0.0	0.0	0.0	0.0
Perpetrator/offender in the case of knowing someone who experienced GBV	n= 119	n= 215	n= 166	n= 195	n= 85	n= 96	n= 22	n= 24
Spouse/partner	40.3	33.5	36.1	45.6	31.8	35.4	45.5	37.5
Other family member	5.9	7.4	4.8	6.7	4.7	6.3	4.6	8.3
Friend	8.4	7.9	6.6	3.6	8.2	5.2	9.1	4.2
Boss	4.2	3.7	6.0	0.5	1.2	3.1	4.6	0.0
Colleague	2.5	4.7	0.6	1.5	2.4	2.1	4.6	0.0
Client	0.0	0.5	0.6	0.0	1.2	0.0	0.0	0.0
Teacher	0.8	0.0	0.6	0.5	1.2	0.0	0.0	0.0
Neighbor	29.4	27.4	35.5	21.0	32.9	26.0	22.7	37.5
Health worker	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Community leader	0.0	0.9	1.2	1.5	0.0	1.0	4.6	0.0
Religious leader	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Variables and response options	18-34 years old		35-49 years old		50-64 years old		65 years and above	
	Men	Women	Men	Women	Men	Women	Men	Women
Security agent	2.5	0.5	0.0	1.0	0.0	2.1	0.0	0.0
Other	4.2	7.0	3.0	7.7	8.2	12.5	4.6	4.2
Do not know	1.7	6.5	4.8	10.3	8.2	6.3	0.0	8.3
Knowledge about sources of help if you or someone else is exposed to sexual or physical abuse	n= 463	n= 615	n= 638	n= 603	n= 324	n= 294	n= 69	n= 61
Call for access to friendly spaces for children in the community	7.1	4.7	6.6	5.6	6.2	5.8	7.3	6.6
Seek support from family	7.8	4.7	7.5	5.1	9.3	4.8	7.3	3.3
Seek religious leader	6.1	3.4	5.6	2.0	5.6	2.7	8.7	6.6
Access to centres for women/ men (Access to Isange One Stop Centre)	11.2	12.0	11.3	10.8	10.8	14.6	10.1	9.8
Approach community leaders	15.3	18.1	17.4	18.6	18.5	17.4	13.0	16.4
Talk with friends	8.0	8.0	7.7	6.3	6.8	7.5	10.1	9.8
Call helpline	9.5	8.6	9.3	9.0	8.0	7.8	10.1	4.9
Call/go to police	18.8	22.8	17.9	23.9	19.1	21.1	18.8	26.2
Go to health facility	9.9	10.9	10.7	12.3	10.8	12.9	11.6	9.8
Seeking support from civil society/NGOs	3.7	2.1	3.6	1.8	2.8	1.7	2.9	3.3
Other, specify	2.6	4.7	2.5	4.6	1.9	3.7	0.0	3.3
Do not know	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0

In addition, information in Table 17 reveals the types of information and training needed in their respective communities to ensure effective prevention of GBV. These are reported according to their magnitude and they include information about security, crime prevention, referral linkages, psycho-socio support, having someone to talk to, help in reporting the incident and dealing with the policy among others (see Table 17).

TABLE 17: Types of information and training needed in the communities

Variables and response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
If you or someone you know experienced gender-based violence or harmful practices, do you think they would seek help?						
# of cases	n= 140	n= 279	n= 142	n= 280	n= 282	n= 559
Yes	96.4	83.5	97.2	86.4	96.8	85.0
No	3.6	12.5	1.4	11.8	2.5	12.1
Do not know	0.0	4.0	1.4	1.8	0.7	2.9
People contacted by the affected person for help	n= 350	n= 229	n= 314	n= 270	n= 664	n= 499
Family member	9.1	8.1	5.4	7.2	7.4	8.0
Friend	14.3	12.6	9.2	8.2	11.9	8.4
Women’s affair office	1.1	1.6	2.2	2.9	1.7	3.0
Client	0.3	0.2	0.0	0.0	0.2	0.0
Teacher	14.6	17.6	0.0	0.0	16.0	20.0
Police	6.6	6.2	17.5	17.8	7.1	6.2
Health facility	1.7	1.6	7.6	7.2	1.2	1.0
Helpline	2.3	1.9	0.6	0.7	2.3	1.4
Social worker	10.6	11.1	2.2	1.9	10.8	11.2
Non-governmental agency	0.6	0.4	11.2	11.0	0.8	0.4
Neighbour	6.0	7.3	1.0	0.9	6.5	9.2
Religious leaders	0.0	0.2	7.0	8.1	0.2	1.0
Online platforms (Facebook, etc.)	0.0	0.0	0.3	0.9	0.0	0.0
Other	12.6	12.1	14.7	15.9	13.6	14.6
No, did not seek help	8.9	9.8	7.6	8.1	8.3	9.8
Don’t know	11.4	9.5	13.4	9.4	12.4	5.6
Types of information, advice or support is needed in this community to prevent gender-based violence and harmful practices from happening during this COVID-19 period	n= 560	n= 675	n= 595	n= 570	n= 1,155	n= 1,245
Information about security/crime prevention, referral linkages	90.7	68.7	92.9	77.9	91.9	72.9
Practical help such as shelter/food/clothing	68.0	56.0	67.1	61.4	67.5	58.5
Someone to talk to	69.6	70.7	69.1	72.8	69.4	71.7
Psycho-social support	73.6	70.1	72.9	73.5	73.3	71.7
Help with insurance/compensation claim	74.8	58.2	72.1	60.4	73.4	59.2
Protection from further victimization/harassment	86.6	64.4	83.4	68.3	84.9	66.2
Help in reporting the incident/dealing with the police	90.5	83.9	90.4	83.5	90.5	83.7
Medical support	83.6	73.3	81.9	73.5	82.7	73.4
Financial support	69.6	56.7	70.6	60.9	70.1	58.6
Legal support	80.2	56.9	77.5	60.2	78.8	58.4
Comprehensive, one stop services where the victim can get all support	75.2	63.7	72.3	65.6	73.7	64.6
Other	15.0	14.4	16.6	17.7	15.8	15.9
Do not know	0.9	2.1	1.3	1.4	1.1	1.8
Refuse	0.4	0.2	0.3	0.2	0.4	0.2

3.10. Reflection on the economic recovery plan

The government of Rwanda has already released the economic recovery plan. This study has proposed fewer questions to assess whether respondents are aware of this recovery plan, how they got to know about it, and the types of perceived activities to be supported by the recovery fund including refinancing of hotels. Business in the manufacturing (agro-processing, transport and logistics, small and medium enterprises, agribusiness and livestock. Finally, the study collects people's opinion about how they foresee the future taking into account the on-going COVID-19 impacts and current government measures against the spreading of the pandemic and ensuring progressive economic activities. Findings from the survey as depicted in Table (18) reveal that more men are aware of the government's economic recovery plan (52.4%) than women (26%). However, many of the respondents (98.5% of women and 98.7% of men) have confirmed to be very concerned about the future due to uncertainties underpinning the COVID-19 pandemic. In addition, men are most informed about the types of activities / businesses that have been considered in the economic recovery plan. These include hotel refinancing (81% for men and 64% for women), businesses in manufacturing / agri-processing (81.3% for men and 78% for women), transport and logistics (76.7% for men and 67.7% for women), SMEs (83.8% of men and 74.5% of women), and agriculture and livestock (84.3% of men and 76.9% of women).

TABLE 18: People's views about the economic recovery plan

Variables and response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Awareness of the Government recovery plan	n= 560	n= 675	n= 595	n= 570	n= 1,155	n= 1,245
Yes	56.3	28.0	48.9	23.9	52.5	26.1
No	43.2	71.7	50.9	74.6	47.1	73.0
Do not know	0.5	0.3	0.2	1.5	0.4	0.9
Source of information	n= 346	n= 234	n= 324	n= 181	n= 670	n= 415
Radio / TV show	80.1	73.1	79.6	66.3	79.9	70.1
Social Media	5.2	4.7	1.5	4.4	3.4	4.6
Newspapers	1.7	1.7	1.5	1.1	1.6	1.5
Communication by local leaders in our respective villages	9.5	14.1	12.7	22.7	11.0	17.8
Internet based newspapers	2.3	3.0	1.5	2.8	1.9	2.9
Other sources of information	1.2	3.4	3.1	2.8	2.1	3.1
Activities/businesses considered in the economic recovery plan	n= 315	n= 189	n= 291	n= 136	n= 606	n= 325
Hotel refinancing	88.6	69.3	72.9	56.6	81.0	64.0
Business in manufacturing (agri-processing)	83.8	80.4	78.7	75.0	81.4	78.2
Transport and logistics	83.8	72.0	69.1	61.8	76.7	67.7
Small and Medium Enterprises (SMEs)	89.5	78.8	77.7	68.4	83.8	74.5
Agriculture and livestock	84.8	79.4	83.9	73.5	84.3	76.9
Concerned by the future because of COVID-19	n= 560	n= 675	n= 595	n= 570	n= 1,155	n= 1,245
Much concerned	98.8	98.2	98.7	98.8	98.7	98.5
Not really concerned	1.2	1.8	1.3	1.2	1.3	1.5

4. DISCUSSION OF MAIN RGA SURVEY RESULTS

This section discusses the main results of the Rapid Gender Assessment as presented in chapter three, with the main focus on differentiated impacts of COVID-19 on women and men, also based on some identified control variables such as location (i.e. urban and rural area), age category and marital status of the respondents. It is worth noting that the statements made in this discussion are informed by the results of the survey and these should be interpreted within the limits of the sample population.

4.1. Women are the most affected by COVID-19 in terms of their economic activities and income sources

Results from the survey revealed that women are the majority among those who have closed some of their economic activities, which were performed prior to the COVID-19 pandemic and in turn has affected their sources of income. Majority of women in Rwanda are employed in informal sectors such as small businesses, tourism (accommodation and food services), in-country retail trade and cross-border trade, which have been severally impacted mainly by the restriction of movement against the spread of COVID-19 and the closure of borders. Consequently, this has resulted in the loss of their businesses/freelancers and a significant number of job losses for women while others were compelled to divert capital towards household's basic needs. These findings echo findings from the NISR's Labour Force Survey of May 2020, during COVID-19, where the overall unemployment rate increased by 9.1%, the impact is higher among women (25%) than men (19.6%) and much higher among young people (32.9% for girls between 16-24 years and 22.9% for boys in the same age category) than adults (17.7%) of 31 years old and higher (NISR, 2020).

To cope with these adverse impacts of COVID-19, the majority of women received more cash transfers from either the government or relatives/friends and continued to work in the VUP's public work in the context of social protection while men received more in-kind support during the lockdown. Furthermore, women have adopted "innovative coping mechanisms", which include; rapid change and adaptation of their business models- for instance shifting from selling perishable products to producing and selling masks; harnessing I.T (using phone) to keep in touch with clients and adopting the home delivery strategy in collaboration with the motorcycle riders. Going forward, these innovative strategies should be strengthened and sustained by the government and development partners in the context of on-going women's economic empowerment programmes and interventions in Rwanda.

4.2. Household level consumption expenditures have been reduced because of the decline in overall income during COVID-19 lock down

There is general consensus from survey respondents (both men and women) on reported decline in household level consumption expenditures due to loss of jobs by the head of the household and subsequent financial difficulties. Before the onset of COVID majority of women (30%) reported a monthly income of less than Frw 14, 511(US\$ 15⁵) while majority (26.7%) of men earned more than Frw 72,558 (US\$ 75). The mean monthly expenditure before COVID-19 is estimated at around Frw 41,902 (US\$ 43) for women and Frw 51,763 (US\$ 54 for men). There are no significant gendered specificities identified in the distribution of the response between women (93.3%) and men (93.7%); both have reported a decline in their home expenditures. Affected expenses include groceries (meals and drinks- 19.8%) and clothes (22.6%, both men and women). As part of adaptation measures, some families had to skip a meal or eat less as compared to the situation before the pandemic. This adaptive consumption behaviour is expected in such economic crisis period. Thus, in times of risks and hardships negatively affecting household's incomes, as for the case of COVID-19, more financial rationality prevails in coping with the crisis by cutting down non-priority expenses like clothes (One-UN, 2020).

4.3. Businesses operated by women have been the most affected compared to those operated by men due to COVID-19

A specific question on the effects of COVID-19 on businesses and coping mechanisms between women and men was addressed in this survey. Findings reveal significant gendered differences in COVID-19 impacts. Majority of women (54.6%) have closed their businesses compared to men (49%). This is further aggravated by the negative effects in terms of loss of income, reduced activities, and clients at a ranged of 76 to 100% (both in rural and urban areas). These trends apply also for the case of urban and rural areas where women were most likely to have their businesses closed due to COVID-19 (reported by 59.4% in rural and 51.7% in urban). As already indicated, shifting to another business, and obtaining mutual loans from cooperatives have been the most reported coping mechanisms for women while men had to ask for remittances or loan from financial institutions to support the recovery process of their businesses. Clearly, if specific measures are not put in place, women are less likely to benefit from the on-going recovery fund by the government channelled through financial institutions.

4.4. The use of mobile banking and ICT facilities during COVID-19 is slightly lower for women compared to men

The use of digital payments dominated by mobile money banking during the lockdown period has substantially increased. Reduction in cash in and cash out transaction is observed while contactless payments between persons or from person to business increased⁶. This was partly due to restrictions in movement accompanied by measures by the National Bank of Rwanda and financial operators such as removal of fees on mobile transactions, creation of MOMO accounts to ease the payments during the lockdown (Bizoza and Sibomana, 2020). Overall, results from

5 1 US\$ = 967.45 (average). [Internet]. Accessed from [BNR-National Bank of Rwanda: Exchange Rate](#). 24th /11/2020
6 Administrative data from BNR, 2020

this survey show how women (57.6%) have used these services to a lesser extent (both mobile banking and ICT facilities) as compared to men (69%). This applies the same to when women and men are compared within urban (74.8% men and 65.5% women) and rural area (63.5% men and 48.5% women). However, the use of these phone and ICT based services has generally increased during the lockdown in urban (69.8% women and 67.9% men) as well as in rural areas (59.5% women and 68.6% for men). It is clear how the differences between rural and urban women are quite significant. Therefore, lessons learnt in response to COVID-19 through use of mobile banking and ICT facilities suggest greater likelihood in more uptake within the national policies going forward. Consequently, women, especially women in rural areas, are likely to continue lagging behind if appropriate policy measures are not put in place such as increase in ICT and mobile banking literacy but also facilitating the access to required devices by women and girls.

4.5. The number of meals per day has decreased mainly due to increase in price of commodities since the onset of COVID-19

This study assessed the status of food availability since the onset of COVID-19. Facts gathered mirror a decrease in the number of meals (one for adult and two for children below 5 years and above), this was reported by both women (80.5%) than men (73.6%) due to increase in commodity prices. However, these results are not so different from the status before COVID-19. NISR's report (2018) on Comprehensive Food security and Vulnerability Analysis (CFSVA) gives a somewhat similar status. It is indicated that children and adults in a household with acceptable food consumption usually eat two meals a day while the adults in a household with poor or borderline food consumption usually eat once a day and children eat twice a day. The same CFSVA indicates that only 17% (compared to 15% in 2015) of children 6-23 months (16.3% for girls and 17.1% for boys) met the requirements for the minimum acceptable diet (NISR- CFSVA, 2018). Other structural factors could be the main reason other than COVID-19. However, more investigation is needed to derive the differential impact of COVID-19 and that of other structural factors such as poverty.

4.6. The burden of care and unpaid care work for women has generally increased since the onset of COVID-19

Findings from this study show how women continue facing heavy workloads of unpaid care work. Most home related activities are performed by women. 79% of women and 68.4% of men in rural area stated that women are mostly involved in food and meal preparation while in urban area it was reported by 73.5% of women and 64.3% of men; home cleaning activities (confirmed by 57.9% men and 52.2% of women in rural area and by 53.1% of men and 45.5% of women in urban area),. This burden has increased even more during lockdown where women performed yet more home related tasks. These include the time allocated to home schooling (71.4% of women respondents), children's care (60.3% of women respondents), and cleaning related activities (43.6% women). The men reported these activities to have increased slightly during the lockdown both in urban and rural areas. However, this pattern should be interpreted with caution. All parents were restricted to move and were obliged to work from home as it was the case for the closure of school for most of the children. Therefore, parents found more time to be with their children while the later have also benefited to stay and engage with their parents than usual. Thus, this fact should be interpreted as circumstantial rather than a constant pattern or transformation.

4.7. There is no significant gender differentiated effects of COVID-19 in access to safe water and health services

The assessment of access to other basic services (such as safe water and health services) suggests no significant gender differentiated access to these services between women and men during COVID-19. The majority of the respondents reported that access to sufficient water and access to health services was not affected in terms of waiting time and most also indicated that they did not seek such health services during the lockdown. However, most men (94 %) and women (91%) indicated that COVID-19 has negatively affected people's mental health in terms of adding more stress, anxiety, and lack of confidence since the onset of COVID-19. This has been observed for both men and women in urban and rural areas. Mental or psychological clinics should be enforced in Rwanda to deal with any similar unprecedented shocks.

4.8. Gender Based Violence has been mostly reported by women than men

More concerns were raised about the potential increase in GBV as result of the lockdown, especially domestic and sexual violence. Results from this survey show that approximately a third of women reported that GBV is somewhat a problem in Rwanda (37.5% in urban and 32.5% in rural areas). With respect to perceptions about changes in GBV incidence since the onset of COVID-19, the results indicate that the respondents feel that the incidence of GBV has declined both in urban (45.3% for women and 45.9% of men) and rural areas (52.5% women and 47.6% men). Similarly, more responses by women (52.6% in urban and 49.3% in rural) indicate that GBV happens sometime while men argue that it does not happen very often (48% in urban and 49.5%). Domestic and sexual violence are the forms of GBV most commonly reported by both men and women at 16% and 10%, respectively. The spouse/partner and neighbours were reported to be the primary perpetrators or offenders in the case of GBV incidences.

Therefore, even though this data does not directly represent the number of GBV cases, they provide an idea of perceptions amongst the population about GBV prevalence within the respective communities. Though the survey data did not indicate an increase in incidence in GBV cases during the lockdown period (March to April), increased incidence of GBV has been, however, voiced by RIB's report of increased GBV cases especially during May and June, 2020. Overall, the GBV cases have increased by 19.6% during 2018/19 fiscal year and 2019/20 while reported cases have increased by 28.3% during March and June, 2020. Even if it is not easy to derive the differential increment caused by COVID-19, the fact is that GBV remains overall a concern to be strongly addressed by the policy and other innovative interventions to complement the existing policy and legal initiatives.

5. CONCLUSION AND RECOMMENDATIONS

The overall goal of this Rapid Gender Assessment is to assess gender differentiated COVID-19 impacts on women and men in Rwanda. Results from this assessment have reaffirmed the importance of effective response to gender inequalities in the development of strategies and policies, including strategies for addressing and exiting the crisis caused by COVID-19, as well as the development of appropriate protection measures for the most vulnerable population in post quarantine period. Based on the current stand of gender issues and gender differentiated impacts of COVID-19 from this assessment, the following recommendations are provided:

Gender issue or gender differentiated impact of COVID-19	Policy and programmatic recommendation
<p>Issue/ Impact # 1: Women are the most affected by COVID-19 in terms of their economic activities and income sources</p>	<p>R1: In response to issue and negative effects of COVID-19 on women’s ability to perform the economic activities and earn more income, there is need to develop new and continue accelerating on-going programmes on women’s economic empowerment by the gender machinery and other stakeholders.</p> <p>R2: Extra efforts are needed to implement actions proposed in various relevant policies such as the gender policy and sector strategic plans on strategies aimed to increase access to productive resources such as land by women and girls, access to financial resources, increase capital start-ups, and address gender stereotypes in the private sector especially during the recruitment for new employments. In short term, women negatively affected should be considered in the targeting of social protection programmes by the Ministry in charge of local government (MINAOC) and partners.</p>
<p>Issue/ Impact # 2: Household level consumption expenditures have been reduced because of the decline in overall income during COVID-19 lock down.</p>	<p>R3: Consumption levels for most women have been negatively affected by COVID-19. Therefore, in the context of the current social protection scheme there is a need to expand the targeting and current package of social protection by considering affected families or vulnerable people across all categories of <i>Ubudehe</i> and support them with food supplies or cash transfers. This is in line with the immediate relief response under the on-going economic recovery plan against COVID-19 (see page 36 of the recovery plan document of Rwanda).</p> <p>R4: Secondly, the majority of negatively affected women are employed in the informal sector; hence, they are mostly vulnerable to any potential shock like the lockdown, especially when there are no sufficient social safeguards. To address this gap, the government and partners will need to continue implementing programs that offer more income opportunities, decent jobs, savings pro-poor and inclusive complementary social protection programs for women and girls.</p>

Gender issue or gender differentiated impact of COVID-19	Policy and programmatic recommendation
<p>Issue/ Impact # 3: Businesses operated by women have been the most affected compared to men due to COVID-19.</p>	<p>R5: In addition to on-going interventions by the government and development partners aimed at increasing the participation and ownership of businesses by women, there is a need to have new and well adapted financial and guaranty products especially for women in rural areas that are effectively embedded in the on-going national economic recovery plan in order to address difficulties in access to financial loans or products in supporting the recovery of their businesses.</p> <p>R6: Ensure effective implementation of financial services proposed in the recovery plan, including financial education, pro-poor credit schemes for income generating activities, and productive assets such as tool kits for off-farm income generating activities, livestock and inputs, and skills transfer to women specially to support them access the recovery fund and other COVID-19 related funding.</p>
<p>Issue/ Impact # 4: The use of mobile banking and ICT facilities during COVID-19 is slightly lower for women compared to men.</p>	<p>R7: Despite the on-going initiatives (e.g. Rapid SMS24, MsGeek, and TechKobwa Boot Camp) to improve ICT literacy among women, Rwanda is still yet to achieve the gender digital divide to attain parity in ICT access, usage, and innovation. This was further sustained by the results from this survey where women lagged behind in the use of mobile banking and ICT facilities during the lock down. Thus, there is a need for the Ministry of ICT and Innovation in collaboration with other relevant Ministries and partners to speed up the implementation of policy actions aimed at reducing the gender inequality in the gender digital divide.</p> <p>R8: Scale up good lessons learnt on the use of mobile banking and other ICT facilities through increased literacy in ICT and Mobile Banking but also facilitate women access required devices by women that can be used for different functions such as E-trading or purchase for different products and support their small businesses.</p>
<p>Issue/ Impact # 5: The number of meals per day has decreased due mainly to increase in price of commodities since the onset of COVID-19</p>	<p>R9: Enhanced and sustainable access to required number and quality meals require a multi-sector approach and harmonized interventions on food and nutrition security by different institutions such as MINALOC, MINAGRI, and MIGEPROF among others. In short term, affected families can still be targeted in the on-going social protection programmes and be supported with inputs especially those involved in farming activities as part of the immediate response under the recovery plan.</p>
<p>Issue/ Impact # 6: The burden of care and unpaid care work for women has generally increased since the onset of COVID-19.</p>	<p>R10: Unpaid care work by women remains a burden for women and inhibits them to be more economically productive mainly due to constant negative gender norms and stereotypes. Going forward, on-going Men engage programmes and initiatives need to be strengthened to mobilize men and boys in participation of certain roles with continued education on gender concept at all levels of the society.</p>

Gender issue or gender differentiated impact of COVID-19	Policy and programmatic recommendation
<p>Issue/ Impact # 8: Gender Based Violence has been mostly reported by women than men.</p>	<p>R11: Overall, there is an increase of GBV cases. Cognisant of these facts, there is a need to strengthen and accelerate the various interventions by the government of Rwanda and its partners in addressing GBV. These include clear communication and dissemination of relevant laws against GBV perpetrators, enforce prevention efforts at all levels (among household and community members), improve the reporting mechanisms and ensuring security of victims for any potential menace from perpetrators, and awareness campaigns to break the silence among people in reporting GBV cases.</p> <p>R12: design a “second chance” education program for those who are unable to go back to formal schooling system as result of teenage pregnancy.</p> <p>R13: Embed GBV prevention and protection measures in the on-going COVID-19 response plan and enforce the actions provided in different relevant policies such as GBV policy, the Girl Child Policy, the Gender policy, among others.</p>

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LIST OF ANNEXES

Additional Descriptive Statistics (Annex 1-14)

Annex 1: Demographic characteristics of the selected households

Variables/ Response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Number of persons per age group	n= 2,861	n= 3,008	n= 2,808	n= 2,425	n= 5,669	n= 5,433
Number of children 0-5 Yrs.	25.3	23.9	26.5	24.2	18.79	18.19
Number of children 6-17 Yrs.	23.8	28.2	23.9	24.0	35.63	40.68
Number of adults 18-34 Yrs.	26.7	28.8	25.7	18.9	27.32	25.95
Number of adults 35-64 Yrs.	29.9	24.1	27.7	18.3	17.27	13.29
Number of elderly 65 or over Yrs.	22.0	39.0	13.2	25.8	0.99	1.90
Number of pregnant women	n= 540	n= 660	n= 576	n= 559	n= 1,116	n= 1,219
No pregnant women present	93.9	98.0	91.5	98.9	92.65	98
One pregnant woman present	5.7	2.0	8.5	1.1	7.17	1.56
Two or more pregnant women present	0.4	0.0	0.0	0.0	0.18	0
Number of lactating women						
No lactating women present	67.4	92.6	67.7	93.4	67.56	92.95
One lactating woman present	32.0	7.1	31.9	6.3	31.99	6.73
Two or more lactating women present	0.6	0.3	0.4	0.4	0.45	0.33

Annex 2: Socio-economic characteristics of respondents/ households by age category

Variables/ Response options	18-34 years		35-49 years		50-64 years		65 years and above	
	Men	Women	Men	Women	Men	Women	Men	Women
Household monthly income (RWF) BEFORE THE ONSET OF COVID-19	n= 371	n= 458	n= 491	n= 492	n= 234	n= 229	n= 59	n= 66
Less than 15,000 RWF	14.29	29.26	13.24	26.02	20.51	34.93	28.81	53.03
15,001-30,000 RWF	23.18	24.02	21.38	23.58	21.37	23.58	33.9	18.18
30,001 – 45,000 RWF	14.02	11.79	14.26	14.43	11.11	11.79	10.17	4.55
45,001 – 60,000 RWF	15.63	11.35	13.03	8.13	10.26	8.73	10.17	10.61
60,001 – 75,000 RWF	5.39	4.8	6.72	7.32	4.7	2.62	0	1.52
Above 75,000 RWF	25.61	17.47	29.12	20.53	27.35	17.9	11.86	6.06
Do not know	1.89	1.31	2.24	0	4.7	0.44	5.08	6.06
Monthly expenses before COVID-19 (Average amount)	49,700	40,425	51,963	45,993	59,203	40,288	33,310	26,323
Marital status	n= 371	n= 458	n= 491	n= 492	n= 234	n= 229	n= 59	n= 66
Married	55.26	23.36	83.71	48.58	85.04	30.57	81.36	10.61
Living with partner/ Cohabiting	21.02	16.38	12.42	8.54	7.26	5.68	5.08	0
Married but separated	0.27	7.21	1.02	11.38	1.28	4.37	1.69	1.52
Divorced	0	6.55	0.2	11.38	1.71	9.17	1.69	1.52
Widowed	0.27	1.97	1.02	14.63	2.99	49.34	10.17	86.36
Single (never married)	23.18	44.54	1.63	5.49	1.71	0.87	0	0

Annex 3: Personal income, changes in source of income and social grants/ in kind support delivery by age category

Variables/ Response options	18-34 years		35-49 years		50-64 years		65 years and above	
	Men	Women	Men	Women	Men	Women	Men	Women
Personal source of income a week before the onset of COVID-19	n= 451	n= 597	n= 654	n= 646	n= 304	n= 290	n= 73	n= 87
Worked for a person/company/ household or other entity for pay	14.86	8.04	11.47	6.19	9.21	2.76	4.11	1.15
Own business/freelancer and I employed other people	5.76	1.68	5.5	3.72	6.58	4.48	4.11	1.15
Own business/freelancer, but I did not employ other people	13.97	31.32	13	33.9	10.86	23.79	6.85	8.05
Casual work/odd jobs for others (non-agricultural)	11.31	10.39	8.56	5.57	10.2	5.86	0	3.45
Farmer and employed other people	1.11	1.68	2.75	3.25	6.58	5.86	9.59	5.75
Subsistence farmer (own production without employing others)	16.63	12.56	22.48	18.89	23.36	23.1	28.77	28.74
Casual laborer in agricultural enterprise	18.63	23.28	20.8	22.29	18.75	26.21	17.81	14.94
Worked (without pay) in a family business	4.66	3.02	3.82	0.77	3.62	0.69	2.74	2.3
Did not work for pay/money, but I am looking for a job and I am available to start working	0.44	0.84	0	0.15	0.33	0.34	0	0
Did not work for pay/money, because I have to take care of household chores, my children, elderly and the sick	0.22	0.67	0	0.31	0.33	0	0	0
Did not work for pay/money because I am studying full time	0.44	2.35	0	0	0	0	0	0
Did not work for pay/money, I have a long-term health condition, injury, disability	0	0.17	0.15	0.31	0	3.45	1.37	13.79
Did not work as I am retired/ pensioner	0	0	0	0.15	0	1.03	4.11	12.64
Did not work for pay/money, I was not looking for a job and I was not available to work for other reasons	0.22	0	0.15	0.15	0.99	1.03	2.74	1.15
Other	11.75	4.02	11.31	4.33	9.21	1.38	17.81	6.9
Change in source of income	n= 157	n= 256	n= 188	n= 277	n= 76	n= 89	n= 10	n= 9
No change in income	3.82	3.91	5.85	2.17	1.32	3.37	0	0
Lost all income	33.76	16.8	30.85	13.72	30.26	12.36	40	22.22
Increased/oversized	0.64	0	0.53	1.08	3.95	0	0	0
Decreased/downsized	43.95	32.81	46.28	36.1	48.68	42.7	30	44.44
Stopped totally	17.2	42.97	16.49	46.57	15.79	41.57	30	33.33
I don't know	0.64	3.52	0	0.36	0	0	0	0

Variables/ Response options	18-34 years		35-49 years		50-64 years		65 years and above	
	Men	Women	Men	Women	Men	Women	Men	Women
Receive social grants or in kind support	n= 384	n= 506	n= 532	n= 531	n= 253	n= 254	n= 63	n= 75
Food	22.7	25.3	21.2	28.3	17.8	24.4	14.3	24.0
Medication	0.3	0.6	1.1	0.8	0.0	0.0	1.6	0.0
Supplies for prevention (gloves, masks, sanitizer, handwashing containers, soap, etc.)	12.8	21.0	14.9	22.8	14.6	25.2	20.6	21.3
Personal hygiene supplies (menstrual supplies, baby diapers, adult diapers etc.)	1.0	2.6	1.7	2.3	3.2	5.5	3.2	1.3
Other cash transfer	2.3	2.6	2.6	2.3	2.0	5.5	3.2	1.3
No	60.9	46.6	58.5	42.0	62.1	39.0	57.1	46.7
Don't know	0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.0

Annex 4. Source of income, effects of COVID-19, change in source of income, benefits from social grants and schemes by areas of residence

Variables and response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Personal source of income a week before the onset of COVID-19	n= 866	n= 684	n= 754	n= 798	n= 1,620	n= 1,482
Worked for a person/company/household or other entity for pay	8.8	15.2	2.8	8.7	6.0	11.7
Own business/freelancer and I employed other people	3.9	7.6	1.9	4.1	3.0	5.7
Own business/freelancer, but I did not employ other people	34.4	14.5	24.4	10.9	29.8	12.6
Casual work/odd jobs for others (non-agricultural)	7.3	7.3	7.3	11.0	7.3	9.3
Farmer and employed other people	3.7	3.7	2.8	3.1	3.3	3.4
Subsistence farmer (own production without employing others)	16.3	18.3	19.6	23.7	17.8	21.2
Casual laborer in agricultural enterprise	16.1	14.5	30.9	23.9	23.0	19.6
Worked (without pay) in a family business	1.2	5.0	2.3	3.1	1.7	4.0
Did not work for pay/money, but I am looking for a job and I am available to start working	0.4	0.2	0.5	0.3	0.4	0.2
Did not work for pay/money, because I have to take care of household chores, my children, elderly and the sick	0.5	0.0	0.3	0.3	0.4	0.1
Did not work for pay/money because I am studying full time	1.0	0.2	0.7	0.1	0.9	0.1
Did not work for pay/money, I have a long-term health condition, injury, disability	1.4	0.0	1.7	0.3	1.5	0.1
Did not work as I am retired/pensioner	1.3	0.0	0.5	0.4	0.9	0.2
Did not work for pay/money, I was not looking for a job and I was not available to work for other reasons	0.1	0.0	0.5	0.9	0.3	0.5
Other	3.8	13.7	3.9	9.3	3.8	11.3
Change in source of income	n= 245	n= 407	n= 186	n= 224	n= 431	n= 631
No change in income	5.3	3.4	2.7	2.2	4.2	3.0
Lost all income	31.0	15.0	33.3	14.7	32.0	14.9
Increased/oversized	1.2	0.5	1.1	0.5	1.2	0.5
Decreased/downsized	46.1	38.3	44.6	31.3	45.5	35.8
Stopped totally	16.3	41.0	17.7	50.0	16.9	44.2
I don't know	0.0	1.7	0.5	1.3	0.2	1.6
Receive social grants or in kind support	n= 747	n= 610	n= 619	n=622	n= 1,366	n- 1,232
Food	30.7	22.0	20.8	19.3	26.2	20.6
Medication	0.4	0.7	0.7	0.6	0.5	0.7
Supplies for prevention (gloves, masks, sanitizer, hand-washing containers, soap, etc.)	17.5	14.3	28.4	14.6	22.5	14.5
Personal hygiene supplies (menstrual supplies, baby diapers, adult diapers etc.)	5.4	2.0	3.4	1.8	4.5	1.9
Social protection grants (Ubudehe, disability)	4.2	3.3	1.5	1.6	2.9	2.4
Other cash transfer	41.9	57.7	45.2	62.1	43.4	59.9

Variables and response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Benefit from social protection schemes	n= 59	n= 46	n= 53	n= 37	n= 112	n= 83
VUP Classic public works	21.1	27.3	30.2	27.0	25.5	27.2
VUP Expanded public works	10.5	9.1	9.4	2.7	10.0	6.2
VUP Direct support	12.3	13.6	11.3	8.1	11.8	11.1
Nutrition sensitive direct support	12.3	6.8	9.4	24.3	10.9	14.8
Mutuelle de sante Support	21.1	13.6	15.1	18.9	18.2	16.1
VUP Financial support	7.0	11.4	11.3	2.7	9.1	7.4
People with disability support	5.3	4.6	5.7	8.1	5.5	6.2
Genocide survivor's assistance (FARG)	14.0	18.2	7.6	8.1	10.9	13.6

Annex 4: Sources of money or goods and decision making about the use at household level by age category

Variables/ Response options	18-34 years		35-49 years		50-64 years		65 years and above	
	Men	Women	Men	Women	Men	Women	Men	Women
Regular receipt of money or goods from relatives/ friends living elsewhere in the country or in another country before the onset of COVID-19	n= 371	n= 458	n= 491	n= 492	n= 234	n= 229	n= 59	n= 66
Yes	11.3	29.5	8.6	30.1	11.1	33.2	22.0	39.4
No	88.7	70.5	91.5	69.9	88.9	66.8	78.0	60.6
Regular receipt of money or goods from relatives/ friends living elsewhere in the country or in another country during the onset of COVID-19	n= 371	n= 458	n= 491	n= 492	n= 234	n= 229	n= 59	n= 66
Yes	14.6	23.6	11.2	29.9	12.0	28.8	13.6	37.9
No	85.4	76.4	88.8	70.1	88.0	71.2	86.4	62.1
Change in receipt of money or goods	n= 54	n= 108	n= 55	n= 147	n= 28	n= 66	n= 8	n= 25
It has become a source of income after COVID-19 started	0.0	6.5	1.8	2.7	0.0	4.6	0.0	4.0
It is still a source and the amounts are still the same	0.0	1.9	0.0	0.0	0.0	0.0	12.5	8.0
It is still a source but the amounts have increased	0.0	1.9	0.0	0.7	0.0	1.5	0.0	4.0
It is still a source but the amounts have decreased	16.7	15.7	7.3	9.5	28.6	15.2	25.0	56.0
No, it is still not a source of income	77.8	70.4	80.0	82.3	60.7	78.8	50.0	24.0
Used to be a source, but no longer is	5.6	3.7	10.9	4.8	10.7	0.0	12.5	4.0
Change in combined household income	n= 54	n= 108	n= 55	n= 147	n= 28	n= 66	n= 8	n= 25
No change in income	0.0	4.6	5.5	3.4	3.6	3.0	25.0	20.0
Increased income	1.9	0.0	0.0	0.7	0.0	3.0	0.0	0.0
Decreased income	98.2	95.4	94.6	95.9	92.9	92.4	62.5	72.0
Do not know	0.0	0.0	0.0	0.0	3.6	1.5	12.5	8.0
Decision making about use of money in the household	n= 371	n= 458	n= 491	n= 492	n= 234	n= 229	n= 59	n= 66
I decide alone	39.1	40.8	31.0	53.3	29.1	71.2	37.3	77.3
Together with spouse	54.5	33.4	68.6	44.5	68.8	24.5	61.0	4.6
Partner/ Boyfriend	0.5	0.2	0.4	0.4	1.3	2.2	0.0	3.0
Partner/ Girlfriend	0.3	2.6	0.0	0.0	0.0	1.3	0.0	7.6

Variables/ Response options	18-34 years		35-49 years		50-64 years		65 years and above	
	Men	Women	Men	Women	Men	Women	Men	Women
Other relative (specify)	5.7	22.9	0.0	1.8	0.9	0.9	1.7	7.6
Areas of expenditure did you stop spending money on or spent significantly less since the on-set of COVID-19	n= 1,393	n= 1,740	n= 1,845	1,875	n=871	n= 868	n= 223	n= 265
Household groceries (meal and drinks)	19.5	19.7	19.3	20.2	21.5	18.6	19.3	19.6
Agricultural inputs	10.1	11.2	11.5	10.8	10.3	11.4	10.3	11.7
Rents (house and land)	12.4	11.2	11.5	10.8	11.9	11.4	11.7	11.7
Health services	5.1	5.3	4.6	4.9	5.3	5.8	4.9	6.4
Transfer to relatives or friends	12.6	10.6	12.5	11.0	11.7	11.2	13.9	9.8
Cosmetics	17.0	18.0	17.0	18.7	16.0	17.9	16.6	18.9
Clothes	22.4	23.2	22.8	22.3	22.6	22.4	23.3	21.5
Other (specify)	0.7	0.5	0.8	0.6	0.7	0.6	0.0	0.0

Annex 5: Impacts experienced since the onset of COVID-19: Changes in home consumption, Survival without remittances by areas of residence

Variables/ Response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Change in HOME consumption during COVID-19	n= 560	n= 675	n= 595	n= 570	n= 1,155	n= 1,245
It has increased at the beginning of COVID-19	0.5	0.74	0.5	1.05	0.52	0.88
It has increased at the beginning and decreased after some days (months)	0.5	4.59	0.34	3.51	0.43	4.1
It has decreased since the onset of COVID-19 until present	93.6	92.74	97.14	93.16	95.41	92.93
It has remained as it was before COVID-19.	5.4	1.93	2.02	2.28	3.64	2.09
Impacts/ events experienced since the onset of COVID-19	n= 2,160	n= 2,766	n= 2,256	n= 2,399	n= 4,416	n= 5,165
Financial difficulties	24.1	22.9	25.4	22.9	24.8	22.9
Loss of employment of the head of household	15.9	16.1	16.2	16.3	16.1	16.2
Loss of employment of another male HH member	5.8	4.2	3.8	4.3	4.8	4.2
Loss of employment of another female HH member	7.9	7.3	7.7	7.0	7.8	7.2
Forced isolation within the household	3.1	2.8	3.1	2.1	3.1	2.4
Family separation due to cessation of movement/quarantine	2.8	3.6	2.4	3.9	2.6	3.7
Increase in alcohol or drug/substance abuse by a member of HH	0.4	0.4	0.1	0.0	0.3	0.2
Decrease in alcohol or drug/substance abuse by a member of HH	5.2	3.8	4.4	4.7	4.8	4.2
Did not eat at all for a day or more because of lack of money or other resources	10.1	10.3	11.9	11.9	11.0	11.0
Ate less or skipped a meal because of lack of money or other resources	18.7	21.0	18.5	19.6	18.5	20.3
More time for children's care	5.7	7.2	6.2	7.1	5.9	7.2
Other	0.6	0.3	0.4	0.3	0.5	0.3
Challenges face since the onset of COVID-19 related to:	n= 560	n= 675	n= 595	n= 570	n= 1,155	n= 1,245
Remittances						
Yes	41.07	32.74	38.15	33.86	39.57	33.25
No	58.93	67.26	61.85	66.14	60.43	66.75
Tax payment						
Yes	13.57	12.59	7.06	8.77	10.22	10.84
No	86.43	87.41	92.94	91.23	89.78	89.16
Survival without remittances	n= 304	n= 357	n= 312	n= 255	n= 616	n= 612
Received food aid from our neighbors and/ or local government	19.74	22.69	17.95	19.22	18.83	21.24

Variables/ Response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Used food items efficiently by decreasing quantity used to consume daily	51.64	48.74	51.6	48.24	51.62	48.53
Borrowed money	15.13	12.89	16.99	8.24	16.07	10.95
Other means (specify)	13.49	15.69	13.46	24.31	13.47	19.28
How did you sort out the issues related to tax burden	n= 102	n= 121	n= 67	n= 76	n= 169	n= 197
Request for tax exemption	27.45	22.31	28.36	14.47	27.81	19.29
Borrowed money and paid	14.71	10.74	13.43	11.84	14.2	11.17
Do nothing and wait for paying taxes with penalties and interests	21.57	33.06	35.82	26.32	27.22	30.46
Other (specify)	36.27	33.88	22.39	47.37	30.77	39.09

Annex 6: Effects of COVID-19 on business and coping mechanisms by age category

Variables/ Response options	18-34 years old		35-49 years old		50-64 years old		65 years and above	
	Men	Women	Men	Women	Men	Women	Men	Women
Effect of COVID-19 on business	n= 90	n= 194	n= 114	n= 241	n= 45	n= 83	n= 8	n= 8
Closure	44.4	54.1	51.8	55.6	48.9	51.8	62.5	62.5
Layoffs of staff	4.4	0.0	1.8	0.4	0.0	0.0	0.0	0.0
Reduced income	22.2	23.2	17.5	19.1	15.6	14.5	12.5	12.5
Reduced activities	4.4	7.2	9.7	12.5	20.0	19.3	12.5	12.5
Loss of clients	17.8	10.3	14.9	10.4	6.7	8.4	0.0	12.5
Reduction in the delivery of services	1.1	0.5	1.8	0.4	2.2	0.0	0.0	0.0
Other	5.6	4.6	2.6	1.7	6.7	6.0	12.5	0.0
Effect of COVID-19 on total income	n= 85	n= 187	n= 111	n= 235	n= 45	n= 80	n= 7	n= 8
Less than 5%	0.0	1.6	0.0	2.1	4.4	5.0	0.0	0.0
6% - 25%	1.2	5.9	3.6	9.4	2.2	6.3	14.3	0.0
26%-50%	7.1	4.8	12.6	8.9	13.3	16.3	28.6	12.5
51%-75%	32.9	16.6	23.4	15.7	22.2	11.3	0.0	12.5
76%-100%	58.8	71.1	60.4	63.8	57.8	61.3	57.1	75.0
Effect of COVID-19 on activities	n= 86	n= 174	n= 111	n= 227	n= 43	n= 74	n= 6	n= 7
Less than 5%	0.0	1.7	0.9	2.2	2.3	4.1	0.0	0.0
6% - 25%	1.2	7.5	0.9	10.1	0.0	8.1	16.7	0.0
26%-50%	15.1	5.2	18.9	9.7	14.0	16.2	0.0	14.3
51%-75%	30.2	18.4	22.5	15.9	27.9	12.2	16.7	28.6
76%-100%	53.5	67.2	56.8	62.1	55.8	59.5	66.7	57.1
Effect of COVID-19 on clients	n= 81	n= 168	n= 108	n= 222	n= 44	n= 69	n= 6	n= 8
Less than 5%	0.0	2.4	0.0	2.7	2.3	4.4	0.0	12.5
6% - 25%	0.0	6.6	2.8	9.0	4.6	7.3	16.7	0.0
26%-50%	13.6	4.8	13.9	9.9	11.4	17.4	0.0	12.5
51%-75%	30.9	18.5	25.0	14.9	25.0	11.6	16.7	12.5
76%-100%	55.6	67.9	58.3	63.5	56.8	59.4	66.7	62.5
Coping mechanisms after being affected by COVID-19	n= 90	n= 194	n= 114	n= 241	n= 45	n= 83	n= 8	n= 8
Shifting to another productive business	33.3	24.7	29.8	34.9	24.4	30.1	0.0	25.0
Ask for remittances to recover your business	24.4	11.9	21.1	10.0	26.7	12.1	12.5	25.0
Request for loan from financial institutions	16.7	2.6	21.9	3.7	17.8	4.8	0.0	0.0
Request for loan/ recovery fund from financial institutions	16.7	0.0	10.5	1.2	11.1	1.2	0.0	0.0
Other mechanism (specify)	14.4	18.0	17.5	19.1	8.9	14.5	0.0	12.5
Doing nothing	4.4	11.3	1.8	10.4	8.9	8.4	12.5	0.0

Annex 7: Access to finance and cooperative membership

Variables and response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Access to financial facility during COVID-19 period	n= 145	n= 329	n= 112	n= 197	N= 257	N= 526
Yes	6.9	1.5	3.6	1.5	5.45	1.52
No	93.1	98.5	96.4	98.5	94.55	98.48
Type of financial facility	n= 10	n= 5	n= 4	n= 3	n= 14	n= 8
Loan/ credit	30.0	20.0	25.0	66.7	28.6	37.5
Payments on earlier savings	10.0	0.0	25.0	0.0	14.3	0.0
Extension of the payment period of the existing loan	30.0	20.0	50.0	0.0	35.7	12.5
Reduction in the interest rate	10.0	40.0	0.0	33.3	7.1	37.5
A government guaranty or subsidized financial service or product	0.0	0.0	0.0	0.0	0.0	0.0
Other	20.0	20.0	0.0	0.0	14.3	12.5
Cooperative membership	n= 560	n= 675	n= 595	n=570	n= 1,155	n= 1,245
Yes	49.6	55.6	47.1	55.6	48.3	55.6
No	50.4	44.4	52.9	44.4	51.7	44.4
Cooperative main activity	n= 278	n= 375	n= 280	n= 317	n= 558	n= 692
Farming	18.0	7.2	21.2	8.8	19.6	7.9
Livestock	4.0	1.6	2.9	1.6	3.4	1.6
Milk collection & processing	0.0	0.3	0.0	0.3	0.0	0.3
Carpentry	0.4	0.0	0.7	0.0	0.5	0.0
Masonry	0.0	0.0	0.4	0.0	0.2	0.0
Tailoring	0.4	0.8	0.0	1.0	0.2	0.9
Hair dressing	1.4	0.3	0.0	0.0	0.7	0.1
Hand craft	0.4	0.0	0.0	1.0	0.2	0.4
Honey processing	0.0	0.0	0.0	0.6	0.0	0.3
Transport	6.8	0.3	3.9	0.0	5.4	0.1
Service provision	8.3	0.8	10.8	1.3	9.5	1.0
Trading	6.8	7.5	3.6	1.6	5.2	4.8
Saving and lending group	43.9	76.6	41.9	77.9	42.9	77.2
Other (specify)	9.7	4.8	14.7	6.0	12.2	5.3
Receipt of recovery fund by cooperative	n= 278	n= 375	n= 280	n= 317	n= 558	n= 692
Yes	5.4	4.0	6.4	5.4	5.9	4.6
No	94.6	96.0	93.6	94.6	94.1	95.4
Cooperative supported its members	n= 15	n= 15	n= 18	n= 17	n= 33	n= 32
Yes	60.0	73.3	61.1	52.9	60.6	62.5
No	40.0	26.7	38.9	47.1	39.4	37.5
Kind of support	n= 9	n= 11	n= 11	n= 9	n= 20	n=20
Financial support	66.7	72.7	90.9	77.8	80.0	75.0
Food aid	11.1	9.1	9.1	11.1	10.0	10.0
Other (specify)	22.2	18.2	0.0	11.1	10.0	15.0

Annex 8: Access to finance and use of ICT facilities when compared to the period before and after the onset of COVID-19

Variables and response options	18-34 years old		35-49 years old		50-64 years old		65 years and above	
	Men	Women	Men	Women	Men	Women	Men	Women
Access to financial facility from financial institutions	n= 90	n= 194	n= 114	n= 241	n= 45	n= 83	n= 8	n= 8
Yes	2.2	0.5	7.0	2.1	6.7	2.4	12.5	0.0
No	97.8	99.5	93.0	97.9	93.3	97.6	87.5	100.0
Use of mobile money or other money transfer means during this COVID-19	371	458	491	492	234	229	59	66
Yes	74.9	60.5	69.7	60.6	64.1	55.5	45.8	22.7
No	25.1	39.5	30.4	39.4	35.9	44.5	54.2	77.3
Service for which mobile money was used during COVID-19	n= 639	n= 733	n= 863	n= 769	n= 396	n= 328	n= 87	n= 57
Food related items	14.9	14.9	14.3	12.7	14.4	15.9	13.8	19.3
Transfer (P2P)	23.5	25.7	25.0	25.1	25.8	23.2	28.7	22.8
Transport cost	5.8	4.8	5.9	4.9	6.1	3.7	2.3	5.3
Purchase of airtime	26.3	26.2	24.9	26.1	25.0	28.4	23.0	29.8
Data bundle	3.6	4.1	4.3	4.2	3.5	5.8	3.5	1.8
Payment of electricity bill	15.0	16.1	14.6	16.4	12.6	16.2	16.1	12.3
Payment of water bill	2.0	2.6	2.9	3.3	4.8	1.8	4.6	5.3
Payment of fuel	0.0	0.1	0.4	0.0	0.5	0.0	0.0	0.0
TV subscription	0.8	0.7	1.2	0.7	1.0	0.6	1.2	0.0
Other home supplies	8.1	36.0	6.6	51.0	6.3	15.0	6.9	2.0
Use of ICT in e-commerce, MOMO, e-payment, e-banking, communication, meetings...	n= 371	n= 458	n= 491	n= 492	n= 234	n= 229	n= 59	n= 66
The use of ICT has increased compared the period before COVID-19	71.7	69.7	67.2	66.7	68.4	63.8	54.2	25.8
The use of ICT did not much change	13.8	9.4	16.5	9.2	15.4	8.7	11.9	22.7
It was easier to use ICT compared to the situation before COVID-19	1.1	1.5	1.0	1.0	0.4	0.9	1.7	1.5
I had more access to ICT facilities than the period before COVID	6.5	19.2	11.0	22.2	10.7	26.6	28.8	48.5
I had limited access to ICT facilities compared the period before COVID-19	7.0	0.2	4.3	1.0	5.1	0.0	3.4	1.5

Annex 9: Crop and livestock production and extent of crop production in contributing to household food needs

Variables and response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Crop production by household	n= 560	n= 675	n= 595	n= 570	n= 1,155	n= 1,245
Yes	52.7	54.1	60.0	60.7	53.85	52.69
No	47.3	45.9	40.0	39.3	46.15	47.31
Livestock production by household						
Yes	21.3	24.9	29.9	25.6	25.71	25.22
No	78.8	75.1	70.1	74.4	74.29	74.78
Extent to which crops production provide in food needs	n= 560	n= 675	n= 595	n= 570	n= 1,155	n= 1,245
It provides in all our food needs	24.6	25.5	27.2	23.2	25.97	24.42
It provides in most of our food needs	37.7	33.5	28.4	30.0	32.9	31.89
It provides in some of our food needs	37.7	41.0	44.4	46.8	41.13	43.69

Annex 10: Changes in time devoted to help/ support non-household members (e.g: community, neighborhood) since the onset of COVID-19

Changes in time devoted to support non-household members	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
	n= 560	n= 675	n= 595	n= 570	n= 1,155	n=1,245
Do not usually do it	22.3	36.7	25.0	40.4	23.7	38.4
Increased	3.4	3.3	3.4	3.9	3.4	3.5
Unchanged	30.9	15.6	32.4	19.7	31.7	17.4
Decreased	43.4	44.4	39.2	36.1	41.2	40.6

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Annex 11: Changes in time devoted to the following activities since the onset of COVID-19 (for both urban and rural residents)

Response options	Combined									
	Men					Women				
	# Cases	Do not usually do it	Increased	Unchanged	Decreased	# Cases	Do not usually do it	Increased	Unchanged	Decreased
Food and meal management and preparation (e.g. cooking and serving meals)	93	0.0	18.3	41.9	39.8	946	0.4	18.5	35.7	45.4
Cleaning (e.g. clothes, household)	87	0.0	23.0	59.8	17.2	945	0.2	43.6	44.8	11.4
Shopping for own household/ family members	84	1.2	15.5	47.6	35.7	944	0.2	10.2	35.4	54.2
Collecting water/ firewood/fuel	73	1.4	23.3	68.5	6.9	933	0.6	33.0	54.1	12.2
Minding children while doing other tasks (e.g. paid work)	48	16.7	12.5	68.8	2.1	846	0.4	56.7	35.2	7.7
Playing with, talking to and reading to children	36	19.4	8.3	69.4	2.8	711	3.4	56.8	29.3	10.6
Instructing, teaching, training children	33	21.2	12.1	60.6	6.1	646	0.6	67.5	24.0	7.9
Caring for children, including feeding, cleaning, physical care	31	22.6	12.9	61.3	3.2	507	1.6	59.2	22.9	16.4
Assisting elderly/sick/ disabled adults with medical care, feeding, cleaning, physical care	25	32.0	0.0	68.0	0.0	140	0.7	24.3	21.4	53.6
Assisting elderly/sick/ disabled adults with administration and accounts	25	36.0	0.0	64.0	0.0	81	0.0	9.9	27.2	63.0
Affective/emotional support for adult family members	25	36.0	0.0	64.0	0.0	36	0.0	13.9	41.7	44.4

Annex 12: Use of menstrual products

Variables and response options	Urban	Rural	Combined
	Women	Women	Women
Use of menstrual hygiene products	n= 387	n= 339	n= 726
Washing supplies and disposal facilities	19.1	18.6	18.9
Disposable pads	42.4	34.2	38.6
Reusable sanitary towels	18.9	22.1	20.4
Other (Specify)	19.6	25.1	22.2
Changes in the use of menstrual hygiene products since the onset of COVID-19	n= 675	n= 570	n= 1,245
Increased access to some menstrual hygiene products	18.8	11.1	15.3
Increased access to all menstrual hygiene products	12.4	11.6	12.0
Decreased access to some menstrual hygiene products	29.2	32.1	30.5
No access	18.4	21.4	19.8
Not aware of menstrual hygiene products	0.3	0.2	0.2
Not applicable	20.9	23.7	22.2

Annex 13: Reasons for feeling less safe in the home

Response options	Urban		Rural		Combined	
	Men	Women	Men	Women	Men	Women
Reasons for feeling less safe in the home	n= 22	n= 17	n= 22	n= 19	n= 44	n= 36
Live in densely populated area and children play and move around making even your home unsafe during COVID-19	18.2	29.4	0.0	42.1	7.7	31.7
Crime has increased	22.7	23.5	4.6	10.5	11.5	14.6
Others in the household hurt me	13.6	17.7	45.5	26.3	25.0	19.5
Other adults in the household are hurt	9.1	0.0	9.1	0.0	7.7	0.0
Children in the household are being hurt	0.0	0.0	4.6	0.0	1.9	0.0
There is substance abuse (e.g. alcohol and drugs) in the household	9.1	5.9	9.1	0.0	7.7	2.4
I fear discrimination and being side-lined at home due to the nature of my work (health worker, COVID-response frontline workers)	0.0	0.0	0.0	0.0	0.0	0.0
I am stigmatized for having been infected with COVID-19	0.0	5.9	0.0	0.0	0.0	2.4
Other	27.3	17.7	27.3	21.1	38.5	29.3

Annex 14: Awareness of sexual harassment and other forms of GBV, experience of GBV, perpetrator and change in the incidence of GBV forms (by marital status)

Variables and Response options	Married		Living with partner/ Cohabiting		Married but sep- arated		Divorced		Widowed		Single (never married)	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Extent to which gender-based violence is a problem in Rwanda	n= 863	n= 423	n= 159	n= 130	n= 10	n= 100	n= 6	n= 108	n= 19	n= 251	n= 98	n= 233
A lot	11.5	28.1	5.7	27.7	10.0	26.0	0.0	30.6	5.3	23.5	6.1	30.9
Somewhat	15.9	38.3	15.1	32.3	40.0	40.0	16.7	33.3	15.8	28.3	16.3	36.9
A little bit	61.5	29.8	70.4	38.5	50.0	31.0	83.3	33.3	57.9	37.1	67.4	28.8
Not at all	8.2	1.2	8.2	1.5	0.0	1.0	0.0	0.9	15.8	4.0	9.2	1.7
Do not know	2.9	2.6	0.6	0.0	0.0	2.0	0.0	1.9	5.3	7.2	1.0	1.7
How often do you think that gender-based violence occurs in Rwanda	n= 767	n= 407	n= 145	n= 128	n= 10	n= 97	n= 6	n= 105	n= 15	n= 223	n= 88	n= 225
Happens very often	12.9	27.0	14.5	19.5	10.0	25.8	16.7	21.0	20.0	17.5	9.1	28.0
Happens sometimes	32.6	49.4	29.0	57.0	20.0	39.2	16.7	53.3	20.0	51.6	33.0	54.2
Does not happen very often	49.0	22.1	45.5	23.4	70.0	33.0	66.7	22.9	53.3	28.7	47.7	17.3
Never happens	4.3	1.2	8.3	0.0	0.0	1.0	0.0	1.9	6.7	0.5	8.0	0.0
Don't know	1.2	0.3	2.8	0.0	0.0	1.0	0.0	1.0	0.0	1.8	2.3	0.4
Change in the incidence sexual harassment or other forms of GBV	n= 863	n= 423	n= 159	n= 130	n= 10	n= 100	n= 6	n= 108	n= 19	n= 251	n= 98	n= 233
Yes, increased	18.8	35.0	20.1	32.3	40.0	34.0	16.7	23.2	5.3	21.5	17.4	32.6
Yes, decreased	48.2	43.0	40.9	56.2	60.0	47.0	16.7	54.6	42.1	48.2	44.9	52.8
No, stayed the same	24.7	18.0	36.5	10.0	0.0	15.0	66.7	12.0	42.1	18.3	31.6	11.2
Don't know	8.2	4.0	2.5	1.5	0.0	4.0	0.0	10.2	10.5	12.0	6.1	3.4
Refused	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Awareness of sexual harassment or other forms of gender-based violence by women, men, boys' and girls' in public spaces since the onset of COVID-19	n= 1,135	n= 598	n= 190	n= 165	n= 14	n= 142	n= 11	n= 137	n= 29	n= 340	n= 126	n= 353

Variables and Response options	Married		Living with partner/ Cohabiting		Married but separated		Divorced		Widowed		Single (never married)	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Sexual harassment e.g inappropriate and unwellcome jokes, suggestive comments, leering, unwellcome touch/kisses, intrusive comments about their physical appearance, unwanted sexually explicit comments, people indecently exposing themselves to them (the range of sexual harassment)	9.0	8.0	4.7	9.1	7.1	5.6	18.2	5.8	6.9	7.7	7.1	8.2
Slapped, hit, kicked, thrown things, or done anything else to physically hurt the person.	14.1	19.4	13.7	13.3	21.4	15.5	18.2	15.3	13.8	17.1	9.5	21.3
Female genital mutilation	0.4	0.5	0.0	1.2	0.0	0.0	0.0	0.7	0.0	0.9	0.8	0.3
Make the person have sex when s/he did not want to" and "do something sexual that s/he did not want to do".	8.5	12.2	5.8	10.9	0.0	13.4	0.0	14.6	0.0	9.4	4.8	15.3
Denial of resources/money/water	6.8	5.7	5.3	6.7	7.1	6.3	9.1	3.7	6.9	5.3	5.6	5.1
Online/Internet bullying e.g. physical threats, sexual harassment, sex trolling, sextortion, online pornography, zoom-bombing among others	1.3	1.2	0.0	0.0	7.1	0.7	0.0	2.2	6.9	2.1	2.4	2.0
Emotionally hurting someone through verbal abuse etc.	6.4	8.0	4.7	6.1	14.3	9.2	9.1	4.4	13.8	7.1	4.8	8.5
Denial to communicate with other people	1.0	1.8	1.6	1.8	0.0	1.4	0.0	1.5	0.0	1.8	1.6	2.8
Child/Forced marriage	1.1	1.0	1.1	1.8	0.0	3.5	0.0	0.0	0.0	2.1	1.6	1.4
Do not know	51.4	42.0	63.2	49.1	42.9	44.4	45.5	51.8	51.7	46.8	61.9	35.1
Refused	0.1	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Knowledge about sources of help if you or someone else is exposed to sexual or physical abuse	n= 1,182	n= 564	n= 138	n= 181	n= 15	n= 118	n= 18	n= 119	n= 31	n= 285	n= 110	n= 306
Call for access to friendly spaces for children in the community	6.9	4.4	2.9	6.6	6.7	8.5	5.6	5.9	6.5	5.3	10.0	4.9
Seek support from family	8.0	4.6	6.5	5.0	6.7	5.1	5.6	6.7	12.9	5.3	9.1	3.9
Seek religious leader	6.1	2.1	4.4	3.9	6.7	1.7	0.0	3.4	6.5	4.2	6.4	2.6
Access to centres for women/men (Access to Isange One Stop Centre)	11.3	12.8	10.9	10.5	6.7	12.7	11.1	9.2	6.5	10.9	10.9	13.1
Approach community leaders	16.8	18.3	18.1	14.4	26.7	18.6	16.7	18.5	16.1	19.0	14.6	18.6
Talk with friends	7.7	7.5	8.7	9.9	6.7	6.8	5.6	4.2	6.5	8.1	7.3	6.2

Variables and Response options	Married		Living with partner/ Cohabiting		Married but separated		Divorced		Widowed		Single (never married)	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
	n= 863	n= 423	n= 159	n= 130	n= 10	n= 100	n= 6	n= 108	n= 19	n= 251	n= 98	n= 233
Call helpline	9.1	8.3	8.0	11.6	6.7	5.9	11.1	9.2	6.5	7.7	10.9	8.2
Call/go to police	18.3	22.7	21.0	22.1	26.7	24.6	22.2	25.2	19.4	22.1	15.5	23.5
Go to health facility	10.2	12.2	12.3	12.2	6.7	12.7	16.7	13.5	12.9	10.9	10.9	10.5
Seeking support from civil society/NGOs	3.7	2.0	2.2	2.2	0.0	0.9	5.6	0.0	6.5	2.8	0.9	2.3
Other, specify	2.0	5.1	5.1	1.7	0.0	2.5	0.0	4.2	0.0	3.9	3.6	6.2
Do not know	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Types of information, advice or support is needed in this community to prevent gender-based violence and harmful practices from happening during this COVID-19 period												
Information about security/crime prevention, referral linkages	92.0	74.5	91.8	61.5	100.0	86.0	100.0	69.4	84.2	75.3	90.8	70.0
Practical help such as shelter/food/clothing	68.4	60.3	59.8	48.5	90.0	69.0	50.0	54.6	73.7	54.6	70.4	62.2
Someone to talk to	70.2	71.9	63.5	70.0	90.0	74.0	66.7	70.4	79.0	65.7	67.4	78.1
Psycho-social support	73.6	73.1	67.9	64.6	100.0	70.0	33.3	72.2	79.0	68.5	77.6	76.8
Help with insurance/compensation claim	73.2	62.2	70.4	48.5	90.0	66.0	50.0	59.3	84.2	54.2	77.6	62.2
Protection from further victimization/harassment	83.7	68.1	89.3	54.6	100.0	71.0	100.0	70.4	84.2	62.2	86.7	69.5
Help in reporting the incident/dealing with the police	88.3	84.4	97.5	76.2	100.0	87.0	100.0	85.2	94.7	84.1	95.9	84.1
Medical support	81.5	70.9	88.1	73.1	90.0	77.0	100.0	77.8	89.5	72.1	81.6	76.0
Financial support	70.6	60.8	62.9	51.5	100.0	69.0	66.7	54.6	73.7	53.8	74.5	61.4
Legal support	77.4	59.6	81.1	45.4	100.0	77.0	100.0	50.0	89.5	58.2	81.6	59.7
Comprehensive, one stop services where the victim can get all support	73.0	63.1	73.6	66.2	100.0	71.0	83.3	69.4	79.0	59.8	75.5	66.5
Other	16.7	16.1	13.8	21.5	0.0	13.0	33.3	10.2	10.5	15.9	13.3	16.3

Annex 15: Methodology

Given the current context of restrictions related to COVID-19, face to face interviews with groups or individuals are no longer appropriate. It requires non-traditional ways of data collection and engaging with respondents and key informants along this study. This is to avoid more person to person transmission of the virus and to comply with self-isolation and social distancing policies currently being implemented across the country. Nevertheless, quality data has to be collected to inform this study's objectives.

We propose to adhere to principles of inclusivity during the data collection as well as analysis. The study applied a Human rights-based approach and make special consideration of women and girls who are at high risk of being left behind to ensure that their challenges and concerns are well considered. Furthermore, data collection was done using the following methods:

- (1) Desk review on the emerging literature about COVID-19 and its gendered impacts;
- (2) Individual surveys through E-platforms such as phone calls and internet, and
- (3) Virtual consultations often considered as proxy for consultations focus groups but will be in a form of virtual or online consultations (especially for key informants using Zoom and other accessible virtual facilities);

Sampling frame for primary sampling units (Districts)

Using the standard formula by Krejcie and Morgan (1970) and considering the district as unit of observation; 12 Districts, out of 30 districts, are estimated as a representative sample of geographical areas for individual surveys.

$$n = \frac{N}{(1 + N(e)^2)} = \frac{30}{(1 + 30(0.05)^2)} = 12 \text{ Districts}$$

Where

n is the sample size (number of districts)

N is the population size or the total number of districts

e is the level of precision or error margin

This means that 12 administrative districts were purposively considered as the representative sample for this study. Selection of the study area (district) in which the virtual individual surveys was conducted was guided by the following three major criteria:

- Increasing cases of GBV and other patterns of gender violence; or high number of teenage pregnancies
- A large number of people affected by COVID 19 pandemic;
- High proportion of poor households headed by women and men.

RGA was carried out in 12 districts following the above criteria. Districts listed below represent districts with a large number or proportion of at least one of the mentioned criteria at provincial level. With regard to gender-based violence, Districts like Nyagatare, Gatsibo, Kirehe, Rubavu, Rulindo, Nyamagabe, Gasabo were selected because of having a large number of teenage pregnancy and attitude towards wife beating (two main factors of GBV). When it comes to select districts with high number of people affected by COVID- 19, Nyarugenge, Gasabo, Rusizi and Kirehe comes at the top based on the continuous information sourced from Ministry of

Health. In addition, districts with high proportion of households with persistent poverty are also included in this study. These include Nyamasheke, Burera and Nyaruguru.

Sample districts

#	Districts	Teenage pregnancy (2019)	Attitude towards GBV (wife beating ⁷) %	Up to date number of COVID - 19 cases ⁸	Persistent poverty (%)	Province
1	Nyagatare	1,610	53		31.74	East
2	Gatsibo	1,702	34		25.96	
3	Kirehe	1,303	13		16.46	
4	Nyamasheke	502	57		40.96	West
5	Rusizi	594	47		3.46	
6	Rubavu	1,045	48		25.33	
7	Burera	608	48		35.61	North
8	Rulindo	641	70		25.96	
9	Nyamagabe	485	63		39.80	South
10	Nyaruguru	355	53		26.24	
11	Gasabo	1,225	21		13.6	Kigali City
12	Nyarugenge	595	11		10.95	
	Rwanda	788	41	5,750		

Source: NISR, 2016; NISR, 2018; www.rbc.gov.rw (COVID-19 cases on 25th November 2020)

Sampling frame for secondary sampling units (individuals)

Prior to data collection, a list of women and men owning and using mobile telephone requested to be the key personnel from sampled districts. From that list a sample of 2,400 women and men were randomly selected. The actual sample size to consider is 2,400 women and men who responded to the calls.

Sample computation and determination

The sample size was determined using the Cochran formula to yield a representative sample for proportions (Cochran, 1963). The sample size scientifically calculated and determined is 2,400. Hence, actual sample for RGA assessment is 2,400 women and men.

$$n_0 = Z^2 \frac{P(1-P)}{d^2}$$

Where

n is the sample size (number of individuals)

Z² is Z-distribution (Z=1.96)

p: is unknown proportion of women and men who are exposed to GBV and related COVID-19 effects (p=0.5)

8 <https://www.rbc.gov.rw/index.php?id=707>

d : is the desired level of precision (i.e. the margin of error, $d=0.03$)

$$n_0 = 1.96^2 \frac{0.5*(1-0.5)}{0.03^2} = 2,135 \text{ individuals}$$

The sample size adjusted to non-response rate is

$$n^1 = Z^2 \frac{P*(1-P)}{d^2} * r = 266$$

Where r is 12.5% attrition rate

Therefore, the actual (final) sample size is:

$$n^f = 2,135 + 266 = 2,401 \text{ individuals (women and men)}$$

Distribution of women and men across sampled districts

From each district, this study was conducted in the two sectors purposively selected. Reference was also made to the district guidance during the selection process. Sectors with high rates of GBV and high cases of COVID-19 are indicated in the table below. From each district, women and men were selected according to the distribution of the weight each sex (male and female) represents in the population. According to the Population size, structure and distribution thematic report, Rwanda Population and Housing Census (2012) actual sample size was computed based on the distribution of the resident population by district.

Distribution of sample individuals per districts

District	Resident population by sample district			Sample size per district	Sectors	Sample size per sector	Males		Females	
	Male	Female	Both				%	n	%	n
NYAGATARE	228,325	237,530	465,855	200	Nyagatare	100	0.49	49	0.51	51
					Rukomo	100	0.49	49	0.51	51
GATSIBO	207,669	225,351	433,020	200	Kiramuruzi	100	0.48	48	0.52	52
					Nyagihanga	100	0.48	48	0.52	52
KIREHE	163,790	176,578	340,368	200	Kigarama	100	0.48	48	0.52	52
					Nyamugali	100	0.48	48	0.52	52
NYAMASHEKE	178,421	203,383	381,804	200	Kanjongo	100	0.47	47	0.53	53
					Gihombo	100	0.47	47	0.53	53
RUSIZI	192,528	208,330	400,858	200	Kamembe	100	0.48	48	0.52	52
					Bweyeye	100	0.48	48	0.52	52
RUBAVU	194,989	208,673	403,662	200	Gisenyi	100	0.48	48	0.52	52
					Rubavu	100	0.48	48	0.52	52
BURERA	160,395	176,187	336,582	200	Gatebe	100	0.48	48	0.52	52
					Rusarabuye	100	0.48	48	0.52	52
RULINDO	135,625	152,056	287,681	200	Buyoga	100	0.47	47	0.53	53
					Kinihira	100	0.47	47	0.53	53
NYAMAGABE	161,219	180,272	341,491	200	Gasaka	100	0.47	47	0.53	53
					Kaduha	100	0.47	47	0.53	53
NYARUGURU	139,279	155,055	294,334	200	Kibeho	100	0.47	47	0.53	53
					Kivu	100	0.47	47	0.53	53

District	Resident population by sample district			Sample size per district	Sectors	Sample size per sector	Males		Females	
	Male	Female	Both				%	n	%	n
GASABO	274,546	255,015	529,561	200	Remera	100	0.48	48	0.52	52
					Nduba	100	0.48	48	0.52	52
NYARUGENGE	148,132	136,429	284,561	200	Muhima	100	0.48	48	0.52	52
					Mageragere	100	0.48	48	0.52	52
Total sample				2,400						

A team of about 20 research assistants (50% girls and 50% boys) were recruited and trained on the conduct of the survey questionnaire. We plan to make reference to the existing database of research assistants at the L4D research centre to leverage on their previous experience like using the tablets in the data collection and other research methods including the ethics of data collection.

In addition, three stages (district, sector and village) were considered when identifying women and men to be interviewed. From each stage we liaised with contact person who better understands the context of this assessment. Figure 11 below indicates approach that followed to identify eligible respondents for this study.

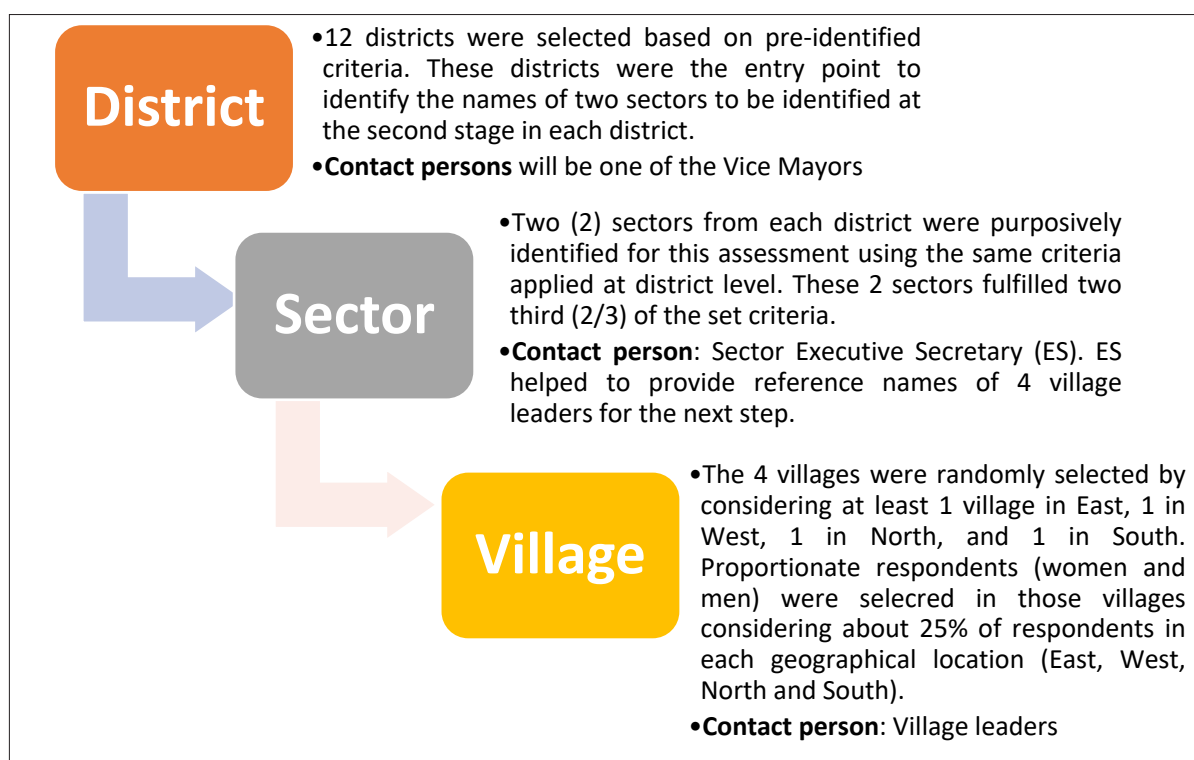


FIGURE 11: Approach to identify RGA respondents

Annex 16: RGA Survey Questionnaire

Survey: Impact Assessment of COVID-19 on women's and men's wellbeing in Rwanda

QUESTIONS FOR A MOBILE PHONE INTERVIEW BASED SURVEY

DETAILS OF SAMPLED INDIVIDUAL

- I. PROVINCE |__|__|__|
- II. DISTRICT |__|__|__|
- III. SECTOR..... |__|__|__|
- IV. CELL |__|__|__|
- V. VILLAGE |__|__|__|
- VI. RESIDENCE (URBAN/RURAL) |__|
- VII. TELEPHONE NUMBER OF SAMPLED INDIVIDUAL

Introduction to administering questionnaire through mobile phone interviewing-:

Hello, my name is (INTERVIEWER'S NAME) and I am calling on behalf of MIGEPROF and its development partners. We would like to understand how the rapid spread of COVID-19 is affecting women and men, girls and boys. You have been randomly selected to participate in this assessment and your feedback and cooperation will be highly appreciated. The findings of the survey will be used to inform strategies and programs aimed at supporting women and girls during COVID-19. In order to make the survey as inclusive as possible, each participant will be asked a set of questions once per week over a two-week period and all responses will be kept strictly confidential and if there are any costs to the call, it will be covered by UN-Women. If at any point there are any questions you do not feel comfortable answering, you can choose not to answer them. You can also choose to stop the interview at any point.

I request for about 20 minutes⁹ of your time to ask you some questions.

Can I continue? (Yes/No) If No, try to convince the respondent before conclusively ending the survey.

A) DEMOGRAPHICS

A01. What is your sex?

[Please select one]

1. Male
2. Female

A02. What is your age (in years)?

[Please indicate age in years]

__ [YEARS OLD]

⁹ The real time will be 45 minutes, here we propose 20 to avoid respondents being scared.

A03. Are you the head of your household?

- 1. Yes => A04
- 2. No

If no, what is your relationship to the head of the household?

- 1. Head
- 2. Spouse/Partner
- 3. Son/daughter
- 4. Grandchild
- 5. Brother/Sister
- 6. Father/Mother
- 7. Nephew/Niece
- 8. In-Law
- 9. Grand parent
- 10. Other Relative
- 11. Non- relative

A04. What is your current District and Sector of residence? District and Sector to be pre-coded]

.....

ASK ALL

A05. What was the monthly income of your household BEFORE THE ONSET OF COVID-19?

SINGLE ANSWER

- 1. Less than 15,000 RWF
- 2. 15,001-30,000 RWF
- 3. 30,001 - 45,000 RWF
- 4. 45,001 - 60,000 RWF
- 5. 60,001 - 75,000 RWF
- 6. Above 75,000 RWF
- 98. Do not know
- 99. Refused

ASK ALL

A06. How much on average did your household spend in a month, before Covid-19?

OPEN ANSWER

_____ RWF

ELIGIBLE FOR THE INTERVIEW IF:

Meets the selection criteria of rural/urban/age/sex/LSM. A02=>18: If the respondent is 18 years and above, continue with the interview, otherwise END the interview

If respondent is not eligible for the interview, tell him/her: I am sorry that you are not eligible for the survey and thank you for your time.

A07. What is your marital status?

[Please select one]

7. Married
8. Living with partner/Cohabiting
9. Married but separated
10. Divorced
11. Widowed
12. Single (never married)

A08. What is the highest level of education that you completed?

[Please select one]

1. Never attended school
2. Some-primary
3. Primary (completed)
4. Some secondary
5. Secondary (completed)
6. University (Middle level)
7. University (Completed)
8. Not stated/Do not know

A09. Do you live with other people? If yes, how many people live with you (do not count yourself in)?

[Multiple responses are allowed]

1. I live alone _____
2. Number of children 0-5 Yrs. ____
3. Number of children 6-17 Yrs. ____
4. Number of adults 18-34 Yrs. ____
5. Number of adults 35-64 Yrs. ____
6. Number of elderly 65 or over Yrs. ____

A10. How many women live with you (do not count yourself in)? Are there any pregnant or lactating women in your household? If yes, please specify how many pregnant or lactating women are in the household: : [If there are no pregnant or lactating women, put Zero]

Women: Number..... **NUMBER SHOULD BE LESS THAN SUM IN A07**

1. Pregnant: Number.....
2. Lactating: Number.....

A11. Do you have any difficulty in doing any of the following - walking, seeing, hearing, remembering or concentrating, self-caring, or communicating?

1. Yes
2. No

B) HOUSEHOLD ECONOMIC ACTIVITIES AND LIVELIHOODS

B01. Before COVID-19, have there been any sources of income necessary to sustain your livelihoods?

1. Yes
2. No

B02. How would you best describe your personal source of income a week before the onset of COVID-19? (Since beginning of March 2020).

[More than one response is possible]

1. Worked for a person/company/household or other entity for pay
2. Own business/freelancer and I employed other people
3. Own business/freelancer, but I did not employ other people
4. Casual work/odd jobs for others (non-agricultural)
5. Farmer and employed other people
6. Subsistence farmer (own production without employing others)
7. Casual laborer in agricultural enterprise
8. Worked (without pay) in a family business
9. Did not work for pay/money, but I am looking for a job and I am available to start working
10. Did not work for pay/money, because I have to take care of household chores, my children, elderly and the sick
11. Did not work for pay/money because I am studying full time

- 12. Did not work for pay/money, I have a long-term health condition, injury, disability
- 13. Did not work as I am retired/pensioner
- 14. Did not work for pay/money, I was not looking for a job and I was not available to work for other reasons
- 15. Other (specify)

[ONLY ASKED FOR EMPLOYED/SELF-EMPLOYED IF **B02**==1, 2, 3, 10 OR 11]

B03. How has your personal source of income been affected since the onset of COVID-19?

[Please select one]

- 1. No change in income
- 2. Lost all income
- 3. Increased/oversized
- 4. Decreased/downsized
- 5. Stopped totally

98. I don't know (Someone who doesn't have income including students)

B04 Have you or any other member of household received any social protection grants and/or any in-kind support from the Government and/or other non-state actors at national and/or county level - SINCE THE ONSET OF COVID-19, like food, medication, health supplies, etc.?

[Multiple response]

- 1. Yes, food
- 2. Yes, medication
- 3. Yes, supplies for prevention (gloves, masks, sanitizer, handwashing containers, soap, etc.)
- 4. Yes, personal hygiene supplies (menstrual supplies, baby diapers, adult diapers etc.)
- 5. Yes, other cash transfer
- 6. No

98. I don't know

[ONLY ASKED FOR UNEMPLOYED if **B02**==5 or 8 or 9]

B05. Have you or your household benefited from the following social protection programs/schemes?

[Multiple response]

- 1. VUP Classic public works (Yes/ No)
- 2. VUP Expanded public works (Yes/ No)

3. VUP Direct support (Yes/ No)
4. Nutrition sensitive direct support (Yes/ No)
5. Mutuelle de sante support (Yes/ No)
6. VUP Financial support (Yes/ No)
7. People with disability support (Yes/ No)
8. Genocide survivor's assistance (FARG) (Yes/ No)

B06.

Did you regularly receive any money or goods from relatives/friends living elsewhere in the country or in another country before the onset of COVID-19?

SINGLE ANSWER

1. Yes
2. No

B07. Did you regularly receive any money or goods from relatives/friends living elsewhere in the country or in another country during the onset of COVID-19?

[SINGLE ANSWER]

1. Yes
2. No

B07_1. Have there been any changes in the regular receipt of money and goods from elsewhere since the onset of COVID-19?

SINGLE ANSWER

1. It has become a source of income after COVID-19 started
2. It is still a source and the amounts are still the same
3. It is still a source but the amounts have increased
4. It is still a source but the amounts have decreased
5. No, it is not a source of income
6. Used to be a source, but no longer is

B07-2. Have there been any changes in the combined income from other household members since the onset of COVID-19? (Where applicable)

[Please select one]

1. No change in income
2. Increased income
3. Decreased income
98. Do not know

B08. Who decides first how money is spent in your household?

[Please select one]

1. I decide alone
2. Together with spouse
3. Partner/ Boyfriend
4. Partner/ Girlfriend
5. Other relative (specify)

B09. Which areas of expenditure did you stop spending money on or spent significantly less since the on-set of COVID-19?

[Multiple responses]

1. Household groceries (meal and drinks)
2. Agricultural inputs
3. Rents (house and land)
4. Health services
5. Transfer to relatives or friends
6. Cosmetics
7. Clothes
8. Other (specify)

B10: Has your home consumption increased or decreased during the Covid-19 period? If yes, what was the trend?

[Please select one]

1. It has increased at the beginning of COVID-19
2. It has increased at the beginning and decreased after some days (months)
3. It has decreased since the onset of COVID-19 until present
4. It has remained as it was before COVID-19.

B11. Has your household experienced any of the following impacts since the onset of COVID-19?

[Read all the options and more than one response is possible]

1. Financial difficulties
2. Loss of employment of the head of household
3. Loss of employment of another male HH member
4. Loss of employment of another female HH member
5. Forced isolation within the household
6. Family separation due to cessation of movement/quarantine
7. Increase in alcohol or drug/substance abuse by a member of HH
8. Decrease in alcohol or drug/substance abuse by a member of HH
9. Did not eat at all for a day or more because of lack of money or other resources
10. Ate less or skipped a meal because of lack of money or other resources
11. More time for children's care
12. Other (specify)

B12.A. Since the onset of COVID-19 up until now, have you faced challenges related to:

1. Money/goods received from someone living elsewhere (remittances) (Yes/No) → *If No, go to Question C01*
2. Tax payment (Yes/No) ==→ *If No, go to Question C01*

B12.B. If yes, how did you manage to survive without remittances?

1. Received food aid from our neighbors and/ or local government
2. Used food items efficiently by decreasing quantity used to consume daily
3. Borrowed money
4. Other means (specify)

B13. How did you sort out the issues related to tax burden if you were supposed to declare?

[Multiple responses]

1. Request for tax exemption
2. Borrowed money and paid
3. Do nothing and wait for paying taxes with penalties and interests
4. Other (specify)

C) BUSINESS OWNERSHIP, ACCESS TO FINANCE, AND USE OF MOBILE MONEY

C01. You indicated previously that you were involved in business activities. Were these activities affected by COVID-19?

Hint: Here you can only ask this question to people who indicated in B02 that they had economic activities (meaning responses on B02= 2 and 3)

1. Yes
2. No => Go to question **C05**

C01-1. Is this business activity formal (registered with the government) or informal?

1. Formal
2. Informal

C01-2. If you have a business or firm that has been affected, how has your business been affected? (Single answer)

1. Closure
2. Layoffs of staff
3. Reduced income
4. Reduced activities
5. Loss of clients
6. Reduction in the delivery of services
7. Other

C02A. Could you please tell us whether the noticed/ observed effects had effects on...

1. Total income (Yes/ No)
2. Activities (Yes/ No)
3. Clients (Yes/ No)

C02B. If yes, to what extent (percentage), COVID-19's related restrictions had effects on:

Total income	Activities	Clients
1= Less than 5%	1= Less than 5%	1= Less than 5%
2= [6% - 25%]	2= [5% - 25%]	2= [5% - 25%]
3= [26%-50%]	3= [26%-50%]	3= [26%-50%]
4= [51%-75%]	4= [51%-75%]	4= [51%-75%]
5= [76%-100%]	5= [76%-100%]	5= [76%-100%]

Please compare this with the situation before COVID-19's restriction

C03. During partial lockdown, as a result of the COVID-19 pandemic, did you have to adopt any of the following coping mechanisms/strategies?

[\[Read all the options\]](#)

[\[Multiple responses\]](#)

1. Shifting to another productive business (Yes/ No)
2. Ask for remittances to recover your business (Yes/ No)
3. Request for loan from financial institutions (Yes/ No)
4. Request for loan/ recovery fund from financial institutions (Yes/ No)
5. Other mechanism (specify) (Yes/No)
6. Doing nothing (Yes/No)

C04. Have you been able to access any financial facility from the financial institutions during COVID-19?

1. Yes
2. No => Go to question **C05**

If yes, what type of facility?

[\[Multiple responses\]](#)

1. Loan/ credit
2. Payments on earlier savings
3. Extension of the payment period of the existing loan
4. Reduction in the interest rate
5. A government guaranty or subsidized financial service or product
6. Other (specify)

C05. Are you a member of any cooperative or group?

1. Yes
2. No => Go to Question **C11**

C06. What is the cooperative's/group's main activity?

- | | | | | | |
|---------------------------------|--------------------------|------------------|--------------------------|-----------------------|--------------------------|
| 1= Farming | <input type="checkbox"/> | 7= Tailoring | <input type="checkbox"/> | 13= Honey processing | <input type="checkbox"/> |
| 2= Livestock | <input type="checkbox"/> | 8= Hair dressing | <input type="checkbox"/> | 14= Transport | <input type="checkbox"/> |
| 3= Milk collection & processing | <input type="checkbox"/> | 9= Hand craft | <input type="checkbox"/> | 15= Service provision | <input type="checkbox"/> |
| 4= Carpentry | <input type="checkbox"/> | 10= Welding | <input type="checkbox"/> | 16= Trading | <input type="checkbox"/> |
| 5= Masonry | <input type="checkbox"/> | 11= Shoe making | <input type="checkbox"/> | 17= Other (specify) | <input type="checkbox"/> |
| 6= Bakery | <input type="checkbox"/> | 12= ICT | <input type="checkbox"/> | | |

C07. Did your cooperative received recovery fund necessary to run its dormant activities?

1. Yes
2. No => Go to question **C09**

C08. If Yes, did your cooperative provide any support to its members during COVID-19 period?

1. Yes
2. No => Go to question **C11**

If Yes, what kind of support your cooperative provided?

1. Financial support
2. Food aid
3. Other (specify)

C09. For those members who were financially supported during COVID-19 are they supposed to repay the money when activities are resumed?

1. Yes
2. No => Go to question **C11**

If Yes, at which interest rate (%)? |____|

C10. What do you perceive about this interest rate? *Please compare with normal interest rate*

1. High
2. Moderate
3. Low

C11: Have been able to use mobile money (MTN momo, Airtel money) or other money transfer means during this COVID-19 period?

1. Yes
2. No Go to question **C12**

If Yes, what service did you use mobile money for?

1. Food related items
2. Transfer (P2P)
3. Transport cost
4. Purchase of airtime
5. Data bundle
6. Payment of electricity bill
7. Payment of water bill
8. Payment of fuel
9. TV subscription
10. Other services (specify)

C12: How would you rate the use of ICT (i.e. in e-commerce, money transaction through use of MOMO, e-payment, e-banking, communication, meetings, and other usages) during this period (March to present) as compared the period before the onset of COVID-19, during the lock down and after partial removal of the lockdown?

[Multiple responses]

1. The use of ICT has increased compared the period before COVID-19
2. The use of ICT did not much change
3. It is easier to use ICT compared to the situation before COVID-19
4. I had more access to ICT facilities than the period before COVID
5. I had limited access to ICT facilities compared the period before COVID-19

D) HOUSEHOLD FOOD SECURITY AND AGRICULTURAL INPUTS

D01. Has the availability of the food that you usually buy in the local market/shops changed in any way SINCE THE ONSET OF COVID-19?

[Please select one]

1. Stayed the same
2. Increased
3. Decreased due to increase in price of commodities
4. Decreased due to closure of markets

D02. How many meals do adult and child household members take per day?

	Number of people	Number of meals taken per day
How many people in your household aged 18 years and above (adult)		
How many people in your household aged 5 to 17 years old		
How many under 5 children in your household		

D03. Could you please give information related to consumption of the following food items in your household?

Food groups consumed within 7 days of lock-down. Food consumed by the household <i>If main respondent is male → the best choice is wife of HH head. If not available, replace with another other adult female HH member.</i>	Within 7 days (first week of the lockdown), how many days did you consume the following foods? [Mark 1-7 for number of days eaten food was consumed]	What was the main source of the food within 7 days of lock-down? [Use food source codes]
[A] Rice	_____	_____
[B] Sorghum	_____	_____
[C] Maize/ Kawunga	_____	_____
[D] Cassava	_____	_____
[E] Banana		
[E] Other cereals and tubers (root crops, potatoes millet,, bread, wheat)	_____	_____
[F] Pulses (groundnuts, legumes, beans, lentils, peas, sesame)	_____	_____
[G] Vegetables including wild vegetables and leaves	_____	_____
H] Fruits including wild fruits	_____	_____
[I] Meat, and poultry (including bush meat, and both red and white meat)	_____	_____
[J] Eggs	_____	_____
[K] Fish	_____	_____
[L] Milk, cheese, yogurt	_____	_____
[M] Sugar, honey, sweets	_____	_____
[N] Oil, fats	_____	_____
FOOD SOURCE CODES		
1= Own/ food items produced	4= Food aid (from relatives/no relatives/ local constituencies)	
2= Work for food	5= Borrowing/debts	
3= Market/shop purchase	6= Other source (specify)	

D04. If main source of the above food items was “1”: *own production*, to what extent does the food produced by the household provide in your household food needs?

[Please select one]

1. It provides in **all** our food needs
2. It provides in **most** of our food needs
3. It provides in **some** of our food needs

D05. Does your household produce any crops/livestock (fish farming/poultry/other small livestock)?

[Please select one]

1. Crop (Yes/No) If No ==→ Go to question **D10**
2. Livestock (fish farming/poultry/other small livestock) (Yes/No) If No ==→ Go to question **D10**

D06. Did your household use any of the following agricultural inputs during the on-set of COVID-19?

[Multiple responses, read all the options]

1. Crop seeds (Yes/No)
2. Chemical/ inorganic fertilizers (Yes/No)
3. Pesticides (Yes/No)
4. Animal feeds (Yes/No)
5. Poultry feeds (Yes/No)
6. Other (specify) (Yes/No)

D07. Has the availability of seed and other inputs to plant crops or your ability to buy these inputs changed in any way **SINCE THE ONSET OF COVID-19?**

[Please select one]

1. Stayed the same
2. Increased
3. Decreased

D08. What was the most preferable source of agricultural inputs used, during the on-set of COVID-19?

[Please select one]

1. Local nearest market
2. Neighbors (farmers)
3. Agro-dealers
4. Agricultural extensionists
5. Other sources (specify)

D09. Since the onset of COVID-19, has the amount of food crops and/or livestock you produce changed?

[Please select one]

1. Stayed the same
2. Increased
3. Decreased

D10. Has your household been involved in the provision of food to relatives or neighbors before and during COVID-19?

1. Before COVID-19 (Yes/NO). If No==→ Go to section E01
2. During COVID-19 (Yes/NO). If No==→ Go to section E01

D11. If YES, to what extent did the onset of COVID-19 affect provision?

1. Highly
2. Moderately
3. Low

E) BURDEN OF CARE WORK

E01. BEFORE THE ONSET OF COVID-19, who in your household spent the most time doing each of the following activities?

SINGLE ANSWER PER ROW

	Me	Another household member (woman)	Another household member (man)	Equally between women and men household members	Someone else (not household member)	Don't have that activity	Don't know
	1	2	3	4	5	6	98
1. Food and meal management and food preparation (e.g. cooking and serving meals)	1	2	3	4	5		98
2. Cleaning (e.g. clothes, household)	1	2	3	4	5		98
3. Shopping for own household/ family members	1	2	3	4	5		98
4. Collecting water/ firewood/fuel	1	2	3	4	5	6	98
5. Minding children without doing something specific for them	1	2	3	4	5	6	98
6. Playing with, talking to and reading to children	1	2	3	4	5	6	98
7. Instructing, teaching, training children	1	2	3	4	5	6	98
8. Caring for children, including feeding, cleaning, physical care	1	2	3	4	5	6	98
9. Assisting elderly/sick/ disabled adults with medical care, feeding, cleaning, physical care	1	2	3	4	5	6	98
10. Assisting elderly/sick/ disabled adults with administration and accounts	1	2	3	4	5	6	98
11. Affective/emotional support for adult family members	1	2	3	4	5	6	98

E02. SINCE THE ON-SET OF COVID-19, how has the time you devoted to the following activities changed? Interviewer instruction: [Read all the Activities]

	<i>Do not usually do it</i> 1	<i>Increased</i> 2	<i>Unchanged</i> 3	<i>Decreased</i> 4
1. Food and meal management and food preparation (e.g. cooking and serving meals)				
2. Cleaning (e.g. clothes, household)				
3. Shopping for own household/ family members				
4. Collecting water/firewood/fuel				
5. Minding children while doing other tasks (e.g. paid work)				
6. Playing with, talking to and reading to children				
7. Instructing, teaching, training children				
8. Caring for children, including feeding, cleaning, physical care				
9. Assisting elderly/sick/disabled adults with medical care, feeding, cleaning, physical care				
10. Assisting elderly/sick/disabled adults with administration and accounts				
11. Affective/emotional support for adult family members				

E03. SINCE THE ONSET OF COVID-19, how has the time you devoted to help/support non-household members (e.g. community, neighborhood) changed? [Please select one]

1. I do not usually do it
2. Increased
3. Unchanged
4. Decreased

E04. SINCE THE ONSET OF COVID-19... [Read all the options]

	Yes 1	No 2	Not Applicable 3
1. My partner helps me more with household chores and caring for family			
2. My daughter(s) helps me more with household chores and caring for family			
3. My son(s) helps me more with household chores and caring for family			
4. Other family/household members help me more with household chores and caring for family			
5. We hired a domestic worker/babysitter/nurse			
6. Domestic worker/babysitter/nurse works longer hours with us			
7. Domestic worker/babysitter/nurse no longer works with us			
8. I am on my own; nobody can help with household chores and caring for family			

F) WATER AND SANITATION

F01. Do you have access to clean and safe water?

[Please select one]

1. Yes, sufficient ==> Go to section **G**
2. Yes, but limited
3. No

Ask if F01 is options 2 or 3

F02. If you have limited or no access to water, what is the MAIN reason?

[Please select one] [Randomized answers]

1. Piped water supply is only available on certain days of the week
2. Denied by cartels
3. Fear of COVID-19 infection
4. Harassment en-route to source
5. Source is too far away
6. Source closed due to COVID-19
7. Cannot afford the cost
8. Not enough water containers
9. Water access has always been a challenge
10. Due to floods
11. Other
98. Don't know **[DO NOT READ]**

G) HEALTHCARE SERVICES

G01. Have you received information about how you can protect yourself against COVID-19? If yes, what is your main source of information regarding COVID-19 (risks, recommended preventive action, and recommended coping strategies)?

[More than one response, if applicable, then NEXT]

1. Internet & social media
2. Official Government websites or other communication channels
3. Radio/Television/Newspaper
4. Public announcement/speaker
5. Phone (text or call)
6. Community, including family and friends
7. Community health worker /volunteer
8. NGO/Civil Society organization
9. Other
10. No, I have not received information about COVID-19 **[EXCLUSIVE]**
98. Don't know **[DO NOT READ]**

Since the onset of COVID-19, did you or any other member of household experience any of the following consequences?

G02. Have you or any other household member(s) been/is currently ill

[Please select one]

1. YES
2. NO
98. Do not know

G03. Has your own mental health been affected negatively (e.g. stress, anxiety, confidence etc.) since the onset of COVID-19?

[Please select one]

1. YES
2. NO
98. Do not know

G04. Have you or any other household member exhibited the following COVID-19 related symptoms since onset of the COVID-19?

[Allow more than one response] [Read all the options]

1. Fever
2. Sore throat
3. Repeated shaking with chills
4. Muscle pain
5. Diarrhea
6. Dry cough
7. Difficulty in breathing/shortness of breath
8. Loss of taste or smell
9. Running nose

ASK ALL

G05. Did you personally, seek any healthcare service/visit doctors SINCE THE ONSET OF COVID-19? If yes, what has been your experience in the time it took to receive healthcare services/visit doctors?

SINGLE ANSWER

1. Same waiting time as before COVID-19 outbreak
2. Longer waiting time as before COVID-19 outbreak
3. Shorter waiting time as before COVID-19 outbreak
4. Had to go repeatedly as doctors are not available during COVID-19 outbreak
5. No, we did not seek/need medical care
6. Self-medication for fear of getting infected with COVID-19
98. Don't know **[DO NOT READ]**

ASK ALL

G06. Have you or any other household member tried to access healthcare services SINCE THE ONSET OF COVID-19. Were you able to access them?

SINGLE ANSWER

1. Yes, we tried and were able to access healthcare facilities ==> Go to Question **G08**
2. Yes, we tried but were not able to access healthcare facilities
3. Yes, we tried and were able to access some, but some we couldn't
4. No, we didn't need any healthcare services **[EXCLUSIVE]** ==> Go to question **G09** (If female) and Go to question **G11** if male
98. Don't know **[DO NOT READ]**

ASK IF G06 IS 2 AND 3

G07. Which of the following healthcare services did you try to access SINCE THE ONSET OF COVID-19 but have been UNABLE to?

READ ANSWERS. MULTIPLE ANSWER. RANDOMIZED ANSWERS

1. Family planning/Sexual and reproductive healthcare services (including menstrual hygiene etc.)
2. Healthcare services for pregnant mothers/maternal healthcare services
3. Child healthcare services
4. Clinical management of sexual violence (rape and defilement)
5. HIV healthcare services
6. Other chronic illness related services
7. Cancer related healthcare (Oncology)
8. Medical imaging (radiology/x-ray) services
9. Lack/scarcity of medicine for chronic illnesses
10. Other healthcare related services
98. Don't know **[DO NOT READ]**

ASK ALL

G08. You indicated in the previous question (G07) that you found it difficult to access formal healthcare services. Has your household been using alternative sources of healthcare services? Please specify.

DO NOT READ ANSWERS. PUT ANSWERS IN APPROPRIATE CATEGORIES. MULTIPLE ANSWER

1. No need to seek alternative healthcare
2. Visiting herbalists
3. Procuring medication from pharmacies
4. Praying for healing
5. Using mid-wives
6. Calling personal /family doctor for consultation and prescription over the phone
7. Other
98. Don't know **[DO NOT READ]**
99. Refused **[DO NOT READ]**

WOMEN and GIRLS ONLY:

G09. Describe the women’s menstrual hygiene products you normally use? [Please select more than one, if applicable]

- Washing supplies and disposal facilities Other
 Disposable pads Reusable sanitary towels

G10. Since the onset of COVID-19 has there been a change in access to the menstrual hygiene products for female members of the Household? If yes, how has it changed?

[SINGLE ANSWER]

1. Increased access to some menstrual hygiene products
2. Increased access to all menstrual hygiene products
3. Decreased access to some menstrual hygiene products
3. No access
4. Not aware of menstrual hygiene products
5. N/A

G11. How do you pay for your medical expenses?

[Please select one]

1. Community based Health Insurance (CBHI)
2. MMI
3. RAMA/ RSSB
4. FARG
5. Private/ Out of pocket (self or relative)
6. Other means (specify).....

H) PROTECTION AND SECURITY

H01. Have your feelings of safety in your community from threat of violence or violence itself changed SINCE THE ONSET OF COVID-19?

- 1) The same feeling ==> Go to question H03
- 2) Feel safer ==> Go to question H03
- 3) Feel less safe
- 4) 98. Do not know
- 5) 99. Refused

H02. Have you personally experienced threats of violence by the police or security agents in the context of implementing restrictions to respond to COVID-19 (movement restriction, curfew, and closure of certain premises)?

1. Yes
2. No
98. Don't know
99. Refused

H03. Have your feelings of safety in your home changed SINCE THE ONSET OF COVID-19?

- 1) The same feeling of safety ==→ Go to question H05
- 2) Feel safer ==→ Go to question H05
- 3) Feel less safe

H04: Why do you feel less safe in your home SINCE THE ONSET OF COVID-19?

- 1) Live in densely populated area and children play and move around making even your home unsafe during COVID-19
- 2) Crime has increased
- 3) Others in the household hurt me
- 4) Other adults in the household are being hurt
- 5) Children in the household are being hurt
- 6) There is substance abuse (e.g. alcohol and drugs) in the household
- 7) I fear discrimination and being side-lined at home due to the nature of my work (health worker, COVID-response frontline workers)
- 8) I am stigmatized for having been infected with COVID-19
- 9) Other

H05. What are currently (during COVID-19) the top three priority needs for you and your household?

- Health care
- Food
- Water
- Sanitation - Hygiene
- Shelter and household items
- Being sure that you can continue to live in your current place (security of tenure)
- Education
- Earning a living/getting an income/working
- Safety and Security
- Other (specify)

I) GENDER BASED VIOLENCE AND HARMFUL PRACTICES-FGM AND CHILD MARRIAGES

DISCLAIMER

Kindly only answer to this part if you feel confident and safe enough to do so. Should you require information or further support in regard to gender-based violence (GBV), kindly call the national GBV toll free-helpline 116 (Child helpline call: Reporting Child Abuse, 3512 (Reporting domestic and/or Gender Based Violence, 3029 (Seeking Assistance of Isange One Stop Centre). It's free for everyone.

You can also refer your family, friend, neighbor or someone who needs support. We commit to ensure that the survivor's right to safety, confidentiality, dignity and self-determination, and non-discrimination.

In cases of sexual violence, the team should be prepared to facilitate access to lifesaving health services within the appropriate time period (72 hours for HIV post-exposure prophylaxis and 120 hours for emergency contraception).

NOTE TO INTERVIEWER: SHOULD YOU FIND A SURVIVOR WHO NEED SUPPORT, THEN REFER THEM TO 1195 (GBV HELPLINE) AND/OR 116 (CHILDREN'S HELPLINE). DO NOT TRY TO COUNSEL THE SURVIVOR, BE CALM AND OPEN WITH THEM. LISTEN CALMLY AND SEEK THEIR APPROVAL TO LINK THEM TO SOMEONE WHO CAN PROVIDE GUIDANCE AND SUPPORT TO THEM. IT IS VERY IMPORTANT TO RESPECT SOMEONES DECISION AS TO WHETHER THEY WILL CALL THE HELPLINE OR NOT. CALL THE TOLL FREE-HELPLINE: 116 (Child helpline call: Reporting Child Abuse, 3512 (Reporting domestic and/or Gender Based Violence, 3029 (Seeking Assistance of Isange One Stop Centre).

Tick the choices below or note down extra information provided by the survivor. There might be multiple issues, therefore, you can tick more than one.

I01. To what extent do you think that gender-based violence is a problem in Rwanda?

SINGLE ANSWER. REMIND RESPONDENT THAT THIS VIOLENCE INCLUDES: PHYSICAL, SEXUAL, PSYCHOLOGICAL (SUCH AS HARASSMENT), IN BOTH PUBLIC AND PRIVATE.

1. A lot
 2. Somewhat
 3. A little bit
 4. Not at all ===> Go to question **I03**
98. Don't know **DO NOT READ]** =====> Go to question **I03**
99. Refused **[DO NOT READ]** ===> Go to question **I04**

ASK IF 1-3 AT I01

I02. How often do you think that gender-based violence occurs in Rwanda?

SINGLE ANSWER.

1. Happens very often
 2. Happens sometimes
 3. Does not happen very often
 4. Never happens
98. Don't know **DO NOT READ]**
99. Refused **[DO NOT READ]**

ASK ALL

I03. Do you think gender-based violence in Rwanda has changed SINCE THE ONSET OF COVID-19? If yes, how did it change?

SINGLE ANSWER

1. Yes, increased
2. Yes, decreased
3. No, stayed the same
98. Don't know **[DO NOT READ]**
99. Refused **[DO NOT READ]**

I04. Do you know anyone who have experienced any of the following SINCE THE ONSET OF COVID-19?

[Read all the options - More than one response possible]

1. Sexual harassment e.g inappropriate and unwelcome jokes, suggestive comments, leering, unwelcome touch/kisses, intrusive comments about their physical appearance, unwanted sexually explicit comments, people indecently exposing themselves to them (the range of sexual harassment)
2. Slapped, hit, kicked, thrown things, or done anything else to physically hurt the person.
3. Female genital mutilation
4. Make the person have sex when s/he did not want to” and “do something sexual that s/he did not want to do”.
5. Denial of resources/money/water/ land/livestock/house/grain
6. Online/Internet bullying e.g. physical threats, sexual harassment, sex trolling, sextortion, online pornography, zoom-bombing among others
7. Emotionally hurting someone through verbal abuse etc.
8. Denial to communicate with other people
9. Child and or Forced marriage
98. Do not know **[DO NOT READ] [ANCHOR TO THE BOTTOM, EXCLUSIVE]**
=> Go to question I10
99. Refused **[DO NOT READ] [ANCHOR TO THE BOTTOM, EXCLUSIVE]**

IN CASE OF MORE THAN ONE ANSWER IN I04

I05. Which one of the types of gender-based violence listed in the previous question is the most recent one that you became aware of?

ASK ONLY FOR ANSWERS SELECTED IN I04. SINGLE ANSWER

1. Sexual harassment e.g inappropriate and unwelcome jokes, suggestive comments, leering, unwelcome touch/kisses, intrusive comments about their physical appearance, unwanted sexually explicit comments, people indecently exposing themselves to them (the range of sexual harassment)
2. Slapped, hit, kicked, thrown things, or done anything else to physically hurt the person.

3. Female genital mutilation, that is, deliberate removal of external female genitalia
4. Make the person have sex when s/he did not want to” and “do something sexual that s/he did not want to do”.
5. Denial of resources/money/water/land/livestock/house/grain
6. Online/Internet bullying e.g. physical threats, sexual harassment, sex trolling, sextortion, online pornography, zoom-bombing among others
7. Emotionally hurting someone through verbal abuse etc.
8. Denial to communicate with other people
9. Child and or forced marriage
98. Don't know **[DO NOT READ] [ANCHOR TO THE BOTTOM, EXCLUSIVE]**
99. Refused **[DO NOT READ] [ANCHOR TO THE BOTTOM, EXCLUSIVE]**

ASK IF ANSWER TO I05 IS 1 TO 9

I06. I would ask you few more questions in relation to the MOST RECENT case of gender-based violence you are aware of.

Who was the perpetrator/offender of the action?

READ ANSWERS. RESPONDENT SHOULD ANSWER ONLY WITH YES AND NO. MULTIPLE ANSWER. RANDOMIZED ANSWERS

1. Spouse/partner
2. Other family member
3. Friend
4. Boss
5. Colleague
6. Client
7. Teacher
8. Neighbour
9. Health worker
10. Community leader
11. Religious leader
12. Security agent
13. Other **[ANCHOR TO THE BOTTOM]**
98. Don't know **[DO NOT READ] [ANCHOR TO THE BOTTOM, EXCLUSIVE]**
99. Refused **[DO NOT READ] [ANCHOR TO THE BOTTOM, EXCLUSIVE]**

ASK IF ANSWER TO I05 IS 1 TO 9

I07. Again, in the MOST RECENT case you are aware of, Do you know if the affected person looked for help? If yes, who did they contact?

READ ANSWERS. RESPONDENT SHOULD ANSWER ONLY WITH YES AND NO. MULTIPLE ANSWER. RANDOMIZED ANSWERS.

1. Family member
2. Friend
3. Women's Affairs office
4. Colleague
5. Client
6. Teacher
7. Police
8. Health facility
9. Helpline
10. Social worker
11. Non-governmental agency
12. Neighbour
13. Religious leaders
14. Online platforms (Facebook, etc.)
15. Other [**ANCHOR TO THE BOTTOM**]
16. No, did not seek help [**ANCHOR TO THE BOTTOM, EXCLUSIVE**]
98. Don't know [**DO NOT READ**] [**ANCHOR TO THE BOTTOM, EXCLUSIVE**]
99. Refused [**DO NOT READ**] [**ANCHOR TO THE BOTTOM, EXCLUSIVE**]

ASK ALL

I08. If you or someone you know experienced gender-based violence or harmful practices, do you think they would seek help?

SINGLE ANSWER

1. Yes
2. No
98. Do not know [**DO NOT READ**]
- 99. Refused [**DO NOT READ**]**

ASK ALL

I09. Do you know where to find help if you or someone else is exposed to gender-based violence?

1. Yes
2. No ==→ I10

If yes, where would you find help?

READ ANSWERS. RESPONDENT SHOULD ANSWER ONLY WITH YES AND NO. MULTIPLE ANSWER. RANDOMIZED ANSWERS.

1. Call for access to friendly spaces for children in the community
 2. Seek support from family
 3. Seek religious leader
 4. Access to centres for women/men (Access to Isange One Stop Centre)
 5. Approach community leaders
 6. Talk with friends
 7. Call helpline
 8. Call/go to police
 9. Go to health facility
 10. Seeking support from civil society/NGOs
 11. Other, specify_____
98. Do not know [DO NOT READ]
99. Refused [DO NOT READ]

ASK ALL

I10. What types of information, advice or support would you say is needed in this community to prevent gender-based violence and harmful practices from happening DURING THIS COVID-19 PERIOD?

READ ANSWERS. RESPONDENT SHOULD ANSWER ONLY WITH YES OR NO.

- | | |
|---|----------|
| 1. Information about security/crime prevention, referral linkages | (Yes/No) |
| 2. Practical help such as shelter/food/clothing | (Yes/No) |
| 3. Someone to talk to | (Yes/No) |
| 4. Psycho-social support | (Yes/No) |
| 5. Help with insurance/compensation claim | (Yes/No) |
| 6. Protection from further victimization/harassment | (Yes/No) |

- | | |
|---|----------|
| 7. Help in reporting the incident/dealing with the police | (Yes/No) |
| 8. Medical support | (Yes/No) |
| 9. Financial support | (Yes/No) |
| 10. Legal support | (Yes/No) |
| 11. Comprehensive, one stop services where the victim can get all support | (Yes/No) |
| 12. Other | (Yes/No) |
| 98. Do not know [DO NOT READ] | (Yes/No) |
| 99. Refused [DO NOT READ] | (Yes/No) |

J) ECONOMIC RECOVERY PLAN

J01. Are you aware of the Government's post COVID-19 recovery plan?

1. Yes
2. No => Go to question **J02**
3. Do not know => Go to question **J02**

If yes, how did you learn about this plan?

1. Radio / TV show
2. Social Media
3. Newspapers
4. Communication by local leaders in our respective villages
5. Internet based newspapers
6. Other sources of information

The Government of Rwanda established the Economic Recovery Fund to support the recovery of businesses highly impacted by the crisis so they can survive, restart work/production and safeguard employment.

J02. Are you aware that the following activities/businesses have been considered in the economic recovery plan?

- | | |
|--|----------|
| 1. Hotel refinancing | (Yes/No) |
| 2. Business in manufacturing (agri-processing) | (Yes/No) |
| 3. Transport and logistics | (Yes/No) |
| 4. Small and Medium Enterprises (SMEs) ¹⁰ | (Yes/No) |
| 5. Agriculture and livestock | (Yes/No) |

¹⁰ Those linked to domestic and global supply chains.

J03. Are you concerned about the future because of COVID-19? W

1. Much concerned
2. Not really concerned
3. Don't know

END

This marks the end of the questionnaire. Thank you for your participation in this mobile phone survey.

