

REPUBLIC OF RWANDA



Ministry of Gender and Family Promotion
(MIGEPROF)

COVID-19 RAPID GENDER ASSESSMENT

RWANDA | 2020
Highlights of COVID-19 Rapid Gender Assessment





RWANDA

Highlights of a rapid assessment of the gendered effects of the COVID-19 pandemic on households in Rwanda



BACKGROUND AND CONTEXT

On March 11, 2020, the World Health Organization (WHO) declared the outbreak of the novel coronavirus a pandemic. Considered an unprecedented crisis because of its double-edged nature, COVID-19 bears negative effects on both health and the economy unlike most previous crises, which affected mainly Europe and the USA with relatively low impacts on African countries.

At the global level, by the time of this report, more than 60 million COVID-19 cases had been reported with about 1.4 million deaths¹. At the regional level, Africa had registered more than 2.1 million cases and 50,432 deaths had been reported by 25th November 2020².

Rwanda has not escaped unscathed; by the time of this report, a total of 5,750 COVID-19 confirmed cases were recorded in the country with 5,240 (91.1%) recoveries and 48 fatalities (0.83%)³. The COVID-19 impacts have worsened and constrained the ability of the health system to effectively treat patients. As its effects roll through societies and economies across the globe, women, being the most vulnerable group, are expected to bear the heaviest impact.

By the time of this study, Rwanda was still in the partial lockdown; while some restrictions on internal movements had been removed, cross-border movements were still prohibited except for essential goods such as food and health supplies. There is high uncertainty in

some sectors such as for example the hospitality and tourism industries and most schools were still closed at the time the study was conducted with a few re-opening for learners in their final year of study, and public gatherings were restricted.

Introduction

It is in this context that the Ministry of Gender and Family Promotion (MIGEPROF) partnered with UN Women and UNFPA to commission a rapid assessment of the gendered effects of the COVID-19 pandemic in Rwanda to inform gender-responsive solutions.

This document provides an overview of the findings of this assessment and highlights key policy recommendations to address the gender differentiated impacts of the pandemic.

Data collection and methodology

The Rapid Gender Assessment (RGA) addressed several topics including the effects of COVID-19 on business and household income, access to services such as health and clean and safe water, social protection, safety and security and domestic violence.

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

The methodology applied was informed by an e-survey; using a cell-phone approach, an individual survey conducted among 2,400 women and men representing 98% of the total planned sample population. Data collection was carried out in twelve districts selected in the four provinces and the City of Kigali. 24 administrative sectors were identified based on specific pre-identified criteria including the incidence of GBV, proportion

of people affected by COVID-19, and proportion of poor households headed by women and men. The sample was then proportionally allocated by sex and age so that the respondents interviewed were statistically representative of the demographic structure of the country. A structured standard questionnaire was administered by twenty enumerators (50% males and 50% females).

SUMMARY OF FINDINGS

The results from the RGA reaffirmed the importance of having effective responses to gender inequalities, as these are aggravated

by the multiple challenges caused by the COVID-19 pandemic. Findings from the RGA are highlighted below.



Economic impact and household income

Economic activities, household income, and other aspects of people's livelihoods have been adversely affected by the COVID-19 pandemic.

Indeed, the RGA found that more than 9 out of 10 women and men reported a decrease in household income during the pandemic. Support from family and friends also took a dip with 28% of women and 13% of men indicating that they regularly receive money or goods

from these sources during the pandemic compared with 31% of women and 11% of men before the pandemic. The study also found that urban residents were more likely to report receiving such support than their rural counterparts during the pandemic (women 30% and 25% respectively and men 13% and 12% respectively).

Social protection in the form of grants, cash transfers and in-kind support played an im-

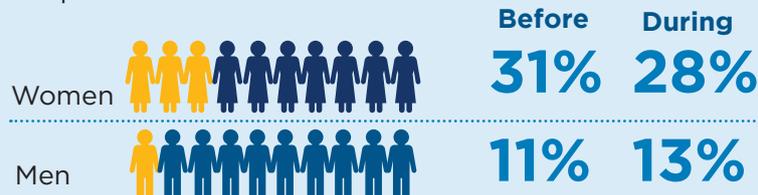
Earnings during the pandemic

9/10



women and men reported a decrease in household income during the pandemic

3 out of 10 women and 1 out of 10 men regularly received money or goods from relatives/friends before and during the pandemic



Expenditures during the pandemic



Clothes and groceries
19%
Men & Women



Health
5%
Women & Men



Agricultural inputs
11%



11%

Rents (house & land)
12%

12%

Cosmetics
19%

17%

form of food during the pandemic, a much lower proportion of women (43%) than men (60%) received cash transfers. However, a notably higher proportion of women in urban areas (31%) reported receiving in-kind support in the form of food than their male counterparts (22%).

A lower percentage of women (0.4%) in urban areas received social grants or in-kind support in the form of medication compared to men here (0.7%), while women and men in urban areas reported receiving a slightly higher proportion of social protection (Ubuganda, disability at 3% and 4% respectively) than their rural counterparts (2% each for women and men).

On expenditure, the study found that the highest proportion of women and men surveyed indicated clothes (22% for each) and groceries (19% each) as their highest expenditures during the pandemic, while the lowest proportions of women (5.3%) and men (4.9%) indicated health expenses as an expenditure during this time. A relatively low proportion of women and men reported agricultural inputs and rents (house and land) as expenditures during the period (11% and 12% respectively for women and 11% and 12% respectively for men) compared with the proportion of women (18%) and men (17%) who reported cosmetics as one of their main expenditures during the pandemic.

Support during the pandemic

Received social grants or in-kind support in form of food during the pandemic

Overall
26% Women
21% Men



Urban
31% Women
22% Men

Received money or goods from relatives or friends

Urban
30% Women
25% Men



Rural
13% Women
12% Men

0.4% Women
0.7% Men



Received social grants or in-kind support in form of medication



Urban
3% Women
4% Men

Rural
2% Women & Men

Received social protection (*Ubuganda*, disability)



Received cash transfers as a form of social grants than men.

44% Women
60% Men



Effects on Businesses, Access to Finance, and Mobile Banking

Like elsewhere in the region, disruptions in demand and supply chains emanating from COVID-19-related restrictions negatively affected business in Rwanda. Majority of women in the country are employed in informal sectors such as small businesses, tourism (accommodation and food services), and domestic and cross-border retail trade, all of which were immediately and significantly impacted by the pandemic.

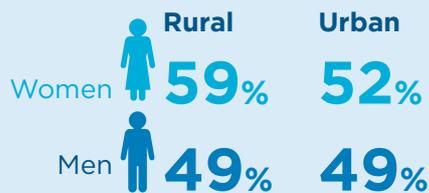
It thus stands to reason that a high proportion of rural and urban women (59% and 52% respectively) reported that their businesses had closed down as a result of the pandemic compared to 49% each for rural and urban men. The highest incidence of reduced in-

come was reported by urban women (22%) and men (20%) followed by rural women and men (each at approximately 17%).

Rural women (33%) reported the highest shift to other productive businesses as a coping mechanism during the pandemic followed by rural men (30%). A significantly lower proportion of women (11%) compared to men (23%) asked for remittances to recover their businesses with an even lower proportion of women (3%) compared to men (19%) requesting for loans from financial institutions or for a loan/recovery fund (0.9% women and 13% men). Overall, the study found that the majority of women and men had experienced major constraints in accessing financial fa-



Businesses closed down as a result of the pandemic



The highest incidence of **reduced income**



Rural women reported the highest **shift to other productive business as a coping mechanisms** after being affected by COVID-19 followed by rural men



33% Women
30% Men



11% Women **23%** Men
Asked for remittances to recover their businesses

3% Women **19%** Men
Requested for loans from financial institutions

1% Women **13%** Men
Requested for loan/recovery fund from financial institutions



6% Women and men had not experienced any constraints in accessing financial facilities during the pandemic



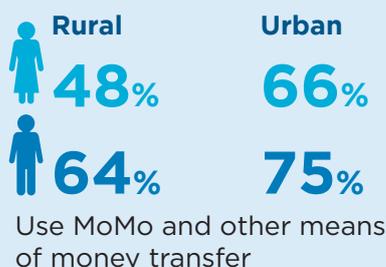
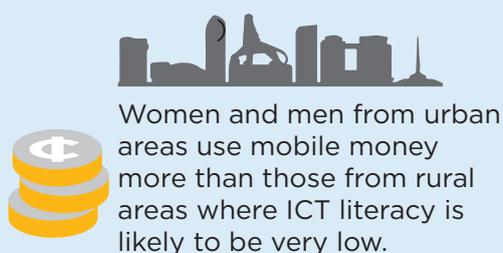
Increase in the use of ICT, mobile banking, and other e-payment facilities like Mobile Money (MoMo) and e-banking during COVID-19 period

65% Women **69%** Men

cilities since the onset of the pandemic with only a paltry 2% of women and 6% of men reporting no constraint in this area.

As has been observed elsewhere in the region, the pandemic brought about a surge in the use of ICT, mobile banking, and other e-payment facilities such as Mobile Money (MoMo) and e-banking as reported by 65% of women and 68% of men during the survey. Respondents indicated purchase of airtime (27% of women and 25% of men), person-to-person P2P (25% for each), payment of electricity bills (16% women and 14%), and purchase of food-related items (14% for each)

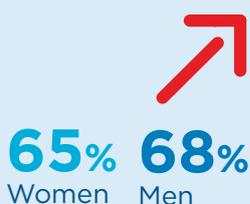
as the most common services for which mobile money was used during COVID-19. There are regional variances by gender as women (66%) and men (75%) in urban areas use mobile money much more than women (48%) and men (64%) in rural areas, most likely due to discrepancies in ICT literacy. Women and men also reported that the use of ICT has increased during the COVID-19 period in nearly equal proportion (65% of women and 68% of men); nearly 1 in 4 (23%) of women surveyed indicated that they had more access to ICT facilities during the pandemic than previously compared with 1 in 10 men (10%).



The top three services for which these ICT-based facilities were used include the **purchase of airtime, transfer from person-to-person (P2P), and payment of electricity bills.**



Most common service for which mobile money was used during COVID-19



Reported increased use of ICT during COVID-19 compared to the period before COVID-19

Women (23%) and men (10%) surveyed indicated that they had more access to ICT facilities during the pandemic than previously





Agricultural Activities and Food Security

Although the agricultural sector was declared unaffected sector by the Government's restrictions on movement, and it is increasingly being seen as a pillar for economic resilience and recovery, not all agricultural activities and food security activities escaped the effects of the pandemic.

While the RGA found that most respondents continued to have access to food crop seeds (47% women and 52% men) and inorganic fertilizer (47% women and 51% men), expectedly, men have more access than women to these inputs and respondents' ability to buy these inputs has decreased as observed by 67% of women and 78% of men. Urban and rural women (73% and 63% respectively) and urban and rural men (83% and 74% respectively) reported that production had declined during the period.

Despite the Government's timely regulation measures to halt the increase of the prices, especially for food commodities, most respondents (80% women, 74% men) reported negative changes in food availability mainly due to increased commodity prices. Rural women seemed to be most affected by the increased prices with 82% pointing to this as the main cause for decreased availability of food, followed by urban women (79%). A large proportion of urban and rural men (74% each) also cited this as the main reason for decreased availability of food. Only a small proportion of women (12%) and men (11%) blamed the closure of markets for the decreased availability of food and an even smaller proportion (6% women and 13% men) indicated no change in the availability of food.

Continued to have access to:



food crop seeds
47% **52%**
Women Men



Inorganic fertilizer
47% **51%**
Women Men

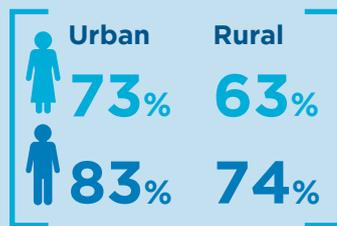


67% **78%**
Women Men

Felt that the ability to buy farm inputs has decreased due to the COVID-19 effects

66% **78%**
Women Men

Felt that production levels declined during the pandemic



81% **74%**
Women Men

reported **negative changes in food availability** mainly due to increases in commodity prices.

6% **13%**
Women Men

indicated that food was as available during the pandemic as it had been before.



Most respondents indicated a **decrease in the availability of food due to increases in the price of commodities**; rural women registered the highest proportion followed by urban women, with urban and rural men registering the lowest proportion.

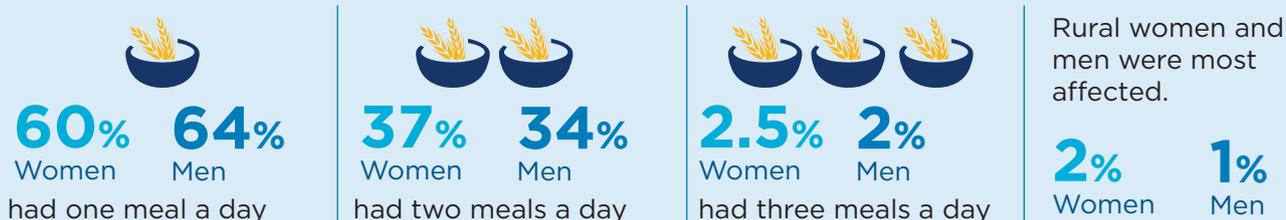
	Urban	Rural
Women	79%	82%
Men	74%	74%

12% **11%**
Women Men
blamed the **closure of markets** for the decreased availability of food

The study found that many households skipped meals during the pandemic; less than 3% of women and slightly more than 2% of men reported that they had three meals during this time. This figure dropped even lower in rural areas (women 2%, men 1%). Most respondents (women 60%, men 64%) reporting only having one meal a day; only 37% of women and 34% of men had two meals a day during this time.

The majority of women (61%) and men (64%) pointed to markets and shops as their source of food during the pandemic, while slightly more women (29%) than men (26%) reported consuming food that they produce during the pandemic. Food aid counted as a source of food for a noteworthy proportion of both women (8%) and men (7%).

During the pandemic



Sources of food





Burden of care and unpaid care work

Most household activities are performed by women in both urban and rural areas. Following the closure of schools and the increased demand for water and sanitation to meet the high hygiene standards required to reduce the spread of COVID-19, an increased burden of care and unpaid care work was observed, further entrenching the disproportionately large burden borne by women.

Majority of women (79%) and men (68%) in rural areas and 74% of women and 64% of men in urban areas stated that women are largely responsible for food and meal preparation, home cleaning, shopping for the household, supporting children for home schooling and training, and caring for children⁴. A large proportion of women surveyed (45%) indicated that the amount of time spent in food and meal management and preparation had decreased since the onset of the pandemic, (36%) reported no change, while only a relatively small proportion (19%) reported an increase in the amount of time spent on these activities. On their part, most men (42%) in-

dicated no change, 40% reported a decrease and only 18% reported an increase in the amount of time spent on these activities.

According to women respondents, child-care-related tasks were hands-down the most demanding in terms of increased demands on time during the pandemic. A large majority of women reported the greatest increases in: minding children while doing other tasks such as for example paid work (57%); playing with, talking to, and reading to children (57%); instructing, teaching, training children (68%); and caring for children, including feeding, cleaning, and physical care (59%). By contrast, the highest proportion of men reported as “unchanged” the time spent on these tasks (69%, 69%, 61%, and 61% respectively) during the pandemic. A significant proportion of women (44%) reported that the time spent on cleaning tasks in the house had also increased substantially, while a relatively high proportion (33%) reported that the time spent on collecting water, firewood and fuel had increased since the onset of COVID-19.

⁴ This includes feeding, cleaning, and physical care of children at home.

Urban

74% 64%

Women Men

Involved in **food and meal preparation and home cleaning activities**



Rural

79% 68%

Women Men

Involved in **shopping for the household, supporting children for home schooling and training, and caring for children** including feeding, cleaning, and physical care.



57% 69%

Women Men

minding children while doing other tasks such as paid work



59% 69%

Women Men

playing with, talking to, and reading to children



68% 61%

Women Men

instructing, teaching, training children



59% 61%

Women Men

caring for children, including feeding, cleaning, and physical care



Water and Sanitation

With a good number of people staying home during the pandemic, the availability of clean and safe water and improved sanitation was particularly important. During the survey, both women (53%) and men (52%) indicated that they had sufficient access to safe water, while 31% each of women and men reported that they had limited access to safe water. Limited access seemed to be more of a problem in rural areas (35% women, 39% men) than in urban areas (27% women, 22% men).

Many respondents (26% women, 34% men) attributed the limited access to piped water being supplied only on certain days of the week, and fear of harassment on the way to the water source (31% women, 38% men).

Women and men surveyed also blamed long distances to water sources (rural women 39%, rural men 43%) and perennial challenges to water access (women 11%, men 15%) for low access to the resource.



53% Women
52% Men
Sufficient access to safe water



31% Women & Men
Limited access to safe water



39% Women
43% Men
Long distances to the water source



31% Women
38% Men
Fear of harassment en-route to source

Limited access to safe water is observed more in rural areas than in urban areas



	Urban	Rural
Women	27%	35%
Men	22%	39%



Water is only available on certain days of the week
26% Women
34% Men



11% Women
15% Men
Perennial water access challenges



Health and health-seeking behavior

The RGA also investigated women’s and men’s sources and levels of access to information on COVID-19, perceived impacts of COVID-19 on the mental health of respondents and household members, and access to health services before and after COVID-19.

Mass media⁵ emerged as the dominant source of information on COVID-19 (women 26%, men 31%) followed by public announcements (22% each for women and men). Both women and men reported that several other sources played a significant role in providing information on the pandemic namely telephone calls and texts (women 16%, men 15%), members of the community including family and friends (women 14%, men 12%), and commu-

nity health workers/volunteers (women 15%, men 13%). Less than 3% of women and men surveyed reporting using the internet, social media, and official Government websites or other communication channels as a source of information on the pandemic.

Regarding their physical and mental state of health, majority of respondents who reported exhibiting COVID-19 related symptoms since the onset of the pandemic mentioned fever (20% women, 25% men) and a running nose (women 23%, men 26%) as the most common symptoms followed by a dry cough (women 14%, men 18%), repeated shaking with chills (women 12%, men 8%), and diarrhea (women 10%, men 7%). More than 9 in 10 women and men reported that the pandemic has taken a toll on their mental/emotional health

5 Specifically, radio, television, and newspapers

Sources of information



Mass media

39% **43%**
Women Men



Public announcements

22%
Women & Men



Telephone calls and texts

16% **15%**
Women Men



Community health workers/volunteers

15% **13%**
Women Men



Members of the community including family and friends

14% **12%**
Women Men



<3%

Women & Men

used the internet, social media, and official Government websites or other communication channels as a source of information on the pandemic.



Majority of respondents who reported **exhibiting COVID-19 related symptoms** since the onset of the pandemic



Fever

20% **25%**
Women Men

Running nose

23% **26%**
Women Men

Repeated shaking with chills

12% **8%**
Women Men

Diarrhea

10% **7%**
Women Men



91% **94%**
Women Men

reported that the pandemic has taken a toll on their mental/emotional health



32%
Women

who sought health services reported shorter waiting times compared to before the pandemic.



9/10
women and men covered under Community-Based Health Insurance



90% **96%**
Women Men

Health insurance in rural areas

Women had better access to private/out-of-pocket health insurance (self or through a relative) in urban and rural areas and overall

Urban



4%

Women & Men

Rural



4%

Women

1%

Men



Overall

4%

Women

2%

Men

as well as that of other household members with slightly more men than women affected (men 94%, women 91%).

Notwithstanding, a good proportion of respondents (women 31% and 54% men) reported that they did not need to seek health services during the pandemic, while nearly 1 in 3 women (32%) who sought health services reported shorter waiting times while accessing the services than before the pandemic. The study also found that access to

health insurance was proportionate between the sexes with more than 9 in 10 women and men covered under Community-Based Health Insurance (women 91%, men 93%). However, the study found some discrepancies in access to health insurance between women and men in rural areas (women 90%, men 96%) and that overall, women had better access to private/out-of-pocket health insurance (women 4%, men 2%).



Protection and security

Protection and security

In investigating the extent of people’s feelings about their safety and security and establishing if respondents had faced any sort of threat or violence linked to the enforcement of COVID-19-related restrictions, the study found that in general, more women (85%) than men (73%) felt safer since the onset of COVID-19 than they did before the pandemic. Only 8% of women indicated that there was no change in feelings of safety since the onset of the pandemic compared to men (24%). A higher proportion of women (7% women compared to 3% men) reported feeling less safe since the onset of the pandemic, while a large majori-

ty of women (96%) confirmed that they did not experience any threats or actual violence linked to the enforcement of COVID-19-related restrictions when compared to men (87%).

Interestingly, only a small proportion of women in rural areas (3%) reported experiencing any threats or actual violence linked to the enforcement of COVID-19-related restrictions. This is in stark contrast with their male counterparts (21%) and considering that only a small proportion of women (5%) in urban areas and no men (0%) in urban areas reported this as an issue.

During the study, food, earning a living, and healthcare emerged as the priority concerns



More women than men reported **feeling safer since the onset of COVID-19** than they did previously

85% **73%**
Women Men

Less women reported **“no change” in feelings of safety since the onset of the pandemic** compared to men

8% **24%**
Women Men



More women than men reported **feeling less safe since the onset of the pandemic.**

7% **3%**
Women Men

A larger majority of women **did not experience any threats or actual violence** linked to the compliance of COVID-19 related restrictions compared with men

96% **87%**
Women Men



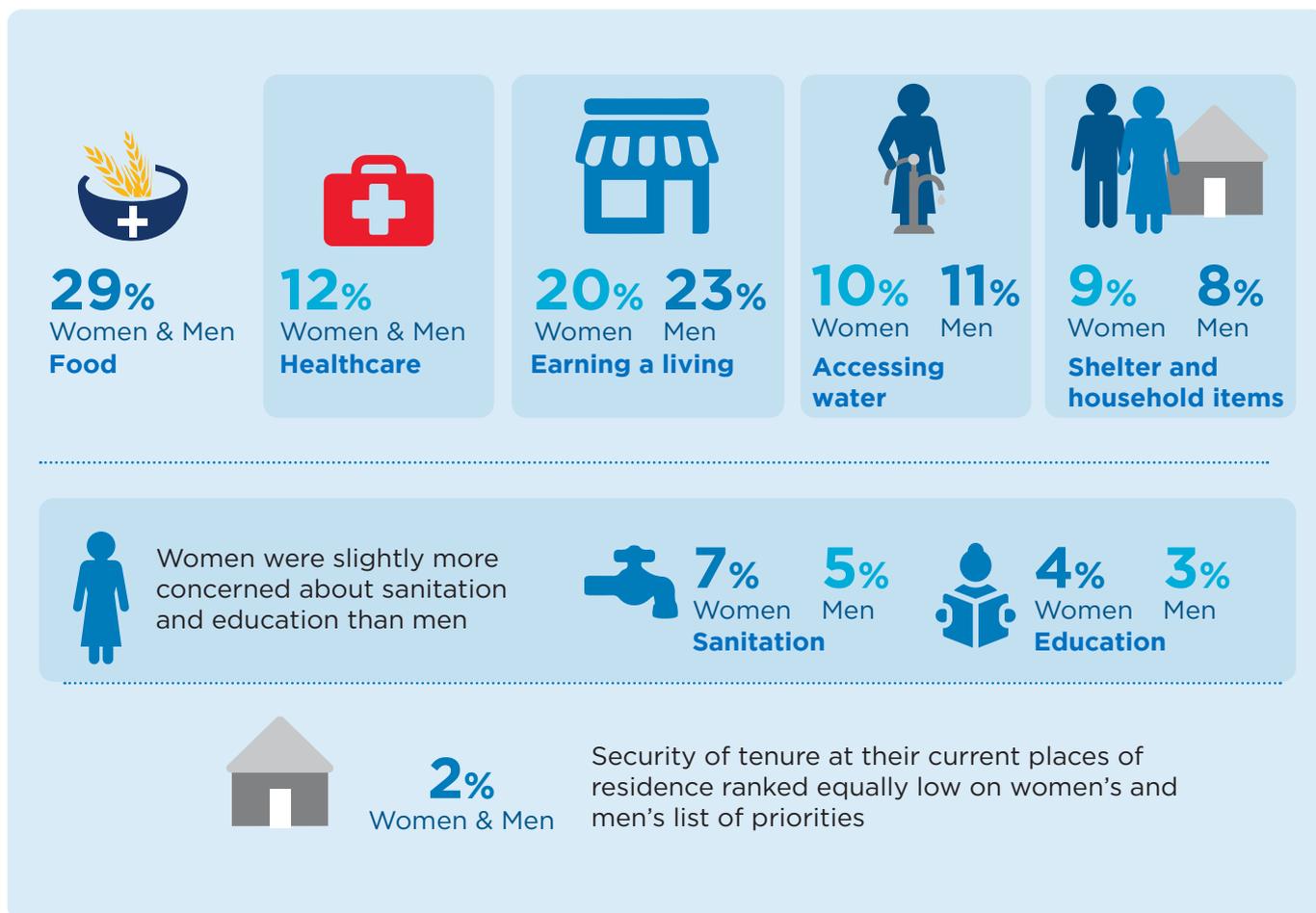
3% **21%**
Women Men

experienced threats or actual violence linked to the compliance of COVID-19 related restrictions

5% **0%**
Women Men

proportion of women and men in urban areas who reported this as an issue.





for respondents (elements that made them feel safe or unsafe). These were followed by water, shelter and household items, and sanitation. Women and men were equally concerned about food (29%), and healthcare (12%) as sources of security. While women were slightly less concerned about earning a living than men were (women 20%, men 23%), both were nearly equally concerned about

water (women 10%, men 11%) and shelter and household items (women 9%, men 8%). Women were slightly more concerned about sanitation than men (7% and 5% respectively) and education (women 4%, men 3%), while security of tenure at their current places of residence ranked equally low all respondents' priorities (2%).



Gender-Based Violence

Women’s and men’s perceptions on the extent to which gender-based violence is a problem in Rwanda varied significantly; nearly a third of women (28%) responding that GBV happens “a lot” and only a tenth of men (10%) responding similarly. The highest proportions of women and men considered GBV to be “a little bit” of a problem in Rwanda (women 32% and men 63%). While a much larger proportion of urban women considered GBV to be “somewhat” a problem (38% women compared to 19% men), a significant proportion of urban men (61%) considered GBV to be “a little bit” of a problem compared with 31% of their women counterparts.

The largest proportion of respondents (women 49% and men 47%) reported that the incidence sexual harassment or other forms of GBV has decreased since the onset of COVID-19. Women in rural areas (53%) reported the highest perception of this view. A third of women (30%) and one in five men

(19%) respondents held an opposing view - that the incidence sexual harassment or other forms of GBV has increased since the onset of COVID-19. Only a small proportion of women (2%) and men (8%) did not consider GBV to be a problem at all in Rwanda, while a significant proportion (women 15% and men 27%) considered that the incidence of sexual harassment or other forms of GBV has not changed since the onset of COVID-19.

A significant proportion of respondents (16% each for women and men) reported knowing of a victim of GBV - someone who was slapped, hit, kicked, thrown things at, or physically hurt in some way during the pandemic. A tenth of all respondents (10%) reported knowing of someone who had been made to have sex when s/he did not want to” and “do something sexual that s/he did not want to do” since the onset of COVID-19, while some women (8%) and men (9%) reported knowing of someone who had undergone sexual

Women and men’s perceptions on the extent to which gender-based violence is a problem in Rwanda varied significantly.

28% **10%**
Women Men

GBV happens “a lot”

32% **63%**
Women Men

GBV is “a little bit” of a problem in Rwanda

38% **19%**
Women Men

in urban areas considered GBV to be “somewhat” a problem

31% **61%**
Women Men

A significant proportion of urban men considered GBV to only be “a little bit” of a problem



49% **47%**
Women Men

sexual harassment or other forms of GBV has decreased since the onset of COVID-19.

Women in rural areas (53%) reported the highest perception of this view.

2% **8%**
Women Men

Only a small proportion of women and men did not consider GBV to be a problem at all in Rwanda.

15% **27%**
Women Men

A moderate proportion considered that the incidence sexual harassment or other forms of GBV has not changed since the onset of COVID-19.

harassment⁶ during the period. Emotional abuse⁷ and denial of resources⁸ were also reported by women (8% and 6% respectively) and men (6% for each form of GBV).

A good proportion of respondents blamed cases of GBV on the victim’s spouse/partner (women 37%, men 39%) and neighbors (women 32%, men 25%). Only a relatively small proportion blamed the victim’s friends (women 8%, men 6%) and other family members (women 5% and men 7%). Respondents also blamed security agents for a noteworthy proportion of GBV cases (women 5% and men 8%).

When queried on if they knew where to seek help if they or someone else was exposed to sexual or physical abuse, no respondents (0%) indicated that they did not know where to go for help⁹. Nearly a quarter (23%) of women respondents indicated that they would call/go to the police for help, while nearly a fifth (19%) of men also preferred this course of action. This was also observed to

be the most popular recourse for GBV across all age groups (18 years to over 65 years). Approaching community leaders was the next most popular course of action (women 18%, men 17%), while access to centers for women/men¹⁰ and visiting a health facility were the next popular courses of action in case of a GBV incident as cited by 12% of women and 11% of men for each option. Some respondents indicated that they would call a helpline (9% each for women and men) or talk with friends (women 7%, men 8%).

The age group of respondents was also an important consideration when assessing the prevalence of GBV in Rwanda. The study found that women aged 18-34 years and those aged 35-49 years were more likely to hold the perception that GBV in Rwanda happens “sometimes” (52% and 49% respectively) and that their male counterparts were most likely to report that it “does not happen very often” (52% and 47% respectively for the two age groups). Women aged 65 years and above were most likely to report that it “happens sometimes” (54%) while their male counterparts were most likely to report that it “never happens” (11%). No women respondents in this age group (0%) reported that GBV “never happens” in Rwanda.

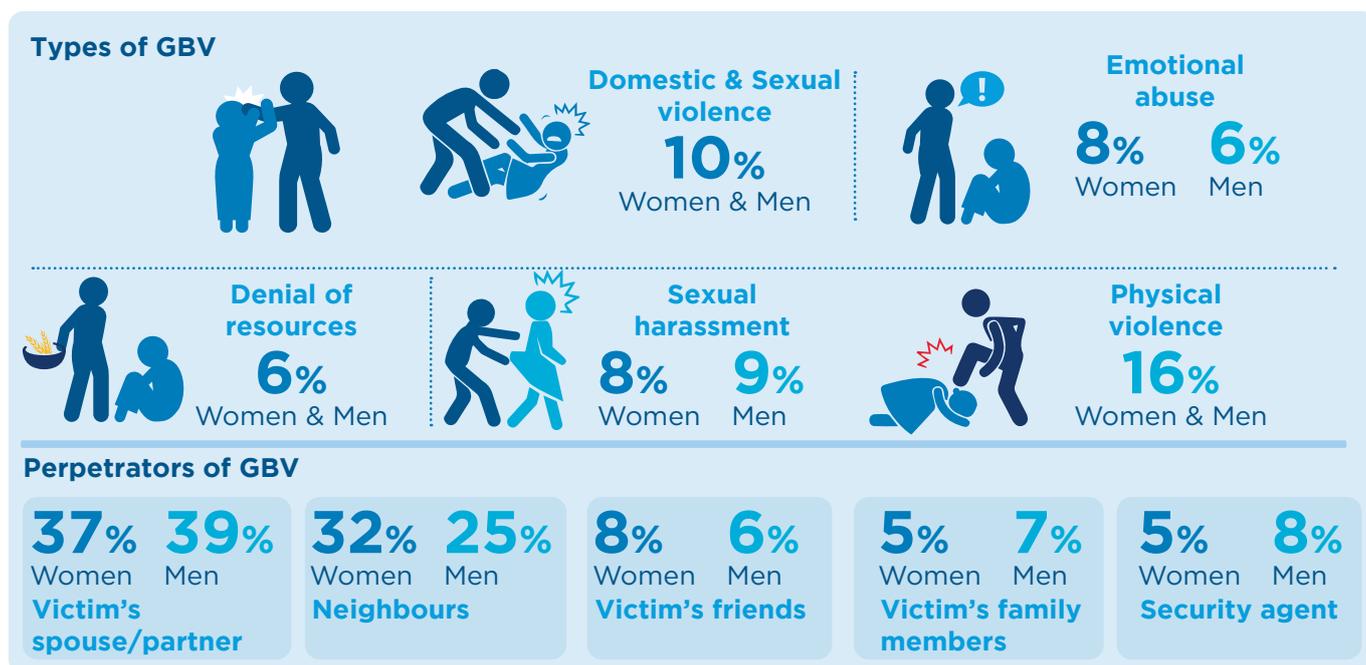
6 This included inappropriate and unwelcome jokes, suggestive comments, leering, unwelcome touch/kisses, intrusive comments about their physical appearance, unwanted sexually explicit comments, and people indecently exposing themselves to them.

7 This included verbal abuse

8 This included money and water

9 Only 0.1% of men indicated that they did not know where to go for help in case of a GBV incident

10 Access to Isange One Stop Centre



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

Data from the Rwanda Investigation Bureau (RIB) shows that the number of GBV cases reported have increased from 969 cases in March 2020 to 1,243 cases in June 2020, which coincides with the onset of COVID-19.



How women and men would handle cases of GBV

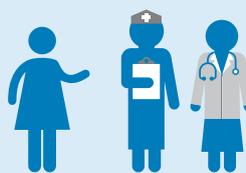


23% Women
19% Men
Reported to the police

This was observed to be the most popular recourse for GBV across all age groups



18% Women
17% Men
Approach community leaders



12% Women
11% Men
access centers for women/men and/or visit a health facility



9%
Women & Men
Call a helpline



7% Women
8% Men
Talk with friends

0% Respondents indicated that they did not know where to go for help if they or someone else was exposed to sexual or physical abuse.



18-34 years

35-49 years



52%

49%

more likely to hold the perception that GBV in Rwanda happens "sometimes"

52%

47%

most likely to report that it "does not happen very often"



65 years and above

54%

were more likely to hold the perception that GBV in Rwanda happens "sometimes"

11%

most likely to report that it "never happens"





Reflection on the economic recovery plan

While nearly all the respondents (99% each for women and men) indicated that they are very concerned about the future due to COVID-19-related uncertainties, the study found that a significantly smaller proportion of women (26%) is aware of the government's economic recovery plan compared to men (52%).

Although majority of respondents indicated that they learnt of the recovery plan through radio and TV (70% women, 80% men), and

in some instances through communication by local/village leaders (women 18%, men 11%), women were observed to be less informed than men about the types of activities/businesses that have been considered in the economic recovery plan. These include hotel refinancing (64% women, 81% men), businesses in manufacturing/agri-processing (78% women, 81% men), transport and logistics (68% women, 77% men), SMEs (75% women, 89% men), and agriculture and livestock (77% women, 84% men).



26% **52%**
Women Men

were aware of the government's economic recovery plan



99%

Women & Men

are very concerned about the future due to uncertainties related to the COVID-19 pandemic.



70% **80%**
Women Men

learnt of the recovery plan through radio and TV shows



18% **11%**
Women Men

learnt of the recovery plan through communication by local leaders in the respective villages



Women were observed to be less informed than men about the types of activities/businesses that have been considered in the economic recovery plan.



Businesses in manufacturing/agri-processing

78% **81%**
Women Men



Transport and logistics

78% **81%**
Women Men



SMEs

75% **89%**
Women Men



Agriculture and livestock

77% **84%**
Women Men



Hotel refinancing

64% **81%**
Women Men

CONCLUSION AND RECOMMENDATIONS

Results from the RGA have reaffirmed the importance of the need for an effective response to gender inequalities in the development of strategies and policies for addressing the crisis caused by COVID-19 and the development of appropriate protection measures for the most vulnerable populations in the post-quarantine period.

Based on the current stand of gender issues and gender differentiated impacts of COVID-19 from this assessment, the following actions are recommended:

Given that women are the most affected by COVID-19 in terms of their economic activities and income sources, there is need to develop new and continue accelerating ongoing programmes on women's economic empowerment by the gender machinery and other stakeholders. Extra efforts are also needed to implement actions proposed in various relevant policies aimed at increasing women's access to productive resources such as land and financial resources, increase capital start-ups, and address gender stereotypes in the private sector, especially in recruitment.

The Government and its partners should consider targeting women more specifically in social protection programmes and continue implementing programs that offer more income opportunities, decent jobs, savings, and pro-poor complementary social protection programs for women and girls. New and

well-adapted financial and guaranty products tailored for women, particularly in rural areas, would be instrumental in mitigating the business challenges faced here due to the pandemic. Speeding up the implementation of policy actions aimed at bridging the gender digital divide should also be a critical part of recovery, together with implementing a multi-sector approach and harmonized interventions on food and nutrition security by different institutions.

To help mitigate the effects of the increased burden of care and unpaid care work for women since the onset of COVID-19, MenEngage¹¹ programmes and initiatives should be strengthened to mobilize men and boys to participate in certain roles with continued education on the concept of gender at all levels of the society.

Finally, the RGA also recommends that GBV prevention and protection measures be embedded in the ongoing COVID-19 response plan and the actions provided in different relevant policies enforced as part of strengthening and accelerating Government and partners' interventions towards addressing GBV.

¹¹ Rwanda MenEngage Network was established in November 2008 as part of efforts to reach men and boys with interventions that aim to promote gender equality to improve health-seeking behaviors and health outcomes, protect human rights, and prevent violence and HIV in Rwanda through advocacy and mobilization, network leadership and information-sharing.

