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# USAID/RWANDA GENDER AND SOCIAL INCLUSION ANALYSIS REPORT AUGUST 2019



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# USAID/RWANDA GENDER AND SOCIAL- INCLUSION ANALYSIS REPORT 2019

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# ACRONYMS

ADS	Automated directives system
CAURWA	Community of Indigenous Rwandans
CBHI	Community-based health insurance
CDCS	Country development cooperation strategy
CLADHO	Collectif des Ligues et Associations de Défense des Droits de l’Homme au Rwanda
CHW	Community health workers
CSE	Comprehensive sexuality education
CSO	Civil-society organization
DFID	Department for International Development
DHS	Demographic and health survey
DO	Development Objective
ECD	Early child development
EDPRS	Economic Development and Poverty Reduction Strategy
EICV	Integrated Household Living Conditions Survey
FFS	Farmer field school
FGD	Focus group discussion
GBV	Gender-based violence
GDP	Gross domestic product
GESI	Gender equality and social inclusion
GMO	Gender Monitoring Office
GEWE	Gender equality and women’s empowerment
GIZ	Gesellschaft für Internationale Zusammenarbeit
GOR	Government of Rwanda
IAG-R	Investing in Adolescent Girls in Rwanda
ICBT	Informal cross-border trader
IP	Implementing partner
J2SR	Journey to Self-Reliance
LGBTI	Lesbian, gay, bisexual, transgender, and intersex
MIGEPROF	Ministry of gender and family promotion
MINAGRI	Ministry of agriculture and animal resources
NAR	Never Again Rwanda
NCPD	National Council for Persons with Disabilities
NER	Net enrolment rate
NGO	Nongovernmental organizations
NST	National strategy for transformation
NUDOR	National Union of Disability Organizations in Rwanda
NWC	National Women’s Council
OAA	Office of acquisition and assistance
OSC	One Stop Center
PSF	Private Sector Federation
RAB	Rwanda Agriculture Board
RWAMREC	Rwanda Men’s Resource Centre
SACCO	Savings and credit cooperative organization
SRH	Sexual and reproductive health
TVET	Technical and vocational education and training

USAID	United States Agency for International Development
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNICEF	United Nations Children's Fund
WASH	Water, sanitation, and hygiene
WEEE	Women's Entrepreneurship and Economic Equality
WE3	Women's economic empowerment and equality

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# EXECUTIVE SUMMARY

The United States Agency for International Development (USAID)/Rwanda contracted Banyan Global to identify key gender and social inclusion advances, opportunities, inequalities, and constraints across Rwanda's democracy and governance, economic growth, health, and education sectors. The findings and recommendations in this report offer insights to the USAID/Rwanda mission as it develops its 2020–2024 country development cooperation strategy (CDCS). The mission recognizes the importance of addressing gender and social inclusion considerations in a holistic and cross-cutting manner for the CDCS to be effective. Therefore, USAID commissioned this analysis to identify issues to address within its portfolio and to recommend how USAID/Rwanda can achieve greater inclusive development in its programs. The analysis focuses on practical solutions geared towards building upon advances, reducing gaps, and expand opportunities for historically marginalized groups (such as women and girls; persons with disabilities; and lesbian, gay, bisexual, transgender, and intersex (LGBTI)<sup>1</sup>) to benefit more equitably from development outcomes.

Several powerful themes emerged from the research on gender equality, women's empowerment, and social inclusion in Rwandan that is relevant to USAID's strategic planning:

- *Gender stereotypes still limit full and equitable participation of women in leadership.* On one hand, the country of just 12 million has made remarkable progress and is hailed as a global model for gender equality. Rwanda now has the highest number of female parliament representatives, and the constitution declares that women should occupy 30 percent of all governmental decision-making bodies. On the other hand, the larger question is what do these numbers really say about perceptions and beliefs about women's leadership and how can women's leadership at lower levels of governance be increased? Women's leadership at the national level has had a symbolic impact on women's and girl's aspirations and expectations. Yet, many people claimed that opportunities for women in remote areas at the local or district levels are slimmer.<sup>2</sup> Generally, findings were conflicted on whether the radical increase in women's representation over the last 25 years has spurred, solidified, or stymied broader pushes for gender equity.
- *Women and other excluded groups need power and knowledge to claim their rights to equitable access to resources (such as land).* Though Rwanda is progressing in integrating gender equality through both public- and private-sector initiatives, the transformative potential of policies geared towards addressing gender equality is limited by deep-rooted social norms, gender roles, and cultural perceptions and practices within which inequalities and exclusion are embedded. For example, among Rwandan communities, there is now widespread knowledge of laws granting gender-equal

## USAID/Rwanda Development Objectives (DOs)

**DO 1:** Economic opportunities increased and sustained.

**DO 2:** Improved conditions for durable peace and development through strengthened democratic processes

**DO 3:** Health and nutritional status of Rwandans improved.

**DO 4:** Increased opportunities for Rwandan children and youth to succeed in schooling and the modern workplace.

<sup>1</sup> Typically, the inclusive acronym LGBTQ (lesbian, gay, bisexual, transgender, and queer) is used in the literature. Rwandans largely use LGBTI, where the "I" stands for intersex individuals. The use of "queer" is rare.

<sup>2</sup> Cooper-Knock, Sarah Jane; "Gender, Politics and Parliament in Rwanda," February 26, 2016

rights. While more women are receiving inheritance in equal shares and married women are exercising greater decision-making power over land held jointly with their husbands; some women still experience challenges in accessing land and controlling the land to which they do have access. Women continue to lack the bargaining power to claim inheritance and parental gifts of land, the negotiating capacity to exercise decision-making over land on par with men, and the access to unbiased forums for resolving land disputes. These factors dissuade women from claiming their rights. Deeply rooted cultural mindsets drive harmful unequal power dynamics between husbands and wives, and men and women generally; they need to be transformed for change to occur. Furthermore, discriminatory social norms exclude different segments of the population (like LGBTI and persons with disabilities) from claiming their rights, such as equal rights to fair housing, education, and employment.

- *Linkages between women's care burden and leadership pathways.* A direct link exists between women's time poverty and their ability to take on leadership and civic engagement roles in their communities. Cultural norms still influence gender roles and responsibilities at the household level in Rwanda and put a burden on women to perform unpaid care tasks. Interviews indicated that women's professional, personal, and family responsibilities are the foremost barriers to their participation in civic life and economic activity. Additionally, women's low confidence prevents them from considering leadership roles, which is further reinforced by their subjugation to domestic spheres, where their daily workloads are rarely recognized. Interventions—such as water taps, biogas for cooking to reduce the amount of time spent collecting water and firewood, early learning and development centers for mothers to access for children so that they can work, and flexible working conditions to facilitate childcare arrangements—are just some ways USAID programming can address the burden of unpaid care tasks placed on women.
- *Permissive attitudes and silence surrounding GBV.* Within households and communities, violence poses risks to women's personal safety, health, and economic empowerment. The causes of gender-based violence (GBV) are multifaceted but include unequal power relations between men and women, unequal control of resources, and patrilineal customary norms that create a sense of ownership of women by husbands and men. In Rwanda, GBV has far-reaching consequences on health and education and contributes to GBV survivor's loss in productivity and income due to the associated costs of medical care and legal aid. Unequal levels of decision-making and high levels of GBV often dissuade women from participating in civic activities and civil society.
- *Social stigmas facing people with disabilities, other marginalized communities (such as Batwa), and LGBTI individuals limit access to basic services and rights across all sectors.* Around four percent of the Rwandan population has a disability, slightly more in rural than in urban areas, with little difference by sex (4.1 percent of women report having a disability compared to 3.8 percent of men).<sup>3</sup> The most-common issue is a mental disability, followed by deafness or muteness; among older adolescents, mental and mobility disabilities are the most common. Many people with disabilities, especially those who are blind, deaf, or with an intellectual impairment, still face discrimination daily, including the use of stigmatizing words with prefixes denoting objects and not people. There is a general belief that people with disabilities are vulnerable and deserve sympathy, but they also are regarded as a burden and a cross to bear for the family. The social stigma they face impacts

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<sup>3</sup> Regarding adolescents (both boys and girls), 1.7 percent of those aged 10–14 and 2.3 percent of those 15–19 have a disability.

their labor-force participation rates, which are lower among persons with disabilities. Additionally, the disparity between the participation of women and men with disabilities is higher than among people without disabilities. Persons with disabilities—especially those with a physical disability—are more vulnerable to sexual abuse. The Batwa are a marginalized group of former forest dwellers and hunter-gatherers, accounting for less than one percent of the population. Batwa children have been discriminated against and stigmatized and may face difficulties and feel discouraged from going to school.

A theory of change (ToC) has been developed for the USAID/Rwanda mission to consider addressing the aforementioned issues, as it applies to each sector’s portfolio of programming. The ToC recommends that **if** USAID wants to support systems and institutions to accelerate inclusive education, health, governance, and economic outcomes, **then** interventions must transform negative gender and social norms that perpetuate social exclusion. The ToC proposes that three interlinked strands of interventions be embedded in all programs:

- **Changing social norms:** Programming must address communities’ attitudes, beliefs, and practices that perpetuate gender inequality and social exclusion so that limited uptake and participation in available services can be tackled. Positive social norms will need to be promoted, while steps need to be taken to reduce the effects of negative norms. Excluded groups should be empowered to influence change and tackle barriers that impact their capacities to make choices.
- **Building agency through economic empowerment:** Programing should focus on interventions that support excluded groups, especially women, through economic empowerment. Health and education for women and girls have improved a great deal, in some cases equaling that of men and boys. But the same progress has not been made in economic opportunity. Women continue to trail men in formal labor participation, access to credit, entrepreneurship rates, income levels, and inheritance and ownership rights. Underinvesting in women’s economic empowerment (as well as economic empowerment of other marginalized groups) limits development and slows poverty reduction and economic growth.
- **Promoting integrated prevention and response measures that addressing GBV:** GBV is not only a violation of human rights with harmful consequences for individuals, families, communities, and societies, but it also translates into costs for that affects human, social, and economic development. GBV has adverse psychological, economic, and health consequences, with unique vulnerabilities imposed upon women with disabilities. Interventions should work intentionally to reduce the stigma of victimization within communities; take collective action against harmful gender and social norms; and empower youth to recognize, address, and prevent GBV.

As a result, the proposed outcomes that are linked to the ToC are:

- equitable access to USAID-supported programs that target social services (health, education, civil society, GBV prevention and response, and workforce development) by excluded groups and respond to urban and rural contexts
- inclusive approaches to USAID-supported economic empowerment programs that can foster greater well-being, improved agency, and more control of income resources

- an enabling environment for greater civic and political participation of women and other disadvantaged groups

This report documents in-depth gender and social inclusion analysis findings from a review of secondary data and two weeks of primary data collection in Rwanda, which included focus group discussions and key informant interviews with national and decentralized level stakeholders, civil-society organizations (CSOs), and staff and participants in USAID programming.

**Recommendations by sector:** Strategic and well-informed interventions that level the playing field for women, people with disabilities, youth, and LGBTI individuals must be put into place. And they must transform powerful gender norms and social expectations within the cultural contexts of Rwanda. If not carried out carefully, approaches could slow progress and hinder, or even reverse, gains. These summarized recommendations capture some of the strategies recommended for programming to address gender and social inclusion gaps and issues.

- **Democracy and Governance:** USAID strategies and programs in this sector should prioritize interventions that improve access to justice for women, particularly in cases of land ownership disputes, inheritance, and marital separation. For programming that strengthens civil society, support pathways to equitable participation in CSO activities - especially for women, youth, people with disabilities, and persons who are LGBTI. Lessons learned from programs that focus on addressing GBV and engaging non-traditional local leaders, like faith-based institutions and *abunzi*, should be scaled up to reach a wider population. Engagement with rural communities needs to prioritize systematic engagement with populations that have been excluded, like youth leaders, persons with disabilities, and LGBTI advocates and human rights leaders - both by mainstreaming content into trainings with governance institutions and supporting local organizations directly to expand their footprint. Coordination with the economic growth, health, and education sectors will support increased access to quality services for women and girls through inclusive collaborative spaces where governance decisions are made, like the Joint Action Development Forum.
- **Economic Growth:** USAID's strategies and programs in this sector should address constraints facing women's agricultural productivity, access to technology and post-harvest techniques, and access to financial resources and land. Women's economic empowerment should be a crosscutting function of programming within this portfolio, but also across all other sectors. Opportunities to expand women-led enterprises in energy, clean-cooking solutions, cross-border trade, and technology present new and innovative entry points for the mission. USAID/Rwanda also should raise awareness among the private sector to address gender bias in hiring, pay equity, and eliminating workplace harassment.
- **Health:** USAID's strategies and programs should continue to focus on women as consumers of health care and, more importantly, as decision-makers in their health care choices. Priorities include focusing on maternal and child mortality, child malnutrition, and access to quality services. Support to the central Ministry of Health will increase its capacity to deliver gender-sensitive priority services, including sensitizing male medical staff to increase regard for female patients, creating private spaces for women's health exams, and adapting teen corners to address the concerns of young women and men. Behavior-change efforts will engage more men and boys, thus promoting shared responsibility for health care. Community mobilization will ensure that women participate in the management of health services; approaches will accommodate women's

different time availability, childcare responsibilities, and other potential constraints to their participation. Recommended new strategies include involving women entrepreneurs in the development of private sector health care and ensuring that human resource capacity development work supports women leaders and managers in public sector service delivery.

- **Education:** USAID strategies and programs should continue to focus on maintaining gender parity and high enrollment rates in primary education and add a focus on improving retention and completion rates for girls and boys. The Mission should continue to work with the Ministry of Education to increase the number of female teachers, administrators, and supervisors as well as develop the capacity of men and women working in these positions. In addition, to enhance ownership and sustainability of this work, the mission should support the ministry's gender unit to better coordinate activities across donors and mainstream gender throughout the education system. Similarly, USAID/Rwanda should invest more in technical and vocational training for women and youth to increase their access to higher paying, if non-traditional, occupations. Engage with persons with disabilities and LGBTI youth who are exposed disproportionately to higher degrees of vulnerability, abuse, and neglect, which is linked to stigma and discrimination, lack of employment opportunities, and homelessness.

The next CDCS and future USAID activities should address gender equality and social inclusion considerations that cut across sectors, specifically GBV prevention and response, women's time burden, the rising trend of adolescent pregnancy, and positive masculinity. Each of these cross-cutting themes, which have been addressed across the report's findings, also must be placed into context (rural versus urban settings).

# I. INTRODUCTION

## I.1 Background

In line with the requirements in the United States Agency for International Development's (USAID) Automated Directives System (ADS) 201.3.2.9 and ADS 205, USAID/Rwanda contracted Banyan Global to undertake a countrywide gender and social inclusion (GESI) analysis to inform the mission's 2020–2024 country development cooperation strategy (CDCS). The GESI analysis aligns with the [2012 USAID Gender Equality and Female Empowerment Policy](#); the 2016 updated U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally; the [2019 U.S. Strategy on Women, Peace, and Security](#); the [2019 USAID Policy Framework](#); the [USAID Journey to Self-Reliance](#); and the [2018 Women's Entrepreneurship and Economic Equality \(WEEE\) Act](#).

## I.2 Purpose of the USAID/Rwanda Gender and Social Inclusion Analysis

This country-level analysis identifies GESI advances, opportunities, inequalities, and constraints and offers conclusions and recommendations at the strategic level to inform the USAID/Rwanda 2020–2024 CDCS. Per ADS 205, the GESI analysis considers the needs, priorities, and experiences of men, women, boys, and girls (including persons with disabilities and members of the lesbian, gay, bisexual, transgender, and intersex (LGBTI) community) and highlight differences in access, participation, and benefit within USAID/Rwanda priority sectors. The GESI analysis summarizes findings and recommendations related to:

- issues and challenges affecting access to health, education, agriculture and economic growth, and democracy and governance for women, persons with disabilities, and the LGBTI community
- promising practices that have addressed the needs of women, persons with disabilities, and the LGBTI community
- different impacts of interconnected issues, such as women's economic empowerment, nutrition, gender-based violence (GBV), youth concerns, and civic participation
- mechanisms, platforms, and opportunities for addressing gaps, knowledge sharing, and innovations to be applied in future programming

The key lines of inquiry for the analysis include the following (which cover the relevant domains listed in ADS 205.3.2):

- What are the key advances in gender equality and social inclusion in the following priority sectors: education, health, agriculture, and democracy and governance?
- What are the issues and constraints to equitable political and socioeconomic participation and access to economic, political, and social opportunities of men and women in Rwanda, with an emphasis on the target sectors (education, health, agriculture, and democracy and governance) and regions where USAID/Rwanda programs operate?
- What are the primary socioeconomic and empowerment issues for women and men, as well as for marginalized populations (including people with disabilities and LGBTI communities), across the four target sectors of USAID programming?



- What are the key opportunities for integration of gender and social inclusion across the target sectors for which USAID/Rwanda is considering programming? Are there opportunities that could enhance women's economic empowerment within these sectors?
- What are the critical entry points for increasing women's and youth voices, access, and agency through USAID programming? How is doing so different for women and youth with disabilities?
- How do traditional and cultural norms or gender roles impact participation in the target sectors for men and women differently? How do they impact vulnerable groups such as people with disabilities and LGBTI communities?
- What types of gender and social inclusion opportunities have been capitalized upon across the last five years of USAID programming in each target sector?
- What progress (or lack of progress) has been made in the four systemic gender issues that were identified in the 2011 USAID/Rwanda gender assessment, namely that women are overworked, women remained economically dependent on men, GBV is a persistent problem, and there's a gender imbalance in decision-making?
- How does the urban/rural divide affect men, women, persons with disabilities and LGBTI populations— specifically against the different target sectors?
- What are the effects of GBV (for different populations, but also within the context of each priority sector and aforementioned DO)?

Per the scope of work, this analysis also focused on crosscutting themes, including GBV prevention and response, nutrition, civic engagement, and youth participation. Additionally, this report addresses women's economic empowerment and equality (WE3) as a cross-cutting priority in all the mission's priority sectors and thematic areas. As well, the report's findings and recommendations point to opportunities for the mission to consider related to the 2018 WEEE Act and the [White House Women's Global Development and Prosperity Initiative](#) (using a women's economic empowerment and equality (**WE3**) tag). The GESI analysis findings and recommendations also point to linkages by sector or thematic area with the [USAID Journey to Self-Reliance](#) (J2SR) subdimensions (see the graphic to the right for details).



## 2. METHODOLOGY

The research team consisted of one international gender expert and two national consultants: a gender expert and a logistics expert. The team conducted the GESI analysis from April to May 2019, gathering data on gender equality and social inclusion advances, gaps, and opportunities in Rwanda using several tools. A description of these tools is provided in this section.

### 2.1 Inception Report

The research team delivered an inception report to USAID prior to arrival in country, which included a literature review of secondary data, such as USAID/Rwanda's program documents, Government of Rwanda (GOR) and civil society organizations' (CSO) reports and strategies, and documents from UN agencies and other experts on Rwanda. The literature review identified opportunities for integration of gender and social inclusion across the target sectors, as well as insight into how cultural norms and gender roles differently impact men's and women's participation in the target sectors. The research team integrated tools on WE3 that Banyan Global developed under the WE3 Technical Assistance Task Order under Advancing the Agenda of Gender Equality (ADVANTAGE) indefinite delivery, indefinite quantity contract to ensure a focus on WE3 in the literature review, the question guides for primary data collection, and the primary data collection itself.

### 2.2 Primary Data Collection

The research team conducted semi-structured interviews and focus group discussions (FGDs) with USAID staff and partners, including GOR officials, non-governmental organizations (NGOs), and CSOs in Kigali and surrounding districts. Interviews were held in five provinces of Rwanda: Northern (Musanze), Southern (Huye), Western (Nyabihu), Eastern (Kayonza), and Nyarugenge (a suburb of Kigali City). More detail is provided in Table 2 about the 181 participants (91 females and 90 males) that took part in interviews or FGDs. Annex E lists interviewees.

The team also carried out a cursory review of the mission's current programs, spanning all thematic areas and sectors to identify promising practices, gaps, and thematic or crosscutting areas that may need improvement.

USAID staff and implementing partners (IPs) participated in an online survey about gender integration and social inclusion knowledge, attitudes, and practices that Banyan Global developed in partnership with the mission.

**Table 2. Overview of Research Techniques and Stakeholders Consulted**

Technique	Stakeholders	Purpose
<b>Semi structured interviews</b>	USAID staff, USAID IPs, government counterparts, CSOs (central and local levels focused on gender equality and women's empowerment (GEWE))	<ul style="list-style-type: none"><li>• To gather data on gender equality advances, gaps, challenges, constraints, and opportunities in line with USAID/Rwanda's priority areas of intervention, crosscutting issues, and geographical areas of intervention</li><li>• To assess the extent of gender integration and social inclusion within USAID's policy, planning, operations, and gender capacities, and to identify opportunities for future USAID programming</li></ul>

		<ul style="list-style-type: none"> <li>• To identify opportunities for enhancing collaboration</li> <li>• To provide USAID with insights on other major issues outside its traditional programming, but that are key areas for advocacy given USAID's influential position and relationship with government actors</li> </ul>
<b>FGDs</b>	<ul style="list-style-type: none"> <li>• Women, men, and youth participants in USAID programs and projects</li> <li>• Development partners</li> </ul>	<ul style="list-style-type: none"> <li>• To capture project participants' opinions and perceptions regarding gender and social inclusion constraints, benefits, and opportunities associated with USAID programming</li> <li>• To determine how projects and IPs are identifying and addressing advances and gaps</li> </ul>
<b>Online Survey (SurveyMonkey)</b>	<ul style="list-style-type: none"> <li>• USAID staff</li> <li>• USAID IPs</li> </ul>	<ul style="list-style-type: none"> <li>• To assess USAID staff and partners' individual and institutional knowledge, attitudes, and practices related to GESI</li> <li>• To measure the extent to which USAID/Rwanda staff and partners integrate GEWE, as well as to identify their compliance on social inclusion in USAID's strategic objectives; programming; budgeting; implementation; monitoring, evaluation, and learning plans; and performance management plans</li> <li>• To measure the extent to which the organizational culture, systems, and tools of USAID/Rwanda and its partners support the integration of gender equality</li> </ul>
<b>Debriefing presentation for USAID on preliminary findings and recommendations</b>	<ul style="list-style-type: none"> <li>• U.S. mission team, USAID offices and teams</li> <li>• GESI working group representatives</li> </ul>	<ul style="list-style-type: none"> <li>• To identify opportunities for collaboration</li> <li>• To provide the mission with an overview of preliminary findings from the in-country data collection</li> <li>• To validate and gather potential recommendations</li> </ul>

## 2.3 Presentation of Preliminary Findings to USAID

Towards the end of the in-country data collection, the research team provided an on-site presentation of its preliminary findings and recommendations to USAID/Rwanda staff. The presentation validated and expanded upon the preliminary findings and recommendations.

## 2.4 Primary Data Analysis and Interpretation and Report Preparation

The research team analyzed and interpreted the primary data collected, which in turn contributed to the draft GESI analysis report submitted to USAID/Rwanda on June 14, 2019. The research team delivered this final report to USAID/Rwanda on August 16, 2019, which addressed USAID/Rwanda's feedback on the draft.

## 2.5 Protection of Informant Information

The research team obtained free and prior informed consent at the organizational level and from all research participants, which included taking several steps at the beginning of all semi-structured interviews, FGDs, and discussion workshops.<sup>4</sup>

<sup>4</sup> The research team carried out the following steps to obtain informed consent and protect interviewees: an explanation of the purposes of the research, how long it would take, and the procedures to be followed; a description of any risks to the person participating (if relevant); a description of any expected benefits to the person participating or to his or her community as a result of participating; a statement describing whether the

For interviews with individuals or groups at risk, the research team did not record personally identifying information (such as the participant's names, ages, or institution) or the dates and times of interviews.

## **2.6 Limitations of the Gender and Social Inclusion Analysis**

The research team prioritized scheduling meetings with several GOR ministries that were intended to provide critical information on current and future initiatives. Unfortunately, the research team only secured meetings with two government counterparts at the national level: the ministry of education and the gender monitoring office (GMO). Despite repeated attempts to reach other GOR counterparts to secure interviews, the team was unsuccessful. This situation possibly is attributable to multiple requests to the same ministry officials for interviews from USAID assessment teams that were taking place simultaneously. To address this limitation, the research team reviewed secondary data through reports and strategy documents available online, which are summarized in Annex F. The research team also met with the team leader of the USAID CDCS youth assessment, who met with several other ministries. Finally, through support provided by a number of USAID IPs, the team met with district-level officials in all five provinces, specifically those carrying out work on gender equality, disability and inclusion, health, education, and agriculture.

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data would be anonymous or stored confidentially; contact details for the person to ask questions or concerns regarding the research; and a statement that participation is voluntary, that refusal to participate will involve no penalty, and that the subject may stop participating at any time.

# 3. RWANDA COUNTRY CONTEXT AND BACKGROUND

## 3.1 Country Context and Background

Rwanda is located in the Great Lakes region of Central East Africa, an area traditionally marked by political fragility, conflict, and social exclusion. The lingering impacts of Rwanda's 1994 genocide, rapid population growth, and an already high population density have posed serious challenges for women and other marginalized groups. Following the genocide that destroyed the physical infrastructure and social fabric of Rwandan society, the GOR prioritized policies and initiatives that promoted social cohesion. In its transition to a stable and peaceful country, Rwanda has made concerted efforts to suppress corruption and promote inclusive governance, enhance broad-based support for foreign direct investment, and implement economic-transformation initiatives geared toward poverty reduction. The goal of these government-led initiatives has been to create a national identity by emphasizing one culture, one history, and one people. Though there have been achievements in the education, health, agriculture, democracy and governance, and economic growth sectors, there is increasing concern that this emphasis on a singular identity is superseding the recognition of social and economic marginalization. Not recognizing this marginalization may have unpredictable consequences for long-term political stability, economic development, and social cohesion.

With a population of 12.8 million and a population density of 495 people per square kilometer, Rwanda is the most densely populated country in Africa and one of the most densely populated nations in the world.<sup>5</sup> Although there has been a steady deceleration in population growth since 2002, Rwanda still is confronted by the pressure on its economy that is mainly dependent on semi-subsistence agriculture, with more than three-quarters of farms too small to support a household. The government continues to identify measures linked with economic growth to address the biggest challenges facing the country: limited natural resources; demographic pressure; a growing youth population; decreasing productivity and low levels of availability of arable land; high costs of production; and ageing infrastructure, such as health facilities, schools, and classrooms. The government recognizes that due to limited natural resources, economic growth will depend on an increasing proportion of the population working in non-agricultural employment, which will require investments in human capital and workforce development.

USAID/Rwanda's CDCS should address key drivers of vulnerability as they relate to democracy and governance, agriculture and economic growth, education, and health. In the Vision 2020<sup>6</sup>, the GOR highlights that even if Rwanda's agriculture is transformed into a high value/high productivity sector, it will not on its own become a satisfactory engine of growth. It is critical for Rwanda's development trajectory to identify strategies that can enhance the country's comparative advantage. Transitioning to a more knowledge-based and services economy will require major infrastructural investment in energy, water, telecommunication, and transportation to reduce costs, while increasing their quality and reliability. In

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<sup>5</sup> Food and Agriculture Organization and World Bank population estimates.

<sup>6</sup> Vision 2020 is a government development program that aims to transform Rwanda into a knowledge-based middle-income country, thereby reducing poverty and health problems and making the nation united and democratic.

addition to infrastructure upgrades, however, Rwanda will have to prioritize more demand-driven education and improvements in health standards, which will be crucial for supporting an efficient and productive workforce. Despite achievements in educational enrollment as well as gender parity in education, only 72 percent of those aged 16 or older have basic literacy skills (77.7 percent men, 67.4 percent women) and only 36 percent have completed primary school (39.4 percent men, 32.9 percent women).<sup>7</sup> A majority of the population is employed in agriculture as subsistence farmers, with nearly 79 percent of women doing so. Rwanda's population is predominantly young, with nearly 60 percent under the age of 25 and only three percent 65 years or older. Rwanda's youth population has the potential to transform the economy and build on the recovery and vision set forth for the country by the current leadership. However, if not engaged, Rwanda's youth represent tremendous potential to stall or destabilize the country's economic development.

Greater urbanization is an explicit pillar in Rwanda's plans for becoming a middle-income country by 2020. Out of Rwanda's total population, the urban share has increased from 15.8 to 26.5 percent between 2002 and 2015, an increase of 132 percent or almost two million people.<sup>8</sup> Despite rapid urbanization, a dual migration pattern of internal migration is emerging. Between 2011 and 2014, districts across Kigali City attracted 29 percent more migrants from other parts of the country, mainly because of employment seeking. Despite these trends, there is a parallel move away from urban centers in search of land, with a high share of migrants (33 percent) flocking to Rwanda's less populated Eastern Province. The bordering districts of Kigali City and the sparsely populated Eastern Province have been the main recipients of migrants, whereas the poor and densely populated provinces of the north, south, and west have been their primary starting points. Internal migrants make up 13 percent of the population in sectors that border Kigali City Province, compared to eight percent of the overall population (in the 2012 census).<sup>9</sup> Population in the sectors bordering Kigali increased by 40 percent between 2002 and 2012, compared to a 30 percent overall population growth.

The move towards the surrounding areas of Kigali is due to the high cost of living in the city that pushes lower-income city dwellers to the rural fringes. Employment and land scarcity are the primary push and pull factors for internal migration in Rwanda. Rural-to-urban migration in Rwanda is fueled by skills, with higher-demand rural dwellers seeking better opportunities and higher returns to education in more densely populated urban areas. Consequently, the opposite also is true, with the lack of skills and education, the high cost of living in the city and in secondary cities, and the lack of access to public services pushing people to move from urban to rural areas. Young and less-educated urbanites tend to leave the city to live in its rural fringes while remaining close to density and opportunity. Although urbanization has been correlated to non-farm job creation and poverty reduction (as it relates to gross domestic product (GDP) per capita), there are population segments that are excluded from this growth. To translate population density into job creation and poverty reduction, market accessibility and transport connectivity (in terms of travel time and cost) are equally important.

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<sup>7</sup> Republic of Rwanda. Rwanda's Demographic and Health Survey (DHS) 2014/2015, 2015.

<sup>8</sup> World Bank. "Leveraging Urbanization for Rwanda's Economic Transformation", January 2018.

<sup>9</sup> World Bank. *Reshaping Urbanization in Rwanda: Economic and Spatial Trends and Proposals*, December 2017.



# 4. GENDER AND SOCIALINCLUSION ANALYSIS FINDINGS, BY ADS 205 DOMAIN

## 4.1 Laws, Policies, Regulations, and Institutional Practices

The GOR has long demonstrated its support to the national gender machinery involved in promoting, mainstreaming, and tracking efforts to promote gender equality. The Ministry of Gender and Family Promotion (MIGEPROF) is the central government institution coordinating policy implementation on gender, family law, women's empowerment, and children's issues, and it plays a lead role driving the gender equality agenda within the government.<sup>10</sup> At the national level, the GOR has enacted landmark **gender-responsive laws and policies**, many of which overlap with the sectors on which USAID/Rwanda works.

Rwanda's legal, policy, and institutional framework also recognizes the importance of protecting and promoting the rights and access to basic services of persons with disabilities,<sup>11</sup> and several ministries have integrated these considerations into their strategic plans and initiatives.<sup>12</sup> Furthermore, the constitution, revised in 2015, now contains a comprehensive charter of human rights prohibiting discrimination based on physical or mental disabilities, and it defines the duty of the state to adopt measures to facilitate the education of persons with disabilities and provide for their welfare. In 2018, Rwanda adopted legislation to prohibit discrimination against persons with disabilities in the workplace, criminalized discrimination on the basis of physical or mental disability and strengthened protective measures for children with disabilities.

The constitution prohibits of all forms of discrimination related to an individual's identity. This ban should be interpreted to include sexual orientation.<sup>13</sup> Legal practitioners in Rwanda, however, have pointed out that no cases of discrimination based on sexual orientation have been brought before the courts to test this provision, perhaps because of conflicting opinions on certain articles within the constitution. For example, some lawmakers have interpreted Article 43 to suggest that it is within their power to restrict or criminalize homosexuality under their constitutional power toward upholding the "good morals" of society, which in some cases has given sweeping powers to law enforcement and judicial authorities to determine what is moral. As it stands, Rwanda has not revised its penal code to criminalize homosexuality despite increasing rhetoric in favor of this change since 2009. Discussions with several LGBTI advocacy organizations in Rwanda highlighted their involvement in well-planned and targeted advocacy efforts in

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<sup>10</sup> MIGEPROF also works closely with two other national bodies, the GMO and the National Women's Council (NWC). The GMO monitors international gender commitments, prevention, and response to GBV, as well as the degree to which gender equality is prioritized across government institutions. The NWC is responsible for advocacy, capacity building, and social mobilization under the guidance and supervision of MIGEPROF.

<sup>11</sup> Rwanda's ratification of the Convention of the Rights of Persons with Disabilities, specifically through Law 2001/2007, related to the protection of persons with disabilities.

<sup>12</sup> Examples include the Ministry of Education's 2019 Special Needs and Inclusive Education Policy and the ministry of local government's national partnership on children with disabilities.

<sup>13</sup> Specifically, the constitution contains provisions to protect individuals and groups from discrimination, embedded in Articles 11 and 46.

opposition of such amendments, which would institutionalize discrimination against individuals based on their sexual orientation in violation of the principles and freedoms outlined in the constitution.

## 4.2 Cultural Norms and Beliefs

Societal expectations, gender roles, perceptions, family type, and women's time burden shape the life path of women, men, boys, and girls in Rwanda. Rwandan society still generally expects women to be wives and mothers, to assume a dependent role in the family, and to perform unpaid household and domestic work (including childbearing and rearing, care and maintenance of the household, and subsistence agriculture). Meanwhile it expects men to be the primary breadwinners and, in turn, to serve as the life insurance for their family and by extension, their clan and country.

Marital practices, including polygamy (especially prevalent in the northern region, despite its ban in the constitution) can result in women having larger numbers of children. This experience, in turn, can exacerbate poverty, increase women's vulnerability, and result in further strains on the family with respect to land disputes and domestic violence. Bride price is another constraint and remains a barrier for women's equality. Cultural beliefs state that a bride price is necessary to legalize a marriage. Yet bride prices often result in women assuming a subordinate position within marriage from the onset and uphold the idea that women are men's property. Stakeholder interviews revealed that there also are expectations placed on young girls to help their mothers with household tasks and that boys have more latitude to play, attend school, or study.<sup>14</sup> This treatment shapes the life path of young girls and boys from a very young age.

Cultural and social norms on gender equality are changing with the younger generation. There is a veritable battleground between a younger generation with a fierce appetite to embrace new norms and the older vanguard that believes in preserving cultural traditions to create cohesion and the sense of identity that makes the country what it is. Though elders work relentlessly to pass down traditional gender cultural norms and beliefs, youth stakeholders revealed that traditional norms tend to be out of alignment with their values.<sup>15</sup> For example, in an interview with access to justice provider iPeace in Huye, several youth admitted they are shifting their thinking on shared property and assets upon marriage because they have observed that there is a high correlation between divorce and conflicts over land and assets.<sup>16</sup>

Discriminatory cultural norms regarding persons with disabilities and other vulnerable populations can manifest in limited access to opportunities and exploitation. In urban and rural settings, persons with disabilities are hidden from society, typically prevented from attending school and from socializing with the community. In some rural settings, persons with disabilities face exploitation, such as being exploited for begging or sexual exploitation and abuse. Though there is anecdotal evidence that persons with disabilities often experience discrimination and face hurdles in accessing health care, education, and other basic services, systematic research and data on this phenomenon are limited. The National Council for Persons with Disabilities (NCPD) asserts that evidence-based research is necessary to spotlight the unique needs of this population to minimize its continued marginalization and exclusion.

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<sup>14</sup> Perspectives shared from parents, teachers, and community reading club volunteers during FGDs with Soma Umenye reading clubs.

<sup>15</sup> Mbabzi, Donah. "Are Millennials a 'Lost' Generation?," The New Times Rwanda, June 18, 2018.

<sup>16</sup> Interview with iPeace, May 2019.

Cultural norms and beliefs regarding sexual orientation and gender identity also can manifest in violence and structural discrimination in Rwanda. More than 57 percent of the Rwandan population identifies as Roman Catholic and is influenced by the Catholic church's lack of support for homosexuality. In a youth perception survey Never Again Rwanda (NAR) conducted in 2014, only 43.5 percent of the Rwandan youth respondents considered sexual orientation as human right, and 39 percent believed that LGBTI persons were abnormal.<sup>17</sup> These findings point to the need for programming to change perceptions about this population, potentially through increased trainings for youth groups on the core principles of human rights and equality.

### **4.3 Gender Roles, Responsibilities, and Time Use**

The gendered distribution of roles and responsibilities in traditional Rwandan society is highly correlated with patriarchal norms and perceptions referenced earlier. Gender disparities exist in decision-making at the household and community levels with respect to family responsibilities and unpaid care work. At the household level, the gendered division of labor relegates most tasks to women, such as caring for children and other family members, performing chores, and collecting fuelwood and water. Women bear the brunt of domestic tasks that often are labor- and time-intensive as well as energy-consuming (such as processing food crops, providing water and firewood, and caring for family members). Men on average carry out 12.8 hours of productive work and 11.6 hours of household work, for a total of 24.4 hours a week. Women, in contrast, carry out an average of 14.9 hours of productive work and 29.6 hours of reproductive work per week, for a total of 44.5 hours a week.<sup>18</sup> This situation results in a double time burden for Rwandan women. Furthermore, though women perform nearly all activities that increase the value of land (such as planting, cultivating, reaping, and processing food crops), they frequently do not have the decision-making power that comes with land ownership. Given these factors, women are unable to carry out the third shift in public or political life due to a lack of time and resources. Additionally, women who do participate in public or civic life typically take on unpaid or volunteer positions that compete with informal and formal work demands.

### **4.4 Access to and Control Over Assets and Resources**

An employment gap between men and women persists despite the right to free choice of employment and the prohibition of any discrimination that will result in unequal opportunities in employment per Article 37 of the Rwandan constitution. Though Rwandan women are active economically and represent 55.2 percent of the workforce, 87.6 percent participate in informal agricultural activities. The participation of women in the workforce is higher (66.3 percent) in rural areas than in urban areas (53.5 percent). Furthermore, women run only 18 percent of well-structured companies, many of which are in the informal sector and generally comprise small businesses or micro-enterprises.<sup>19</sup> Moreover, women's economic activities often are curtailed by because of family responsibilities. Educated or employed women are expected to take the primary role in childcare and household upkeep once they are married. Women also are expected not to earn more than men; if they do, they can experience household tensions and

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<sup>17</sup> Never Again Rwanda. Youth Perceptions Study, 2018.

<sup>18</sup> USAID/VOICE. Gender Analysis, 2015

<sup>19</sup> Visser, Martine; Clarke, Rowan Philip; Barron, Manuel. "Female Microenterprise Creation, Gender and Welfare Impacts, and Business Models for Low Cost Off Grid Renewable Energy: Scoping Study Report", Gender and Energy Research Programme, June 2016.

conflicts.<sup>20</sup> Additionally, women tend to be more concentrated in the lower wealth quintiles than men; they head 27.8 percent of Rwandan households but comprise 47 percent of the poorer households. Women have lower earnings and economic opportunities than men and most of their occupations are low-paying.

Gender-unequal land tenure, ownership, and inheritance have a domino effect on women's productivity and economic well-being. Though quantitative data is limited, qualitative data gathered in FGDs highlighted that land disputes are one of the primary reasons that women bring cases before informal dispute mechanisms and the courts. In most cases, they involve women in consensual unions, as polygamous wives,<sup>21</sup> or as illegitimate daughters, who experience denial of land inheritance from their brothers or involve widows who face eviction from matrimonial property by their in-laws. Most land disputes are dealt with through *inama y'Umuryango*, or family meetings, with a small minority of cases being dealt with by the Abunzi or courts. In these dispute mechanisms, women often report agreeing to less land inheritance than their legal entitlement in the interests of maintaining good relationships with their family or because they have few or no other options. Challenges associated with access to ownership and registration rights to land are linked with weak enforcement mechanisms and a husband's primary decision-making role on land use according to his needs and priorities.<sup>22</sup>

With respect to access and control over assets and resources, barriers prevent vulnerable and marginalized populations from accessing and benefitting from public goods and services. While data pertaining to disability-specific challenges are limited, the 2013–2014 Integrated Household Living Survey (EICV 4) data reveals that fewer than one percent of adolescents with disabilities are employed and that the net attendance at primary school is much lower for children with disabilities (57 percent) than for children without disabilities (88 percent).<sup>23</sup> Data show that access to secondary school is less equitable and widespread than for primary schooling. This finding is supported by the fact that although net attendance to secondary school by children with disabilities has increased from 10 to 16 percent, challenges exist for children with disabilities to continue their education.<sup>24</sup> Also of concern is the high level of institutionalization of such children. The United Nations Children's Fund (UNICEF) cites a 2016 assessment revealing that 4,359 children with disabilities are in institutional care. In terms of access to health services, EICV, Demographic and Health Survey (DHS), and ministry of health data are not disaggregated by disability, and there is little qualitative evidence relating to physical and social barriers or discrimination that children or adults with disabilities may face. Disability appears in consistent levels across all wealth quintiles in Rwanda, although the extra financial burdens associated with disabilities can impact the well-being of children more acutely in poorer households.

Discrimination against vulnerable populations can have sizeable impacts on access and control over assets and resources. Reports of arbitrary arrests of people who are LGBTI and activists have been on the rise. Unfortunately, some interpret Article 43 of the constitution to uphold government's power to protect the "good morals" of society. Police can justify these arrests under laws that protect public order and

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<sup>20</sup> USAID/Rwanda. VOICE Gender Analysis, 2015.

<sup>21</sup> Although polygamy is illegal in Rwanda and is not common, it affects seven percent of women who are in a union. The proportion of women in polygamous unions is slightly lower than the proportion in 2010 (eight percent).<sup>21</sup>

<sup>22</sup> World Food Programme. Rwanda 2018 Comprehensive Food Security and Vulnerability Analysis, 2018.

<sup>23</sup> UNICEF Rwanda. Situation Analysis of Children in Rwanda, 2017.

<sup>24</sup> Republic of Rwanda. Rwanda's Demographic and Health Survey (DHS) 2014–2015, 2015.

morals in the penal code, and many of those people arrested have been detained without access to lawyers or the courts. Furthermore, the media has been utilized to incite violence and discrimination against people who are LGBTI; as a result, several activists have left the country. These cruel slights have enormous consequences, according to activists and advocacy organizations, especially for Rwanda's disproportionately homeless and unemployed LGBTI population and those who need nonprofit services the handful of human rights organizations to survive offer.<sup>25</sup>

## 4.5 Patterns of Power and Decision-Making

Rwanda has made record achievements on women's access to leadership positions, which include holding 64 percent of seats in parliament in 2013, 42 percent of the cabinet positions, 32 percent of the seats in the senate, 50 percent of judgeships, and 43.5 percent of city and district council seats.<sup>26</sup> Unfortunately, women have been concentrated in leadership positions at the national level and have been less visible within the provincial, district, and village levels. Overall, it has been challenging to translate the hard-won gains in women's political participation at the national level to subnational levels because of entrenched social norms on women accessing leadership opportunities and women's roles and responsibilities outside the home.

There have been substantive benefits from increased women's representation in Rwanda: meaningful action on women's issues, the introduction of GBV legislation, and the emergence of a broader gendered perspective across different sectors (including education, health, governance, and economic growth). Still, much work remains to increase the political influence and substantive representation of women across rural communities of Rwanda.

Decision-making and policy implementation are communicated in a top-down way in Rwanda: messages are taken to citizens at village meetings and they are expected to agree on how they can contribute to realizing the GOR's objectives. Within dialogue circles and meetings at the community level, women tend to be underrepresented and given little space to express their interests. Furthermore, given their time constraints, women often are unable to attend meetings where policy implementation is discussed, and they generally are underrepresented in leadership positions in community-based organizations.

A combination of deep-rooted social norms and capacity at the local government level makes it difficult to implement national policies regarding gender equality. There often is a gap between the rights that the law ensures and the state of women's rights on the ground due to prevailing customary law. Such disparities point to the need to increase coordination between the local and national government as well as work within communities to increase knowledge regarding formal laws.<sup>27</sup>

### Decision-making at a glance

- **20 percent** of women mainly decide for themselves how their earnings are used.
- **68 percent** of women say they make joint decisions with their husbands.
- **12 percent** of women reported that decisions regarding how their earnings are spent are made mainly by their husbands.
- **14 percent** of women in rural areas report that their husbands mainly decide how to spend their earnings.
- The West province has the highest proportion of women (**74 percent**) who report joint decision-making with their husbands regarding their earnings, as compared with **26 percent** of women in the North, **15 percent** in the East, and **18 percent** in the South.

*\*Data pulled from Republic of Rwanda.*

<sup>25</sup> Dockray, Heather and Villasana, Danielle "Tomorrow, They'll Accept Us: Rwandans Fight to Make their Country the Safest Place in East Africa for LGBTI People," 2017.

<sup>26</sup> UN Women. Revisiting Rwanda Five Years after Record-Breaking Parliamentary Elections, August 13, 2018.

<sup>27</sup> Cooper-Knock, Sarah Jane, "Gender, Politics, and Parliament in Rwanda," February 26, 2016.

Women's influence on decision-making or conflicts over land emerged as one of the leading themes related to power dynamics. Women experience resistance from their spouses and families in exercising their rights to own and control land. Lack of knowledge of the laws, lack of legal support, fear of domestic violence, and customary practices are major barriers to women being able to claim their land rights.<sup>28</sup> Additionally, women do not trust the family courts or local leaders to arbitrate; they see them as biased and prejudiced. Key informant interviews revealed that many people shared that justice professionals (as well as informal dispute-resolution representatives, including *Abunzi*) do not understand the multidimensional implications of the violations of women's rights and how they can make gender-sensitive legal rulings.

Access to childcare and early childhood development also is critical factor that impacts women's leadership and participation in the economy. Beyond access, the poor quality of childcare, inadequate psychosocial stimulation, and a lack of opportunities for optimal childhood development is evident. According to UNICEF, children in rural areas (37 percent) are more often left home alone compared to children in urban areas (23 percent), with a national average of 30 percent.

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<sup>28</sup> P. Abbot, *supra* note 33, P. Abott, O. Kemiremb and D. Malunda.



# 5. GENDER AND SOCIAL-INCLUSION ANALYSIS

## PRELIMINARY FINDINGS AND RECOMMENDATIONS, BY SECTOR

### 5.1 Cross-Sectoral Themes

In this section, analysis is dedicated to the rising trend of adolescent pregnancy and the prevalence of GBV as two themes that directly and indirectly impact the development portfolio USAID/Rwanda supports. In the following sections, GBV-specific recommendations have been included for consideration for each sector team to consider in addressing violence against women and girls in an integrated manner.

**Adolescent pregnancy.** Primary data collection in Rwanda highlighted adolescent pregnancy as a major gender concern. Although there was a decline in adolescent fertility from 11 percent in 1992 to four percent in 2005, it increased to six percent in 2010 and seven percent in 2014–2015. Data from the 2014–2015 DHS show that approximately seven percent of girls aged 15–19 already have begun childbearing in Rwanda. In 2018, it was reported that 17,000 births were registered to adolescent mothers, considerably higher to previous years.<sup>29</sup>

The proportion of adolescent pregnancies increases sharply with age, from one percent at age 15 to 21 percent at age 19, with a notable rise between ages 18 and 19. Adolescent girls with no education and those in the lowest wealth quintile tend to start childbearing earlier. Girls in Eastern Province and Kigali City are about twice as likely to start childbearing earlier than their counterparts.

Adolescent pregnancy is linked to a diverse range of factors: poverty and the inability to meet basic needs; barriers to accessing sexual and reproductive health information and services, especially controlled access to contraception; and cultural beliefs making young people vulnerable to unintended pregnancies that impede their ability to access education and employment.

Adolescent pregnancy has a negative impact on young women's health, education, and employment opportunities in Rwanda. The existing limited research has identified challenges with girls being unable to continue with their education when there is early, unplanned, or unwanted pregnancy. In general, girls start having sex with older men and transactional sex has become common. Campaigns led by the Ministry of Youth have discouraged this practice; however, behavior change campaigns and awareness raising has not been sustained. When socioeconomic conditions are paired with social norms around sexuality, challenges arise as girls are deterred from seeking contraceptive services or asking their partners to use a condom because they fear embarrassment or being perceived as “bad girls.”

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<sup>29</sup> Iyakaremye, Innocent, The Readiness of the Community to Address Teenage Pregnancy in Rwanda: A Study Conducted in the Seven Districts of the Eastern Province, December 2018.

Rwandan girls have higher rates of attempted suicide than boys, often in response to GBV or family rejection in the event of pregnancy.<sup>30</sup> Focus group participants highlighted that family rejection of unplanned pregnancies and early motherhood is widespread and linked to anxiety, depression, and suicidal thoughts. Stigma remains an issue and, as a result, adolescent girls and their families in some communities may deny that their children have mental health problems. Access is limited in terms of treatment, and many fear rejection if care is sought.

A seminal study Collectif des Ligues et Associations de Défense des Droits de l'Homme au Rwanda (CLADHO) conducted, which surveyed close to 1,000 adolescent girls across 10 different districts, highlighted several challenges for teenage mothers across the country. For example, 87.7 percent of girls reported becoming pregnant as a result of coerced sex and 99 percent confirmed that there was a complete absence of support from their families and the fathers of their children.<sup>31</sup> Knowledge about sexual and reproductive health is vital for adolescent girls, yet their need for such information remains unmet and they have partial or inaccurate knowledge based on information they receive from peers or the radio. Parents in particular provide limited sexual-health information, mainly because social norms encourage abstinence from sex before marriage, which means that many parents often avoid discussing sexual behavior with their children (boys and girls).

Findings from a Hagaruka study that surveyed seven districts in the Eastern province found that 75 percent of adolescent mothers never sought legal recourse against the father of their child, nor did they file a complaint in the formal legal system or bring the issue before community leaders (such as *Umugoroba w'ababyeyi*).<sup>32</sup> Although adolescent pregnancy sometimes is discussed in community meetings, the majority of teen mothers surveyed never saw parents, neighbors, religious leaders, local leaders, or youth taking a firm stance against GBV. Eighty-five percent of teen mothers reported being unaware of any NGOs working towards preventing or responding to teen pregnancy.<sup>33</sup>

**GBV.** In Rwanda, women of all classes and all locations experience GBV. Second to poverty, GBV is possibly the most serious inequality that Rwandan women experience. GBV includes sexual, physical, economic, and psychological violence. Research shows that 34 percent of the population has experienced physical and/or sexual intimate partner violence<sup>34</sup>; and 21 percent have experienced violence in the last 12 months.<sup>35</sup> Although child marriage is not cited as a significant issue in Rwanda, the country still reports 7 percent of women aged 20 to 24 years were first married or in union before age 18.<sup>36</sup> Official incidence data from district hospitals reported that 11,951 women accessed GBV services in 2014, with 4,629 cases involving physical violence and 7,322 sexual violence.<sup>37</sup>

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<sup>30</sup> Ibid

<sup>31</sup> CLADHO-KNH. Report on Early/Unwanted Pregnancy for Rwanda under 18 Years in 10 Districts of Rwanda, 2018.

<sup>32</sup> Ibid.

<sup>33</sup> Ibid.

<sup>34</sup> Proportion of ever-partnered women aged 15-49 years experiencing intimate partner physical or sexual violence at least once in their lifetime. Source: National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International. 2015. Rwanda Demographic and Health Survey 2014-15.

<sup>35</sup> Proportion of ever-partnered women aged 15-49 years experiencing intimate partner physical or sexual violence in the last 12 months. Source: National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International. 2015.

<sup>36</sup> UNICEF Global Databases, 2018, based on 2014/2015 Demographic and Health Surveys (DHS).

<sup>37</sup> National Institute of Statistics Rwanda, Statistical Yearbook 2015.

Published data from 2010 on child rape convictions show that most survivors were girls and younger than 15 years of age in 56 percent of the cases.<sup>38</sup> The first national household survey on GBV and perceptions of masculinity in 2010 also reported that more than half of all women and men were exposed to sexual, physical, or psychological violence during childhood, most often perpetrated by parents, peers, and teachers. One in three male respondents admitted having sexually abused an adolescent girl when they were in school.<sup>39</sup> The government acknowledges that GBV prevalence rates are high but widely underreported, which means official statistics only reveal part of the problem.

GBV is rooted in patriarchy, enshrined in cultural and religious norms, and normalized through power inequality between women and men. For example, beliefs about domestic violence from partners are justified: 41 percent of women believe that men are justified for at least one of the reasons found in the 2015 DHS, and that rate is higher for rural women compared with urban ones. In Rwanda, it is believed that GBV is strongly tied to the low status socially assigned to women in all aspects of life, which includes norms that men hold about the acceptability of violence against women and as a way to resolve conflicts (domestic and otherwise). The norms and values that accompany these perceptions are transmitted between generations through cultural norms and traditions.

Rwandans consider sexual violence a private matter and subject to a culture of silence in which women do not speak out about their experiences. For this reason, and also because of fear of retribution and social stigma, most women do not report when they have been subject to GBV. Given many women's economic dependency on men, women who have experienced GBV also might be reluctant to report instances of domestic violence. Despite this assumption, reporting of GBV by women and men has increased between 2013 and 2016, in large part due to the Isange One Stop Centers (OSCs) located in 44 district hospitals across the country.

In Rwanda, the law criminalizes rape and spousal rape.<sup>42</sup> Yet the Rwandan penal code does not provide legal definitions of these acts, allowing for judicial discretion, often to the detriment of victims.

Several bodies and agencies have been set up at national and decentralized levels to advance, coordinate, and advocate for gender issues and women's empowerment as well as to combat GBV. These entities include MIGEPROF, the National Gender cluster, the NWC, and gender desks within the ministry of defense and the national police. The prime minister also appointed Directors of Planning in government ministries as gender focal points in their organizations.

USAID/Rwanda performs this important work, but a concerted effort needs to be made to prevent violence in the first place. There is a robust network of organizations working on the frontlines of responding to the needs of GBV survivors and in prevention efforts, from faith-based organizations to legal-assistance providers to organizations focused on GBV prevention and behavior change with men, such as Rwanda Men's Resource Centre (RWAMREC). The Isange OSCs provide holistic responses to GBV under one roof to minimize the risk of revictimization, compromised evidence, and delayed justice. Still, constraints remain that impact the most vulnerable segments of the population, namely with respect to limited geographical coverage of GBV interventions —by government institutions and service providers—who tend to focus on urban settings or accessible villages. The OSCs offer resources and

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<sup>38</sup> RWAMREC. Sexual and Gender-Based Violence (GBV) Baseline Study in 13 Districts, 2013.

<sup>39</sup> Promundo. Masculinity and Gender-based Violence in Rwanda: Experiences and Perceptions of Men and Women, 2010.

tools for combatting GBV, but they often are reactive, reaching the survivor after the violence occurred. Recognizing the need to prevent violence in the first place, OSCs need to sustain efforts for outreach with health care providers and community health workers in GBV prevention and management so they can facilitate identification, referral, and counseling for victims.

GBV in Rwanda not only is devastating for survivors and their families, but it also entails social and economic costs. In some countries, GBV is estimated to cost countries up to 3.7 percent of GDP - more than double what most governments spend on education.<sup>40</sup> GBV primarily affects women and girls in their productive and reproductive years, compromising their capacity to be productive workers, earners, and caregivers; reinforcing the vicious cycle of poverty; and jeopardizing agricultural productivity, food security, and nutrition. The GOR has initiated innovative national strategies and policies to eliminate GBV and promote gender equality at all levels. The challenges associated with not addressing GBV in an integrated manner, however, will pose costs to Rwanda's future, specifically in terms of educational attainment, health outcomes, economic productivity, and civic participation. The forthcoming CDCS should consider measures to address the underlying risk factors for violence, including social norms regarding gender roles and the acceptability of violence across all sectors.

### **Recommendations on GBV Prevention and Response as a Crosscutting Priority in the 2020–2024 CDCS**

Decreasing violence against women and girls requires a community-based, multipronged approach, as well as sustained engagement with stakeholders. As highlighted in the sectoral findings and recommendations in Section 4, all sectors are linked to the prevalence of GBV. USAID/Rwanda portfolios must prioritize GBV prevention and response across interventions and work across levels— individuals, families, communities, and governments—to shift gender and social norms that naturalize violence and perpetuate male dominance. Addressing gender-related issues and challenges facing women and girls requires understanding changes in gender roles and relations, taking advantage of new opportunities to address harmful gender practices in a sustainable manner, and designing interventions to address masculinity and the needs of young men. USAID/Rwanda should consider a two-pronged operational strategy that prioritizes improving GBV-related outcomes. The first prong would be dedicated, stand-alone GBV initiatives incorporating response and prevention interventions (or both), while the second prong should integrate GBV components and programming into relevant sector (health, education, democracy and governance, or economic growth and empowerment) combined with frontier analytical work to build the evidence base. Operational initiatives related to GBV need to advance an integrated, multisectoral approach that addresses awareness building; advocacy activities that promote behavior change and violence prevention; and mental health and psychosocial care, legal support, and opportunities for livelihood and economic empowerment.

## **5.2 Democracy and Governance Findings and Recommendations by Issue**

This section presents findings and recommendations aligned with the following proposed subthemes related to USAID democracy and governance portfolio's priorities and programming: access to justice and strengthening the protection of civil rights and liberties, civil society strengthening, and women's leadership and representation in governance structures. Within the findings in this section, the crosscutting themes

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<sup>40</sup> *Gender-Based Violence*, World Bank, 2019.

of GBV, civic participation, engagement of persons with disabilities, addressing the needs of the LGBTI population, and youth considerations are addressed. The findings and recommendations correspond to the USAID J2SR subdimensions related to open and accountable governance, civil-society capacity, and inclusive development.

## **Access to Justice and Strengthening Protection of Civil Rights and Liberties**

### **Challenges exist for women on the applicability of laws related to property and inheritance.**

Negative perceptions about women's empowerment contribute to their access to legal rights and understanding of judicial processes, specifically in land- and inheritance-disputes cases.<sup>41</sup> The 1999 Succession Law, among others in Rwanda's progressive legal framework, establishes women's right to equal shares of inheritance, as well as equal opportunities to receive inter-vivos gifts from their parents (commonly referred to as *umunani* in Rwanda). These laws, along with increased sensitization of women's entitlement to inheritance and equal shares of property, have had a broad impact.<sup>42</sup> Still, emphasis is needed on enhancing women's **understanding of their legal rights** regarding land and inheritance.

The **informality of marital unions** also affects how women exercise their land rights. Formally married women living under community of property marital regimes increasingly are claiming their rights as joint owners of property, and they are exercising greater decision-making power over it. Yet there is often a lack of respect for the rights of informally married women regarding property. For example, women who are not formally married have no legal right to land in cases of separation or widowhood. Women in polygamous unions also are not protected under the law.<sup>43</sup> In such marriages, not only do women face eviction upon separation, widowhood, or when the man refuses to acknowledge the union, they also lack decision-making power within the household regarding the use, management, and control of land. Women in such situations lack bargaining power within their relationships; have little or no say in whether the property they use is sold by their spouses; and typically, are unable to remain on that property in cases of abandonment, divorce, or separation. Finally, stakeholder interviews revealed that women typically **receive smaller or less-fertile land as inheritance** and that male relatives often prevented them from inheriting land. Strong social norms and traditions give way for men to receive *umunani* land, while women hesitate to ask for it and in certain cases face consequences for doing so.

**Barriers to fair dispute resolution.** Access to unbiased forums for resolving land disputes continues to be a challenge for many women. Although women generally experience fair hearings in land disputes at the administrative levels, they can encounter less than fair treatment at the village level where they must first bring their case to be heard. Primary and secondary data collection revealed that these hearings are not always fair, and that other family members or village residents can influence arbiters. And, if women attempt to bring their cases to the authorities before their family, they can face consequences, including physical violence. Informally married women's rights to property are particularly vulnerable. Further awareness raising of the rights of men and women is needed to support a change in mindset regarding these gender norms.

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<sup>41</sup> USAID. Duteze Imbrere Ubutabera Gender and Social Inclusion Action Plan, 2018.

<sup>42</sup> Specifically relates to the Law of Matrimonial Regimes, Liberalities, and Successions, commonly referred to as the 1999 Succession Law.

<sup>43</sup> USAID. Rwanda Land Study: The Gendered Nature of Land and Property Rights in Post-Reform Rwanda, April 2014.

**Lack of awareness of gender-sensitivity among Abunzi.** Traditional institutions have played and will continue to play a role in local governance, conflict resolution, and justice in Rwanda. Mediation committees (Abunzi) are a Rwandan homegrown solution and enable respected members of communities to mediate conflicts. The motivation for bringing back this form of justice delivery<sup>44</sup> was driven in part by the desire to reduce the backlog of court cases, decentralize justice, and make it more accessible for citizens seeking to resolve conflict outside of court.<sup>45</sup> Although the Abunzi are familiar with gender equality, it is a challenge for them to put it into practice because of the threat it poses to tradition. The basis for laws that favor women's equal access to traditional dispute mechanisms continues to be understood poorly, reflecting a gender-based division of roles within the family and community-at-large. Women make up the majority of plaintiffs before the mediation committees at the cell level, primarily in land disputes or cases of GBV.<sup>46</sup> The high proportion of women plaintiffs reflects a positive correlation with women's awareness of their rights. Unfortunately, women as litigants face social resistance and the Abunzi themselves appear reluctant to apply gender-equality principles. Though there is a constitutional requirement in Rwanda for women to make up 30 percent women of decision-making organs, which includes the Abunzi, there is inadequate participation of women in the discussions and decisions that happen at this level of governance. Women's participation in traditional power structures like the *Abunzi* remains limited, with many confined to the roles of subtle advisers or petitioners, which in turn affects the outcome of the Abunzi's decisions.<sup>47</sup>

**Access to quality legal aid lacks attention to gender and social inclusion issues.** There have been significant achievements in strengthening the provision of legal aid, direct representation, education, alternative dispute resolution, and related assistance in Rwanda. The Ministry of Justice approved the National Legal Aid Policy in 2014, which includes the provision of assistance in civil, administrative, and criminal matters.<sup>48</sup> Implementation is supported through a network of legal aid providers. In addition, there have been several important advances spearheaded by the GOR and the Ministry of Justice, such as the Isange OSCs for GBV, which are embedded in district hospitals. These centers provide short-term emergency accommodations and integrated legal aid to GBV survivors.<sup>49</sup>

Despite these landmark successes, the primary and secondary data found an array of legal-aid challenges for women, which vary depending on the urban or rural context. These challenges affect women in cases related in particular to GBV, divorce, and alimony. For example, more than 85 percent of lawyers are based in Kigali, which poses a major constraint to legal-aid recipients who are located in rural areas.<sup>50</sup> Though there is a network of organizations that provides legal services to women in rural areas, the services they provide are not comprehensive and cannot reach all women. There is the added constraint

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<sup>44</sup> As per efforts to reconstruct Rwanda after the Genocide in 1994, the judicial system was reformed. That is how mediation committees (Abunzi) were reintroduce in 2004. They are a hybrid form of justice combining traditional and modern methods of conflict resolution.

<sup>45</sup> Ministry of Justice, "Rwanda Home Grown Solution Mediation Committee (Abunzi), accessed July 2018.

<sup>46</sup> De Winne, Ruben; and Pohu, Anne-Ael, "Mediation in Rwanda: Conceptions and Realities of Abunzi Justice (2011–2014), 2014.

<sup>47</sup> Mutisi, Martha The Abunzi Mediation in Rwanda: Opportunities for Engaging with Traditional Institutions of Conflict Resolution, 2011.

<sup>48</sup> Government of Rwanda. National Legal Aid Policy, September 2014.

<sup>49</sup> Also of note are the gender desks embedded within the Rwanda National Police and the Rwanda Defense Force, as well as support provided through the Maison d'Acces a la Justice operating at the cell level.

<sup>50</sup> National Legal Aid Policy, September 2014

that people seeking dispute resolution are doing so from multiple institutions simultaneously, which is complicated further by insufficient legal aid funds and a lack of coordination among the different legal-aid service providers. The prohibitive costs of testing to prove paternity in court cases (which especially impacts teenage mothers) is also an impediment. Additionally, the National Legal Aid Policy does not include measures to protect persons with disabilities, never mind factoring in the degree or type of disability.

***Discrimination against LGBTI rights organizations and sexual minorities is underreported.*** No laws criminalize sexual orientation or consensual same-sex sexual conduct in Rwanda. Research and anecdotal evidence,<sup>51</sup> however, indicates that systematic violations and violent incidents against the LGBTI community take place in Rwanda. Interviews with CSOs and NGOs working to eliminate discrimination based on sexual orientation reported that members of the LGBTI community experience systematic violations related to access to employment, housing, and other basic needs. A study NAR commissioned revealed that LGBTI suffer from discrimination, abuse, and harassment from neighbors within their communities.<sup>52</sup> This pattern undermines their participation in the community and limits their civic participation. There is also a gap in LGBTI access to inheritance and land ownership, as well as a lack of legal remedy in this domain for LGBTI couples who separate.

## **Recommendations for Access to Justice and Strengthening Protection of Civil Rights and Liberties**

***Prioritize awareness-raising on shared decision-making and joint land tenure rights within couples (medium term).*** Women, especially those in informal marriages, have limited bargaining power within their households. Although there is widespread awareness of the Succession Law, especially in rural areas, men are slower to change their mindsets about women's property rights given what they have to lose. There is momentum in favor of more gender-equal, shared decision-making and land tenure rights due to more-protective legal frameworks and increased sensitization efforts. USAID should build upon this momentum. Within the democracy and governance portfolio, USAID should promote positive behavior patterns on joint decision-making with respect to land-tenure rights. Awareness raising of the laws and women's rights needs to be sustained, and access to information and resources to claim land rights needs to be integrated. **(WE3)**

***Increase gender-sensitive understanding and awareness on dispute resolution among local leaders and community mediators. (short-term)*** As highlighted in the findings, the Abunzi dispute-resolution system plays a key role in resolving civil disputes by providing an alternative to formal court litigation and reducing court backlogs. To strengthen the Abunzi system, USAID should update tools and training materials and train Abunzi to ensure that it considers the aforementioned gender and social inclusion issues, such as changes to family and inheritance laws that have added implications for vulnerable populations. The materials also should incorporate content on dispute resolution in cases related to GBV, polygamy practices, early pregnancy, and illegal marriage.

***Promote women's recruitment and training as local authorities at the village, cell, and sector levels.*** It is critical to train men and women in leadership positions on gendered legal frameworks and support

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<sup>51</sup> Civil Society Coalition for the Protection of LGBTI Rights, "Safeguarding Rights of Minorities through a Protecting Penal Code: A Civil Society Position Paper on the Draft Penal Code," 2016. Anecdotal evidence was gathered from FGDs with different LGBTI advocates interviewed for the purposes of this report.

<sup>52</sup> Never Again Rwanda. Survey on the Perception of the Rights of Vulnerable Groups, 2018.



attitude changes that can mitigate gender biases that emerge in dispute resolution. As well, it is necessary to train women to occupy positions beyond those of gender focal points and social-affairs representatives at the local level. USAID should prioritize a comprehensive training and capacity-building platform for local authorities that addresses gender bias in alternative dispute-resolution programming.

***Prioritize training for women on laws and self-advocacy needed for Abunzi cases.*** Beyond needing to train women on laws and access to justice, women also need self-advocacy skills. USAID should consider partnering with organizations experienced in this area, such as the NWC and Haguruka. In addition to training women on laws and self-advocacy, attention should be focused on conducting community dialogues and public-awareness campaigns on the role of Abunzi, as men and women do not always have equal access to information about this system.

***Integrate innovative measures to expand legal aid service provision within USAID democracy and governance programming.*** Given the challenges that women, teenage mothers, persons with disabilities, and people who are LGBTI experience in accessing legal aid, USAID should improve their access to quality legal assistance. For example, USAID should train paralegals on GESI considerations, given their critical role in rural communities in providing basic legal information. USAID also should support collaboration between paralegals and networks that understand the needs of each group, such as the National Council for Persons with Disabilities (NCPD) and the National Union of Disability Organizations in Rwanda (NUDOR), to work on challenges persons with disabilities face. Programming that supports legal aid provision should understand best practices in do no harm, and as such, it should consider working with and learning from organizations such as Haguruka that use trained counselors who know how to avoid revictimizing persons seeking legal aid. Finally, as part of enabling measures, USAID could support an organization to fund paternity tests (or advocate with the GOR to reduce the cost of those tests for individuals who cannot afford them) and explore childcare service models to embed within legal aid provision.

***Initiate and support efforts to improve understanding among local community leaders of the issues facing LGBTI populations and persons with disabilities.*** Local and district authorities must be aware of all the rights and laws protecting Rwandans from discrimination, which includes persons with disabilities and LGBTI. USAID programming in the democracy and governance sector should incorporate disability and LGBTI sensitivity into community meetings that can raise awareness and reduce stigma and exploitation of these populations with local and district authorities. USAID should encourage partners to design capacity-building programs that improve awareness and knowledge of the rights and needs of the LGBTI and PWD communities, specifically as they relate to access to justice across institutions and available services to these groups.

### **Civic Participation and Civil Society Strengthening**

***Collaborative spaces for local governance and development planning crowd out opportunities for inclusive participation.*** The GOR has introduced several mechanisms to enable citizens to participate in local development-planning processes and action, through which they can hold local leaders and service providers accountable for the services they deliver.<sup>53</sup> Though these spaces for popular participation exist, they have been fostered in a framework of top-down, centrally driven policies. As a result, the local

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<sup>53</sup> Chambers, Victoria. Enhancing Women's Influence in Local Governance with Community Scorecards: CARE Rwanda's Experience, April 2016.

population's willingness and capacity to challenge local leaders and service providers may be constrained. Existing collaborative spaces do provide opportunities in which citizens can and do participate and influence the implementation of policies that affect them. Still, those citizens who remain on the fringes of these discussions—namely women, youth, and persons with disabilities—lack opportunities to take full advantage of these arenas to shape local governance agendas. Interviews with the Joint Action Development Forum<sup>54</sup> in four regions revealed that although there are strong accountability mechanisms, in particular for service provider accountability, few measures are in place to consult with beneficiary populations to identify their needs. At the district level, there are officers dedicated to gender, youth, and persons with disabilities; the extent to which activities are shaped through consultation and engagement with these communities, however, varies.

**Civil society leadership.** Despite the barriers that women face when it comes to decision-making and gaining power in the public sphere, women contribute to governance work through their participation in CSOs. Civil society has served as a pathway for women's leadership. CSOs in Rwanda, however, are concentrated in major cities, Kigali in particular. This situation further marginalizes the access of women to leadership opportunities. One source cites that as of 2011, women hold positions of some form of responsibility in 91 percent of CSOs; and that percentage only decreases to 89 percent for CSOs established prior to 1994.<sup>55</sup> In Rwanda, 13 percent of CSOs are exclusively female, in comparison with four percent that are solely male. More broadly, CSOs are active in Rwanda, but they struggle to monitor programs, rigorously analyze data, and collaborate. To improve and extend the impact of CSOs, especially regarding women's empowerment, CSOs need support in building community platforms and coordinating programming (in particular in rural areas).

**Gaps in addressing positive masculinity among programming CSOs deliver.** There is significant research on the linkages between men's attitudes toward gender roles, their readiness to adopt gender equality norms, and GBV in Rwanda. Social norms that uphold men as defenders of their country and family honor as well as procreators of life and family are prevalent. Historically, GOR-led campaigns to combat GBV have emphasized women's and girls' safety and empowerment. More recently, there has been some consensus on the need for a primary prevention approach that engages men in addressing GBV. In Rwanda, a few organizations have focused on addressing positive masculinities, specifically to prevent GBV. These organizations include RWAMREC and the Karuna Center for Peacebuilding. They are Kigali based and although they prioritize outreach to rural communities, much of their work in GBV prevention and reducing violent conflict tends to be concentrated in urban areas.

**Challenges for meaningful civic participation is a reality for people with disabilities.** The GOR has made efforts to ensure all Rwandans are included in and benefit from the national development plans and outcomes. The NCPD is charged primarily with advocacy and mobilization on disability issues, with a focus on strengthening the capacities of persons with disabilities and ensuring their participation in national development. Yet there are few examples of the promotion of leadership and civic participation opportunities for persons with disabilities. For example, despite Rwanda's impressive gains in women's public and political participation at the national level, women with disabilities do not seem to be

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<sup>54</sup> The Joint Action Development Forum coordinates development partners at the district and sector levels and ensures development assistance is in line with the district development plan.

<sup>55</sup> Conseil de Concertation des Organisations d'Appui aux Initiatives de Base. The State of Civil Society in Rwanda in National Development, March 2011.

represented in policy- and decision-making. In the civil-society sector, unique challenges create barriers to access to justice for persons with disabilities, such as insufficient training on disability issues and the rights of persons with disabilities to judges, lawyers, and prosecutors as well as a shortage of resources (such as Rwandan sign language translators).

***Nascent LGBTI advocacy civil society groups face capacity challenges.*** Although nascent, civil society activism among the LGBTI community has made several advances. Yet lack of organizational capacity is still a challenge. LGBTI organizations created a coalition called ISANGE (loosely translated to *you are welcome*), intended to establish a network of community-based organizations advocating for the rights and needs of LGBTI in Rwanda. ISANGE was formed in response to LGBTI experiences of stigma and discrimination. Although many CSO leaders are well educated and have worked for NGOs and international organizations, many lack expertise, management skills, and the language to expand their work through increased access to funding. Many organizations shared that they have similar experiences in providing formal and informal safe houses for individuals who had been chased away from their families and communities or were fleeing persecution in neighboring countries.

### **Recommendations for Civil Society Strengthening and Civic Participation**

***Promote the inclusion of persons with disabilities by supporting organizations advocating on their behalf (short term).*** USAID should identify opportunities to engage local entities that are defined as disabled person's organizations. These groups should be provided with technical and financial assistance to enable them to design programming to promote the rights and civic participation of persons with disabilities. Examples that USAID can leverage include those from Humanity & Inclusion and Catholic Relief Services programming that have established relationships with disabled person's organizations. Designated district officers who work specifically with persons with disabilities are entities with whom USAID can engage. Other local organizations include the Union of Women with Disabilities, Rwanda Union of the Blind, Rwanda National Union of the Deaf, Rwanda National Association of Deaf Women, and Rwanda Little People Organization.

***Design partnerships with organizations that prioritize positive masculinities to leverage best practices to expand upon existing programs in the democracy and governance sector (medium term).*** As mentioned in the findings, several organizations have proven experience working on positive masculinities, specifically within the context of GBV prevention and response. Organizations that have implemented programming with a positive masculinity lens need to be applied beyond GBV prevention and awareness—they can be effective measures in countering beliefs among men that gender equality is women's business. USAID should prioritize partnerships with these organizations to deploy successful approaches of engagement with men and boys, specifically within the democracy and governance sector to support mindset change and encourage sustainable approaches that can turn men into role models who support gender equality and women's empowerment.

***Prioritize efforts on capacity building and advocacy skills for LGBTI organizations (medium term).*** Organizations that make up the ISANGE coalition could benefit from training and enhanced advocacy skills. USAID should consider framing LGBTI issues in terms of inclusion and nondiscrimination rather than individualized human rights and freedoms in the democracy and governance portfolio to create opportunities and spaces that include marginalized voices within existing forums and policy spaces.

### **Leadership and Representation in Governance Structures**

***Increased representation of women in political positions has had symbolic impacts on gender equality, but it has not resulted in transformative leadership, particularly in rural settings.***

Women's public roles in traditional Rwandan culture can provide more relevant context for evaluating the extent to which gender-specific practices underlie women's modern political achievements. As with women's household roles, however, accounts from interviews and literature present conflicting attitudes regarding women's places in traditional politics. In some ways, women's leadership and participation in public life are respected and solicited, but at the same time they also are rejected or feared. Although Rwanda often is celebrated for impressive gains in women's participation and leadership at the national level, these victories stand alongside challenges. One issue is the lack of female parliamentarians mobilizing on behalf of rural women; another is the lack of women's leadership at local governance levels (village, cell, and sector). Within local levels of governance, the limited representation often is associated with other drivers, namely lack of confidence, low literacy, and beliefs that men's opinions are of higher value.<sup>56</sup>

***Youth engagement is necessary to cultivate pathways for inclusive leadership.*** Research and interviews conducted for this study suggest a concerning trend with the underrepresentation of youth in political decision-making and local civic structures. Youth engagement in civil society development and governance processes emerged as a key challenge from interviews with IPs and district officials. Key informant interviews with NAR revealed multiple reasons that youth are reticent to engage in civil society development, governance, and leadership, including their lack of confidence, cultural norms that downplay their decision-making capacity, and lack of awareness of their rights and how to engage with local governance structures.<sup>57</sup>

Several donors intentionally engage local youth leaders to influence the agenda, catalyze local change, and develop collaborative solutions. Organizations, such as NAR, have played a critical role in capacity building targeting youth and vulnerable populations on self-advocacy. NAR has collaborated with communities to create safe spaces of peace and forums for citizen building, which have helped men and women remain active and engaged in the process of building sustainable peace and development. NAR has facilitated dialogues with LGBTI youth, using its safe spaces approach to help them feel more open to discuss their experiences and heal their own traumas.

## **Recommendations for Leadership and Representation in Governance Structures**

***Prioritize leadership and civic-participation opportunities for women (short term).*** USAID should encourage integrating programming that empowers women with knowledge and confidence to engage and strengthen interlocutors in civic participation spaces (for example, accountability days, governance months, district councils, and joint action development forums). IPs should integrate targeted programming that trains women (and youth) who have been elected recently into positions within local governance structures at the national and district levels.

***Develop innovative and inclusive approaches on youth engagement in civic processes (short term).***

In an effort to promote youth engagement in civic processes, USAID should leverage its influence with the GOR and other donors to disseminate training resources proven effective in promoting youth engagement. For example, NAR's training resources, which include modules on persons with disabilities

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<sup>56</sup> Bauer, G., Burnet, J.E. Gender Quotas, Democracy, and Women's Representation in Africa: Some Insights from Democratic Botswana and Democratic Rwanda. *Women's Studies International Forum*, Vol. 41(2): 103–112, 2013.

<sup>57</sup> Focus group meeting, Nyabihu, Youth Leaders (facilitated by NAR).

and LGBTI rights and youth engagement more broadly, could help other Rwandan CSOs strengthen their understanding and awareness of inclusive development. USAID also should encourage ways to work more closely with popular radio stations to develop shows that discuss human-rights issues and raise awareness, particularly in rural communities that struggle to engage youth or are unaware of the needs of persons with disabilities and the LGBTI community.

**Support greater gender mainstreaming within subnational governance institutions (long term).**

Although Rwanda maintains a high proportion of women within national levels of government, there is less representation in subnational institutions. USAID should prioritize interventions in the democracy and governance sector portfolio that address gaps in women's leadership in institutions outside of the national level. For example, programming could prioritize training in leadership and soft-skills development, targeting outreach to women interested in running for local office. USAID also should focus on linking women leaders and organizations working on women's rights with opportunities to engage. For example, USAID activities could help CSOs to build their capacity to engage in gender-responsive and awareness budgeting to further integrate gender into budgets of subnational governance institutions.

**Specific Recommendations to Address GBV**

USAID/Rwanda is encouraged to consider the following interventions to prevent and respond to GBV and the rising trend of adolescent pregnancy in the DG sector

- engage with faith-based organizations and religious leaders to infuse religious teachings into training and awareness-raising modules within rural areas and to counter cases where religious leaders convey messages that condone behaviors that can lead to GBV
- identify opportunities to increase trainings for law enforcement officials on engaging with GBV survivors
- coordinate with ISANGE OSCs and other local NGOs to conduct outreach to teenage mothers to increase their awareness of the legal recourse and social assistance available to them
- collaborate with researchers and CSOs to improve studies on the prevalence, root causes, and consequences of GBV in the different regions, and use this research to inform expanded advocacy efforts
- strengthen local dispute mechanisms involving community leaders to deal with cases of adolescent pregnancy and to ensure gender-sensitivity and understanding of teenage mothers' vulnerability
- build the capacity of justice system actors to prevent and respond to GBV; furthermore, USAID can work to make sure judges and prosecutors give adequate weight to the testimony of minors (especially those who have suffered GBV)

### **5.3 Economic Growth Findings and Recommendations by Issue**

This section presents findings and recommendations in alignment with the following USAID agriculture and economic growth portfolio priorities and programming: agriculture and food security, private sector development and trade, and women's economic empowerment. Within the findings in this section, the crosscutting themes of *GBV*, *civic participation*, *engagement of persons with disabilities*, *addressing the needs of the LGBTI population*, and *youth considerations* are addressed. The findings and recommendations correspond to the USAID J2SR subdimensions related to inclusive development, economic policy, and capacity of the economy.

## Agriculture and Food Security

**Women farmers need to be engaged in commercialization activities to transform subsistence agriculture to market-oriented farming.** Despite efforts to transform agriculture in Rwanda, farming systems still are centered predominantly around subsistence production. According to the 2015 DHS, 76 percent of women are employed in agriculture, compared with 77 percent in 2010. Results by age show that older women are more likely to work in agriculture than younger ones (87 percent of those age 45–49, and 72 percent of those age 15–19). As to be expected, data shows that the proportion of women working in agriculture is higher in rural areas (87 percent) than in urban ones (23 percent). Also, this proportion is much lower in the city of Kigali (24 percent) than in other provinces, where the proportion of employed women working in agriculture varies from 80 percent (West) to 87 percent (East). With respect to educational attainment, 91 percent of women with no education and 81 percent of women with only a primary education work in agriculture, as compared with 45 percent of women with a secondary education or higher.<sup>58</sup> Household decision-making and division of labor are subject to traditional gender norms and unequal power dynamics. As highlighted in Section 3, women are perceived as capable decision-makers; however, they largely are relegated to crop cultivation for domestic household consumption, while men assume responsibility for cash crops. Decision-making regarding the sale of agricultural products can be a source of spousal conflict, which can lead to domestic violence.<sup>59</sup>

**Low numbers of female agriculture extension agents hinder opportunities to enhance productivity.** Men tend to have more access to agricultural extension services, which limits women's ability to learn and benefit from services offered through extension and agricultural advisory services.<sup>60</sup> Male government extension officers or private agents tend to be the majority of agriculture extension service agents and tend to work with male farmers. In some cases, extension officers may reach out to men assuming they are the chief farmers and that men will pass along information to women and young people in their families. As a result, women lack access to improved farming practices and exposure to new technologies, which can impact their productivity. In fact, only 43.1 percent of farmer field school (FFS) master trainers are women, 34.4 percent of FFS facilitators are women, and 48 percent of trained farmers are women, which does not correspond to the higher number of women participating in the agricultural labor force.<sup>61</sup>

**Female-headed households continue to be more likely to be food insecure than male-headed ones.** As of 2018, 23 percent of female-headed households (versus 17 percent of male-headed ones) are food insecure, as defined by having inadequate food consumption, spending a larger part of their budget for food, and engaging in livelihood coping strategies. Overall, female-headed households are poorer. The EICV 5 (2018) showed that female-headed households were more likely to be poor than male-headed ones, with 39.5 percent of female-headed households being poor compared to 37.6 percent of male-headed ones in 2016–2017. Usually these women are widows or separated, are less educated, and depend upon agriculture work (as opposed to diverse income sources, which are more common in male-headed

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<sup>58</sup> Republic of Rwanda. Rwanda's Demographic and Health Survey (DHS) 2014/2015, 2015.

<sup>59</sup> CNFA. Hinga Weze Gender Gap Assessment, 2018.

<sup>60</sup> Feed the Future Rwanda. Gender Analysis, December 2015.

<sup>61</sup> Gender Monitoring Office, The State of Gender Equality in Rwanda: From Transition to Transformation, 2019.

households).<sup>62</sup> Furthermore, as indicated in the 2011 gender assessment, female-headed households often have less land than male-headed ones.<sup>63</sup>

**Youth face unique challenges in accessing opportunities within the agriculture and agribusiness sectors.** Agriculture drives economic development in Rwanda, and thus is an opportune sector for young people. Youth surveyed across the five districts predominantly claimed that the primary challenges they face in securing employment or income generation in agriculture were a lack of startup capital and training. When asked about their interest in participating in savings groups or accessing support from financial institutions, youth shared their reticence to participate in such groups, specifically savings groups or cooperatives, because they do not have the collateral or income to contribute. Opportunities in agribusiness entrepreneurship and innovation should be harnessed, including in maximizing information and communication technology (ICT) innovations along different agricultural value chains. Not only would doing so improve the sector's image, but it also would increase productivity and returns on investment while providing new employment opportunities.

### **Recommendations for Agriculture and Food Security**

**Collaborate with Rwandan Ministry of Agriculture and Animal Resources to explore new ways to increase women's access to agricultural extension services (medium term).** Improving women's access to extension services will improve agricultural productivity overall. It also may make decision-making on land use and farming systems more gender equal; increase women's access to new knowledge, technologies, and agricultural information; and increase productivity and yields for women-owned farms. USAID should engage with this ministry to promote training (and potentially hiring) more female extension officers. Not only would doing so likely increase the likelihood these female extension agents would seek out women farmers, but it also would be easier to target them in demonstration days at FFFs to increase their access to training. Female extension officers could promote access to and use of improved seeds and inorganic fertilizer—one of the key contributing factors to growth in agricultural productivity in Rwanda. Through increased access to training and improved seeds, women may be more inclined to organize into seed multiplier cooperatives and businesses. **(WE3)**

**Prioritize gender-sensitive approaches within interventions that improve agricultural productivity (short-term).** Within agriculture programs, USAID should encourage the design of activities to enhance women's agricultural productivity with the aim of increasing household income and improving nutritional outcomes. For example, programming should outline measures to increase women's access to new agricultural technologies beyond extension services and include training on post-harvest technologies. **(WE3)**

**Collaborate with agricultural cooperatives to strengthen women's participation in leadership, decision-making, and revenue management (medium term).** When it comes to decision-making within agricultural cooperatives, men assume leadership positions (58 percent), while women assume subordinate and stereotypically female roles (42 percent).<sup>64</sup> USAID programs that engage with agricultural cooperatives have a unique opportunity to emphasize training and other support to female cooperative leaders in leadership and formal mentorship programs. Programming of this nature will address a critical

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<sup>62</sup> WFP. Rwanda 2018 Comprehensive Food Security and Vulnerability Analysis, 2018.

<sup>63</sup> Ibid.



leadership gap in cooperatives and enable female cooperative members to become more engaged in decision-making. Targeting men within cooperative leadership and management on the importance and value that engaging women more meaningfully in decision-making will enhance women's participation, leadership, decision-making, and revenue management. **(WE3)**

***Prioritize behavior-change initiatives that raise awareness on nutrition education (short term).***

USAID/Rwanda's nutrition programming has had success in engaging male champions, specifically through cooking demonstrations. This programming has hailed an average of 30 percent participation from men. This approach has generated a more active role for men in nutrition awareness, sharing of responsibilities, and joint decision-making in couples. Within its programming that includes an explicit focus on food security and nutrition, USAID require an integrated focus on male engagement to contribute to increased sharing of responsibilities within the household on nutrition-related interventions.

***Co-design programs with the USAID/Rwanda education office on workforce development initiatives to support starter kits for youth looking to branch out into agribusiness (short term).***

USAID/Rwanda's agriculture team should consider co-designing initiatives with the education office's workforce-development initiatives to link beneficiaries from its programming to target youth looking to start or expand enterprises in agribusiness. **(WE3)**

### **Private Sector Development and Trade**

***Lack of diversity and gender balance across the private sector.*** According to a 2014 census in the private sector, only 36.3 percent of people employed in the private sector were female.<sup>65</sup> The Private Sector Federation (PSF), the GMO, and the United Nations have partnered to eliminate gender gaps in the private sector and rolled out the gender equality seal certification program, which provides government partners with tools, guidance, and assessment criteria to ensure their implementation and certification on issues related to gender equality in the private sector. The certification addresses themes including the elimination of gender based pay gaps, increasing women's roles in decision-making, enhancing work-life balance, enhancing women's access to non-traditional jobs, and eradicating sexual harassment in workplace—all factors that can increase the likelihood of attracting women to the private sector.

***Limited focus on gender and social inclusion in trade and investment programming.*** A recent USAID evaluation report found that trade and private-sector development programming in Rwanda lacked a coherent strategy for gender integration and social inclusion. The report suggested that while there have been some one-off activities for woman-owned businesses, no specific measures targeted gender inclusion in areas where women are less "visible, vocal, or have less access" because of the cultural legacy of lower education, fewer financial resources, and exclusion from male-dominated business networks. Although USAID programming targets sectors with higher potential for female job creation (such as textiles, apparel, home decor, fashion accessories, horticulture, and coffee), jobs within these sectors tend to be concentrated at unskilled and semi-skilled levels, as well as at the lower end of the pay scale.<sup>66</sup>

***High levels of stigma against the LGBTI community limits employment opportunities.*** Several LGBTI advocacy organizations highlighted an urgent need for more their inclusion in economic opportunities, specifically access to employment. Leaders of LGBTI advocacy organizations shared in interviews that those who do have jobs hide their sexual orientation to secure and maintain employment, as not doing so

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<sup>65</sup> The New Times. "New Programme to Eliminate Gender Gaps in Private Sector", November 24, 2017.

<sup>66</sup> USAID. Mid-Term Evaluation of the USAID East Africa Trade and Investment Project, May 2018.

could affect career progression, including for government officials and politicians. In rural areas, revealing one's sexual orientation also can result in individuals being overlooked for casual labor opportunities or not being able to obtain resources to start small income-generating activities.

Transgender persons were identified as a particularly vulnerable group, owing to the visibility of their gender non-conformity. One LGBTI organization leader described sex work or transactional sex as the only option for visibly transgender men and women, who also experience overt discrimination by employers. This behavior is a result of employers not understanding transgender persons and fearing blowback from managers, staff, or local officials if they hire them.

## **Recommendations for Private Sector Development and Trade**

### ***Collaborate with the PSF to roll out the gender equality seal certification program (medium-term).***

Through collaboration with local entities like PSF and the GMO, USAID can advocate with GOR counterparts that the work being done to leverage the gender seal certification can be applied in private sector development programming through its engagement with private firms. USAID could spearhead research related to the overall development goals achieved through higher female labor-force participation, particularly in the private sector, and survey private sector companies in Rwanda about their readiness to hire more women. In future private sector development programming, USAID can support companies to improve human resources management and encourage firms to embrace better recruitment processes that give equal opportunity to all applicants. **(WE3)**

***Raise awareness in the private sector of the importance of non-discriminatory practices based on sexual orientation (long term).*** Through long-term engagement with the private sector, USAID should encourage IPs to initiate dialogue with firms around the importance of human resources practices to integrate non-discrimination in hiring and promotion. USAID should work with LGBTI advocacy organizations, as well as with ministry partners, to promote initiatives that foster diversity and inclusion in private sector employment. USAID also should examine potential entry points to facilitate innovative partnerships for funding entrepreneurship and incubation for LGBTI to counteract their high levels of unemployment. **(WE3)**

## **Women's Economic Empowerment**

***Access to energy and other resource inputs needs to be catalyzed to stimulate women's economic empowerment and indirectly respond to environmental health.*** Rwanda has played a critical role in addressing gender considerations in the energy sector, committing itself to boosting electricity access in rural areas where a majority of households remain far from the grid. Providing communities with off-grid solutions, such as LED lights, and involving women in microenterprise businesses can address gender equality concerns in the energy sector and close the energy gap. According to the 2019 State of Gender Equality in Rwanda, firewood continues to be the predominant source of cooking fuel, with only a small decrease in use between 2010–2011 and 2016–2017, while charcoal rose in use during the same period.<sup>67</sup> Unfortunately, as a result, women have continued to be exposed to the potential hazards of cooking with traditional solid fuels, with only minimal improvements. The 2011 USAID/Rwanda gender assessment highlighted this situation as a gender-specific health risk that impacts women, given they are responsible primarily for cooking and inhale smoke, which causes respiratory illnesses.

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<sup>67</sup> Republic of Rwanda Gender Monitoring Office. The State of Gender Equality in Rwanda, 2019.

**Barriers in access to financial services.** Although most Rwandan women are employed in the agriculture sector, their access to credit and loans remain limited. In 2015, 74.5 percent of all loans went to men, while 25.5 percent went to women.<sup>68</sup> While the country has experienced an increase in women and men using formal bank and non-bank financial services, many women remain excluded. One major constraint to women's access to secure credit through loans is that they lack skills to present bankable business plans to financial institutions.<sup>69</sup> Interviews suggested that some financial-service providers are reluctant to provide their services—including credit, savings, and insurance—to women because of their lack of collateral and financial literacy. Insufficient collateral is associated with the high prevalence of poverty among women, and limited knowledge of financial literacy is impacted by the traditional norms and values that dictate women's understanding and control over resources.

**Informal cross-border traders represent a huge untapped economic potential.** Despite progress toward regional integration and other trade facilitation mechanisms, cross-border trade between Rwanda and its neighbors remains underdeveloped. A 2012 study found that in the Great Lakes Region, the majority of informal cross-border traders (ICBTs) are women (74 percent). It is estimated that 90 percent of these women traders rely on cross-border trade as their only source of income. Efforts to facilitate ICBT and support small-scale cross-border traders to develop their economic activities can support women's economic empowerment, which can lead to broader social transformation. Additionally, facilitating and formalizing cross-border trade can reduce the prevalence of GBV associated with the informal and insecure nature of their activities.

**Variations in ownership and decision-making over assets can impact women's economic empowerment.** Ownership of assets, particularly high-value ones like land and homes, can increase women's resilience when a marriage is dissolved or if the husband abandons his wife. FGDs revealed that despite the aforementioned legal frameworks and land-registration system, 51 percent of women age 15–49 do not own a house and 54 percent do not own any land. Eight percent of women own a house alone and ten percent own land alone. Furthermore, in cases of marital dispute or separation, conflict over access to land as collateral between couples has been cited as one of the main drivers of conflict (and in some cases GBV).

Access to land is also a challenge for indigenous groups. For example, after many Batwa were expelled from national parks in the 1980s and early 1990s without compensation, most households lived in extreme poverty compared to the other members of the community. This poverty exacerbates land insecurity as land often was sold for token payments (such as small amounts of food) by Batwa households suffering from food insecurity. These distress sales typically are undocumented and legally ambiguous. Batwa women are even more vulnerable to land insecurity because they are more likely to be dispossessed of their land rights if they become widowed.<sup>70</sup>

## **Recommendations for Women's Economic Empowerment**

**Support networking for women-led enterprises and female entrepreneurs (short term).** Networking and mentoring play critical roles in improving women's entrepreneurial decisions and performance. They

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<sup>68</sup> Republic of Rwanda. Gender Monitoring Office. Gender and Agriculture, 2017.

<sup>69</sup> TradeMark East Africa. Capacity Needs Assessment Report for Women Owned/Led Businesses in Rwanda, 2018.

<sup>70</sup> Maiga, S. "Gender and Indigenous Peoples' Rights." in Indigenous People in Africa: Contestations, Empowerment and Group Rights." Africa Institute of South Africa, 2012.

also are critical in motivating women entrepreneurs to lead crossover enterprises, (that is, firms operating in more productive, male-dominated sectors). In Rwanda, female entrepreneurs have smaller and less-diverse networks and tend to rely more on personal sources of advice than male entrepreneurs. USAID should establish partnerships with local organizations, such as the Rwandan Women's Chamber of Entrepreneurs and Pro-Femmes Twese Hamwe, two organizations supporting women entrepreneurs (formal and informal) in growing their businesses. **(WE3)**

***Prioritize funding for women-led enterprises for off-grid electricity and clean cooking solutions (short term).*** Considering women's entrepreneurship, its sustainability, and scalability, funding to help women-led enterprises that can offer alternative solutions for electricity and clean cooking solutions is strategic, particularly for women in rural areas. USAID should explore a partnership with Energia, which is conducting research on the value of subsidizing women-led enterprises to address off-grid electricity. Energia supports low-income households by subsidizing the upfront costs of LED lights along with a free trial for charging to help low-income households to get access. If designed accordingly, this work could represent opportunities for women-led businesses. As a complement to this suite of services, business development and technical training will need to be prioritized. **(WE3)**

***Integrate informal cross-border traders more widely into programming (medium term).*** For small-scale cross-border trade to have a more direct and positive impact on poor households and promote women's economic empowerment, that programming must tackle the challenges related to ICBT and create a gender-sensitive border environment. Future USAID interventions should enhance market linkages through ICT, especially mobile phones. Additionally, USAID could advocate with the Rwanda Standards Board for policies that would simplify ICBT. Finally, programming that supports cooperatives should target ICBT to be connected with other trained cooperatives and offer training on standards and access to finance. **(WE3)**

### **Specific Recommendations to Address GBV**

USAID/Rwanda should consider the following intervention to prevent and respond to GBV and the rising trend of adolescent pregnancy in the agriculture and economic growth sector:

- Prioritize social safety nets and income generating opportunities for teen mothers.
- Integrate positive masculinity themes into agricultural development programming, integrating GBV prevention and awareness approaches
- Integrate couples decision-making into agricultural productivity programming, to descale conflict over household resources
- Work with customs officials to raise awareness of GBV in informal cross-border trade

## **5.4 Health Findings and Recommendations by Issue**

This section presents findings and recommendations in alignment with the USAID health portfolio's strategic priorities and programming: health systems access and strengthening family planning and reproductive health, and HIV/AIDS and other infectious diseases. Within the findings in this section, the crosscutting themes of *civic participation; nutrition; water, sanitation, and hygiene (WASH); GBV; and youth considerations* are addressed. The findings and recommendations correspond to the J2SR subdimensions related to inclusive development and citizen capacity.

## Health Systems Access and Strengthening

### ***Coverage of maternal and neonatal health interventions remains a challenge.***

Good maternal health is critical to child development in utero, during infancy and throughout the child's development. Although coverage of maternal health interventions is high, maternal health indicators suggest that certain segments of women face challenges accessing certain services. For example, although 2015 DHS data show maternal mortality has declined, it remains high at 210 per 100,000 live birth, suggesting disparities in outcomes for women persist. Ministry of Health 2015 data indicate that post-partum hemorrhages cause 26 percent of all maternal deaths in Rwanda followed by infections, obstructed labor, eclampsia, and abortion.<sup>71</sup> Critical needs exist that are linked to maternal mortality and neonatal care, which are exacerbated by the shortage of health staff with expertise on newborn care and the quality of delivery of essential services.

#### **Rwanda's rankings on GESI**

- Social institutions and gender index (2019): 28 percent
- Global gender gap index (2018): 6/149
- Gender development index (2017): 0.941
- Gender inequality index (2017): 85/160
- Human development index (2017): 158/189

### ***Tension between the workload and expectations of community-based health workers and their compensation.***

During primary data collection, stakeholders highlighted that community-based volunteers, including (CHWs), were expected to respond to a wide range of health needs and wellness interventions across the community.<sup>72</sup> For example, the under 5 mortality rate has declined from 152 per 1,000 live births in 2005 to 50 per 1,000 live births in 2014 and the neonatal mortality rate also has declined, from 35 per 1,000 live births to 20 per 1,000 live births. These improvements in neonatal and maternal health were possible through sustained capacity building of CHWs through the GOR community health program and supply of relevant health materials.

### ***Gaps in inclusive health access can be addressed through innovative and technological solutions.***

The GOR has expressed a commitment to addressing gaps in health access through private sector solutions and technological innovations. For example, Babyl is a digital health service provider that offers consultations, prescriptions, and referrals over the phone. By its design, these services can mitigate some of the challenges related to women's time burden highlighted in Section 3, by addressing constraints such as unpaid care, mobility limitations, or the challenge of social proximity of health workers to the communities that they serve. Although digital health solutions can address gaps in access to health services, programming in this area will need to pay attention to the challenges these solutions may pose as some populations lack resources or access to own a mobile phone. Digital health solutions are not a

<sup>71</sup> Republic of Rwanda. Rwanda's Demographic and Health Survey (DHS) 2014/2015, 2015.

<sup>72</sup> This finding also was highlighted in the Laterite Gender and social Inclusion Analysis for the Health Sector. Many health and wellness interventions are administered by community-based volunteers, including the Community Health Program, Inshuti z'umuryango (IZU, a government-led child-protection program); Indashyikirwa; and several USAID health programs.

replacement for all in person services, but they can complement the existing health system to advance inclusive outcomes.<sup>73</sup>

**Persons with disabilities face unique barriers in accessing health care and equipment.** In addition to stigma and discrimination, persons with disabilities face barriers linked to a lack of resources in the health system for inclusive infrastructure and treatment. The stigma places them at a higher risk of not seeking health care. For example, when it comes to treatment and care of persons with disabilities by doctors and medical staff, oftentimes patients are not asked about their medical history or consulted on treatment options. And health-care providers and caregivers often stigmatize people with intellectual disabilities. Mobility obstacles (such as inaccessible facilities) can impede access to care. The absence of adequate assistive equipment and services creates barriers to accessing health information, and issues with communication can lower the quality of care. An interview with the Musanze District Hospital revealed that one of the biggest challenges facing patients with disabilities is access to the equipment needed to improve mobility (such as orthopedic and prosthetic equipment, crutches, and physical therapy). While research is scant, some literature suggests that depression, post-traumatic stress disorder, anxiety, suicide attempts, and other mental health issues are prevalent in Rwanda with no evidence of a decreasing trend across time.<sup>74</sup>

**The LGBTI community faces discrimination when accessing health services.** According to LGBTI advocacy organizations, one of the biggest challenges facing that community is discrimination in access to health services. They have little confidence in service providers and see health facilities as unreliable and untrustworthy. LGBTI advocates reported experiences such as frequent shaming or preaching in health facilities, having had their confidentiality violated by facility personnel, or having been preached to about the immorality of their behavior.<sup>75</sup> The needs and concerns of women also are given less attention within the LGBTI community, where sexual health and HIV/AIDS programs target men who have sex with men and transgender women. As a result, lesbian and bisexual women and transgender men have a less visible presence and receive less consideration in programming and policy. Transgender women and men face the greatest stigmatization and obstacles in accessing healthcare.

## **Recommendations for Health Systems Access and Strengthening**

**Improve the quality of maternal, newborn, and child health services (medium term).** USAID can play a unique role through its programming, its coordination efforts with other donors, and with the ministry of health to close equity gaps and ensure equal access to maternal, newborn, and child health services to the poorest and families living in rural areas. In the health sector portfolio, USAID should prioritize the provision of essential equipment for mother and child health interventions, continuous training, and professional mentoring of health workers at all levels and identify entry points to improve monitoring of service provision.

**Advocate for increased stipends for community health workers with ministry of health, local officials, and other donors (short term).** CHWs are a vital extension of the ministry of health and the health service delivery platform writ large. Targeted efforts to build capacity of health workers (community and professional) is needed to serve marginalized and vulnerable groups (including women and girls, persons with disabilities, and LGBTI communities). In their work, volunteers often incur costs

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<sup>73</sup> Laterite, Gender and Social Inclusion Assessment Final Report, 2018.

<sup>74</sup> Rugema, L., Mogren, I., Ntaganira, J., & Krantz, G. Traumatic Episodes and Mental Health Effects in Young Men and Women in Rwanda, 17 Years after the Genocide, 2015.

<sup>75</sup> FGD with LGBTI advocacy organizations.



of their own and must advance payments for which they are reimbursed. At a minimum, USAID and its IPs should budget for associated volunteer costs, such as airtime and transportation, limiting out-of-pocket costs volunteers incur. Beyond budgeting for volunteer costs in its programming, USAID should work closely with the ministry of health and other donors in Rwanda to improve the working conditions of community-based volunteers. The burden of minimally paid labor disproportionately affects women who make up 71 percent of the pool of CHWs and who typically are charged with unpaid caring responsibilities in their own households.<sup>76</sup> USAID should explore options for improving the livelihoods of community-based volunteers, targeting women. USAID programs could build the capacity of CHW cooperatives or employ performance-based systems. **(WE3)**

***Facilitate partnerships with the private sector to harness innovations, strengthen the supply chain, and promote local production (medium-term).*** Framing inclusive health care as a market opportunity can spawn incentives for the private sector to develop solutions to existing problems, particularly for gaps in the supply chain and distribution networks for medications and supplies outside of Kigali. USAID/Rwanda can engage the economic growth team to establish public-private partnerships, including business-development support and better loan mechanisms within health sector programming to support and distribute equipment, assistive devices, and sanitation solutions. This opportunity also could engage women in non-farm employment and address the constraint of proximity and access to health equipment. USAID should consider serving as a thought leader and advocate for partnering with the private sector to increase the demand for services with the potential to expand access to care and it should fund research in this space. **(WE3)**

***Build the capacity of first-line health-care workers to accommodate and treat persons with disabilities. (short term).*** Though the needs of persons with disabilities are diverse, certain approaches to care need to be standardized. USAID must prioritize efforts to expand inclusive community-level care to address the needs of persons with disabilities, and IPs should adopt a comprehensive approach to address the skills and attitudes of health care providers, health facility personnel, local officials, and community leaders. Projects working in the health sector that involve outreach or capacity building with service providers should include training on working with persons with disabilities and prioritize awareness raising to reduce stigma at the community level.

***Target health messaging, sensitization training, and access to community-based insurance through LGBTI organizations (medium term).*** LGBTI advocates are the most knowledgeable of the challenges facing this community with respect to access to health care. USAID should collaborate with LGBTI advocacy organizations in health promotion programs to increase access to information and linkages across the community. These organizations can and should be accessed for a wide range of inputs through partnerships, including designing messages and media tools (radio and social media) known to be the most effective in reaching these groups. Additionally, LGBTI tend to have lower access to community-based health insurance because their health is not prioritized within households or they are afraid to face officials when registering. By advocating for enrollment in this type of insurance with ministry and institutional partners, USAID can reduce the financial barriers that disproportionately limit access to health care amongst the LGBTI community. More broadly, USAID programs also can incorporate content into training government officials about non-discrimination when registering LGBTI individuals.

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<sup>76</sup> Liverpool School of Tropical Medicine (LSTM). Comprehensive Evaluation of the Community Health Program in Rwanda: Survey of Community Health Workers and Health Centres, 2016.



## Family Planning and Sexual and Reproductive Health

**Unmet demands for family planning and misconceptions pose significant consequences.** The ability to control fertility is acknowledged as having a positive influence on women's maternal health, lifelong well-being, self-esteem, and access to employment opportunities.<sup>77</sup> In Rwanda, fertility has declined from 6.1 births per woman of child bearing age in 2005 to 4.2 in 2014–15.<sup>78</sup> Though knowledge of any form of birth control is close to universal across all income levels, the actual use of any method is higher in wealthier quintiles and among better-educated women. The 2015 DHS calculates the total unmet need for family planning at 22 percent. Although the poorest women have the greatest unmet need for family planning, it is reasonable to infer that unmet need is high across all wealth quintiles.<sup>79</sup> Challenges associated with further reducing fertility include unmet demand for family planning, misconceptions relating to family planning, limited coverage and quality of adolescent-friendly reproductive health services, and a lack of clarity around the impact of user fees for family planning services.

**Sexual and reproductive health services are not introduced at an early age, giving way to confusion and lack of awareness around family planning for adolescent girls and boys.** Knowledge about sexual and reproductive health remains low, and most adolescents (girls and boys) access such information from their peers, resulting in misconceptions. Between 2005 and 2015, the percentage of young women between the ages of 15 and 19 who have had a live birth increased from 3.3 to 5.5, the percentage that are pregnant with their first child increased from 0.8 to 1.8, and the percentage who have begun childbearing has increased from 4.1 to 7.3. The 2019 state of gender report attributes this worrisome trend to rape, domestic violence, poverty, and low knowledge of reproductive health.<sup>80</sup> Increases in adolescent pregnancy also are attributed to limited parent involvement in educating youth about sexual and reproductive health and non-youth-friendly care services.<sup>81</sup>

**GBV is one of the leading causes of unplanned pregnancies.** According to the 2015 DHS, 33 percent of adolescent girls aged 15–19 have experienced physical or sexual violence. During focus groups with teenage mothers that took place during primary data collection, participants confirmed that their first sexual encounter was not only forced, but is also led to nearly 90 percent of those surveyed becoming pregnant.<sup>82</sup> They further highlighted that perpetrators of these forced sexual encounters can include members of their family, peers, and teachers. Adolescent pregnancy, including ones resulting from GBV, has a negative impact on young women's health (as well as on short- and long-term education and employment) opportunities in Rwanda. Pregnant adolescents face a greater risk of dying from a pregnancy-related complications, with women aged 15–24 accounting for 47 percent of maternal deaths in Rwanda.<sup>83</sup> Women and girls with disabilities who have experienced GBV are even more vulnerable: in cases of

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<sup>77</sup> UNICEF Situation Analysis of Children in Rwanda, 2017.

<sup>78</sup> Republic of Rwanda. Rwanda's Demographic and Health Survey (DHS) 2014/2015, 2015.

<sup>79</sup> UNICEF Situation Analysis of Children in Rwanda, 2017.

<sup>80</sup> Doyle, K., Levto, R.G., Barker, G., Gautam, G.B., Bingenheimer, J., Kazimbaya, S., Nzabonimpa, A., Pulerwitz, J., Sangingo, F., Sharma, V., Shattuck, D. Bandebereho Gender-Transformative Couples' Intervention to Promote Male Engagement in Reproductive and Maternal Health and Violence Prevention in Rwanda: Findings from a Randomized Controlled Trial. PLOS One Journal, Vol. 13, 2018.

<sup>81</sup> RAD Consult Ltd. Gender Profile of the Health Sector Final Report, 2018.

<sup>82</sup> FGDs held in Nyarugenge with DREAMS teenage mothers support group.

<sup>83</sup> Stavropoulou, Maria & Gupta-Archer. Nandini Adolescent Girls' Capabilities in Rwanda: The State of the Evidence, December 2017.

unplanned pregnancy, they can experience insufficient care from caregivers or health professionals in some cases, without the capacity to speak out or be heard.

***Women continue to be primarily responsible for family planning and men are involved marginally, which contributes to constraints in decision-making around their health care.*** Just as the 2011 USAID/Rwanda gender assessment found, systemic gender discriminatory norms, practices, and beliefs continue to act as underlying barriers to decision-making around family planning and health care decisions writ large. Only 23 percent of women feel empowered to make health care decisions for themselves, with 60 percent saying they make decisions about their health care jointly with their husbands as men are seen as decision-makers.<sup>84</sup> Key informants shared that women's low decision-making power, economic dependence on men, and overburdened gender-based responsibilities for domestic and care work (which vary with wealth, education, and urban or rural residence) contribute to women's delays in seeking needed health care for themselves and their children. With respect to family planning, women primarily are responsible, as men are involved only marginally and often are reluctant to use male contraception, evidenced by low numbers of men who use condoms and get vasectomies. Women often must seek permission from their husbands or partners to use contraception. Evidence from one study found, however, that culturally adapted gender-transformative interventions with men and couples can change entrenched gender inequalities around a range of health related behavioral outcomes, notably higher levels of modern contraceptive use, decrease in intimate partner violence, more involvement of men in antenatal accompaniment, and increased domestic responsibilities among men.<sup>85</sup>

### **Recommendations for Family Planning and Reproductive Health**

***Integrate comprehensive sexual education into education curricula to increase access to information for adolescent girls and boys (short term).*** Comprehensive sexuality education (CSE) in schools would help ensure girls and boys receive information on sexual and reproductive health and that messaging be targeted differently to each group. Although the new CSE curriculum was released in 2016 and has been integrated into the new competency-based curriculum, obstacles persist, such as teachers lacking time to implement the curriculum due to heavy workloads, insufficient training, the lack of sexuality-related teaching materials, lack of clarity on the scope of their responsibilities, and their cultural and religious beliefs.<sup>86</sup>

***Support youth corners and safe spaces to deliver targeted messaging on health services and awareness (short term).*** Explore programming to address youth health issues (given that 60 percent of the population is under 25 years old). Pursue further engagement at the district level to engage youth corners embedded at district hospitals and linkages to health personnel to visit youth clubs at schools more often to disseminate information.

### **HIV/AIDS, Infectious Diseases, and Malnutrition**

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<sup>84</sup> Republic of Rwanda. Rwanda's Demographic and Health Survey (DHS) 2014/2015, 2015.

<sup>85</sup> Doyle, K., Levto, R.G., Barker, G., Gautam, G.B., Bingenheimer, J., Kazimbaya, S., Nzabonimpa, A., Pulerwitz, J., Sayingoza, F., Sharma, V., Shattuck, D. Gender-Transformative Couples' Intervention to Promote Male Engagement in Reproductive and Maternal Health and Violence Prevention in Rwanda: Findings from a Randomized Controlled Trial. PLOS One Journal, Vol. 13, 2018.

<sup>86</sup> HDI Rwanda. Parents' Knowledge, Attitude, and Practices (KAP) towards Comprehensive Sexuality Education in Secondary Schools in Rwanda, 2019.

**Adolescent girls and young women (and young women with disabilities) are at greatest risk for HIV infection.** Although HIV has stabilized at around three percent, Rwanda's most significant challenge in controlling the HIV epidemic remains identifying new HIV-positive individuals.<sup>87</sup> The 2010 DHS showed that 77 percent of women and 73 percent of men reported ever having had an HIV test. This finding increased to 86 percent of women and 81 percent of men in the 2015 DHS. Rwanda's HIV epidemic is generalized, with an urban prevalence of 6.2 percent compared to 2.2 percent in rural areas. Women have a higher HIV prevalence than men (3.6 percent versus 2.2 percent at the national level and eight percent vs. 4.4 percent in Kigali), and young women aged 20–24 are nearly twice as likely as men of the same age range to be infected with HIV (1.8 versus one percent).<sup>88</sup> Girls have a higher HIV prevalence rate than boys in every age group, with girls aged 18–19 ten times more likely to acquire HIV than young men of the same age. The HIV prevalence rate is higher among young women who report early sexual debut.<sup>89</sup> Sixty-five percent of HIV transmission is estimated to take place in stable heterosexual relationships, whereas 20 percent of new infections are attributable to sex workers, their clients, and their partners. Female sex workers have an estimated HIV prevalence of 45.8 percent, whereas men sleeping with men are estimated to have four percent prevalence.<sup>90</sup>

In Rwanda, sexual violence and HIV prevalence are highest among young women aged 20–24; thus, targeting adolescent girls under 20 years old is a critical entry point for programming, so that they have the knowledge and skills before they reach the most vulnerable stage of their lives. In the 15–19 age group, HIV testing is low, particularly among boys (29 percent) compared to girls (61 percent), and fewer girls (52 percent) than boys (67 percent) in this age group use condoms to prevent HIV.<sup>91</sup> Furthermore, a growing body of evidence suggests that persons with disabilities are more likely to experience factors that put them at higher risk of HIV infection than persons who are not disabled. Stakeholders commonly spoke to the misconception that persons with disabilities are sexually inactive or unlikely to use drugs or alcohol, thus implying that they are not at risk of contracting HIV. Rather, they have been left out of HIV programming. Misconceptions about their vulnerability to HIV also have resulted in less access to education and health services. This situation, paired with an often lower degree of independence, less-developed communication skills, and lower self-esteem render them more vulnerable to the risk of HIV infection.

**Impacts of malaria.** Civil society and health officials did not raise malaria as an issue impacting communities during interviews. Rwanda has reduced the burden of malaria. Data show an 86 percent decline in malaria incidence and a 74 percent reduction in in-patient malaria deaths between 2005 and 2011. Awareness raising programs through radio and television have improved public knowledge and behavior with protection against malaria. The latest data indicate that 51.5 percent of those aged 5–14 and 61.5 percent of those aged 15–34 sleep under mosquito nets, with higher percentages recorded in urban areas and in the highest wealth quintile. In addition, 73 percent of pregnant women of reproductive

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<sup>87</sup> PEPFAR. PEPFAR Rwanda Country Operational Plan (COP/ROP) FY2018 Strategic Direction Summary, 2018.

<sup>88</sup> Republic of Rwanda. Rwanda's Demographic and Health Survey (DHS) 2014/2015, 2015.

<sup>89</sup> Stavropoulou, Maria; and Gupta-Archer. "Adolescent Girls' Capabilities in Rwanda: The State of the Evidence", December 2017.

<sup>90</sup> MSM Behavior Surveillance Survey 2015.

<sup>91</sup> UNICEF. Rwanda Country Profile (2018–2024), 2018.

age also sleep under a net. As part of the 2014–15 RDHS, 99 percent of eligible women were tested and 0.5 percent of those aged 15–19 were positive for malaria.<sup>92</sup>

**Addressing household nutrition and integrated WASH behaviors requires a whole-of-household approach.** Malnutrition and stunting are linked to adverse impacts on health and overall wellness for the entire household. Child stunting prevalence was estimated at 51 percent in 2005 and was still 38 percent in 2015. The causes of child undernutrition are complex and often interconnected: they are due to a series of factors including a combination of poor maternal nutrition, inadequate child feeding and care practices, childhood diseases, and environmental issues (such as inadequate household food security and poor access to safe water and sanitation).<sup>93</sup> The main contributing factors are inadequate dietary intake (18 percent of children receive a minimum acceptable diet), repeated infection (22 percent of children aged 12–23 months have had diarrhea), and low birthweights.<sup>94</sup> Household food insecurity threatens good nutrition intake and dietary diversification. Stunting has short- and long-term impacts on Rwanda’s human capital and, ultimately, its economic growth. Adults who were stunted in childhood have poorer health, are at greater risk of non-communicable diseases, have lower cognitive capacity, and have fewer socioemotional skills—all effects indirectly linked to reduced productivity, lower economic participation, and lower wages in adulthood.<sup>95</sup>

Stunting is more common among boys, rural children, and those living in rural households (43 percent among boys and 33 percent among girls). The disparity in stunting prevalence between rural and urban children is substantial: 41 percent of rural children are stunted compared with 24 percent of urban children. Variations in children’s nutritional status by province are evident, with stunting highest in the West (45 percent) and lowest in the city of Kigali (23 percent). Some modest improvements have been made in child nutrition. Low male engagement in household nutrition and care practices hinders the uptake of high-quality nutrition behaviors to be adopted. Men’s engagement in nutrition at the household level (perceived and actual) is limited and often remains within the confines of financial contributions. Although women may have knowledge about nutrition and some autonomy over food preparation and feeding decisions, they may be unable to apply them because of unequal access and control over household resources paired with their husband’s lack of knowledge or prioritization of such practices. CHWs play an integral role, particularly among rural households, in increasing understanding and awareness of nutrition priorities—especially with respect to activities covering breastfeeding, pregnant women, lactating mothers, and nutrition at the household level. Expanding the role of CHWs to encourage men and women within the household to take an active role and have equal decision-making authority in the nutrition the household presents a window of opportunity to address the aforementioned challenges.

**Adolescent drug use is a growing concern.** Adolescent drug use is on the rise in Rwanda and repeatedly was cited in FGDs with educators and community leaders as a key issue.<sup>96</sup> Though prevention and rehabilitation services exist, it is unclear how they operate. In August 2018, an inter-ministerial committee was formed to coordinate strategies for drug prevention, rehabilitation, and reintegration. The ministry of youth spearheads Rwanda’s drug-prevention efforts and coordinates with governmental and non-

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<sup>92</sup> Stavropoulou, Maria & Gupta-Archer. Nandini Adolescent Girls’ Capabilities in Rwanda: The State of the Evidence, December 2017.

<sup>93</sup> UNICEF. Situation Analysis of Children in Rwanda, 2017.

<sup>94</sup> UNICEF. Rwanda Country Profile (2018–2024), 2018.

<sup>95</sup> Ibid

<sup>96</sup> FGDs held in Nyabihu and Musanze facilitated by Soma Umenye with community-based reading clubs.

governmental actors. FGD participants were reluctant to share what drugs adolescents use. In a study Girl Effect<sup>97</sup> commissioned, however, participants revealed that adolescents commonly used illegal spirits, marijuana, and other drugs grown and distributed within Rwanda.<sup>98</sup> Across the stakeholder interviews, the typical profile of an adolescent drug user in Rwanda was thought to be an older adolescent boy who was not working nor was in school. Peer pressure, problems within the family, poverty, unemployment, and boredom were all factors that reportedly contribute to drug use.<sup>99</sup> Though male drug use is considered to be more common than female use, some respondents from the Girl Effect commissioned study<sup>100</sup> highlighted that drug use among women and girls was simply better hidden. Rehabilitation efforts include residential treatment facilities, which are separated by age and gender. Male drug users are rehabilitated at government-run centers, while women mostly are rehabilitated through local NGOs. Rehabilitation programming focuses on psychosocial support along with formal skills training. In conjunction with local leaders, individuals then are reintegrated back into communities. MIGEPROF's responsibility over families, women, and children's wellbeing supports other institutions' drug abuse prevention efforts, especially those affecting parents and children. Some examples of initiative and campaigns through which MIGEPROF is preventing drug abuse have included annual national policy dialogues with the National Commission of Children where children are sensitized on drug prevention. Drug prevention also is included in parents' forums (*umugoroba w'ababyeyi*) set up at village levels, which incorporate drug abuse into discussions on culture, social norms, and taboos. In addition, parents discuss drugs in community meetings (*Inteko z'abaturage*) and are encouraged to report drug users and pass on antidrug messages to their children.<sup>101</sup>

## **Recommendations for HIV/AIDs, Infectious Diseases and Malnutrition**

***Design targeted service packages to adolescent girls and young women focused on HIV (and sexually transmitted infection) prevention (short term).*** As adolescent girls and young women are among the most at-risk groups for contracting HIV, USAID should prioritize programming that prevents contraction, including GBV prevention and post-violence care (clinical management), youth-friendly sexual and reproductive health care, and community mobilization and norms change, and retention of girls in schools. Programming should be tailored to different age groups and prioritize adolescent girls and young women most at risk, especially girls who have dropped out of school, teenage mothers, and girls with disabilities. The goal of preventing HIV transmission or contraction among adolescent girls and young women must include a comprehensive and holistic services approach focused on helping them to make informed decisions about their sexual health and well-being. Successful approaches from the U.S. government funded Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) Partnership in which adolescent girls and teenage mother have formed peer support groups, should be replicated and scaled.

***Incorporate drug prevention messaging and content into USAID-funded health programming (short term).*** Given the rising trend of adolescent drug use, USAID/Rwanda should support further research on drugs and rehabilitation efforts that can help ministries to improve their policies and services.

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<sup>97</sup> Three Stones International, "Patterns and Perceptions of Adolescent Drug Use in Rwanda", 2018

<sup>98</sup> For example, *36 oiseaux* or *rwiziringa* is a drug made from the seeds of locally grown plant.

<sup>99</sup> Among boys, drug use was heavily linked to masculinity in ways that sometimes conflicted, such as to prove one's manhood or to cope with one's failure to live up to societal expectations of manhood.

<sup>100</sup> Three Stones International, "Patterns and Perceptions of Adolescent Drug Use in Rwanda", 2018

<sup>101</sup> Ibid.

When considering opportunities to incorporate messaging on drug use prevention, USAID and its partners should be cognizant of ways to support rehabilitated drug users in their communities to reduce stigma, as well of strategies to increase support for former drug users during reintegration. This approach includes targeting income generating activities or employment initiatives at rehabilitation centers and NGOs that work with recovering drug users. USAID programming should consider working with adolescent youth (boys and girls) through youth clubs to drive messaging around awareness and prevention and consider partnerships with organizations that have or are planning similar initiatives (like Girl Effect–Rwanda). USAID also should consider incorporating drug use–prevention content into other materials and programming, as there are critical entry points within the education and democracy and governance sectors.

***Nutrition and WASH programming needs to incorporate positive masculinity approaches and household resource management practices to promote equitable decision-making among men and women (short term).*** Household trainings must improve nutrition, and WASH practices need to prioritize male engagement. USAID can collaborate with national experts, such as RWAMREC and other programs that have dedicated male champions within their activity strategies, to tackle norms that dictate men’s roles as the provider and promote their engagement in their children’s lives and household nutrition. Approaches should use affirming messages, underscoring the positive roles men and boys can play in improving their own health as well as supporting the health and nutritional outcomes of their families. They also should engage community leaders to encourage equal participation of men and women in nutrition-related trainings and, if possible, identify role-model households that can advocate within their communities and celebrate their accomplishments in community events and parents’ forums. USAID programming needs to engage households on joint decision-making and best practices in household resource management within the health portfolio to circumvent conflict in the household over resource management that can stem from alcoholism and GBV. (WE3)

***Support an inclusive research agenda with a focus on adolescent girls, persons with disabilities, and LGBTI communities (medium term.)*** Knowledge about the mental health problems affecting these populations is limited—particularly with respect to gender differences in attempted suicide, HIV-affected and HIV-positive adolescents, and family rejection in the event of pregnancy. Additionally, little research is available on the rate of infection and risks of HIV infection amongst the LGBTI community. Little also is understood or discussed around the mental health of persons with intellectual and psychosocial disabilities, let alone those of adolescents with disabilities. Most research on mental health in Rwanda is linked to the genocide and the trauma of survivors. Yet the relationship between exposure to genocide violence and domestic violence and the effect on the mental health of the Rwandan population remains poorly understood. These gaps in research can lead to lapses in programming, and USAID should be cognizant of them and prioritize support for more targeted research to understand these groups’ mental health needs so programs can address issues among excluded populations better.

### **Specific Recommendations to Address GBV**

USAID/Rwanda is encouraged to consider the following interventions to prevent and respond to GBV and the rising trend of adolescent pregnancy in the health sector in the following ways:

- coordinate with the ministry of health and district hospitals to identify needs for psychosocial and legal support needs across ISANGE OSCs to increase the reach to communities on reporting and responding to GBV

- support ISANGE OSCs to strengthen advocacy, training, and physical resources to offer comprehensive services in psychosocial support, counseling to children, and legal aid, as well as consider funding a learning platform for OSCs to communicate and track progress and lessons learned more frequently
- create more community education and awareness-raising efforts on GBV prevention, promote responses, and hold service providers accountable for the quality of services victims receive

## 5.5 Education Findings and Recommendations by Issue

This section presents findings and recommendations in alignment with the USAID education portfolio's strategic priorities and programming on primary education and workforce development. Within the findings in this section, the crosscutting themes of *civic participation*; *nutrition*; *WASH*; and *youth considerations* are addressed. The findings and recommendations correspond to the J2SR subdimensions related to inclusive development and citizen capacity.

### Primary Education

**Limited availability and high cost of childcare pose challenges.** Only 18 percent of young children (3–6 years) have opportunities to attend organized care or early learning facilities. Similarly, only one percent of children 0–3 years have access to early childhood development services.<sup>102</sup> Stakeholders spoke of government initiatives to roll out early childhood development centers near districts, but they cited concerns over staffing, space, and resources. Failing to provide access that supports optimal early childhood development when such services are logistically feasible, can result in negative population, health, education, and economic consequences that could be avoided. The lack of accessible and affordable health care also is linked to employment opportunities, particularly among women. Urban employment rates are lower among women than men between the ages of 20–34, the prime childbearing age range.<sup>103</sup> Low employment among women of these ages partially is due to the high cost of childcare in urban areas, which can cause women to stay at home to look after their children. Women's employment peaks at ages 45–49, about 10 years later than the peak for men (35–39).<sup>104</sup> Limitations imposed on women by reproductive responsibilities may delay their ability to participate fully in the labor market.

**The effect of repeated delays in the educational journey of children, through late start, dropout, and repetition, is a growing disconnect.** There are inherent successes recorded in improving access to primary education, demonstrated by net enrolment rates of close to 100 percent for girls and boys. Although enrolment is high in early years, challenges emerge as pupils progress through their educational trajectory. Repetition is frequent in the first years of primary school and in the years preceding the transition to secondary school. Dropout rates differ by gender: boys under the age of 13 are more likely to dropout than girls. In 2017, an estimated 13.4 percent of 12-year old boys already had dropped out of school at least once during their education, compared to just 5.2 percent of 12-year old girls. Boys continue to drop out slightly more than girls between the ages of 13 and 15 (lower secondary school age), but this difference reverses above age 16. Between the ages of 16 to 18, girls are more likely to dropout

<sup>102</sup> UNICEF. Rwanda Country Profile (2018-2024), 2018.

<sup>103</sup> African Development Bank, Analysis of Gender and Youth Employment in Rwanda, May 2014.

<sup>104</sup> Ibid.



compared to boys and consequently, at this age there is a large difference of about 5.5 percentage points between the share of out-of-school girls and boys.<sup>105</sup>

Because dropouts at younger ages tends to be temporary while those at older ages more often are terminal, dropout impacts boys and girls differently. Dropout for younger boys tends to disrupt their education and contributes to over-aging, whereas dropout for girls more often represents an end point in their education. Stakeholder interviews with teachers and headmasters revealed that the main reason for boy's dropout (especially in rural areas) was the pursuit of opportunities to earn money for their families. Findings highlight that girls drop out of school after the age of 16 not because of performance in school, but because of their social and family environment, which pressures them to discontinue their education. Moreover, existing social norms and gender stereotypes, social expectations, and the value that families appear to place on the education of boys compared to girls seem to discourage girls from continuing their education. LGBTI boys and girls face increased vulnerability due to several factors: forced dropout from school when their parents refuse to pay school fees, forced marriage to avoid bringing shame on their family, harassment by neighbors and landlords, estrangement from or rejection by their families, lack of support networks, and lack of political voice.<sup>106</sup>

***Barriers block equal access to and participation for children, especially children with disabilities.***

The overall net enrollment in primary school is more than 95 percent for boys and girls, a testament to the investment the government has made in education. Yet disabilities (such as being hearing impaired, having difficulties with self-control, and having cognitive impairments) have a high correlation with dropout for children of primary age. Unfortunately, access to schooling remains limited for children with disabilities. Those with disabilities are four times more likely to be found not attending school than those with no disabilities, and disabilities tend to hinder girls' access to school more than boys: 33.4 percent of men with disabilities have no education, while 50.2 percent of women with disabilities have no education.<sup>107</sup> Girls with disabilities, however, tend to be kept home more often than their boys with disabilities. Many parents and educators do not value or prioritize education for children with disabilities because of their belief that these children will fail. Other obstacles include insufficient adaptations to teaching materials, unqualified teachers, a lack of extra support in the classroom for children with disabilities, negative parental attitudes towards disabilities, and a lack of transportation to and from schools.

***Gender bias in the classroom and community-based literacy initiatives must be addressed.***

UNICEF/Rwanda identified gender bias in the classroom and lack of gender-sensitive training as challenges to gender equitable education. Focus groups with teachers and district education professionals in Nyabihu revealed that teachers at the primary level lack the capacity to address gender-unequal sociocultural norms. Examples of these norms include expectations for girls to remain silent, which hinders their ability to participate in their learning. In discussions with the USAID-funded Soma Umenye project, teachers shared that there was a lack of hands-on training on how to use gender-responsive pedagogy in the classroom.<sup>108</sup> In a counterproductive cycle, the lack of female role models in high-level and decision-making positions reinforces the tendency of girls not to pursue these positions, while the low number of women who complete higher levels of education limits their necessary qualifications to reach higher

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<sup>105</sup> Laterite, *Understanding Dropout and Repetition in Rwanda*, September 20, 2017.

<sup>106</sup> Stavropoulou, Maria & Gupta-Archer. *Nandini Adolescent Girls' Capabilities in Rwanda: The State of the Evidence*, December 2017.

<sup>107</sup> USAID/Rwanda. *Gender Analysis, Learning Enhanced Across Rwanda Now! (LEARN) Project*, July 2014.

<sup>108</sup> USAID/Rwanda. *Gender Assessment Soma Umenye Project*, 2016.

positions in the education system. Community-based volunteers that lead and facilitate reading clubs for primary school children are a natural entry point to offer training to ensure gender issues are woven into reading clubs and other literacy initiatives. Unfortunately, the lack of stipends or income generating opportunities for community-based volunteers repeatedly was cited in focus groups as one of the most limiting factors to their participation.

***GBV in school also is identified as a barrier to girls' schooling.*** Apart from sugar daddies who often abuse and impregnate girls, girls experience violence at the hands of their classmates, teachers, and men they meet on their way to and from school.<sup>109</sup> An often cited study found that adolescent girls are coerced into sexual acts by teachers in exchange for good grades, but the extent of the problem is difficult to estimate.<sup>110</sup> Eleven percent of participants also reported sexual proposals from teachers, one in four reported being exposed to sexual comments and proposals from other students that made them feel uncomfortable, and one in six said that they stopped attending school occasionally for fear of being attacked there. The ministry of education urges schools to keep records and follow up on pregnant girls so that they can return to school in line with the official policy allowing girls to return to school after childbirth. In practice, however, returning to school appears to be difficult. Parents often reject a daughter who gets pregnant, and even when they do not expel her from their home, they may stop paying her school fees. Teachers are expected to welcome girls back to school after they give birth, but young mothers may face stigmas and lack parental help with childcare.

## **Recommendations for Primary Education**

***Prioritize investments in early childhood development and childcare options (short term).*** Services that provide young children with opportunities to learn and interact with their peers are the foundation of quality basic education. USAID should prioritize investments focused on improving access to early childhood development services and engage with the ministry of education to explore options that can enhance affordability for children to participate in some form of organized early learning programs. Such programs provide children with basic cognitive and language skills as well as the emotional development to prepare them for learning in a school setting. USAID should study what types of resources are necessary (such as training and equipment) to attract young children with disabilities to increase their access to early childhood development education. Additionally, USAID programs (in the education and development and governance sectors) should incorporate messaging that works with communities and local leaders to promote the importance of early childhood development to increase the understanding of its benefits.

***Support teacher training centers to address gender-sensitive pedagogy and conduct targeted outreach to female education professionals (medium term).*** USAID should emphasize more hands-on gender-sensitive pedagogy in classrooms to better address teachers' gender bias. It is recommended that USAID explore partnerships with teacher training centers to revise primary and secondary schools' professional development. Programs should transcend integrating a gender lens into teaching materials to include targeted trainings that promote gender-sensitive and inclusive teaching environments and methodology. USAID also can promote school-based clubs that support gender equality that reinforce classroom messaging. Finally, it is important for USAID to identify pathways for collaboration with the

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<sup>109</sup> USAID/Rwanda. Gender Analysis, Learning Enhanced Across Rwanda Now! (LEARN) Project, July 2014.

<sup>110</sup> Stavropoulou, Maria & Gupta-Archer, Nandini. Adolescent Girls' Capabilities in Rwanda: The State of the Evidence, December 2017.

ministry of education and district education officers to support mentoring and counseling programs that support the professional development of female teachers. Consideration should be given to how to support men and women with disabilities to become teachers and investigate ways to accommodate their needs within the examination framework. **(WE3)**

***Invest in teacher training to implement fully new curricula introduced by the special needs and inclusive education policy and engage with communities to increase awareness of the needs of persons with disabilities (short term).*** Teacher training will be a necessary frontline solution to improving capacity to respond to children with disabilities and to implement fully the new curriculum. USAID should capitalize on the opportunity to support systems of pre-service and in-service teacher education to promote implementation of the curriculum to ensure inclusion of children with disabilities. It also should prioritize holding awareness and mobilizations campaigns for children with disabilities to engage better with parents, local educational institutions, and local leaders to reduce stigma and discrimination against children with disabilities accessing an education.

***Deliver innovative programming that engages different forms of communications strategies to raise awareness of gender issues in education (long term).*** USAID should require education programming to collaborate with parent-teacher associations, local education officials, and community leaders to improve their understanding of the persisting gender barriers—many of which can be addressed in the home to support girls’ and boys’ learning. Communication strategies (such as radio programming, local dramas, billboards, and awareness-raising meetings) should focus on how girls and boys can emphasize positive decisions around education and increase parents’ participation in and support for girls’ and boys’ education. Additionally, school-based clubs that promote gender equality are effective and should be considered in tandem with community outreach to reorient cultural norms and beliefs that hinder the empowerment of women and girls with life skills, knowledge, and self-confidence.

***Address the burden of compensation community volunteers face working in partnership with primary schools (short term).*** Stakeholders shared that the burden placed on community volunteers working within reading clubs was significant, as they are not compensated adequately. Community volunteers working in reading clubs (predominantly women) do an extraordinary job of increasing literacy and interest in reading with primary school children, and parents and school officials alike believe their work is instrumental. USAID programming should obligate IPs to budget accordingly to compensate community volunteers working on literacy programs in primary schools to sustain engagement. **(WE3)**

## **Workforce Development**

***Access to training, professional development, and employment services is limited for women and youth.*** Despite progress, the Rwandan labor market still is characterized by a skills shortage and gender segregation, with young women concentrated in low productivity and poorly remunerated jobs. Young women’s disadvantages in the labor market are a combination of discriminatory norms, self-selection into agriculture or non-farm self-employment, limited vocational and business opportunities, low access to credit, and poor access to market information. Though select private workforce training institutions have reached equal numbers of men and women, the experiences of the public technical and vocational education and training (TVET) system suggest difficulties in reaching women, particularly within the vocational training centers (35 percent female enrollment) and especially the integrated polytechnic

regional centers (19 percent).<sup>111</sup> One reason for the disparity is that the TVET system relies primarily on National Youth Council representatives at district, sector, and cell levels for outreach and community mobilization, which oftentimes lacks incentives or support to reach rural girls.

***Resources for self-employment among young men and women vary and have differing impacts.***

FGD participants highlighted that one of the biggest constraints that young men and women face in entrepreneurship is their lack of networking skills and connections.<sup>112</sup> Both men and women face these constraints, but it impacts them in different ways. For example, young women's abilities to perform well in self-employment depends on household demands and whether they have children, which cuts into their time to seek self-employment opportunities. Conversely, young men can survive largely on day labor, such as in construction sites or hauling heavy sacks of food from delivery trucks.

***Rwanda's burgeoning technology industry lacks gender balance.*** Over the last couple of years, Rwanda has experienced a digital revolution. The technology industry has become one of the largest contributors to GDP growth (at three percent), and the government claims that the sector is attracting more investment from foreign countries. Unfortunately, women largely are missing out on opportunities from this boom, and women who do work in the industry say companies and government alike need to do more to bolster their ranks. The gender gap in this domain starts in high school and college, where the number of young women studying science, technology, engineering and mathematics is dwarfed by the number of young men. Only 34 percent of women study sciences in university, compared to 66 percent of men. The number of women studying engineering is even smaller at 23 percent versus 77 percent of men. Conversely, in vocational training, the number of women in ICT outpaces men at 51 percent compared to 49 percent.<sup>113</sup> The Akilah Institute, the preeminent higher education institution for women, has been providing degree programs in ICT for several years now and has prioritized the technology sector because of its growth potential for women entering the workforce. Unfortunately, stakeholder interviews revealed that the lack of market availability, unfair competition, and entrenched stereotypes limits opportunities even for women with the appropriate training as employees or as ICT entrepreneurs. The Akilah Institute and local NGOs, such as Girls in ICT, are working to create opportunities for women in this domain through a platform where women can share ICT projects and ideas. More efforts are needed, however, to expand such opportunities, including engagement with the private sector and coordination with the ministry of information technology and communication.

***Constraints posed by the lack of educational attainment by persons with disabilities.*** A large share of persons with disabilities have no education (41 percent). The situation is even worse for women with disabilities (50 percent). Similarly, persons with disabilities have higher levels of illiteracy than persons without disabilities (50 percent and 28 percent). Given these constraints, self-employment is more common among persons with a disability (77 percent of persons with disabilities currently are self-employed compared with 68 percent of persons without disabilities). The sectors that employ persons with disabilities tend to be agriculture, forestry, and fishing. Aside from a few ad-hoc initiatives with the private sector, firms in Rwanda are reticent to employ persons with disabilities outside of these traditional sectors.

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<sup>111</sup> USAID. Gender Analysis of the Rwanda Youth workforce Development Project. 2015

<sup>112</sup> FGDs with graduates from USAID-funded Huguka Dukore Project

<sup>113</sup> Rwirahira, Rodrigue, "Tackling the Gender Gap in Rwanda's Burgeoning Tech Sector", May 22, 2018.

***Discrimination against LGBTI persons in vocational training furthers economic marginalization.***

Rwandan advocacy organizations have reported that LGBTI students face little recourse when they experience discrimination and that they do not receive encouragement to access education or vocational training. Some head teachers view LGBTI students as mentally ill and refer them to the police or hospitals instead of providing them with support and protecting their rights.<sup>114</sup> A high proportion of LGBTI youth drop out of school or training to avoid the risks associated with being identified as LGBTI.<sup>115</sup> Those who remain in training programs experience bullying from other pupils, which teachers often condone or replicate. They also receive pressure from their family not to pursue a career that does not conform to strict gender norms or their families withdraw financial support for their training.<sup>116</sup>

**Recommendations for Workforce Development**

***Develop programming that incentivizes outreach and access for rural girls to TVET institutions (short term).*** Given the challenges that rural girls face in accessing information about TVET institutions, USAID programs should coordinate with National Youth Council representatives to provide incentives for outreach to rural girls to encourage them to access vocational training. USAID IPs could include stipends for youth representatives in activity budgets to cover the costs of transportation to target rural girls. As household obligations can preclude rural girls from attending trainings, USAID programming should make classes and facilities available during mornings, afternoons, and evenings, and occasionally on weekends. **(WE3)**

***Embed financial literacy and other life skills within TVET schools themselves (medium term).*** Financial literacy and money management skills have been identified as critical life skills embedded within with TVET school curricula and offerings. Savings and lending groups are gaining popularity among youth and embedding financial literacy initiatives within TVET schools could help youth to garner the initial capital needed for entrepreneurial pursuits. Emphasizing technical skills such as business planning, soft skills like decision-making and goal setting, acting independently in the workplace, and building adequate language skills in TVET schools would benefit men and women. **(WE3)**

***Design partnerships with educational institutes, NGOs, and incubators that can promote employment opportunities in the ICT sector for women (medium term).*** To facilitate opportunities for women to access opportunities in the ICT sector, USAID should adopt a comprehensive approach and engage diverse stakeholders. It is recommended that USAID programming engage with educational institutes performing innovative work in ICT training, such as the Akilah Institute and vocational institutes offering training in ICT. Also, USAID should partner with NGOs combating stereotypes and encouraging women and girls to consider careers in ICT. An example is the NGO Girls in ICT, which convenes 30 professional women in the ICT industry who raise awareness of the benefits of a career in digital technology among high school girls. Girls in ICT has partnered with Smart Africa, a private initiative working with governments to improve access to technology, which raises the profile of its members and helps them to identify solutions to some of the most pressing issues. Girls in ICT also organizes competitions, such as the annual Ms. Geek contest to motivate school-aged girls to come up with innovative tech and business ideas as well as providing a one-week bootcamp to teach girls in remote areas basic programming, internet, and computer skills. There are incubators based in Kigali that focus

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<sup>114</sup> USAID. Gender Analysis for USAID/Rwanda Learning Enhanced Across Rwanda Now (LEARN) Project, 2014.

<sup>115</sup> Focus Group Discussion with LGBTI Advocacy Organizations, Nyarugenge.

<sup>116</sup> Haste, P. and Gatete, T. Sexuality, Poverty and Politics in Rwanda. Institute of Development Studies, 2015.

on software development, like K-LAB, which provides an open space for information technology entrepreneurs to collaborate and innovate in Kigali and helps software designers develop and sell their ideas and create apps. Lastly, USAID could design partnerships with private firms working in software development, digital technology, and ICT to encourage the recruitment of more women graduating from educational institutions providing specialized training. **(WE3)**

***Increase opportunities for teenage mothers to participate in workforce development trainings (short-term).*** USAID workforce development programs need to ensure that technical training providers foster a gender-equitable and inclusive training environment by being cognizant of the needs of new mothers. They should make available childcare services so that mothers can concentrate during training sessions. They also should offer flexibility in scheduling and location to accommodate the needs of teenage mothers, and they should carry out targeted outreach with USAID-supported youth centers and safe spaces where teenage mothers convene. USAID should prioritize establishing groups where teenage mothers can assemble to support one another and explore targeted support to start-up capital for income generating activities and self-employment. **(WE3)**

***Create linkages with the private sector to contribute to an enabling environment for women, persons with disabilities, and LGBTI (medium-term).*** In conjunction with the economic growth office, USAID should encourage private sector firms to review their employment and human resource policies and practices to ensure that there are no practices that uphold discrimination or create barriers in recruitment, job retention, and career development. Through private sector development programming, USAID should encourage more dialogue and awareness about increasing access to employment opportunities, including promoting firms to include statements that encourage all individuals to apply for all positions, irrespective of sexual orientation, gender, or ability. Finally, USAID should prioritize greater dialogue with organizations that work with women, persons with disabilities, and LGBTI to increase access to information about employment opportunities. **(WE3)**

***Support awareness and mobilization campaigns for LGBTI youth to access employment opportunities. (long term).*** LGBTI youth are at high risk of homelessness and unemployment. Limiting their access to training with the potential to equip them with the skills and knowledge to access the job market will continue to keep them trapped in a vicious cycle of poverty. USAID should consider supporting awareness and mobilization campaigns with workforce development institutions and TVET providers to reduce discriminatory behaviors and increase awareness of the needs of this population. **(WE3)**

### **Specific Recommendations to Address GBV**

USAID/Rwanda is encouraged to consider the following interventions to prevent and respond to GBV and the rising trend of adolescent pregnancy in the education sector:

- workforce development efforts should prioritize outreach to teen mothers to support or continue their studies and professional training, restore their confidence, and sustain their futures
- develop strategies to integrate CSE and sexual and reproductive health education in schools, churches, youth clubs, and safe spaces to illustrate a holistic and integrated approach to counter rising teenage pregnancies

- support anti-GBV clubs in schools that involve boys and girls as peer educators who promote healthy attitudes and behavior change, empowering participants to fight GBV in school, particularly sexual harassment and abuse

## **Gaps in Findings and Suggestions for Recommendations for Further Research**

USAID should consider funding research on the remaining gaps and differences at the country level to inform gender-sensitive and socially inclusive development programming:

- lack of women's equal access to productive agricultural land and financial capital
- persistent prevalence of GBV, weak legal protection, and gaps in legal and social services
- discrimination against LGBTI individuals, including physical attacks, police harassment, arrest and fines, and violence
- influence of customary beliefs and norms that limit women's equal rights in marriage, divorce, inheritance, and other areas
- cited increase in drug use in rural areas, particularly on gendered (and age) differences in usage, prevention, rehabilitation, and the connection to masculinity
- health insurance coverage for teenage mothers (who are at high risk of access) to services and are marginalized
- relationship between citizens' access to information and the extent of their influence, participation, and satisfaction with policymaking outcomes
- local groups providing legal support to LGBTI community and what services could be availed or expanded
- lack of understanding of needs for capacity building and skills amongst disability advocacy and rights groups



# 6. USAID/RWANDA INSTITUTIONAL FRAMEWORK ON GENDER EQUALITY AND THE SOCIAL INCLUSION

## 6.1 USAID/Rwanda Policy and Practice on Gender Equality and Social Inclusion

Since USAID/Rwanda carried out its last gender analysis in 2011 for the previous CDCS, there has been much progress on incorporating USAID's gender equality policies into the USAID/Rwanda mission's practices and programs. In October 2015, USAID/Rwanda established a mission order on integrating gender and promoting social inclusion in all mission strategies, programs, projects, and activities. The mission order provides guidance and defines the roles and responsibilities of mission leadership, support offices, and technical offices in carrying out and reporting on gender informed development through planning, design, solicitations, implementation, monitoring and evaluation. It also promotes compliance with the USAID gender policy and ADS 205. The Mission Gender Coordinator is embedded within the USAID/Rwanda program office and provides technical guidance to programs.

USAID/Rwanda also has a gender and social inclusion working group. Each technical office and the Office of Acquisitions and Assistance sends a representative to participate in this group. Offices within the USAID/Rwanda mission demonstrate different degrees of GESI integration. For example, certain program activities across all four technical offices lend themselves more naturally to gender integration or addressing people with disabilities and, in some discrete cases, LGBTI considerations (for the health sector). In some projects, however, examples of addressing GESI considerations appear ad hoc and are not part of a larger, more integrated strategy. Nonetheless, staff demonstrated an openness to incorporating gender and social inclusion considerations and were looking forward to having concrete ideas about how to address gender and social inclusion in their programs.

USAID has mixed experiences with addressing social inclusion in a systematic manner in its programming. To a lesser extent, programs are taking a hard look at what their programs can be doing to address persons with disabilities' considerations, as it is not an explicit ADS requirement. Both the USAID mission and the U.S. embassy, however, have been encouraging IPs to identify opportunities to address persons with disabilities' considerations in a meaningful way, and they have identified opportunities to raise visibility and communicate their support for these initiatives. There is still hesitation to address LGBTI considerations given cultural attitudes and some confusion around where to begin, as well as because of the GOR's reticence to include this issue openly in strategy and vision statements.

Within USAID/Rwanda programs, many examples exist of useful gender integration methods and tools, but many people are not aware of them because of limited communication between offices in the mission and programs. It is not clear whether every project or activity funded by USAID/Rwanda was required to present a gender (or GESI) strategy. As a result, programs have developed approaches to addressing

gender equality in varied ways. The gender analyses reviewed as part of the literature and document review were good, with concrete and actionable benchmarks; however, we were unable to carry out a comprehensive analysis to what degree recommendations embedded within these strategies have been implemented. Although we did not meet with every IP in country, almost everyone we met with had a gender (or a social inclusion) specialist on staff—although some fulfilled several functions and their efforts are not dedicated to gender.

The mission’s office of acquisition and assistance (OAA) is responsible for ensuring gender equality and social inclusion issues are incorporated into solicitations, selection criteria, and technical evaluation. The mission has a mix of acquisition (contracts, task orders) and assistance (cooperative agreements, grants) instruments. The OAA reported they all have language regarding gender considerations and generally are open to including gender sensitive language. The office, however, depends on technical teams to include requirements for how gender should be incorporated in solicitations and subsequent awards.

The majority of gender indicators in monitoring and evaluation plans refer to the percentage of female participants. While this step is an important one in gathering sex- and age-disaggregated data, an effort needs to be made to collect more meaningful gender indicators that would demonstrate outcomes—such as a reduction in gender gaps, changes in cultural beliefs and stereotypes, changes in the distribution of tasks, increase in income, and decision-making.

## 6.2 USAID/Rwanda Staff and Implementing Partners Responses to Gender Integration and Social Inclusion Survey

Most participants among USAID/Rwanda staff and IPs indicated that gender equality is important. A robust 84.6 percent of USAID/Rwanda staff have taken the USAID gender 101 course, while 50 percent of IPs that responded to the survey indicated they have had more than five days of training on gender integration. When asked about perceived obstacles to integrating gender equality and women’s empowerment into project planning, implementation, and monitoring and evaluation, respondents reported their top three obstacles as shown in Table 3.

**Table 3: Obstacles to integrating gender equality and women’s empowerment**

USAID staff	IPs
Limited or lack of staff training on gender (57.69 percent)	Limited financial resources for GESI programming (59.38 percent)
Limited staff capacity on gender-related knowledge skills (53.85 percent)	Limited or lack of staff training on gender (59.38 percent)
Limited staff time (46.15 percent)	Limited availability of gender tools (50 percent)

A more detailed analysis of the survey results is in Annex G.

## 6.3 Recommendations for USAID/Rwanda

As mentioned previously, there is positive momentum in recognizing the importance of gender integration and social inclusion. Yet there is room for improvement in line with the following recommendations.

- When developing scopes of work for contracts and cooperative agreements, USAID/Rwanda teams should consider including scoring criteria to be allocated for gender and social inclusion in the technical approach (specifically in the technical approach, management, and staffing sections) and there should be a robust budget justification that aligns with the approach.
- USAID/Rwanda contracting officer's representatives should orient IPs to how gender and social inclusion are embedded into the CDCS and engage in dialogue on how priorities reflected in the CDCS should be translated into programming.
- IPs should be obligated to submit an annual gender and social inclusion action plan that highlights where those considerations have been reflected upon and addressed in program design. Efforts that examine the evaluation and learning from interventions with a GESI lens should be prioritized.
- Activities for gender equality and social inclusion should be reflected in annual work plans, budgets, and progress reports; corrective measures should be taken when required.
- Develop a guiding document for IPs on incorporating gender and social inclusion strategies for programs that will help IPs create comprehensive approaches with measurable targets and include guidance on expectations related to people with disabilities and LGBTI communities.
- Increase USAID communication within the mission and programs on best practices on gender equality and people with disabilities and LGBTI considerations. Develop a knowledge-sharing mechanism to promote cross-learning.
- Identify and reward champions among IPs and programs that implement gender-transformative approaches and for programs addressing persons with disabilities and LGBTI communities.
- Program indicators should be more meaningful than "percent of women participating in U.S. government-supported program activities." More meaningful gender indicators should demonstrate outcomes such as a reduction in gender gaps, changes in cultural beliefs and stereotypes, changes in the distribution of tasks, increase in income, and decision-making.
- Ensure each new program should have at least one gender and social inclusion-specific objective and indicator at the outcome level, connected to contracts (such as to show reductions in gender gaps, changes in cultural beliefs and stereotypes, changes in the distribution of tasks, increases in income, and decision-making).
- One gender and social inclusion specific indicator should be reflected in every monitoring, evaluation, and learning plan. Define the baseline outcome level for the GESI-specific indicator and establish targets for the program duration.

## **6.4 Promising Practices and Initiatives from Development Partners, NGOs, and Local Organizations in Gender and Social Inclusion**

USAID/Rwanda is one of the largest donors in country, with a focus on mainstreaming gender equality, women's empowerment, and social inclusion across the portfolio. Several multilateral organizations also support gender equality and women's empowerment in Rwanda, including UN Women, Germany's Gesellschaft für Internationale Zusammenarbeit (GIZ), the U.K.'s Department for International Development (DFID), the World Bank, UNICEF, and the European Union. The GESI analysis discovered that many donor partners fund programming in similar technical areas, creating an opportune landscape for

collaboration. Interestingly, several institutions confirmed they were developing their strategic plans, including UN Women, DFID, and GIZ. Furthermore, donors have been vocal about their support for gender equality and women's empowerment and just recently have focused on issues related to persons with disabilities and LGBTI communities. There is, however, a high degree of willingness to expand programming to look thoughtfully at these issues.

### Key Practices for Gender Integration and Mainstreaming

- Both the **World Bank** and **GIZ** have prioritized gender and social inclusion across their programming. For example, the World Bank has engaged home-based and community-based early child development centers as part of its support to social protection and public works programs.
- The **World Bank's** work in Rwanda has capitalized on a high level of commitment from top officials (central, local government, and communities) to promote messaging around the centrality of nutrition. It has been involved in employing the use of home- and community-based centers to disseminate learning around stunting and malnutrition. It also has incorporated couples' trainings through kitchen demonstrations to counter the lack of awareness and hesitation to embrace nutrition as the role of every member in the household.
- **DFID** integrates a focus on women's' economic empowerment in its agriculture portfolio to supplement its market-driven systems approach to agriculture and livelihoods.
- **GIZ** in Rwanda has embedded a one mainstreaming team that has worked across the entire portfolio to identify opportunities. For example, GIZ works with district officials to engage and promote citizen participation in the *imihigo* (performance-based contracts). GIZ encourages district officials to engage men and women to promote accountability and identify solutions, which traditionally has not always been carried out. The one mainstreaming team has conducted trainings and capacity building for its staff on the importance of gender and social inclusion and has dedicated resources to employ a do-no-harm approach.
- **UN Women** just completed its five-year strategic plan, which included recommendations to strengthen programming with a gender lens and to emphasize gender integration within recruitment and hiring systems and procurement operations. UN Women has established a firm commitment to gender-responsive procurement in Rwanda, geared toward ensuring that stakeholders who make informed decisions are furthering women entrepreneurs' engagement in public procurement processes.
- Funded by DFID, **Girl Effect**, primary targets girls **and women** 10–19 years of age with behavior change communication. Its approach emphasizes visioning for young girls to move into traditionally male-dominated industries, and overcoming social expectations, and fulfilling new ambitions. Girl Effect produces a series of initiatives, including radio and television programming and a magazine called *Ni Nyampinga a Kinyarwanda*,<sup>117</sup> to inspire girls through stories and illustrations of role model girls from their communities. Developed by girls for all young people, *Ni Nyampinga* is Rwanda's first youth brand giving girls the advice and confidence that they need to thrive. Girl Effect distributes the magazine to all districts in Rwanda and it is promoted through girls' clubs. It also targets parents with adolescent girls and boys, highlighting positive parenting traits and their role in bringing up children.

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<sup>117</sup> The meaning of the title of the magazine is beautiful inside and out.

- **Girl Effect** also developed a mobile-based, peer-to-peer research app called TEGA, which is used by some of the world's leading development organizations to provide safer, faster, more scalable, and authentic research around the world. TEGA empowers adolescent girls and women aged 16–24 to conduct interview research within their own communities—including with men and boys. This unique approach unlocks open and honest conversations that might otherwise be lost or not included when collecting data in traditional ways. Insights TEGA collects help organizations better understand the reality of girls' lives, meaning better designed, more targeted development programs that have real impact.
- The **Rwanda Women's Network**, established in 1997, works in five key areas: health care and support, socioeconomic support, GBV prevention, governance and accountability, and networking and advocacy. Currently in 11 districts, the network has established safe spaces that offer referral services, community outreach, and dialogues sessions that bring women together. The methods that have seen the most success include the SASA! Approach on GBV prevention, its focus on financial inclusion and literacy, solidarity initiatives that help women create village savings and loans cooperatives, engagement with male allies; and *Fem'Dialogues* that are conversation circles that promote critical thinking about cultural practices and social norms. Their dialogue sessions with opinion leaders (religious and village leaders) on gender equality and harmful traditional practices to influence behavior change also have been useful.
- The **Rwanda Chamber of Women Entrepreneurs** is the only umbrella organization of women entrepreneurs in Rwanda. It was formed with the mandate of empowering women in business through capacity building, advocacy, networking, support services, corporate social responsibility, and forging partnership with young women entrepreneurs. As a membership body, women entrepreneurs pay dues to access services, such as mentoring and networking, seminars and workshops on business development services, and business matchmaking opportunities. The chamber has worked as a cohesive organization to capitalize on opportunities presented by Made in Rwanda, the government-led initiative to promote nationally made products and services. Made in Rwanda offers opportunities for female entrepreneurs, particularly in the fashion and textiles sector, and RCWE has partnered with different donors to expand the training offerings to its members. RCWE has a tremendous amount of potential and willingness to engage on tangible strategies that can expand female enterprises

## Examples of Impactful Programs

There are several recently completed, ongoing, or soon to be awarded activities led by donors that USAID can leverage. Examples include the following

- **DFID** is investing an estimated \$15 million in a program titled Investing in Adolescent Girls in Rwanda. The program will focus on enabling girls to achieve their full potential, providing skills building to make better choices with respect to reproductive health, and making available life skills and learning opportunities to better manage risks. The project is primarily funded to address the rising trend of adolescent pregnancy in Rwanda. The program is an upcoming procurement on the heels of one that recently ended, the Strengthening Prevention of GBV in Rwanda Project, which was geared towards strengthening violence prevention mechanisms for women, girls, and boys by scaling up promising practices in violence prevention.<sup>118</sup>
- Early childhood development centers have been a strategic entry point to disseminate messaging around nutrition, which the **World Bank** has coordinated with its Stunting Prevention and Reduction Project (\$55 million).
- The **World Bank** also supports the government's urbanization strategy with the \$95 million Rwanda Urban Development Project, which aims to provide basic infrastructure and services to six secondary cities around the country—Muhanga (formerly Gitarama), Rubavu (Gisenyi), Nyagatare (Byumba), Huye (Butare), Rusizi (Cyangugu), and Musanze (Ruhengeri)—and to Kigali City, which makes up the core of the greater Kigali area.
- UN Women's **HeforShe** campaign promotes changes in attitude and mindsets among men and boys. UN Women's country representative recommends two areas to prioritize: economic empowerment and supporting adolescent girls in STEM fields—two areas UN Women is prioritizing moving forward.
- **CARE's** committed to women's empowerment in its programming, specifically through its promotion of village savings and loans associations that encourage women and men to work together. The organization works in 24 of Rwanda's 30 districts, and in 2016, it worked with nine partner organizations to directly reach 550,000 people through 18,500 village saving and loan associations groups—75 percent of whom were women. It also supports 9,092 out of school and 54,000 in-school girls. Under CARE's One Program strategy—Her Dignity, Our Pride—the organization is focused on achieving gender justice for vulnerable women and girls in Rwanda. By 2025, CARE International Rwanda will triple its reach to directly support 1,500,000 women and girls aged 10 to 59 to graduate out of poverty and live in dignity.<sup>119</sup>

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<sup>118</sup> Other promising approaches DFID hailed include the mother/daughter clubs implemented through the Girls Education Challenge and the Inda Shakira Couples Counselling model. DFID also implements the Women's Integrated Sexual Health project, which focuses on family planning and life skills to address adolescent girls who are pregnant. DFID also is commissioning a joint study with the World Bank and the International Medical Research Council on GBV in Rwanda.

<sup>119</sup> CARE International. Rwanda, n.d.

# ANNEX A: GENDER ANALYSIS SCOPE OF WORK

## I. OBJECTIVE

The goal of USAID/Rwanda's country level gender and social inclusion analysis is to identify key gender and social inclusion issues, inequalities, constraints and opportunities in Rwanda and offer conclusions and recommendations for addressing these in the Mission's Country Development Cooperation Strategy (CDCS) 2020-2024. The Agency recommends that gender analyses include and take into account all men and women, including persons with disabilities and members of the LGBTI community. It is critical to assess the situation of people with disabilities and the LGBTI community since they often are the most vulnerable and yet the most likely to be inadvertently excluded from consideration. This analysis is at the strategic level, not the program or activity level.

The Mission recognizes that societies that empower women, youth, and marginalized groups to participate fully in civic and economic life are more prosperous and peaceful. The Mission is therefore committed to advancing gender equality, protecting the rights of women, girls and marginalized groups, and promoting empowerment programs for those groups. This analysis is expected to identify the major hindrances to their social, economic and political empowerment and develop good recommendations to help them get the skills, means, and opportunities to realize their full potential. Enabling as well as restricting private sector perspectives for women, youth, and marginalized groups to fully engage in the private sector arena should be assessed along with responsive strategies to further inform the CDCS 2020-2024.

Strategic gender analysis is mandatory per agency policy and guidance (ADS chapters 201 and 205). Emerging best practice indicates that concerns of disability and social inclusion should also be incorporated into USAID gender assessments – guidance for this process is included in USAID concept notes on this subject. This analysis will present the most current and accurate countrywide picture and build on existing national and/or sector specific gender and social inclusion analyses completed over the past three years. The gender and social inclusion analysis findings and recommendations will be used to guide USAID/Rwanda's efforts to systematically integrate gender and social inclusion perspectives throughout its new CDCS (2020-2024), including the CDCS goal, Development Objectives, and intermediate results.

## 2. BACKGROUND

### a. Country Context

Rwanda is a small, landlocked country with the highest population density in Africa and remains one of the world's poorest countries. However, much has changed in Rwanda since the 1994 genocide. Today, the Government of Rwanda (GOR) is committed to making Rwanda a middle-income country by 2020, a plan enshrined in its Vision 2020. Data across sectors suggest Rwanda is actively moving toward this goal. Since 2000, the GOR embarked on a development agenda aimed at "transforming Rwanda into a middle-income country, an economic, trade and communications hub, as laid out in the Vision 2020.

In addition, Rwanda's Vision 2050 has a target for the country to become an upper middle-income and a high-income nation by 2035 and 2050, respectively. Both the Vision 2020 and the forthcoming Vision 2050 highlight Gender and Family Promotion as well as Disability and Social Inclusion as being key cross-cutting areas among others. This is a reiteration of the GOR's commitment to gender equality, social inclusion, and the fight against gender-based violence. Therefore, long-term development goals set in Vision 2020 and Vision 2050 cannot be achieved if men, women, boys and girls, including people with disabilities and other disadvantaged populations, are not brought on board to air their voices so as to effectively and sustainably benefit and equally contribute to the journey of national transformation.



## **b. USAID/Rwanda Programs Background**

USAID/Rwanda's current CDCS 2015-2020 is built on four strategic objectives:

### **Development Objective (DO) 1: Economic Opportunities Increased and Sustained**

- USAID is committed to expanding economic opportunities in rural areas by transforming the agriculture sector from its current subsistence nature to market-led, demand-driven agriculture, while supporting the role of agriculture in improving the nutrition status of the population.
- In recent years, USAID/Rwanda's Feed the Future (FTF) program focused on improving household resilience by linking smallholders to markets while supporting stronger market systems, and by providing nutrition training and access to nutritious foods to reduce food insecurity. For example, in FY 2018, USAID supported 354,603 smallholder farmers in applying improved technologies or management practices to over 52,174 hectares of land
- The Mission also helped farmers increase their incomes. FTF beneficiaries increased their incremental sales by \$5,284,724, 70 percent above the FY 2018 target, by improving their management practices. FTF activities partnered with microfinance institutions, banks, and private investors to unlock \$16 million in new loans to farmers, a five-fold increase from FY 2017. USAID also leveraged \$5.6 million in new private investment for agribusinesses and agro-processors, strengthening supplier linkages between commercial firms and their smallholder suppliers
- USAID/Rwanda works in partnership with the Government of Rwanda (GOR) to improve the environment for investment promotion and supports both the GOR and the private sector in taking full advantage of the opportunities that regional integration offers. This will potentially lead to the country's self-reliance through sustained economic growth efforts.

### **Development Objective (DO) 2: Improved Conditions for Durable Peace and Development through Strengthened Democratic Processes**

- The Mission's investments in this DO mainly include media strengthening; reconciliation and social cohesion; civil society development including strengthening the legal enabling environment for civil society organizations (CSOs); improving the rule of law, combating gender-based violence; youth empowerment; and combating transnational organized crime, including trafficking in persons and the trade of conflict minerals.
- Through USAID interventions, the following are some recently achieved results: Media and civil society strengthening activities have rendered very encouraging results thus far, particularly in a restrictive environment, with 484 training days provided to journalists, 630 stories produced, and over 4,000 people participating in elections-themed roundtables under the Gira Ijambo (Let's Have a Say) media activity. CSOs trained by Citizens Voice undertook community-based advocacy activities without interference and, in some cases, with clear GOR interest in and support for their messages. Additionally, USAID trained over 400 youth on human rights, democracy and youth participation in decision-making processes.
- The Mission's continued partnerships with GOR aim to support the country to maintain peace and security; promote reconciliation and social cohesion; mitigate conflicts and enhance civic participation; improve service delivery and enhance capacity for civil society and media institutions; and strengthen local governments for efficient and accountable decentralization bodies that contribute to the country's development priorities.

### **Development Objective (DO) 3: Health and Nutritional Status of Rwandans Improved**

- USAID/Rwanda supports the Government of Rwanda's initiatives to fight HIV/AIDS, and malaria; increase the quality and use of family planning and reproductive health services; improve maternal, newborn and child health; promote increased access to clean water and sanitation, improve nutrition; and strengthen the overall health sector
- In FY 2018, USAID built Rwanda's capacity to plan, implement and finance its health strategy and achieve its goals in health, as articulated in Rwanda's Health Sector Strategic Plan IV. USAID programmed an integrated portfolio of 22 activities that use malaria, family planning, maternal and child health, water, HIV, and nutrition funds.
- USAID/Rwanda continues to partner and support the GOR, especially in developing a new Health Financing Strategy, which will incorporate the goals of Universal Health Coverage, expanded access to services, and increased domestic resource mobilization.
- The USAID/Rwanda and GOR's strong partnership aims to contribute to Rwanda's journey to self-reliance through increased quality of care, improved health governance, strengthened service delivery systems, and improved capacity of citizens to make positive decisions about their and their families' health and welfare.

#### **Development Objective (DO) 4: Increased Opportunities for Rwandan Children and Youth to Succeed in Schooling and the Modern Workplace**

- USAID/Rwanda's education portfolio builds literacy skills at the primary level and equips youth with the skills necessary to secure or create employment. This dual focus improves the systemic foundations to develop human capital in Rwanda, which is critical to help the GOR achieve its highest-level development goals.
- In the area of primary education, the Mission found significant improvements to reading sub-skills such as improving fluency and sounding out a word in a recently concluded activity. Between 2015 and 2017, the percent of Grade 1-3 learners in USAID-supported programs who were able to read at least a single word increased by 7-10 percent on average, which represents progress on a crucial step to becoming a fluent reader. Grade 1-3 learners also showed increases in oral reading fluency and comprehension.
- Key results in FY 2018 by the youth workforce development interventions include that 11,097 youths were trained; out of those, 9,058 youths demonstrated improved skills, and 6,149 had new or better employment. These interventions also help build youth's soft skills; inform them about training opportunities; and help them enroll in the Technical Vocational Education and Training system in order to acquire technical skills.
- The Mission continues working closely with GOR to achieve regular measurement of learning outcomes allowing for evidence-based investments and progress monitoring; for youth development outcomes, USAID and GOR partnerships will help strengthen local youth-serving organizations and the workforce development service delivery system.

#### **c. United States Government and USAID Gender and Social Inclusion Policy Framework**

Promoting gender equality and advancing the status of all women and girls around the world is vital to achieving U.S. foreign policy and development objectives. In 2012, USAID adopted several comprehensive and interlinked gender and social inclusion policies and strategies to promote deliberate social inclusion; prevent, address gender-based violence, and mitigate its harmful effects on individuals and communities; reduce gender inequality; and enable girls and women to realize their rights, determine their life outcomes, influence decision-making and become change agents in households, communities, and societies. These policies and strategies include: the Gender Equality and Female Empowerment Policy; the U.S. National Action Plan on Women, Peace and Security; the U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally; the USAID Vision for Ending Child Marriage and Meeting the Needs of Married Children; the USAID Disability Policy, the USAID LGBTI Vision for Action and the USAID Counter-Trafficking in Persons Policy, the USAID Youth in Development Policy; the USAID Countering Trafficking

in Persons Policy; the U.S. Global Strategy to Empower Adolescent Girls, The United States Strategy to Support Women and Girls at Risk of Violent Extremism and Conflict (draft, 2017); USAID's Policy Guidance on Disability; and [USAID's Policy on Adversity in the Workforce, Equal Employment Opportunity, and Non-Discrimination](#).

Together, these policies and strategies provide guidance on pursuing more effective, inclusive, evidence-based investments in gender equality, social inclusion, and female empowerment and incorporating these efforts into our core development programming. Automated Directive System (ADS) 205 explains how to implement these new policies and strategies across USAID's Program Cycle. In conformity with ADS 205 and other concurrent Agency policies, strategies, and goals, USAID/Rwanda is undertaking a country-level, multi-sector gender analysis to better inform the upcoming Country Development Cooperation Strategy (CDCS) under development and integrate findings and recommendations, as appropriate.

Gender and social inclusion analysis is the systematic gathering and analysis of information to identify and understand the roles, divisions of labor, resources, constraints, inequalities, discriminatory and customary inhibiting laws and practices, needs, opportunities/capacities, and interests of men and women (and girls and boys), including marginalized persons – LGBT and people with disabilities at the macro level in a given context. The analysis should also look at other sub-cross-cutting issues and themes, e.g. gender-based violence, women's leadership, men engagement, etc.

### 3. RESULTS AND GOALS

The gender and social inclusion analysis will address the following objectives:

- Provide a broad overview of the significant societal gender inequalities and social inclusion constraints (e.g. disability and LGBTI) at the macro level and prioritize them with rationale for why they should be addressed at the Mission's strategy (CDCS goal) level, Development Objectives (DOs), and Intermediate Results (IRs). This overview should include:
  - Detailed macro or sectoral level gender and social inclusion inequalities and obstacles that impact Rwanda's development trajectory and the empowerment of women, youth, and disadvantaged groups (such as disabled people, LGBTI).
  - Specific and concise information that the Mission will use to draft key sections of the CDCS, particularly qualitative and quantitative information on key gender gaps and particular disadvantaged groups, including how those issues positively or negatively affect Rwanda's development.
  - Four systemic gender issues were identified in the 2011 USAID/Rwanda-commissioned country-level gender assessment, namely: women were overworked; women remained economically dependent on men; sexual and gender-based violence was a persistent problem; and the imbalance in decision-making. This planned analysis should document progress and constraints to date under the current CDCS in addressing these issues with clear recommendations on what should be done in the CDCS 2020-2024.
  - A snapshot of the gendered socio-economic and political economy in Rwanda (including reference to any international indices such as WEF Global Gender Gap or UNDP Gender Inequality index) and the capacity to address gender and social inclusion gaps at the national and sub-national levels;
  - Consideration of the intersection of gender and social inclusion with other cross-cutting themes, such as nutrition, sexual and gender-based violence, governance, self-reliance, education, employment, and urbanization and how this enables or hinders equality and economic empowerment for women, youth, and disadvantaged groups.

- Briefly assess key GOR and other donor's gender-related policies, laws, strategies and programs, and identify opportunities for collaboration and mutual strengthening of gendered and social inclusion approaches between USAID and GOR.
- Outline significant gender and social inclusion (disability and LGBTI) barriers, including obstacles to female and youth empowerment and leadership that need to be addressed at the strategic level across the USAID sectors.
- Clearly articulate how the USAID Gender Policy goals – Gender Equality, Gender-Based Violence, and Female Empowerment and Leadership – will be addressed in the Mission's strategy.
- Comply with PEPFAR gender analysis requirements and fully apply the Global Food Security Strategy Technical Guidance on Gender Equality and Women's Empowerment throughout the gender and social inclusion analysis to adequately identify critical gaps and formulate clear recommendations as they pertain to Health and Agriculture sectors.

#### 4. GENERAL ANALYSIS PARAMETERS – METHODOLOGICAL APPROACH

The offeror should clearly describe the gender and social inclusion analysis parameters and methodological approach in their proposal. Planning for data collection and analysis should follow the agency policy and guidance per ADS chapter 205 (<https://www.usaid.gov/sites/default/files/documents/1870/205.pdf>).

##### Data Collection and Interim Meetings

During a three-week data collection period with a six-day work week authorized, the team is expected to periodically brief USAID stakeholders on the progress of data collection, challenges, and impact on the timeline. If desired or necessary, weekly briefings by phone/face-to-face can be arranged. The research team will take all necessary measures to obtain informed consent and to protect the safety of key stakeholders in carrying out interviews and preparing the gender analysis report.

#### 5. DELIVERABLES / TASKS REQUIRED

The following deliverables are required. All written documentation for submission by the offeror to USAID must be in English.

Regardless of the approach proposed, the Contractor must complete the following deliverables:

No.	Deliverable	Timeframe/Due Date
1.	<ul style="list-style-type: none"> <li>● Inception Report, including literature review, detailed methodology, work plan, team responsibilities, report timeline, and consultations schedule.</li> </ul>	April 1-15, 2019
2.	<b>Gender and Social Inclusion Analysis Data Collection:</b> <ul style="list-style-type: none"> <li>● Carry out a three-week data collection mission in Rwanda, including key stakeholder interviews or focus groups with USAID partners, Government of Rwanda officials, civil society organizations, national NGOs, and other donors.</li> <li>● Present the preliminary findings and recommendations of the Gender and Social Inclusion Analysis to USAID/Rwanda at the of data collection in Rwanda.</li> </ul>	April 22-May 10, 2019
3.	<ul style="list-style-type: none"> <li>● Lead the preparation of a 30-page draft Rwanda Gender and Social Inclusion Analysis Report a summary document, in collaboration with the National Gender Specialist. Report shall include:</li> </ul>	May 13- 31, 2019

4.	<ul style="list-style-type: none"> <li>Submit final Gender and Social Inclusion Analysis Report addressing USAID/Rwanda's feedback.</li> </ul>	June 11-19, 2019
	<b>TOTAL MAX LOE</b>	

USAID/Rwanda will review and provide feedback on the draft Gender and Social Inclusion Analysis report during the period: May 31-June 11, 2019.

**The work plan** must include:

- Timeline, with proposed field locations, including which stakeholders will be visited in each location. Field locations to be determined with support from USAID/Rwanda.
- Table indicating how data will be collected and interpreted, including data source, type of data collection technique, type of data analysis to be applied
- List of all key interviewees (names and organizations)
- Copies of all interview guides

**The preliminary findings PowerPoint** presentation must include:

- A preliminary draft of the results section outlining the data collected, data collection methods and major initial findings in relation to the information required in section 3: Results and Goals.
- As annex, a list of sites/organizations/institutions visited and individuals and groups interviewed; the list should also be included as an annex to the draft and final gender and social inclusion analysis reports

**The draft report:** The Consultant (s) will provide USAID/Rwanda with a Draft Gender and Social Inclusion Analysis Report prior to the Team Leader's departure from Rwanda, and the report must include:

- Details of the methodology followed
- Key findings from the literature review drawing on context-specific data and studies, key informant interviews, focus groups and USAID/Rwanda discussions
- Comprehensive responses that address comments/questions discussed during the presentation to the Mission of initial findings
- Initial conclusions and recommendations

**The final report** shall be 30 pages maximum, without annexes and must include:

- An executive summary
- Details of the methodology followed
- Key findings from the literature review drawing on context-specific data and studies, key informant interviews, focus groups and USAID/Rwanda discussions
- Comprehensive responses that address Mission's comments on the draft report
- Detailed conclusions and recommendations

**Annexes** should include:

- Statement of work
- List of all background documents reviewed in the form of a comprehensive annotated bibliography
- List of places visited and types of people and groups interviewed
- All data collection tools and interview transcripts
- Electronic copy of all data sets

In order to be deemed acceptable, the draft and final reports must include all of the elements listed in section 3: Results and Goals. In addition, the analysis team must adequately address all significant comments raised by USAID/Rwanda at the 1<sup>st</sup> presentation of the key initial findings and during review of the draft report. The final approved report will be a public document to be submitted to the Development Experience Clearinghouse ([www.dec.org](http://www.dec.org)) (DEC) as required by the Agency. Upon approval, the USAID/Rwanda Program Office will be responsible for submitting the report to the DEC.

### **Management Information**

The offeror shall be responsible for the administrative support and logistics required to fulfill this task. These shall include all travel arrangements, appointment scheduling, secretarial services, report preparations services, printing, duplicating, and translation services.

USAID will assist the offeror in obtaining any additional program documents and contacts necessary to fulfill the task. The COR and/or alternate will provide strategic direction and guidance throughout the analytical process, including the development of the final work plan, any data collection tools, and gender analysis report outline, approach, and content.

It is expected that many USAID/Rwanda staff with different expertise will be involved with the Gender and Social Inclusion analysis process. The primary focal point for the gender analysis will be the COR based in USAID/Rwanda.

### **Expertise Required**

#### **Team Leader (International Expert on Gender and Social Inclusion)**

The Team Leader's main role will be to oversee and coordinate all tasks related to this Gender and Social Inclusion analysis, guide other team members and make sure that all deliverables are of high quality and delivered on time. The Team Leader will be ultimately responsible for ensuring the production and completion of a quality report, in conformance with this statement of work and USAID's gender policy. He/she should have a strong background in research methods.

He/she should also fulfill the following conditions/requirements:

- Master's degree from a recognized university in Social Sciences field
- Extensive experience in East Africa on gender and social inclusion related issues, including conducting gender and social inclusion analyses and integration of gender and social inclusion perspectives into programming; work experience in Rwanda would be an advantage;
- Demonstrated knowledge of USAID gender and social integration, including policy and strategy development literature;
- Demonstrable ability to lead an analytical team staff with a range of backgrounds and expertise and fulfill senior-level requirements from the SOW;
- Excellent analysis and reporting skills;
- Proven ability to lead teams and work well/interact with USAID, including prior experience developing a USAID gender and social inclusion analysis;
- Fluency in English and French is required

The Team Leader will be assisted by consultants with the following expertise. If possible, the offeror is strongly encouraged to identify local individuals to fulfill these roles where possible.

#### **Gender Specialist Expert (local or regional):**

The Gender expert will be responsible for providing local context and advice to the evaluation team and coordinating technical analyses related to their area of expertise. She/he will be involved in the planning, data collection, analysis, and drafting of the report, as well as other relevant tasks as determined by the Team Leader. He/she should also fulfill the following conditions:

- Master's degree from a recognized university in Social Sciences field;
- A minimum of five years' experience in conducting research studies and using qualitative methodologies
- Experience working on gender and social inclusion issues Sub-Saharan Africa preferred (work experience in Rwanda would be an advantage)
- Substantial work experience with various gender and social inclusion issues across different sectors in Rwanda.
- Supports the analysis process, and assists logistics coordinator with local meeting arrangements; contributes regional/local knowledge
- Excellent computer, data analysis and reporting skills
- Fluency in English, French, and Kinyarwanda is required.

### **Data Analyst/Logistics Coordinator (1)**

The Data Analyst/Logistics Coordinator will be responsible for assisting the team in qualitative data collection and analysis and for coordinating and scheduling meetings and appointments, transportation, report preparation, printing and copying, and other administrative services as required. He/she should also fulfill the following conditions:

- Bachelor's from a recognized university
- Experience in conducting operational research studies and both quantitative and qualitative evaluation methodologies
- Demonstrated knowledge in use of different computer-based data analysis tools/programs
- Experience in evaluation management and logistics coordination
- Fluency or intermediate level of English, French and/or Kinyarwanda is required

## **6. ESTIMATED LEVEL OF EFFORT AND TASK DURATION**

The entire work order is estimated to be conducted over a period of 2.5 months, beginning with the required inception report submission 15 days after the start date of the award as described in the deliverables table in Section 5.

The final evaluation report must be done on the following timeline:

- USAID/Rwanda comments on draft report within 7 business days of submission
- Final report: Due 8 business days after comments from USAID/Rwanda have been received



# ANNEX B: LIST OF KEY DOCUMENTS CONSULTED

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# ANNEX C: GENDER AND SOCIAL ANALYSIS RESEARCH MATRIX

The tables below include the research instrument to facilitate gathering the required information for the USAID/Rwanda Gender and Social Inclusion Analysis. The table reports the Research Objectives, the specific information needs for each one of them, and the tools proposed to gather the information from both secondary (documents) and primary sources (persons and institutions/organizations). The information needs are the base for designing the information gathering tools (interviews, focus groups, online survey and workshops) that will be tailored according to each specific stakeholder and its context.

### Guiding Questions for the Gender and Social Inclusion Analysis

N°	Research Theme	Information Needs	Tools and Sources of Information
1	Current gender gaps and advances between women and men that belong to the targeted group regarding USAID's key priority intervention areas and main domains. <sup>120</sup>	<ul style="list-style-type: none"> <li>Gender gaps and advances in access to Assets and Resources; Security and Justice; Economic Development; Management of Natural Resources and Climate Change; Migration; Political and Community Participation.</li> <li>Specific gender gaps regarding young women and men, and other relevant groups regarding vulnerability.</li> </ul>	<u>re review:</u> National statistics and data bases (INE), research reports, global indexes, USAID's studies.
2	Key issues and constraints to equitable political and socio-economic participation and access to opportunities for women and men.	<ul style="list-style-type: none"> <li>Main restrictions/obstacles/limitations to equitable access to sector's opportunities.</li> <li>Gender stereotypes and direct and indirect discrimination; gender cultural norms (intersection by ethnic groups); LGBTI situation; youth.</li> </ul>	<u>re review:</u> Research reports, USAID and others donor's studies, national reports to international mechanisms (CEDAW, ILO Conventions, SDG's, DSOs, etc.). <u>structured interviews:</u> Gender and Social Inclusion Specialists, USAID staff and implementing partners, International donors and development partners
3	Areas of opportunity for gender integration across key thematic areas	<ul style="list-style-type: none"> <li>Potential entry points for gender integration</li> </ul>	<u>structured interviews:</u> Gender and Social Inclusion Specialists, USAID staff and implementing partners, International donors and development partners <u>groups:</u> Beneficiaries of USAID/Rwanda Projects and Local Organizations
4	Legal-policy framework to support gender mainstreaming, including gender-sensitive policies at central and local level.	<ul style="list-style-type: none"> <li>Legal framework for gender equality at local and national level.</li> <li>Public policies and programs addressing gender equality and women's empowerment in the sectors.</li> <li>Relationship/coordination between sectors and national/local mechanisms for the advancement of women.</li> <li>Institutional capacities for GEWE in the public implementing institutions.</li> </ul>	<u>re review:</u> National laws, regulations and policies, gender equality policies and instruments at national and local level. <u>structured interviews:</u> Gender and Social Inclusion Specialists, USAID staff and implementing partners, International donors and development partners
5	Gender and Migration	<ul style="list-style-type: none"> <li>Migration and its differential gender causes and impacts on women and men into cities</li> </ul>	<u>re review:</u> National statistics and databases, research documents.

<sup>120</sup> Laws, Policies, Regulations, and Institutional Practices; Cultural Norms and Beliefs; Gender Roles, Responsibilities, and Time Use; Access to and Control over Assets and Resources; Patterns of Power and Decision-making.



			<u>structured interviews:</u> Gender and Social Inclusion Specialists, USAID staff and implementing partners, International donors and development partners
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USAID/Rwanda Gender Capacities			
1	Policy implementation and budgeting/ADS 205.	<ul style="list-style-type: none"> <li>• Adoption, revision and periodic update of Mission Order (MO) on gender.</li> <li>• Compliance with the GEP in program cycle (PAD gender analysis, program objectives).</li> <li>• Reflection of Gender Subkey Issues in annual budget attributions in Operating Plans (OPs).</li> <li>• Role and impact of gender institutional mechanisms (Mission Gender Advisor or/and Gender Points of Contact).</li> <li>• Gender integration in solicitations.</li> <li>• Implementing partners' accountability on gender integration.</li> </ul>	<u>document review:</u> USAID gender and inclusion policies; USAID/Rwanda program documents, M&E reports and gender related documents. <u>survey:</u> USAID staff, USAID implementing partners. <u>structured interviews:</u> USAID Mission Gender Advisor, program management and directors.
2	Staff and partners gender capacity	<ul style="list-style-type: none"> <li>• Gender training for USAID/Rwanda staff and implementing partners.</li> <li>• Availability and use of gender integration technical/practical tools.</li> <li>• Production and reporting of gender-sensitive data and information.</li> <li>• Existence of appropriate gender indicators in Performance Plans and Reports (PPRs).</li> <li>• Gender integration in staff performance plans.</li> <li>• Development of gender sensitizing processes (ex. gender champions).</li> </ul>	<u>document review:</u> USAID program documents, M&E reports, and other documents produced. <u>survey:</u> USAID staff, USAID implementing partners. <u>structured interviews:</u> USAID human resources management, Mission Gender Advisor. <u>document review:</u> USAID program documents, M&E reports, and other documents produced. <u>structured interviews:</u> USAID human resources management, Mission Gender Advisor, MEL staff
3	Accountability on GEWE	<ul style="list-style-type: none"> <li>• Coordination and dialogue spaces between USAID/Rwanda and other actors, particularly civil society and academy.</li> <li>• Accountability mechanisms on GEWE (to international community, government and CSOs).</li> </ul>	<u>structured interviews:</u> USAID senior management, Mission Gender Advisor, implementing partners and GEWE CSOs.

# ANNEX D: INTERVIEW GUIDES FOR THE GENDER ANALYSIS

## Interview Guide – Rwanda Government Officials in Kigali and in the Districts

Good morning/afternoon\_\_\_\_\_ First of all, we would like to thank you for your availability to participate in this gender and social inclusion analysis and assessment for USAID/Rwanda. The gender analysis and assessment will inform USAID/Rwanda's 2020-2024 Country Development Cooperation Strategy. The interview will take approximately 1.5 hours. The report that we are producing will be made publicly available on the USAID website in about two to three months from now. Here is my contact information in case you have any questions. Participation in this interview is voluntary, and if you would like to stop the interview at any time, please let us know. Please also let us know if you would like for any information to remain confidential or if any information is just for our ears. Do we have your permission to continue?

1. Does your ministry / office have any policy documents or other guidance related to gender, persons with disabilities and/or LGBTI? If so, what documents? (Ask for copies) Are there any issues related to gender, persons with disabilities and/or LGBTI that you encounter in your work for which you would like to have guidance? If so, what kinds of issues?
2. Please tell me briefly about your work and how it relates to gender and also to people living with disabilities and LGBTI people. In your view, what are the most important issues related to gender, persons with disabilities, and LGBTI in your work / ministry / sector?
3. Thinking about your work in this Ministry / office / sector, over the past 5-10 years, what progress do you think has been made in relation to gender, persons with disabilities, and LGBTI issues? Can you provide some examples of successes? In your opinion, what were the main reasons for these successes?
4. In your view, what are the main challenges in your work / sector / Ministry / office to working on gender, persons with disabilities, and LGBTI?
5. In what ways has USAID supported your work in relation to gender, persons with disabilities, and LGBTI? In your opinion, what kind of support would be most useful for USAID to provide in the future?
6. Thinking about the future of work in your Ministry / sector / office, what recommendations do you have for changes in policy or approach related to gender, persons with disabilities, and LGBTI?

## Interview Guide – USAID Staff, including Office Directors and Program Office

Good morning/afternoon\_\_\_\_\_ First of all, we would like to thank you for your availability to participate in this gender analysis and assessment for USAID/Rwanda. The gender and social inclusion analysis will inform USAID/Rwanda's 2020-2024 Country Development Cooperation Strategy. The interview will take approximately 1.5 hours.

### Office Directors and Technical Staff:

1. Please tell us, how are gender, persons with disabilities, and LGBTI issues are integrated into your work?

2. In your view, what are the most critical areas related to gender, persons with disabilities, and LGBTI in Rwanda, under your DO? In your opinion, what are the biggest challenges to addressing these issues?
3. In your opinion, over the past 5-10 years, what have been the biggest successes in gender, persons with disabilities, and LGBTI issues in Rwanda under your DO?
4. Can you provide some recommendations for our team: What would gender/persons with disabilities/LGBTI issues you recommend USAID focus on under your DO in the next CDCS? Our team will conduct interviews on gender, persons with disabilities, and LGBTI issues in Kigali and in the Districts. Do you have advice for the team on key issues we should explore? What questions do you think are the most important for the team to investigate?

#### **Mission Program Office:**

1. What type of support does the mission provide to its implementing partners to integrate GESI or to facilitate cross-partner learning in this domain?
2. Once the new CDCS is complete, what steps will you undertake to ensure that gender and social inclusion will be incorporated into the Performance Management Plan (PMP)? (The PMP is like a project monitoring, evaluation and learning plan, but for the whole mission).
3. Do previous USAID/Rwanda PADs adequately address GESI? What are the greatest advances and challenges in this regard?
5. How do you monitor and evaluate the performance of (a) the USAID staff and (b) implementing partner staff in terms of actions implemented and results on promoting more equal gender relationships and women's empowerment and attention for vulnerable groups through the programs? Do you think the monitoring is effective?
6. Are you coordinating / working with other donors to generate synergies for achieving greater gender impact and social inclusion?
7. What other institutional measures are needed (if any) to support mission staff or partners to integrate gender and social inclusion?

#### **Meetings with OAA**

1. Does the mission have a gender or inclusive development Mission Order? Who is in charge of implementing it? What measures has the mission taken to implement it?
2. How does OAA ensure that their implementing partners adequately address GESI? Good practices or challenges to cite?
3. How do activity managers (AORs and CORs) ensure that their implementing partners adequately address GESI? Good practices or challenges to cite?
4. Is gender and social inclusion integrated in the selection criteria for new awards? In practice, does this ensure that new awards adequately and comprehensively address GESI? Does OAA take measures to ensure that GESI is included, as required, in award documents?

#### **Guide for Interviews with Implementing Partners and District-Level Implementers**

Good morning/afternoon \_\_\_\_\_ First of all, we would like to thank you for your availability to participate in this gender analysis and assessment for USAID/Rwanda. The gender and social inclusion analysis will inform USAID/Rwanda's 2020-2024 Country Development Cooperation Strategy. The interview will take approximately 1 hour. The report that we are producing will be made publicly available on the USAID website in about two to three months from now. Here is my contact information in case you have any questions. Participation in this interview is voluntary, and if you would

like to stop the interview at any time, please let us know. Please also let us know if you would like for any information to remain confidential or if any information is just for our ears. Do we have your permission to continue?

1. Please tell us how your work addresses women and men, and/or persons with disabilities, and/or LGBTI people.
2. In your experience working on this project (or in another capacity), what are the main gender issues in your area of work? What are the main issues related to persons with disabilities, and LGBTI people in your area of work? Can you provide some examples?
3. In your experience working on this project (or in another capacity), what have been some important successes related to gender, persons with disabilities, and/or LGBTI in your area of work? Can you provide some examples?
4. How do you think your project / work has contributed to addressing challenges and to successes related to gender, persons with disabilities, and LGBTI issues?
5. Can you suggest some recommendations about what work in your sector should be done in the future, related to gender, persons with disabilities, and LGBTI?

### **Guide to Interviews and FGDs with NGOs and Civil Society Groups**

Good morning/afternoon\_\_\_\_\_. First of all, we would like to thank you for your availability to participate in this gender analysis and assessment for USAID/Rwanda. The gender and social inclusion analysis will inform USAID/Rwanda's 2020-2024 Country Development Cooperation Strategy. The interview will take approximately 1 hour. The report that we are producing will be made publicly available on the USAID website in about two to three months from now. Here is my contact information in case you have any questions. Participation in this interview is voluntary, and if you would like to stop the interview at any time, please let us know. Please also let us know if you would like for any information to remain confidential or if any information is just for our ears. Do we have your permission to continue?

1. In your view, what are the main gender and social inclusion issues for your community, in Rwanda?
2. What have been some of the successes for your community in recent years when it comes to gender equality and social inclusion? What made them successes?
3. What have been some of the biggest challenges for your community for gender equality and social inclusion in recent years? What made them challenges?
4. What progress do you want to see in the future? What is your dream for your community?
5. What should donors, such as USAID, do to help your community to address gender equality and social inclusion?

# ANNEX E: LIST OF KEY INTERVIEWEES

**Disclaimer:** In cases where an individual or organization could be at risk of legal, social, or physical harm due to their participation in this research, names, dates and contact information have been redacted or omitted in order to protect participants, ensure quality data collection, and adhere to Do No Harm and Ethical Data Collection protocols and standards. For all interviewees, free and prior informed consent was obtained before the interview.

Organization	Name
Akilah Institute	Aline Kabanda, Executive Director
CARE International	Geoffrey Kayijuka, Country Director
Catholic Relief Services	Alemayehu Gebremariam, Chief of Party
Chemonics International	Kate Brolley (HQ), Soma Umenye
	Winnie Muhumuza, Soma Umenye Gender Specialist
	Frank Mugisha, Duteze Ubutabera Imbere Deputy Chief of Party
	Come Ndemezo, Gender and Social Inclusion Specialist
Cultivating New Frontiers in Agriculture	Daniel Gies, Chief of Party, Hinge Weze
	Christine Tuyisenge, Gender Specialist, Hinga Weze
DFID	Zaza Curran, Social Development Advisor
Education Development Centre	Steve Kamanzi, Deputy Chief of Party, Huguka Dukore
Gender Monitoring Office	Rebecca Asimwe, Director of Monitoring and Evaluation
GIZ	Gregoire Sibomana, National Advisor, One Mainstreaming
Global Communities	John Ames, Chief of Party, Improved Services for Vulnerable Populations
	Dr. Erick Baganizi, Senior Technical Advisor for Health Promotion
Haguruka	Ninette Umurerwa, National Executive Secretary
Human Rights Rwanda First Association	Louis, Programs Coordinator
Intrahealth International	Edwin Tayebwa, Deputy Chief of Party
iPeace and Human Rights	Dr. Elvis Mbebe, President
Kayonza Women's Opportunity Center	Joy Rwamwenge
Ministry of Education	Mitali Lydia, Professional in Charge of Girls' Education
Never Again Rwanda	Eric Mahoro, Deputy Executive Director
RTI International	Alimas Hakzimana, Social Inclusion Specialist
Rwanda Chamber of Women Entrepreneurs	Jean Francoise Mubiligi
Rwanda Men's Resource Center	Fidele Rutayisire, Executive Director
Rwanda Women's Network	Annet Rwamnet, Country Director
Save the Children	Alex Alubisia, Chief of Party, Mureke Dusome
The Girl Effect	Samantha Diouf, Country Director
University of Tennessee	Ritah Nshuti, Project Manager, Tworore Inkoko Twunguke
Young Women's Christian Assoc.	Jean-Pierre Sibomana, Twiyubake (OVC) Program Manager
Women for Women International	Antoinette Uwimana
	Saba Ghor
	Liliane Lea Niyibizi
World Bank	Silas Udahemuka, Human Development Specialist (Social Protection & Jobs)
	Esdras Byiringiro
UN Women	Fatou Lo, Executive Director

# ANNEX F: GENDERED LAWS, POLICIES, STRATEGIES AND ACTION PLANS

## Key Gender Equality, Women's Empowerment and Social Inclusion Laws, Policies, and Strategies in Rwanda

Document	Relevance to GEWE and/or Social Inclusion
<b>Laws</b>	
<i>Rwanda Constitution Amended in December 2015</i>	
<b>Preamble</b>	"We, the People of Rwanda ...committed to building a State governed by the rule of law, based on the respect for human rights, <i>freedom and on the principle of equality of all Rwandans before the law as well as equality between men and women</i> ; committed further to building a State based on consensual and pluralistic democracy founded on power sharing, national unity and reconciliation, good governance, development, social justice, tolerance and resolution of problems through dialogue; committed to preventing and punishing the crime of genocide, fighting genocide negationism and revisionism, eradicating genocide ideology and all its manifestations, <i>divisionism and discrimination based on ethnicity, region or any other ground...</i> do hereby revise, through a referendum, the Constitution of the Republic of Rwanda of 04 June 2003 as amended..."
<b>Article 2, Suffrage</b>	Suffrage is universal and equal for all Rwandans. All Rwandans, both men and women, fulfilling the requirements provided for by law, have the right to vote and to be elected.
<b>Article 10, Fundamental Principles</b>	Prohibits both discrimination and divisionism based on ethnicity, region or any other ground, builds into the law the guarantee of equality regardless of gender.
<b>Article 15, General Guarantee of Equality</b>	All persons are equal before the law. They are entitled to equal protection of the law.
<b>Article 16, Protection from Discrimination</b>	This article guarantees equal rights to all Rwandans. It prohibits discrimination of any kind based on ethnic origin, family or ancestry, clan, skin color or race, sex, region, economic categories, religion or faith, opinion, fortune, cultural differences, language, economic status, physical or mental disability or any other form of discrimination are prohibited and punishable by law.
<b>Article 30, Free choice of employment</b>	All Rwandans have the right to free choice of employment, without any forms of discrimination. All Rwandans have the right to equal pay for equal work.
<b>Article 51, Welfare of persons with disabilities and other needy people</b>	The state has both the duty and the power to undertake special actions aimed at the welfare of persons with disabilities, including facilitating their education. The state also has the duty to undertake special actions aimed at the welfare of the indigent, the elderly and other vulnerable groups.
<b>Article 56, Obligations of Political Organizations</b>	Political organizations must always reflect the unity of Rwandans as well as equality and complementarity of men and women in the recruitment of members, in establishing their leadership organs, and in their functioning and activities...they must not compromise national unity, territorial integrity and national security.
<b>Article 57, Prohibitions for political organization</b>	Political organizations are prohibited from basing themselves on race, ethnic group, tribe, lineage, region, sex, religion or any other division which may lead to discrimination.

<b>Article 75</b> , Composition of Chamber of Deputies	The Chamber of Deputies is composed of eighty (80) Deputies. At least thirty percent (30 percent) of Deputies must be women.
<b>Article 80</b> , Composition of the Senate	Related to the composition of the senate (26 Senators), stipulates that at least 30 percent of elected and appointed Senators must be women.
<i>The UN Convention on Rights of Persons with Disabilities, Ratified by the GOR on 15 December 2008</i>	
<b>Article 5</b> , Equality and non-discrimination	<ol style="list-style-type: none"> <li>1. States Parties recognize that all persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law.</li> <li>2. States Parties shall prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds.</li> <li>3. In order to promote equality and eliminate discrimination, States Parties shall take all appropriate steps to ensure that reasonable accommodation is provided.</li> <li>4. Specific measures which are necessary to accelerate or achieve de facto equality of persons with disabilities shall not be considered discrimination under the terms of the present Convention.</li> </ol>
<b>Article 6</b> , Women with Disabilities	<p>Government recognizes that women with disabilities are subject to multiple discrimination based on their disability and their gender, and appropriate measures must be taken to ensure that women and girls with disabilities enjoy their full rights.</p> <p>States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.</p>
<b>Article 8</b> , Awareness-raising	<p>States Parties undertake to adopt immediate, effective and appropriate measures:</p> <ul style="list-style-type: none"> <li>• To raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities;</li> <li>• To combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life;</li> <li>• To promote awareness of the capabilities and contributions of persons with disabilities.</li> </ul> <p>Measures to this end include:</p> <ul style="list-style-type: none"> <li>• Initiating and maintaining effective public awareness campaigns designed:</li> <li>• To nurture receptiveness to the rights of persons with disabilities;</li> <li>• To promote positive perceptions and greater social awareness towards persons with disabilities;</li> <li>• To promote recognition of the skills, merits and abilities of persons with disabilities, and of their contributions to the workplace and the labor market;</li> <li>• Fostering at all levels of the education system, including in all children from an early age, an attitude of respect for the rights of persons with disabilities;</li> <li>• Encouraging all organs of the media to portray persons with disabilities in a manner consistent with the purpose of the present Convention;</li> <li>• Promoting awareness-training programs regarding persons with disabilities and the rights of persons with disabilities.</li> </ul>



<b>Article 12, Equal Recognition before the law</b>	<p>States Parties reaffirm that persons with disabilities have the right to recognition everywhere as persons before the law.</p> <ul style="list-style-type: none"> <li>• States Parties shall recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life.</li> <li>• States Parties shall take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity.</li> <li>• States Parties shall ensure that all measures that relate to the exercise of legal capacity provide for appropriate and effective safeguards to prevent abuse in accordance with international human rights law.</li> <li>• States Parties shall take all appropriate and effective measures to ensure the equal right of persons with disabilities to own or inherit property, to control their own financial affairs and to have equal access to bank loans, mortgages and other forms of financial credit, and shall ensure that persons with disabilities are not arbitrarily deprived of their property.</li> </ul>
<b>Article 13, Access to Justice</b>	<p>States Parties shall ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages.</p> <p>In order to help to ensure effective access to justice for persons with disabilities, States Parties shall promote appropriate training for those working in the field of administration of justice, including police and prison staff.</p>
<i>National Law N° 01/2007 on the Protections of Persons with Disabilities in General</i>	
<b>Article 1</b>	<p>This law protects disabled persons in general.</p> <p>Without prejudice to provisions of this law, there may be instituted particular laws protecting persons who are disabled due to various circumstances.</p>
<b>Article 3</b>	<p>Every disabled person shall be entitled to equal rights with other persons before the law. He or she shall be respected and be entitled to human dignity.</p>
<b>Article 18</b>	<p>No discrimination of any form shall be subjected upon a disabled person in matters related to employment.</p> <p>However, a disabled person shall be given greater access to employment opportunities than any other citizen in case of equal capacities or in case of equal marks in competition</p>
<b>Article 27</b>	<p>Any person who exercises any form of discrimination or any form of violence against a disabled person, shall be punished with the heaviest penalty among the penalties provided by the Criminal Code and those of the special laws relating to such a crime.</p>
<i>Rwanda Penal Code N° 68/2018</i>	
<b>Article 143, Public indecency</b>	<p>Any person who performs an indecent act in public, commits an offence. Upon conviction he/she is liable to imprisonment for a term of not less than six (6) months and not more than two (2) years.</p>

<b>Strategies and Action Plans</b>	
<i>National Strategy for Transformation (NST-I) 2017-2014</i>	
Economic Transformation Pillar	<p>A key strategic intervention for Priority Area I (creating 214,000 jobs new decent and productive jobs annually for economic development) is to support and empower youth and women to create businesses through entrepreneurship and access to finance.</p>

Social Transformation Pillar	A key strategic intervention for Priority Area 5 (to transition to a modern Rwandan Household in urban and rural areas) is to strengthen prevention and response strategies to fight gender-based violence (GBV) and child abuse. Specific interventions will include; establishing and strengthening family cohesion home grown initiatives and implementing the integrated health care services for GBV victims. In addition, partnerships will be strengthened with the Private sector, CSOs, Faith Based Organizations as well to conduct community awareness campaigns for fighting GBV and child abuse
Transformational Governance Pillar	A key strategic intervention for Priority Area 1 (reinforce Rwandan culture and values as a foundation for peace and unity) is to strengthen and promote gender equality and ensure equal opportunities for all Rwandans by fostering the culture of solidarity and support to vulnerable groups; this will be achieved through mainstreaming gender across sectors, district strategies and investment .
Cross-cutting Issues: Disability and Social Inclusion	<p>Progress made in supporting persons with disabilities will be sustained and scaled up taking into account national and international commitments. Specific interventions will include:</p> <ul style="list-style-type: none"> <li>● Scaling up coverage and re-designing social protection schemes to eligible persons with disabilities,</li> <li>● Ensuring easy access to public and private infrastructure by enforcing the building code;</li> <li>● Strengthening skills and increasing the number of professionals in inclusive and special needs education;</li> <li>● Scaling up assistive devices and appropriate learning resources in education.</li> <li>● Continuing to support and engage persons with disabilities to participate in all decision-making processes</li> <li>● Develop a system to identify children with special education needs.</li> </ul>
Cross-cutting Issues: Gender and Family Promotion	<p>Achievements registered in gender mainstreaming, family promotion and women empowerment will be sustained through a number of interventions including:</p> <ul style="list-style-type: none"> <li>● Continuing to facilitate women to access finance;</li> <li>● Mainstreaming gender in employment and job creation strategies;</li> <li>● Strengthening capacities of gender mainstreaming tools and disaggregated data to inform policy formulation and resource allocation;</li> <li>● Scaling up ECDs services at village level;</li> <li>● Continuing awareness of and fight against gender-based violence and human trafficking;</li> </ul>
<i>Ministry of Agriculture and Animal Resources (MINAGRI) Gender Strategy (2010)</i>	
<b>Objective 1:</b> Institutionalize gender equality in the agriculture sector	To institutionalize gender, MINAGRI will:

	<ul style="list-style-type: none"> <li>• Put in place a functioning gender coordination structure.</li> <li>• Review the existing human resource, operational and accountability policies, guidelines, procedures and systems and systematically mainstream gender in these. put in place for gender integration in human resources management and development systems, including, financial systems, organizational operating norms and administrative procedures</li> <li>• Establish Gender Focal Points in key departments and programs/projects.</li> <li>• Develop tools for engendering accountability (M&amp;E) and knowledge and information management (MIS) systems. Systems of accountability will include gender indicators and sex-disaggregated data.</li> <li>• Develop guidelines for operationalizing gender sensitivity in planning and implementing programs and projects. The guidelines will have procedures for how to implement the policy directive of at least 30 percent women representation so that they participate as equal partners in development activities and decision-making structures</li> <li>• Develop tools (manuals, guidelines or toolkits) on how to mainstream gender by extension personnel in planning trainings, meetings, workshops, or designing technology development related activities, like in farmer field schools</li> <li>• Facilitate development of engendered data collection and analysis tools for agricultural surveys and assessment.</li> </ul>
<b>Objective 2:</b> To develop capacities in the agriculture sector to enable gender sensitive programming.	<p>MINAGRI, its agencies and decentralized entities will be trained to understand gender concepts and terms, gender analysis and on approaches to be gender sensitive during planning, implementation and monitoring and evaluation of all interventions. Stakeholders who will receive the training are:</p> <ul style="list-style-type: none"> <li>• MINAGRI staff at the managerial, program and technical level will be trained to be gender sensitive so that they have the capacity to implement the strategy in national, district and sector programs and activities.</li> <li>• Veterinarians, Agronomists and related staff at district and sector levels</li> <li>• Civil society organizations (agricultural cooperatives, farmer organizations and community based organizations, agricultural workers unions) leaders and managers, gender advocates, private service delivery enterprises and financial institutions at the managerial, program and technical level will be trained to be gender sensitive and to have the capacity to implement the strategy in national, district and sector programs and activities.</li> </ul>
<b>Objective 3:</b> To enhance the gender responsiveness in delivery of agricultural services.	<p>MINAGRI and its partners at the different levels will raise awareness at the implementing levels on the existing agricultural services and legal frameworks so that women and men farmers and entrepreneurs have knowledge about their rights and also channels of addressing problems.</p>

	<ul style="list-style-type: none"> <li>• Land use consolidation: <ul style="list-style-type: none"> <li>○ Communication of existing law on land ownership so that people in communities know that both women and men have equal access and must have equal control of land resources.</li> </ul> </li> <li>• Agricultural mechanization: <ul style="list-style-type: none"> <li>○ Facilitate implementation of the mechanization strategy, ensuring that the agricultural machineries are gender sensitive and that women and men farmers have equal access to available machineries.</li> </ul> </li> <li>• Fertilizers and seeds: <ul style="list-style-type: none"> <li>○ Training of agri-dealers to be gender sensitive when distributing inputs and also sensitize and train women to consider and integrate agri-dealing as a business.</li> </ul> </li> <li>• Livestock The one cow per poor family: <ul style="list-style-type: none"> <li>○ The guidance will clearly state that the cow belongs to the family, with both husband and wife to sign for receiving the cow.</li> </ul> </li> <li>• Value chain development - Access to credit: <ul style="list-style-type: none"> <li>○ MINAGRI will promote agri-business ventures for both men and women, ensuring that women do not lag behind, especially in the coffee, tea and horticulture value chains. Employers will be requested to provide gender sensitive working conditions.</li> </ul> </li> <li>• Business knowledge and skills enhancement: <ul style="list-style-type: none"> <li>○ Supporting farmers, especially women, in project formulation and other soft skills (entrepreneurship, leadership, teamwork, conflict management).</li> </ul> </li> <li>• Banks, MFIs and Cooperatives: <ul style="list-style-type: none"> <li>○ Awareness, training and advocacy so that they make their services equally accessible to both women and men farmers and entrepreneurs.</li> </ul> </li> <li>• Access to commodity markets – <ul style="list-style-type: none"> <li>○ Ensure that both women and men farmers have equal access to commodity prices and other market information.</li> </ul> </li> <li>• Fighting illiteracy: <ul style="list-style-type: none"> <li>○ Collaborate with MINEDUC to implement community literacy classes so that farmers, especially women have basic skills to read, count and write.</li> </ul> </li> <li>• Access to extension services such as training and technologies – <ul style="list-style-type: none"> <li>○ MINAGRI will promote use of innovative approaches such as farmer field schools (FFS), to ensure that both women and men participate equally in trainings and technology development processes.</li> </ul> </li> </ul>
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<b>Objective 4:</b> To promote equal participation in decision making processes.	<ul style="list-style-type: none"> <li>• Ensure that WHH and women are represented in governance structures of programs, projects and farmer organizations. Following on the existing legal framework, governance structures will be required to have a minimum of 30 percent women representation.</li> <li>• MINAGRI will facilitate confidence building of women through trainings in leadership, teamwork, negotiation and conflict resolution. However, men will be engaged in all processes to ensure that both men and women are equal partners in development.</li> </ul>
<b>Objective 5:</b> To develop and coordinate partnerships and collaborative mechanisms amongst government institutions, CSOs, private sector and development partners and integrate appropriate actions to respond to practical and strategic gender needs in the agriculture sector	<p>MINAGRI will ensure that the Agriculture Sector Working Group is involved in the implementation of the gender strategy in the various PSTA programs. As such, MINAGRI will hold a workshop to launch the gender strategy. The strategy will be disseminated at all levels.</p> <p>MINAGRI will link to the existing joint action forums (JAF) at provincial, district and lower levels to facilitate implementation of the strategy.</p>
<i>Ministry of Education, Science, Technology and Scientific Research: Girls' Education Strategy (2008)</i>	
<b>Vision</b>	The vision of this policy is a society free from gender disparities in all sectors of development and an education system where all children (girls and boys) have equal access to quality education.
<b>Mission</b>	The mission of this policy is to provide an enabling environment for the promotion of gender equality in education and training. It is intended to establish guiding principles in Rwanda's endeavors to eliminate gender disparity and priorities for government and stakeholder action.
<b>Key Activities</b>	<p>The key activities for successful implementation of the Girls' Education Policy are:</p> <ul style="list-style-type: none"> <li>• Mainstream gender desegregation and analysis in all reporting, data collection and research by developing a tracking system for all school pupils;</li> <li>• Provide alternative non formal means of education for children (catch up centers) who are unable to attend formal school and introduce means of moving between the 2 systems;</li> <li>• Put in place mechanisms for school age pupils to participate in governance, skills enhancement activities such as clubs, local speak out events etc.;</li> <li>• Strengthen sex and family life education in the school curriculum;</li> <li>• Establish and increase numbers of technical schools in each Province to offer a diversified education program for girls and boys;</li> <li>• Provide separate facilities for the 2 gender groups, particularly sanitation and playgrounds;</li> <li>• Provide subsidies and scholarships for areas where retention and completion rates are low;</li> <li>• Develop laws, codes of conduct for teachers and pupils to protect special needs children, especially girls, from sexual, physical and mental abuse.</li> </ul>

# ANNEX G: GENDER INTEGRATION AND SOCIAL INCLUSION SURVEY RESULTS

## Results from the USAID/Rwanda Staff and Implementing Partners Surveys on Gender Integration

### Profile of Respondents

The gender analysis team surveyed USAID/Rwanda and implementing partner staff from April through May 2019, using a survey instrument implemented through SurveyMonkey, to gauge staff and implementing partner knowledge, attitudes and practices on gender equality and women's empowerment (GEWE) integration and social inclusion. Separate surveys were sent to USAID/Rwanda staff and implementing partner staff. The results presented here are self-reported, and therefore represent the respondent's perceptions of her and his knowledge and practice in this area.

Twenty-six out USAID/Rwanda staff responded to the survey. Of the respondents, 42.3 percent were male and 57.7 percent were female. Responses were received from USAID/Rwanda staff from several offices at the mission, including the Program Office, the Acquisition and Assistance Office, the Democracy and Governance Office, the Health Office, the Economic Growth Office, the Education Office, the Executive Office, and the Office of Financial Management. The largest representative sample was the Health Office (34.62 percent).

Thirty-two USAID implementing partner staff answered the whole survey. Among them, 53.1 percent identified as female, 46.88 percent identified as male. Additionally, 50.0 percent of the respondents were directors of a USAID-funded program, 6.25 percent were technical staff of a USAID-funded program, and 28.1 percent were gender and/or social inclusion advisors to the programs.

### Survey Criteria for Measuring Attitudes and Perceptions, Knowledge, and Practice on Gender Equality and Women's Empowerment Tasks

The survey measured attitudes and perceptions, knowledge and practice with respect to the following gender equality and women's empowerment integration tasks:

1. Understanding the specific issues of gender equality and women's rights in Rwanda.<sup>121</sup>
2. Conducting an analysis of gender equality and women's empowerment.
3. Integrating the gender equality analysis findings into project/program design.
4. Implementing gender equality and women's empowerment programming.
5. Selecting and monitoring project/program indicators that measure changes in gender equality or women's empowerment.
6. Integrating gender-based violence prevention and response into programming.
7. Integrating LGBTI considerations into the design and implementation of programming.

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<sup>121</sup> Measured only for the question on perceptions and attitudes.

## **Attitudes and Perceptions on GEWE Integration in the Program Cycle**

Results differed for different tasks, with a notable variation between the first six tasks and the last task. Between 80.77 and 96.16 percent of USAID staff considered the first six tasks important or very important. The gender activities seen as less important by USAID staff were conducting a gender analysis, integrating gender into monitoring and evaluation activities, and integrating GBV prevention into program (15 percent of USAID/Rwanda staff found these activities moderately important). For the integration of LGBTI considerations into program design and implementation only 73.1 percent of USAID/Rwanda staff found this important or very important. Like the USAID staff survey, between 78.1 and 93.6 percent of implementing partner staff found the first six tasks important or very important, with GBV integration ranking lowest in importance among the six gender activities. Only 31.3 percent found LGBTI activities to be important or very important.

## **Knowledge on GEWE in the Program Cycle**

Across the GEWE tasks listed above (except for the first, which was not measured), implementing partners overall reported having more knowledge than USAID staff. Between 56.3 and 75.0 percent of implementing partner staff responded that they are knowledgeable or very knowledgeable about the first four measured tasks (Tasks 2-5). Only 46.9 percent considered themselves knowledgeable or very knowledgeable for Task 6 (integrating GBV response and prevention into programming). Notably, only 6.3 percent of implementing partner respondents considered themselves knowledgeable or very knowledgeable about Task 7 — integrating LGBTI considerations into the design and implementation of programming. Between 23.1 and 46.1 percent of USAID staff respondents identified themselves as knowledgeable or very knowledgeable about all the measured tasks. The starkest difference in knowledge was in Task 2 and 3 (conducting an analysis of GEWE and then integrating the results): while between 56.3 and 75.0 percent of implementing partner, respondents identified as knowledgeable or very knowledgeable, only 23.1 percent of USAID staff responded as knowledgeable or very knowledgeable in Task 2 and 42.2 percent for Task 3. In addition, whereas less implementing partners felt knowledgeable when it came to GBV integration (Task 6), 46.2 percent of USAID staff felt knowledgeable or very knowledgeable about this activity, making it the activity where USAID staff considered themselves the most knowledgeable. Also, a higher percentage of USAID staff considered themselves knowledgeable or very knowledgeable (23.1 percent) on integrating LGBTI considerations into programming than their implementing partners. Overall, higher rates of implementing partner staff reported being “very knowledgeable” on each of the tasks as compared to USAID staff.

## **Access to GEWE Training**

**Training During Career:** The data indicates that 92.3 percent of USAID staff respondents have participated in some gender training since they began working at USAID. Fully 84.6 percent of USAID staff have participated in the USAID Gender 101 course and 30.8 percent of USAID staff have participated in non-USAID gender training during their career. While 15.4 percent of USAID staff have participated in less than a day of training over the course of their career, 65.4 percent have participated in more than a day of training.

Similarly, 87.5 percent of implementing partner staff respondents have participated in gender trainings during their career, and 59.4 percent have received training social inclusion in their professional lives. Of those that have received training, a majority have participated in five or more days of training, while 3.1



percent have participated in one day or less of training, and 78.1 percent have received more than one day of training.

**Access to Gender Analysis Tools:** 50.0 percent of USAID Mission staff and 56.3 percent of IP staff have access to gender and social inclusion analysis tools. Among USAID staff, some of the tools cited were the Community Health and Improved Nutrition (CHAIN) Gender Analysis toolkit, Project-Level analysis tools, Women's Empowerment in Agriculture Index (WEAI) in Agriculture, a Gender Analysis checklist; and PD/SOW/SOO Guidance. Implementing partner staff reported having access to more than just organizational and USAID toolkits. Other tools that IPs specified were needs assessment and beneficiary services delivery forms, KAP Studies, the IGWG Gender Assessment Guide in the health sector, the Gender Equality Continuum, Pathways for Gender, and Integrating Gender in SBC Programming.

### **GEWE and Social Inclusion in Practice**

In most cases, implementing partner staff reported integrating GEWE and Social Inclusion into their work with a higher frequency to USAID staff. For USAID staff, results varied: between 36.0 and 50.0 percent reported integrating the various GEWE tasks to either a modest or great extent. For social inclusion tasks, between 30.8 and 38.5 percent of USAID staff reported that their current work or project integrates LGBTI and persons with disabilities considerations to a modest or great extent. Specifically, 46.2 percent of USAID staff reported that they have conducted a gender and social inclusion analysis during the project/program design phase to a modest or great extent and 50.0 percent reported the same for integrating gender and social inclusion analysis findings into USAID program or project design. Also, for USAID staff, 50.0 percent reported to a modest or great extent selecting and monitoring project/program indicators to measure changes in gender equality or women's empowerment, 36.0 percent reported the same for integrating GBV prevention and response in the project/program design and implementation of programming.

For implementing partner staff, results also varied but tended to be higher: between 54.8 and 80.6 percent reported integrating the various tasks to either a modest or great extent. Specifically, 54.8 percent of implementing partner staff reported that they conducted gender and social inclusion analysis findings during the project/program design phase, and 80.6 percent reported the same for integrating the results of a gender analysis in the design of a project/program, and 68.8 percent reported the same for selecting and monitoring project/program indicators to measure changes in gender equality or women's empowerment. In addition, 45.7 percent of implementing partner staff reported to a modest or great extent integrating GBV prevention and response into project/program design and implementation. For social inclusion, and 67.7 percent of implementing partners reported that they integrated persons with disabilities considerations in their work to a modest or great extent, whereas significantly less (10 percent) reported that they integrated LGBTI considerations into program and project design and implementation.

### **Obstacles to Gender Integration in the USAID Program Cycle**

USAID staff cited several obstacles to gender integration in the program cycle, each cited by 3.9 – 57.7 percent of the respondents. The obstacles most cited were limited staff training on gender (cited by 57.7 percent), limited staff capacity on gender-related knowledge and skills (53.9 percent), and limited staff time (46.2 percent). Implementing partner staff most often cited limited staff training (59.4 percent), limited financial resources for gender and social inclusion programming (59.4 percent), and limited staff capacity and limited availability of gender tools (50.0 percent).

## **Access to Support for Gender Integration**

For USAID staff, between 42.3 and 69.2 percent responded that they do not have access to USAID/Washington Gender Advisor or Technical Expert, or other in-country institutional Gender Technical Support. In contrast, 92.3 percent of USAID staff report having access to a USAID Mission Gender Advisor, Technical Expert or Focal Point; however, most respondents (34.6 percent) mentioned that they seek out their support less than once a month.

Overall, about half of implementing partner staff claim to have access to gender-related technical support. Still, between 51.6 and 58.6 percent responded that they do not have access to the USAID Mission Gender Advisor or a National Gender Focal point.

## **Dedicated Funding for Gender Integration**

Approximately 26.9 percent of USAID staff and 18.8 percent of implementing partners reported that the funds they have for gender integration are sufficient. In contrast, 30.8 percent of USAID staff and 34.4 percent of IPs staff reported they have *no* funds for gender integration, and 38.5 percent of USAID staff and 46.9 percent of implementing partner staff reported that funds exist, but they are insufficient for gender integration.

## **Internal GEWE Policies**

Fully 69.2 percent of USAID staff responded that there is an official mission order on promoting GEWE and social inclusion. In contrast, 78.1 percent of implementing partners responded that their organizations have an official internal policy promoting GEWE. In addition, 96.2 percent of USAID/Rwanda staff and 97.0 percent of implementing partners were aware that their organization has a system in place for staff to voice concerns over practices they deem inequitable (e.g. discriminatory practices, aggressions, etc.) All USAID and IP respondents reported that their organization has a system in place for staff to report sexual harassment.

## **Gender in Position Description**

Only 26.9 percent of USAID staff and 43.8 percent of implementing partner staff responded that their position description includes tasks related to gender integration, women's empowerment and social inclusion.

## **USAID/Rwanda Gender Support to Implementing Partners**

Between 3.9 and 11.5 percent of USAID staff always implement/ensure activities supporting gender and social inclusion with their implementing partner organizations. Example of such activities include: activities to identify the attitudes of partner organizations towards working in a gender-sensitive and socially inclusive manner, to engage in a dialogue with partner organizations on gender and social inclusion policy issues, to discuss gender and social inclusion issues with your director concerning partner organizations, to give orientation to partner organizations for them to improve gender integration at the implementation level, and to initiate discussions on choice of partner organizations and service delivery to them which concern gender equality. Between 23.1 and 50.0 percent of USAID/Rwanda staff said they had never done these activities and a majority of the staff said they had sometimes initiated these with activities with implementing partners.

## **Conclusions on the Staff and Implementing Partner Survey**

USAID Staff noted that the USAID/Rwanda Mission's effort to integrate gender and social inclusion into programming has increased over the past five years. However, they noted more needs to be done in terms of following through with partners in order to ensure that all levels are integrating Gender and Social Inclusion activities. Suggestions on how to improve gender activities at the Mission included: building the capacity of the skills/knowledge of USAID staff in how to effectively ensure social inclusion in design, implementation and reporting and using gender standard indicators. They highlighted that a focus on gender integration is important as “empower women in Rwanda is empowering Rwanda.”

USAID Implementing Partners noted that there needs to be a greater focus on GBV and social inclusion in Rwanda, and a greater collaboration between the programs implemented in Rwanda. Suggestions on how to improve gender activities in the USAID program cycle Rwanda included: increasing funding for gender and social inclusion activities specifically in programs funded by USAID, creating programming focused on positive masculinities that engages men as important partners in the fight for gender equality, defining clear indicators that can reflect Gender and Social Inclusion across all projects, emphasizing training for staff in order to build capacity, especially in social inclusion (LGBTI/ persons with disabilities), and sharing best practices among the donor community in Rwanda in order to create more synergies between USAID projects.

# ANNEX H: KEY QUESTIONS FROM THE WOMEN'S ECONOMIC EMPOWERMENT DOMAINS FOR EACH USAID THEMATIC AREA

USAID/Rwanda DO Sector	Women's Economic Empowerment Domains <sup>122</sup>				
	Agency	Enabling Environment	Leadership	Access	Risk Mitigation
<b>DEMOCRACY &amp; GOVERNANCE</b>	<b>Principal Questions</b>	<b>Principal Questions</b>	<b>Principal Questions</b>	<b>Macroeconomy</b>	<b>Public Spaces</b>
	<ul style="list-style-type: none"> <li>To what extent are women vs. men able to exercise their voice in decisions made by public, private, and civil society organizations, both individually and as collectives?</li> </ul>	<ul style="list-style-type: none"> <li>To what extent do laws, policies, regulations, and institutional practices contain <b>explicit</b> gender and other social biases? (Explicit provisions that treat women and men differently).</li> <li>To what extent do laws, policies, regulations, and institutional practices contain <b>implicit</b> gender and other social biases? (Policies and regulations that impact men and women differently, because of different social arrangements and economic behavior)</li> </ul>	<ul style="list-style-type: none"> <li>What decision-making and leadership roles and opportunities do women in the sector have globally, regionally, or in the country?</li> </ul> <p><b>Macroeconomy</b></p> <ul style="list-style-type: none"> <li>What proportion of seats is held by women in national parliaments and local governments?</li> <li>What has the impact of female leadership been on macroeconomic policy reform, including on issues affecting the informal sector and</li> </ul>	<ul style="list-style-type: none"> <li>Are gender-responsive budgeting or informal economy budgeting being used to drive discussions on macroeconomic policy?</li> </ul>	<ul style="list-style-type: none"> <li>How many women vs. men are internally displaced?</li> <li>How many women vs. men who are internally displaced have basic inputs for economic survival?</li> <li>How many members of the national police and national military are women vs. men?</li> </ul>

<sup>122</sup> Banyan Global. Draft Women's Economic Empowerment Domains, 2019.

		<ul style="list-style-type: none"> <li>Where is key gender-related legislation absent?</li> <li>Does a system exist to track and make public allocations for gender equality and women's empowerment?</li> </ul>	access to public services?		
<b>ECONOMIC DEVELOPMENT &amp; AGRICULTURE</b>	<p><b>Credit</b></p> <ul style="list-style-type: none"> <li>How much do women vs. men control and make decisions on credit?</li> <li>At the level of financial institutions, are women engaged in the design of financial services that meet their specific needs?</li> </ul> <p><b>Savings</b></p> <ul style="list-style-type: none"> <li>How much do women vs. men control and make decisions on savings?</li> <li>Are group-level savings organizations available to women and how are women using them?</li> </ul> <p><b>Digital Financial Services</b></p> <ul style="list-style-type: none"> <li>To what extent are women able to use digital financial services?</li> <li>To what extent are women engaged in defining what digital financial services are available and for what purposes?</li> </ul>	<p><b>Value Chains</b></p> <ul style="list-style-type: none"> <li>Are commitments to address gender equity issues included in sector policies?</li> <li>How do women's contributions throughout the value chain and in the sector lead to global, regional, or country-level policy goals?</li> </ul> <p><b>Credit</b></p> <ul style="list-style-type: none"> <li>Do policies cite data about and solutions to address gender gaps in access to credit?</li> <li>Do financial institutions have strategies or policies directed at the creation of financial products that meet the needs and demands of women?</li> <li>Have financial institutions included capacity building programs into their credit activities to</li> </ul>	<p><b>Value Chains</b></p> <ul style="list-style-type: none"> <li>At what levels in the value chain do women hold leadership positions and what has the impact been on economic empowerment opportunities for women?</li> <li>What stereotypes affect women's ability to take on leadership positions at various levels in agricultural sector?</li> </ul> <p><b>Formal</b></p> <ul style="list-style-type: none"> <li>What proportion of women is in managerial positions?</li> <li>What leadership positions do women commonly hold? For example, do they typically hold administrative positions such as secretary or</li> </ul>	<p><b>Wealth</b></p> <ul style="list-style-type: none"> <li>What types of assets do women own and how does this differ from men?</li> <li>How many women vs. men have a bank account?</li> </ul> <p><b>Credit</b></p> <ul style="list-style-type: none"> <li>How many women vs. men have access to credit?</li> <li>How many women vs. men use micro-credit programs?</li> <li>What types of credit do women have access to?</li> <li>From which institutions do women vs. men access credit? <ul style="list-style-type: none"> <li>Formal banks, micro-finance institutions, and credit unions</li> <li>Mobile banking</li> <li>Buyers, input dealers, or other</li> </ul> </li> </ul>	<p><b>Property</b></p> <ul style="list-style-type: none"> <li>To what extent are women able to access and control land and other property legally owned by a spouse or other male family members during periods of crisis and male migration?</li> </ul> <p><b>Labor</b></p> <ul style="list-style-type: none"> <li>How does women's access to labor shift during periods of crisis?</li> </ul>

	<p><b>Education/Training</b></p> <ul style="list-style-type: none"> <li>• What are literacy rates for women of diverse backgrounds, and how does it impact their ability to use mobile technology?</li> </ul> <p><b>Business Ownership and Entrepreneurship</b></p> <ul style="list-style-type: none"> <li>• Are women able to independently start and operate a business without the involvement of male family members?</li> <li>• How do women's sense of self-worth, confidence, self-esteem and efficacy affect their wage-earning or profit-earning work?</li> <li>• How do gender norms about women as wage earners or engagement in profit-earning work affect their level self-worth, confidence, self-esteem and vice versa?</li> </ul> <p><b>Networks</b></p> <ul style="list-style-type: none"> <li>• How many women vs. men have membership in any group or association, including participation in trade unions?</li> <li>• Do women play key roles in such decision-making in networks, cooperatives or business associations?</li> </ul>	<p>ensure the success of female entrepreneurs and business owners?</p> <p><b>Business Ownership and Entrepreneurship</b></p> <ul style="list-style-type: none"> <li>• At what rates do women vs. men consider business registration requirements to be simple, transparent, and low-cost?</li> </ul> <p><b>Pay Disparities</b></p> <ul style="list-style-type: none"> <li>• Does national level legislation guarantee equal pay for equal work?</li> <li>• Are any businesses or sectors exempt from these regulations?</li> </ul> <p><b>Property</b></p> <ul style="list-style-type: none"> <li>• Do policies cite data about and solutions to address gender gaps in access to inputs, equipment, technology, and land?</li> <li>• Do national laws give men and women the same rights to rent, own, sell and inherit property?</li> <li>• Do laws allow for customary practices or religious laws to be exempt from or to</li> </ul>	<p>accountant and not decision-making positions such as president or chairperson?</p> <ul style="list-style-type: none"> <li>• What stereotypes affect women's ability to take on leadership positions at the heads of public or private sector institutions?</li> </ul> <p><b>Property</b></p> <ul style="list-style-type: none"> <li>• To what extent are lawmakers engaging female community leaders to help increase women's access to land and property (and implement national gender equality policies)?</li> </ul> <p><b>Labor</b></p> <ul style="list-style-type: none"> <li>• How does the lack of co-responsibility in households and lack of community-based childcare services factor into women's ability to participate and take on leadership positions in business networks, cooperatives,</li> </ul>	<p>actors within the value chain</p> <ul style="list-style-type: none"> <li>○ Cooperatives or other formal organizations</li> <li>○ Informal savings and lending groups, such as village savings and loan associations</li> <li>○ Friends and family</li> <li>○ Rogue lenders or "loan sharks" who offer high interest rates and few protections</li> </ul> <ul style="list-style-type: none"> <li>• Where do women access information about credit?</li> <li>• Do women have apprehension about debt accrual?</li> <li>• How do social norms and practices (such as on decision-making, mobile phone use, women's mobility) affect women's access to and use of credit and collateral?</li> </ul> <p><b>Savings</b></p> <ul style="list-style-type: none"> <li>• At what rates do women vs. men save for household needs or as a safety net during shocks (i.e. for medical emergencies, to buy a house, pay</li> </ul>	
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		<p>supersede national laws on renting, owning, selling and inheriting property?</p> <ul style="list-style-type: none"> <li>• Are legal mechanisms in place for women to register property, thereby formalizing ownership and enabling asset use as collateral?</li> <li>• Do laws exist to protect women's property rights?</li> <li>• Are land reform initiatives occurring in the target country?</li> </ul> <p><b>Networks</b></p> <ul style="list-style-type: none"> <li>• Do the policies cite data about and solutions to address gender gaps in access to farming groups such as cooperatives?</li> <li>• Do national cooperative laws prohibit or encourage discrimination?</li> <li>• Is only one family member allowed to participate in a cooperative's membership?</li> </ul>	<p>unions or business associations?</p> <p><b>Networks</b></p> <ul style="list-style-type: none"> <li>• What role do women/men in economic networks, such as farmers' cooperatives, women's enterprise networks, and trade associations play in access to capital, etc.?</li> <li>• Are there initiatives to increase women's leadership and participation in networks, cooperatives or business associations?</li> </ul>	<p>school fees, pay for a wedding or funeral, or buy household goods and appliances)?</p> <ul style="list-style-type: none"> <li>• At what rates do women vs. men save to start or expand a business?</li> <li>• What savings mechanisms do women vs. men use and why?</li> </ul> <p><b>Value Chains</b></p> <ul style="list-style-type: none"> <li>• How many women vs. men work in a specific value chain by activity (supply, production, processing, transportation, trade)?</li> <li>• Are women involved at points in the value chain where income is earned?</li> <li>• Do they have access to income earned?</li> <li>• What is the visibility and value of women's roles at each stage in the value chain?</li> </ul> <p><b>Business Ownership and Entrepreneurship</b></p> <ul style="list-style-type: none"> <li>• How many female-owned vs. male-owned businesses in the formal market</li> </ul>	
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				<p>have access to credit and/or startup investments?</p> <ul style="list-style-type: none"> <li>• What is the average loan size for female- vs. male-owned enterprises?</li> <li>• What is the average interest rate paid on loans for female- vs. male-owned enterprises?</li> <li>• Do female entrepreneurs have access to financial literacy programs?</li> </ul> <p><b>Property</b></p> <ul style="list-style-type: none"> <li>• Do women have equal access to legal property rights?</li> <li>• Do socially acceptable practices restrict women's access to property ownership?</li> </ul> <p><b>Public Spaces</b></p> <ul style="list-style-type: none"> <li>• How many women vs. men have access to a formal marketplace to buy and sell goods?</li> <li>• Do women have access to decent roads and public transportation services that are safe, affordable and reliable?</li> </ul>	
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<b>EDUCATION</b>	<b>Human Capital</b> <ul style="list-style-type: none"> <li>• Are girls and boys equally given opportunities for leadership in schools, universities, and social programming?</li> <li>• Do education leaders, administrators, and teachers practice gender-equal teaching methods and encourage girls and boys equally in STEM?</li> <li>• What are the differences in age and education between women and men who are married?</li> </ul>	<b>Human Capital</b> <p>Are policies in place to address gaps in general and financial education among women and men, girls and boys?</p>		<b>Finance</b> <ul style="list-style-type: none"> <li>• Do women and girls have access to information and training on financial planning?</li> </ul> <b>Human Capital</b> <ul style="list-style-type: none"> <li>• Are primary and secondary schools accessible and within a reasonable difference for both girls and boys?</li> <li>• Are there unique constraints to education faced by girls?</li> <li>• To what extent are women vs. men enrolling in university and vocational training programs, by targeted sector?</li> <li>• What are the educational attainment rates of women vs. men at primary, secondary, and tertiary levels?</li> <li>• What proportion of women are currently pursuing STEM careers in vocational schools or universities?</li> </ul>	
<b>HEALTH</b>	<b>Human Capital</b> <ul style="list-style-type: none"> <li>• Are girls engaged as leaders in discussions</li> </ul>	<b>Human Capital</b> <ul style="list-style-type: none"> <li>• Do laws and regulations guarantee</li> </ul>		<b>Human Capital</b> <ul style="list-style-type: none"> <li>• Are health services set up to</li> </ul>	<b>Human Capital</b> <ul style="list-style-type: none"> <li>• What is the prevalence of</li> </ul>

	<p>about early marriage and sexual and reproductive health?</p> <ul style="list-style-type: none"> <li>• To what extent are women and girls able to choose their spouse?</li> <li>• What percentage of women or girls report that family members have the final say on their decision to use contraception?</li> <li>• What proportion of women aged 15-49 years make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care?</li> <li>• Who controls the narratives around marriage and family planning norms in the family and community as well as nationally?</li> </ul>	<p>women access to all types of health care, information, and education, including sexual and reproductive health care?</p> <ul style="list-style-type: none"> <li>• Is there legislation that specifically addresses domestic violence?</li> <li>• To what extent do domestic violence laws include criminal penalties and address each of the following areas: emotional violence, economic violence, physical violence, and sexual violence?</li> </ul>		<p>accommodate women, men, girls, and boys?</p> <ul style="list-style-type: none"> <li>• At what rates do women vs. men access sexual and reproductive health services?</li> <li>• Do both women and men use contraceptives at similar rates?</li> </ul>	<p>gender-based violence?</p> <ul style="list-style-type: none"> <li>• What are attitudes about violence against women?</li> <li>• Which forms of GBV are illegal (including workplace, street, and other forms of public harassment?)</li> </ul>
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