INCEPTION REPORT

FINAL EVALUATION OF THE "Transformative Approaches to Recognize, Reduce and Redistribute Unpaid Care work in Women's Economic Empowerment Programming in Rwanda and Senegal"

INDEPENDENT EVALUATION SERVICE
UN WOMEN
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Acronyms

3R	Recognize, Reduce and Redistribute
5R+	Recognize, Reduce, Redistribute, Reward and Represent, and the resourcing of resilient care systems
CSOs	Civil Society Organizations
DAMS	Donor Agreement Management System
EMG	Evaluation Management Group
ERG	Evaluation Reference Group
GATE	Global Accountability and Tracking of Evaluation System
GDP	Gross Domestic Product
IE(AI)S	Independent Evaluation, (Audit and Investigation) Services
ILO	International Labour Organization
LFS	Labour Force Survey
OECD	Organisation for Economic Co-operation and Development
OHCHR	Office of the United Nations High Commissioner for Human Rights
PGAMS	Partner and Grant Agreement Management System
TOC	Theory of Change
TUS	Time Use Survey
UCDW	Unpaid Care and Domestic Work
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WEE	Women's Economic Empowerment

I. INTRODUCTION

The inception phase for the evaluation of the "Transformative Approaches to Recognize, Reduce and Redistribute (3R) Unpaid Care work in Women's Economic Empowerment Programming in Rwanda and Senegal" has involved:

- Inception interviews with global, regional and national coordinators

- Review of key programme and contextual documents

- Feedback from the Evaluation Reference Group that included UN Women focal points, government, civil society and development partners.

This inception report is intended to provide the framework and plan for the primary data collection component of the evaluation, including the timeline and workplan for conducting the evaluation.

The rest of the report is set out as follows:

Section 2 introduces the evaluation objectives and scope;

Section 3 provides the context of care systems in Rwanda, Senegal and globally;

Section 4 introduces the programme;

Section 5 sets out the evaluation questions, which is followed by the evaluation approach and methodology;

Section 6 sets out the workplan.

The **Annexes** include the stakeholders and documents consulted, the results framework and summary of reported progress, the stakeholder mapping and sample for the primary data collection, the evaluation matrix, data collection tools, the data management plan, the composition of the evaluation reference group, and the evaluation Terms of Reference.

II. EVALUATION PURPOSE, OBJECTIVES AND SCOPE

The UN Women Evaluation Policy and the UN Women Evaluation Strategic Plan 2022-25 are the main guiding documents that set forth the principles and organizational framework for evaluation planning, conduct and follow-up in UN Women. These principles are aligned with the United Nations Evaluation Group Norms and Standards for Evaluation in the UN System and Ethical Guidelines.

Purpose and Objectives:

The purpose of this evaluation is to:

1) provide accountability for delivery of the 3R programme [1] in Rwanda and Senegal to development partners, government stakeholders, rightsholders, and other partners; and

2) generate learning on what has and has not worked, and pathways to scaling, to inform the implementation of UN Women's future programming in this area, namely through the TransformCare programme.

The objectives of the evaluation are to:

- Assess the **coherence** of the programme's global, regional and country level components, and synergies with other UN Women programming

- Verify progress towards the three target outcomes, identify **lessons learned** and promising innovations, and assess the **effectiveness** of the programme

- Examine the **efficiency** of the programme, in terms of the delivery model and leveraging of other UN Women's initiatives and resources

- Identify factors and pathways to **sustainability and scalability**, including adaptations required

Use:

The intended use of this evaluation is to demonstrate accountability for UN Women's contribution to gender equality and women's empowerment and support learning and identify effective and promising strategies, to inform future programming in this area. UN Women is accountable to national partners, rightsholders, and development partners for its developmental effectiveness.

The primary users are expected to be UN Women Global Office, regional and country offices delivering the TransformCare programme, who will use the evaluation findings to inform the direction of future work. Secondary users are UN agencies, partners, government, civil society representatives and donors delivering similar interventions in-country, to derive learning on effective and promising practices.

Scope:

The evaluation scope will be guided by the 3R programme in Rwanda and Senegal programme document. Beyond the country level components (covered by outcomes 1 & 2), the programme also has an important global component (outcome 3). The evaluation will cover all components.

While the evaluation will focus on the 3R

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[1] Within UN women, individual interventions are referred to as 'project'. However, as the official abbreviated title is 'the 3R programme', the evaluation also refers to it as a programme.

programme, it will also explore synergies with broader UN Women work on transforming care systems, funded through other sources, both across the East and Southern Africa region and the West and Central Africa region, as well as globally.

The programme duration is from 1 Jan 2023 to 30 April 2026. Data collection is planned for January 2026. Hence, the evaluation will cover the period between 1 March 2023 to 31 December 2025.

The evaluation will cover a sample of programme implementation locations in Rwanda and Senegal (Outcome 1 and 2) as well as a sample of regional and global stakeholders (Outcome 3).

III.CONTEXT

Contextualizing the 3R programme

Within UN Women's corporate strategy on care systems, the 3R Programme in Rwanda and Senegal is a flagship programme for translating the organization's 2022-25 Strategic Plan commitments to reducing and redistributing unpaid care and domestic work into concrete policy and programmatic action. It contributes to the wider "5R" approach by supporting governments and partners to recognize care through improved data and costing of care needs, reduce and redistribute care through investments in transformative services (childcare, early childhood education, energy and labour-saving infrastructure), and create an enabling environment to reward and represent care workers through more gender-responsive macroeconomic and social policies.

In particular, the programme is designed to strengthen UN Women's engagement with Ministries of Finance and Ministries of Economy and Planning in Rwanda and Senegal on identifying fiscal space and financing instruments for care investments, while also building on existing portfolios such as climate-resilient agriculture to address long-standing gaps in attention to women's unpaid care and time poverty.

The programme directly responds to the contextual needs outlined below: high and rising unpaid care and domestic workloads for women and girls, exacerbated by crises and shocks; disruptions to agri-food value chains and rural livelihoods; limited access to affordable, quality care services; and the insufficient integration of care considerations into economic recovery and social protection measures. This programme fills a critical gap in this area by developing a holistic package of transformative care solutions and linking community-level services with policy and systems change (including food and nutrition security, land tenure, sustainable livelihoods and women's participation in decision-making), the programme aims to address structural gender inequalities and support more climate-resilient, gender-responsive and fiscally sustainable care systems in Rwanda and Senegal, and globally.

Definitions

The following definitions are taken from the 2024 UN system policy paper on *Transforming care systems in the context of the Sustainable Development Goals and Our Common Agenda.*[2]

Care: Care sustains all forms of life and is central to the well-being of people and the planet. Care can be understood as a species activity that includes everything we do to maintain, continue and repair our world, while the four phases of care can be understood as caring about, taking care of, caregiving and care receiving.

Care System: Care systems encompass the following components: legal and policy frameworks, services, financing, social and physical infrastructure, programmes, standards and training, governance and administration, and social norms. A comprehensive care system involves these components working in an integrated and deliberate way, with the aim of implementing a new social organization of care to assist, support and care for people and the

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[2] United Nations. (2024, July 15). *Transforming care systems in the context of the Sustainable Development Goals and Our Common Agenda: UN system policy paper*. United Nations Sustainable Development Group.

environment, as well as recognizing, reducing and redistributing, rewarding and representing care work from a gender, intersectional and human rights perspective in a way that fosters co-responsibility between genders and between households, the State, the market, families and the community.

Care Work: Paid and unpaid care work encompass direct care for people (physical, emotional, psychological and developmental) as well as indirect care (e.g. household tasks, including collecting water and firewood, travelling and transport), taking place within and outside the home. Paid and unpaid care must work in a complementary manner, providing different yet interrelated functions that improve the well-being and quality of care for all.

Care diamond and the 3R to 5R+ framework

Care work can be carried out by many different actors and institutions in society, in a more or less equitable fashion. The "care diamond" helps to conceptualize the distribution of care across them. Each point of the diamond represents one of: state (federal/local), families/households, markets (private sector actors), and not-for-profit (community groups, civil society, religious institutions). The distribution of responsibility for care varies across these groups in different societies and even within countries. When families and households bear primary responsibility for care, it is typically women and girls who provide the (unpaid) work.[3]

The diagram below sets out a visualization of the care diamond, extracted from UN Women 2019, 144, fig. 5.1.[4]
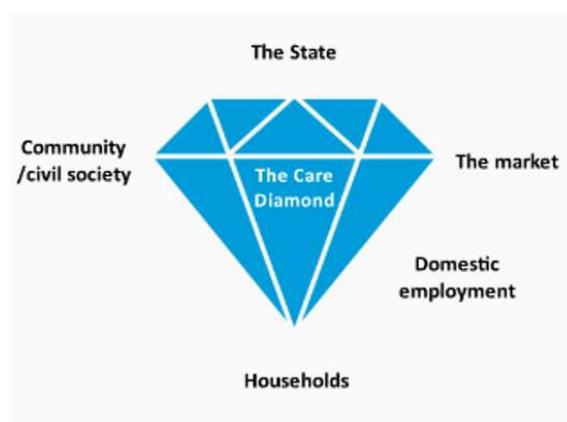
The "5R+" framework is a widely used one for understanding how to strengthen care systems. The first three Rs seek to *recognize* unpaid care work, *reduce* the time and energy required for unpaid domestic work, and *redistribute* unpaid care work more equitably across the various points of the care diamond so that states and markets also do their fair share[5]. This "3R Framework" has informed important initiatives to support unpaid care and make progress towards gender equality. In recent years this framework has expanded through its adoption and use by various UN and other civil society organizations to also include the *reward* and *represent* paid care workers. [6] UN Women uses a "5R+" framework that also advocates for increased *resourcing* of resilient care systems[7].

Relevance of the care agenda for gender equality

Unpaid and paid care work remains

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[3] Ravazi, S. 2007. UNRISD. The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions, and Policy Options. Geneva: United Nations Research Institute for Social Development.

[4] UN Women. 2019. *Progress of the World's Women 2019–2020: Families in a Changing World*. New York: UN Women.

[5] Elson, D. "Recognize, Reduce, and Redistribute Unpaid Care Work," New Labor Forum 26, no. 2 (2017): 52–61, https://doi.org/10.1177/1095796017700135.

[6] ILO 5R Framework for Decent Care Work: https://www.ilo.org/sites/default/files/2024-10/ILO%20Brief_In%20search%20of%20lost%20Rs_Domestic%20and%20care%20work_FINAL.pdf

[7] UN Women. 2022. *A Toolkit on Paid and Unpaid Care Work: From 3Rs to 5Rs*. New York: UN Women. https://www.unwomen.org/sites/default/files/2022-06/A-toolkit-on-paid-and-unpaid-care-work-en.pdf.

disproportionately borne by women with this imbalance undermining gender equality. Women undertake over three-quarters of this work globally, spending an average of 4 hours and 25 minutes daily on unpaid care, compared to 1 hour and 23 minutes for men.[8] Recognizing the value of care work is vital for establishing gender equality and enhancing community well-being around the world.[9]

Crises and conflict amplify challenges and inequalities in providing and receiving care.[10] In conflicts and humanitarian crises, care needs often drastically rise while care services and infrastructure collapse or reduce. Women in fragile and conflict settings even face greater care responsibilities, spending nearly four times as many hours on unpaid care as men[11].

Unpaid care and domestic work (UCDW) are critical to societal wellbeing. However, if not properly supported, it can restrict women's access to paid work, education, political involvement, and leisure, especially for those living in poverty or affected by the global climate catastrophe. This gendered unequal distribution of unpaid care work highlights the importance of policy initiatives that address inequality, empower women, and recognize the value of unpaid care work in attaining long-term development and economic prosperity.[12]

Globally, the Universal Declaration of Human Rights establishes universal entitlements across civil, political, economic, social and cultural rights, including the right to work and equal pay; the

International Covenant on Economic, Social and Cultural Rights (ICESCR) builds on this by specifying state obligations to protect employment-related rights such as maternity safeguards. CEDAW then directs these general protections towards gender equality, obliging states to remove discrimination that shapes how care and family responsibilities fall on women. Complementing these are ILO Conventions that operationalize labour protections, covering workers with family responsibilities, [13] maternity protection [14] and decent work for domestic workers [15] thereby linking care responsibilities to rules on decent employment and social protection. Together, these frameworks create a policy environment in which states are expected to recognize and support care responsibilities.[16]

Economic

Care work is essential to both societies and economies. The global monetary value of women's unpaid care work is at least US$10.8 trillion annually—three times the size of the world's tech industry.[17] This unequal distribution of care work forces many women into low-paid, insecure jobs, increasing their risk of living in poverty without social protection throughout their lives. In low-resource settings and crises like the COVID-19 pandemic, women's unpaid and underpaid care work further exacerbates their time poverty and exclusion from the labour market.[18]

The lack of accessible paid care services

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[8] International Labour Organization (2018). *Care Work and Care Jobs for the Future of Decent Work.* Geneva: ILO.

[9] UN Women: Gender Responsive Unpaid Care and Domestic Work

[10] UN Women. *Global Guidance Note on Addressing Care in Times of Conflict and Crisis* (forthcoming, November 2025).

[11] OECD. (2022). "How fragile contexts affect the well-being and potential of women and girls".

[12] UN Women: Gender Responsive Unpaid Care and Domestic Work

[13] International Labour Organization (ILO) Convention No.156

[14] International Labour Organization (ILO) Convention No.183 (2000)

[15] International Labour Organization (ILO) Convention No.189 (2011)

[16] UN Women: Gender Responsive Unpaid Care and Domestic Work

[17] Oxfam. (2020). Time to care. Unpaid and underpaid care work and the global inequality crisis. Oxford

[18] UN Women. (2024). *Brief - Key priorities for Women's Economic Empowerment.* https://www.unwomen.org/sites/default/files/2023-11/wee_strategy_-_executive_summary.pdf

significantly hinders women's ability to secure decent, paid work and engage in income-generating activities, and socio-political life. The United Nations Secretary-General's report, 'Our Common Agenda', advocates for "rethinking the care economy" by incorporating the value of unpaid care work into economic models and investing in quality paid care as part of essential public services and social protection arrangements.[19]

According to ILO, globally[20], care investments could provide powerful economic stimulus, creating up to nearly 300 million jobs by 2035, and recouping some of the investment through increased tax revenue. This is because substantial decent jobs generation means substantial earnings generation, leading to higher tax revenues and self-financing potential.[21] Sustained investment in high-quality, affordable childcare that aligns with the needs of working parents offers a transformative solution. In addition, investing in social care infrastructure has the potential to generate decent jobs both in the care sector itself as well as in other sectors through backward linkages[22].

Political and institutional

Government policies and institutional provisions are key to support gender equitable outcomes. Research also points to the need for a national, universal care model to generate the most gender equitable outcomes, involving paid parental leave policies, high quality, inclusive, sustainable and affordable childcare and incentives for fathers to participate in caregiving.[23] Paid care work can also be strengthened by introducing care skills in national qualifications frameworks, development of new curriculum in consultation with businesses and community organizations to identify needs, government developed platform with active business and community organizations input to support information flow on the supply and demand of care services.[24]

In recent years, countries have made significant strides in creating political and institutional systems that recognizing unpaid domestic and care work. In Latin America, several countries have implemented time-use surveys and incorporated satellite accounts that quantify unpaid work within the national accounts framework.[25] Additionally, several countries have enshrined the right to care as a fundamental right in their constitutions or legislation. This right is reflected in the development of National Care Systems based on a co-responsible model, where families, the state, the community, and the market share care responsibilities. This model views care as a universal right and integrates gender equality as a core principle.[26] For example, Uruguay has successfully implemented its National Integrated System of Care since 2015 with the objective of generating a co-responsible model of care between families, the state, the community, and the market.[25] Similar systems are being developed in Paraguay, Colombia, Costa Rica, El Salvador, Mexico, and the Dominican Republic. Furthermore,

[19] UN, Our Common Agenda – Report of the Secretary-General, 2021, para. 39. Common_Agenda_Report_English.pdf (un.org)

[20] ILO, 2022. *Costs and benefits of investing in transformative care policy packages: A macrosimulation study in 82 countries*. Geneva.

[21] See for example findings from UN Women (2024).

[22] UN Women and ILO (2021). *A guide to public investments in the care economy: Policy support tool for estimating care deficits, investment costs, and economic returns*. Applied Policy Tool, New York-Geneva.

[23] Lauri, T., Poder, K., & Ciccia, R. (2020). Pathways to gender equality: A configurational analysis of childcare instruments and outcomes in 21 European countries. Social Policy & Administration, 54(4), 646-665. https://doi.org/10.1111/spol.12562

[24] Grantham, K., & Nijhawan, A. (2022). *From commitment to action: Donor investment in the care economy and feminist programming* (Policy brief). Oxfam Canada.

[25] UN Women. (2021). Towards the construction of comprehensive care systems in Latin America and the Caribbean. Elements for implementation.

[26] UN Women. (2018). Recognition, Redistribution, and Reducing of Care Work: Inspiring practices in Latin America and the Caribbean

some local governments are also enacting legislation to support these initiatives.[25] In Costa Rica, a national care policy introduced significant changes to care systems. The policy targets older adults and people living with disabilities, providing remote support, domestic support, day centres and a care network.[27] In 2017, Cabo Verde approved a comprehensive care system, marking the first of its kind in West Africa. This Care Plan has led to the institutionalization of a National Care System, providing extensive protection and promotion of the rights of care-dependent individuals and their caregivers, the majority of whom are women.[28]

Women also often make up a large portion of the paid care work. An estimated 80% of paid domestic workers worldwide are women with 90% not having access to social security, and more than half with no limits on their weekly working hours. Many of these workers are migrants or persons in vulnerable situations, more likely to be in informal or precarious work or underemployment, in self-employment and part-time or temporary work, having, as a result, lower rates of labour force participation and shorter formal working careers, which limits their access to social security schemes.[29]

Demographics

Growing rates of women entering the labour market is increasing the demand for care services.[30] Globally, an increasing population of people aged 60+ and 80+ is further increasing demand on care services.[31] Migration is also resulting in families having to rely on paid caregivers, or on family members in the country giving up paid employment in order to take on additional care duties.[32]

Social attitudes and relations

Inegalitarian social norms and gender stereotypes continue to position women as primary caregivers and men as primary income earners, reinforcing a gendered division of labour in both unpaid and paid care work. This division is further underpinned by perceptions of what constitutes "work" and "skilled" labour, contributing to the undervaluation of care work and care jobs. Care is also often treated as a private/family obligation rather than a public good and shared responsibility.[33]

The cultural context of many societies sees women and girls allocated critical work, including collecting water, cooking, cleaning, producing food and marketing surpluses, taking care of the children, the elderly and the sick, and maintaining community cohesion, with none of this recognized as 'work'.[34] Social norms in many contexts continue to disproportionately distribute care responsibilities to women. Expectations that women should prioritize domestic responsibilities, and pervasive "male breadwinner, female

[27] Grantham, K., & Nijhawan, A. (2022). *From commitment to action: Donor investment in the care economy and feminist programming* (Policy brief). Oxfam Canada.

[28] UN Women Africa. (2023). *Toolkit - Recognizing, Reducing and Redistributing unpaid care work: selected case studies to support reform in West and Central Africa*.

[29] ILO (2016) Social protection for domestic workers: Key policy trends and statistics.

[30] Moussié, R., & Alfers, L. (2018). Women informal workers demand child care: Shifting narratives on women's economic empowerment in Africa. *Agenda (Durban), 32*(1), 119-131.

[31] United Nations, Department of Economic and Social Affairs, Population Division. (2024, July). *World Population Prospects 2024: Summary of Results* (UN DESA/POP/2024/TR/NO. 9). United Nations. / United Nations, Department of Economic and Social

Affairs, Division for Inclusive Social Development. (2022, November 17). *Caregiving in an ageing world*.

[32] Coe, C. (2023). The commodification of social reproduction: A view of global care chains from a migrant-sending country. *Geoforum, 141*, 103750.

[33] United Nations. (2024). *Transforming care systems in the context of the Sustainable Development Goals and Our Common Agenda: UN system policy paper*. UN Sustainable Development Group.; OECD. (2025). *Gender Equality in a Changing World: Taking Stock and Moving Forward*. OECD Publishing.

[34] Abdourahman, O. (2017). Time Poverty: A Contributor to Women's Poverty? Analysis of Time-Use Data in Africa', in Indira Hirway (ed.), *Mainstreaming Unpaid Work: Time-use Data in Developing Policies.* Oxford Academic.

caregiver" norms all reduce women's access to education, decent work and control over resources and decisions[35]. In Uganda, for example, the 2017/18 Time Use Survey found that 81 per cent of women and 79 per cent of men agree that it is women's responsibility to care for the family, illustrating how deeply entrenched such expectations remain.[36]

UN Women's work on Care Systems

Background

UN Women programming on care is guided by the UN system policy paper *"Transforming Care Systems in the Context of the Sustainable Development Goals and Our Common Agenda",* released in 2024. Developed under the Deputy Secretary-General's leadership, coordinated by UN Women and co-written with ECLAC, the ILO, OHCHR and UNDP, the paper provides the first system-wide framework to guide UN entities in supporting universal, human-rights-based and gender-transformative care systems. It sets out shared definitions, principles and priority policy levers across services, infrastructure, labour, social protection and fiscal policy, and calls for coordinated UN action to scale comprehensive care systems as a core pathway to achieving the SDGs and addressing the global care crisis.[37]

Care is a priority area for UN Women. The UN Women Strategic Plan (2022–2025) [38] identified the transformation of care systems as a key intervention under Impact Area 2 ("Women's Economic Empowerment") and as one of the core areas, namely the Gender Equality Accelerator on Transforming Care Systems (GEA Care). This

commitment is reaffirmed and expanded in the Strategic Plan (2026–2029) [39] Impact area 2 Women's Economic Empowerment in Resilient Economies and the care programmatic framework. This area of work is currently operationalized by the global TransformCare Programme.

The Transforming the Care Systems Gender Equality Accelerator [40] expands on the 5Rs framework, into a "5Rs+" approach by adding dedicated resourcing of care systems. It consolidates UN Women's interventions into a systems-level approach that promotes integrated care policies, sustainable financing, and stronger coordination across the UN system, governments and civil society.

Key Global Programming

UN Women has led and convened major initiatives to build the global evidence base and strengthen care-related policy action. A few examples include:

- **Joint UN Women/ILO global programme on Promoting Decent Employment for Women through Inclusive Growth Policies and Investments in the Care Economy**: delivered between 2020-23 in Argentina, Egypt, Ethiopia, Morocco and Nepal.
- **Promoting Decent Employment for Women through Inclusive Growth Policies and Investments in the Care Economy:** funded by Swiss Agency for Development and Cooperation (SDC) and Open Society Foundation between 2020 to 2025 and being implemented globally and in Ethiopia, Nepal, Argentina, Egypt,

[35] World Bank (2023). *Breadwinners and Caregivers: How Gender Norms Shape Global Labor Markets.* Policy Research Working Paper. / Marcus, R. (2018). *The Norms Factor: Recent Research on Gender, Social Norms and Women's Economic Empowerment.* IDRC/ODI.
[36] Uganda Bureau of Statistics (UBOS) (2019). *Time Use Survey 2017/2018 Report.* Kampala: UBOS.
[37] Transforming care systems in the context of the Sustainable Development Goals and Our Common Agenda – UN System Policy

Paper (2024).
[38] UN Women. (2021, September). *UN Women strategic plan 2022–2025.* UN Women Digital Library.
[39] UN Women. (2025). UN Women Strategic Plan 2026–2029: Creating an equal world for all women and girls [Brochure]. UN Women.
[40] Renamed global programming frameworks in the UN Women Strategic Plan 2026-29

Morocco

- **UN Joint programme on Unpaid Care, Disability, and Gender Transformative Approach:** funded by Multi-Donor Trust Fund - UNPRPD Fund between 2024 to 2026 and being implemented globally, Colombia, Panama, Tanzania, Kenya and Mozambique
- **Time Use Survey support** through Women Count.

Key Findings and Lessons from Corporate and Regional Evaluations

The Corporate Evaluation on Women's Economic Empowerment (WEE) (2022) [41] **and the Developmental Evaluation of UN Women's Care Work in East and Southern Africa**[42] highlight UN Women's strong leadership in research, advocacy, and agenda-setting on care systems. UN Women's work in elevating care systems on national and global agendas and for developing influential tools such as care assessments, time-use surveys, and the UN Women–ILO care costing methodology were highlighted as catalytic.

The evaluations highlight several strategic considerations to strengthen future programming:

- **The need for a clearer systems-change focus:** Small-scale infrastructure or service-delivery interventions showed limited sustainability. UN Women's strongest comparative advantages lie in evidence generation, policy influence, standard-setting, and convening.

- **Importance of government ownership**: Institutionalization of care priorities into national budgets and plans is essential for sustaining progress.

- **Gaps in measurement**: Many programmes lack systematic tracking of changes in time use, labour outcomes, norms, and policy effects. Evaluations call for stronger results frameworks and integration of care indicators.

- **Need for deeper engagement on paid care and decent work:** Areas such as private-sector engagement, labour rights, and the quality of paid care jobs require more dedicated attention.

- **Norm change requires long-term integrated approaches**: Sustainable shifts occur when norm-change programming is linked with improvements in care infrastructure, services, and economic opportunities

Care systems context in Rwanda

Recent analyses underscore the macro-economic significance of care work: unpaid care and domestic work in Rwanda is estimated at 10–39 per cent of GDP, highlighting the economic importance of recognizing and supporting this work through law, policy and social protection.[43] Women are over-represented in lower-productivity agricultural and informal work, and face higher unemployment (17.6 per cent versus 12.6 per cent for men in 2024) and lower employment-to-population ratios (45.9 per cent for women versus 62.2 per cent for men). This is, in part, due to higher unpaid care work responsibilities. On average, women spend approximately 23.1 hours per week on unpaid care work compared to only 12.6 hours spent by men[44] according to the 2024 Labor Force Survey.

[41] UN Women (2023):Corporate evaluation of UN Women's contribution to women's economic empowerment by advancing gender-responsive laws, frameworks, policies, and partnerships
[42] Developmental Evaluation of UN Women's Work on The Care Economy in East and Southern Africa

[43] Kamashazi, D. (2023). *Assessment of gaps in laws and policies related to unpaid care work in Rwanda*. UN Women – Africa.
[44] National Institute of Statistics of Rwanda (NISR), Labour Force Survey, 2024.

Additionally, most women work in informal and smallholder settings where formal labour protections, childcare benefits or family-friendly private-sector practices remain limited in practice.[45]

Demographically, Rwanda has a young and predominantly rural population, with about 13.2 million inhabitants in 2022, 65.3 per cent under the age of 30, and a majority engaged in or dependent on agriculture for their livelihoods.[46] This age structure and rural profile make investments in care systems, basic infrastructure and labour-saving services particularly important for women's economic participation and for inter-generational poverty reduction.

Institutionally, the government has expanded care-relevant policies, including a National Early Childhood Development (ECD) Policy and standards to scale up centre-based and community-based ECD services.[47] A series of legal reforms, including Law No. 27/2016 on matrimonial regimes and its 2024 revision, have strengthened women's equal rights to marital property, land and inheritance. However, workplace norms and private-sector practices have not fully caught up with the legal framework: studies point to limited uptake of family-friendly measures, continued concentration of women in low-paid, seasonal sectors and incomplete adoption of international labour standards on maternity protection and workers with family responsibilities.[48]

Social attitudes and gender relations have evolved, but remain shaped by norms that position women as primary caregivers and men as primary earners. National gender assessments highlight that women's leadership and economic opportunities continue to be constrained by expectations around domestic and care responsibilities, limited support from men in the household and persistent gender stereotypes.[49]

Care systems context in Senegal

In Senegal, unpaid care and domestic work represents a substantial economic contribution: its monetary value is estimated at 3,609 billion CFA, equivalent to 23.6 percent of national GDP.[50] The National Time Use Survey in Senegal (ENETS) found that on average, women spend 3.7 hours per day on housework and childcare, whereas men dedicate 27 minutes.[51] Across all domestic tasks, rural women spend 7.5 times more time than rural men (4.1 hours versus 33 minutes), and in urban areas, women spend 10 times more time than men (3.3 hours versus 21 minutes).[52] A 2023 UN Women survey of 400 women farmers in northern Senegal highlights the extent of these responsibilities: respondents reported devoting up to 12 hours daily to unpaid work, including domestic tasks, caregiving, and community activities, with 45 percent also responsible for a family member with a disability or chronic illness, shaping when and how they engage in income-generating activities.[53] Climate shocks further amplify care related vulnerabilities: after the 2020 floods, 53 per cent of the most severely affected households were female-headed, increasing both economic vulnerability

[45] Ibid
[46] Food and Agriculture Organization of the United Nations. (n.d.). *Rwanda at a glance*.
[47] Ministry of Gender and Family Promotion. (2016). *Early childhood development policy*.
[48] Rwanda Civil Society Platform. (2023). *Policy brief on gender-responsive workplaces*. / Republic of Rwanda, Ministry of Justice. (2024). *Law No. 027/2024 of 19/04/2024 relating to the matrimonial regime, donations and successions*.

[49] Rwanda Civil Society Platform. (2023). *The state of gender equality in Rwanda: From transition to transformation.*
[50] APHRC (2024) Structure of the Unpaid and Paid Care Sector in Senegal's Economy: An analysis based on the Social Account Matrix 2019: Care Economy Africa Project
[51] Ibid
[52] Ibid
[53] UN Women. 2023. Innovative solutions to recognize, reduce and redistribute the unpaid care work of rural women in Senegal.

and care responsibilities.[54]

Senegal's demographic profile, with a young population, high fertility (4.2 births per woman) and a dependency ratio of 73 dependents per 100 working-age adults, creates strong and growing demands for childcare and household support.[55] Social expectations continue to reinforce women's responsibility for childcare, water and fuel collection, and household production, while men's contributions to routine care remain limited. Evidence from northern Senegal indicates that girls aged 5–14 already perform nearly four times more unpaid care work than boys, reflecting early socialization into gendered roles.[56]

These norms, combined with large household sizes, limited access to childcare services, and uneven access to basic infrastructure, contribute to high levels of women's time poverty and shape their ability to engage in paid work. Labour force participation remains highly gendered: in 2023, 72 per cent of men of working age were in the labour market compared with 52 per cent of women, while women faced higher unemployment (35 per cent versus 12.7 per cent for men) and overwhelming concentration in informal, low-paid work.[57]

Institutionally, Senegal has begun to address care within broader social and economic policy. The national development vision "Senegal 2050" emphasizes human capital, social equity and social protection, and recent sectoral reforms have expanded health and social spending, including universal health coverage initiatives and free care for some groups. In the care domain, legal and

policy measures include Decree No. 2024-66 on childcare structures for children aged 0–3, Decree No. 2021-1469 on the employment of pregnant women, and provisions on maternity leave, though there is still no statutory parental leave, no legislated long-term care system for older persons, and limited ratification of key ILO care-related conventions. Access to affordable childcare services remains limited, particularly for children under six.[58]

[54] Pressafrik. (2024). *Cited in* UN Women. (2024). *Care snapshot: Senegal* (Care Economy Africa Project). UN Women West and Central Africa.

[55] Agence Nationale de la Statistique et de la Démographie (ANSD), & ICF. (2023). *Enquête Démographique et de Santé Continue (EDS-Continue) 2022.*

[56] African Center for Economic Transformation, & Open Society Initiative for West Africa. (2021). *Barriers to young women's employment in the future world of work in Senegal*. ACET.

[57] Agence Nationale de la Statistique et de la Démographie (ANSD). (2024). *Note d'informations: Enquête nationale sur l'emploi au Sénégal, 4e trimestre 2023 (ENES T4-2023).* Dakar, Sénégal., Diallo, T. M., Araar, A., Dieye, A., Tall, T., & Ngom, A. (2024). *Addressing context-specific barriers to female labor force participation in decent work in Senegal* (PEP Working Paper 2024-04). Partnership for Economic Policy.

[58] UN Women. (2024). *Care snapshot: Senegal* (Care Economy Africa Project). UN Women West and Central Africa.

IV. PROGRAMME DESCRIPTION

Programme Overview

UN Women's Transformative Approaches to Recognize, Reduce and Redistribute Unpaid Care work in Women's Economic Empowerment Programming in Rwanda and Senegal (3R programme) phase two, operates in Rwanda and Senegal with a reinforcing global component. The programme builds on the joint UN Women/ILO global programme on "Promoting Decent Employment for Women through Inclusive Growth Policies and Investments in the Care Economy" funded by SDC and the first phase of the 3R program which was funded by the Government of Canada and implemented between April 2021 and April 2023. The first phase piloted innovations with local governments, women's grassroots organizations, cooperatives, and local partners to reduce and redistribute unpaid care and domestic work, including supporting fintech companies and insurance providers to develop new products to access hard-to-reach market segments with? and better address women's unpaid care needs.

Phase II is funded by the Government of Germany, Federal Ministry for Economic Cooperation and Development (BMZ) (€2.9 million), aligned to SDG 5.4, 8.5 and 10.4. It runs from March 2023 until March 2026. As of December 2024, €1.16 million had been spent.

The programme serves as a precursor (among initiatives) to the UN Women Transforming the Care Systems Gender Equality Accelerator launched in 2024, providing important lessons to inform its theory of change and programmatic design.

The 3R programme's main objective is to remove the structural barriers to women's full and equal participation in the economy by recognizing, reducing, and redistributing women's unequal unpaid care work. The ultimate goal is to transform care systems and strengthen public sector investment in care policies and infrastructures, to not only strengthen the enabling conditions for decent jobs for women but also enhance their participation in the labour market.

The programme aims to contribute to the following SDG targets:

- **1.3** Implement nationally appropriate social protection systems and measures for all
- **2.1** By 2030, end hunger and ensure access by all people, to safe, nutritious and sufficient food all year round
- **5.4** Recognise and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family
- **8.3** Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services
- **8.5** By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value
- **9.1** Develop quality, reliable, sustainable and resilient infrastructure, including regional and

transborder infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all

- **10.3** Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard

The programme's theory of change is:

1. If national and local laws, policies, and services recognize and address the disproportionate share of unpaid care work by women and girls through the provision of public services, infrastructure and social protection (outcome 1);
2. And if, transformative care services in rural and urban areas reduce and redistribute unpaid care work (outcome 2);
3. And if national governments and relevant ministries (ex: sectoral and finance) scale-up investments in care service provision (outcome 3);
4. Then women's and girls' unpaid care work is reduced, freeing up their time to equally contribute to and benefit from sustainable livelihoods because structural gender inequalities that prevent women and girls from realizing their economic rights and empowerment will be removed.

The table below sets out the programme's target outcomes and outputs. Annex 1 sets out the full results frameworks, including the outcome indicators. Outcomes 1 & 2 are delivered in Rwanda and Senegal, and Outcome 3 is delivered at the global level.

Outcome 1: National and local governments develop/strengthen laws, policies and services that recognize and address the disproportionate share of unpaid care work performed by women and girls

Output 1.1: National and local governments have greater understanding and knowledge of the 3Rs of unpaid care work and the disproportionate share of unpaid care.

Output 1.2: National and local authorities have increased tools and capacities to develop and implement laws, policies and services that address unpaid care work

Outcome 2: Women's cooperatives and other organizations provide care services in rural and/or urban areas to reduce and redistribute unpaid care work

Output 2.1: Women's cooperatives and other organizations have increased capacity to provide care services

Output 2.2: Women's cooperatives and other organizations have access to digital and financial solutions to address unpaid care risks

Output 2.3: Women's cooperatives and other organizations have access to energy and labour-saving, climate resilient and low carbon infrastructure and technologies needed to provide care services and reduce their unpaid care work and time poverty

Outcome 3: National governments and relevant ministries (ex: sectoral and finance) scale-up investments in care service provision.

Output 3.1: Capacity of Governments, UN Women's country/regional offices, and other national stakeholders to use developed policy tools to promote sustained investments in the care economy is strengthened.

Output 3.2: Capacity of Government and relevant ministries to finance investments in care services strengthened.

The programme is being implemented in:

- **Senegal**: Dakar and the Saint-Louis, Ziguinchor and Sédhiou regions
- **Rwanda:** Musanze, Gasabo and Gisagara Districts, with some work also in the Nyamasheke, Nyaruguru, Ngoma and Kirehe districts, where Phase 1 was delivered.

- **Globally**: Global implementation includes normative support, development of global policy tools and methodologies, knowledge management, and support of knowledge exchange, both internally within UN Women and externally, based on the learning from the country implementation in Rwanda and Senegal, including training courses funded by the programme delivered in Kathmandu, Nepal and Nairobi, Kenya.

Senegal project locations:
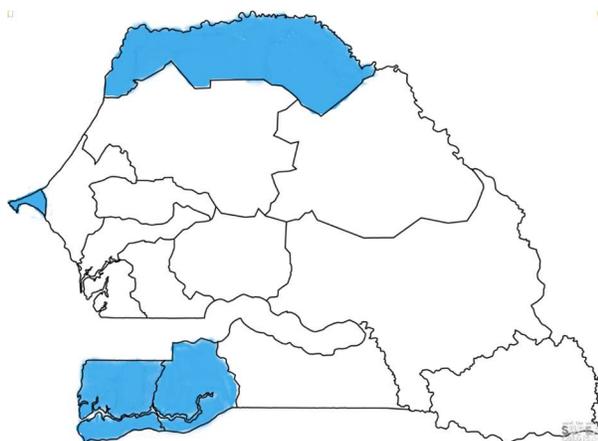
The boundaries shown and the designations used on the map do not imply official endorsement or acceptance by UN Women.

Rwanda project locations:
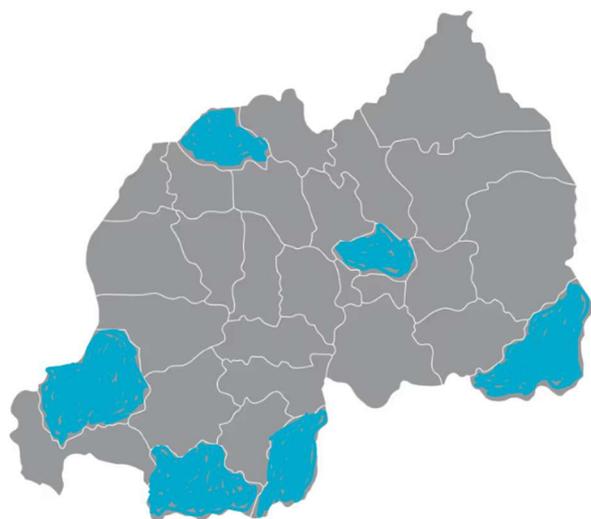
The boundaries shown and the designations used

on the map do not imply official endorsement or acceptance by UN Women.

The tables below set out the budget per geographical area and the budget per outcome.

Budget per geographical location

Rwanda 15%
Senegal 17%
Global and regional 68%

Budget per outcome

Outcome 1 10%
Outcome 2 24%
Outcome 3 9%
Programme management costs 57%
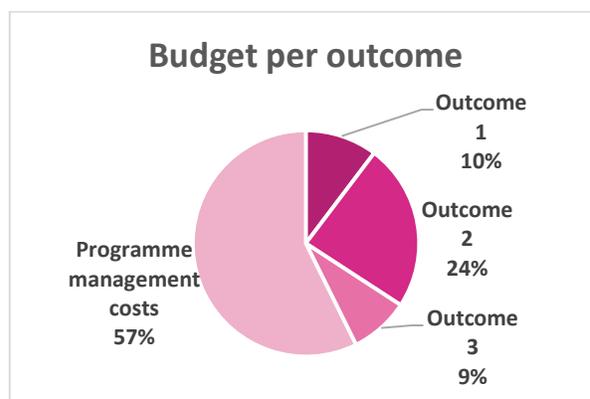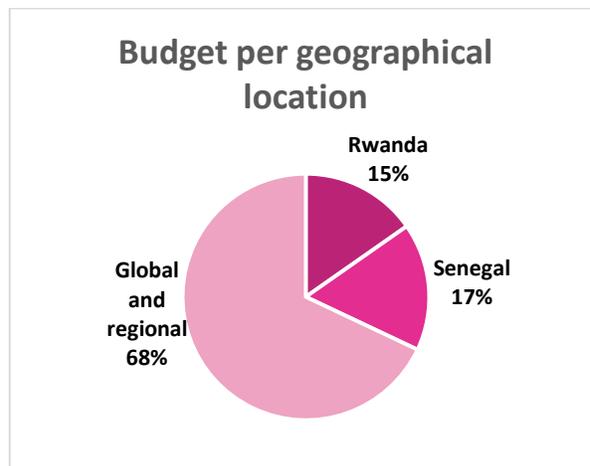
Source: DAMs, final budget February 2023

Key activities and stakeholder mapping

The programme delivers a holistic package of activities, combining policy support and technical advisory, with service delivery support and community engagement.

Under Outcome 1, UN Women and partners convene national and local policy dialogues and high-level consultations on the 3Rs, to build a shared understanding of women's disproportionate unpaid care work in Rwanda and Senegal. They support national and local authorities to integrate care strategies into development plans and budgets, and design and

implement laws, policies and services that recognize and address unpaid care. This is done through capacity building, and the production and dissemination of policy briefs, diagnostic studies and roadmaps.

Under Outcome 2, in Rwanda and Senegal, the programme works with women's cooperatives and other organizations to expand access to community-based childcare services through equipping and modernizing childcare centres; running behaviour-change and awareness-raising initiatives with community members, men, boys and community leaders. The programme supports energy-saving technologies and the production of biochar, as well as labour- and climate-resilient solutions such as improved stoves and agricultural equipment to reduce the drudgery of field work

Under Outcome 3, global and regional activities provides normative support, development and roll out of global policy tools and methodologies (e.g. a care systems training course and a policy support tool on engendering fiscal space[59]), knowledge management, organize communities of practice and expert group meetings, and provide peer learning to Member States, UN Women offices and other stakeholders.

Annex 1 sets out more information on the activities delivered against each outcome.

The programme has reported **important synergies** with other UN Women programming.

- **UN Women corporate frameworks:** The "3R Programme in Rwanda and Senegal" was aligned with UN Women's Signature Interventions on "Transforming the Care Economy" and is aligned to the Gender Equality Accelerator on Transforming the Care Systems

- **UN Women Climate Smart Agriculture programme:** this programme has incorporated energy and labour saving technologies, which are also key components of this programme.

- **Global Joint Programme "Accelerating Progress towards the Economic Empowerment of Rural Women" (JP RWEE):** This Joint Programme has generated important lessons for this programme on the importance of addressing women's unpaid care responsibilities, domestic workloads and overall time poverty.

The programme has also cited examples where other UN Women programming has been able to **leverage the 3R programme for greater impact.**

- **Joint Global UN Women / ILO "Promoting Decent Employment for Women through Inclusive Growth Policies and Investments in the Care Economy" programme:** The policy tool on the care economy developed under the joint programme has provided an important framework for UN Women country offices to scale up their programmatic work.

- **Regional support:** In the East and Southern Africa Region, the regional care economy analyst is funded by the programme, and has provided key support to Country Offices to implement care systems and care related-programming (such as time use surveys, and a regional programme on disability) and mobilize additional resources. In the West and Central Africa region, learning from the programme has informed key partnerships and programming with the Mali and Cote d'Ivoire governments.

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[59] A. Seth. 2025. Engendering Fiscal Space: A Policy Framework for Financing Gender Equality. New York: UN Women

- **Globally**: the programme has developed and piloted training material, that is being used by UN Women offices to train government stakeholders. This training has also strengthened the capacity of UN Women personnel in delivery of care programming. Learning and knowledge products from this programme have also been shared across the UN Women Community of Practice, to inform other programming. The Global Component is also supported by core-funded Global and Regional Office personnel, with important synergies with other global initiatives, normative work and the development of the global UN System Guidance on care systems.

The 3R programme is being managed by the following UN Women personnel:

- **Rwanda**: a national coordinator and programme associate in Rwanda, with the support of a communications analyst.
- **Senegal:** a national coordinator, and 50% of a programme analyst.
- **Regionally:** the programme is funding a Care Economy Specialist in the East and Southern Africa region, who is providing dedicated support to the Rwanda Country Office, as well as to other initiatives on care systems across the region.
- **Globally:** a policy and knowledge management specialist, a programme coordinator, with the support of core- and other programme- funded colleagues across Global Office, regional and country office teams. This includes the Policy Advisor - Macroeconomics and Global Lead on Care, programme assistant and administrative assistant.

UN Women is implementing in partnership with:

- The **programme funder**, the German Federal Ministry of Economic Cooperation and Development (BMZ)
- **Delivery partners**, including ActionAid in Rwanda and in Senegal – Enda Energie, a civil society organization, Plateforme des Femmes pour la Paix en Casamance, a women's peace platform, and Regional Development agencies in Sédhiou and Saint-Louis.
- **Feminist economists,** participating in expert reference group and supporting the development of policy tools and materials.
- **National Steering Committees** in Rwanda and Senegal providing technical advice to overall implementation, including lead government ministries. Members in Rwanda comprise: Ministry of Gender and Family Promotion, National Child Development Agency, Forum des Femmes Rwandaises Parlementaires, ActionAid, Institute of Policy Analysis and Research, Rwanda Men's Resource Centre, UNICEF, Private Sector representatives, and Pro-Femmes. Members in Senegal comprise: Association des Elus locaux du Sénégal, Association des femmes travailleuses du Sénégal, Réseau National des femmes rurales du Sénégal, Fédération nationale des femmes rurales du Sénégal, Réseau des femmes agricultrices du Nord; Plateforme des femmes pour la paix en Casamance; Agence régionale de développement de saint Louis; Agence Régionale de développement de Sédhiou; ENDA Energie; ONG Dimbaya; OXFAM; FAO, PAM, PNUD, Ministère de l'agriculture et de l'équipement rural, CRES consortium pour la recherche

économique et sociale, and PRB Population Reference Bureau.

The project targets:

- **National and local governments**: engaging in capacity building, inputs into the design of new technologies, and development and implementation of policies, roadmaps and development plans on care systems. The specific ministries and departments are included in Annex 3.

- **Women led organizations and cooperatives, and women participants:** receiving energy- and labour- saving technologies, participating in community gatherings and awareness initiatives, and receiving support to access innovative business models and technologies to address care risks. The programme reports do not disaggregate by HIV, disability, socio-economic or migrant status. However, the programme documents set out that it targets people with disability and vulnerable groups.

- **ECD centers**: receiving training to improve the quality of care provision, and rehabilitation and equipment support.

- **Civil society organizations**: partnering on delivering community engagement components and participating in capacity building on care systems.

- **Men and boys, traditional and community leaders**: engaged in selecting participants, and participating in community engagement and social norms change initiatives.

- **Private sector providers of microinsurance**: partners to strengthen access to financial and non-financial products for women to manage risks related to care responsibilities.

- **Media partners,** including radio and tv stations involved in developing and broadcasting communication materials.

Key stakeholders also include **UN Women country offices**, receiving support under the programme's Global and Regional components, to draw on learning to implement national programming, use knowledge products training developed as part of the programme, and strengthen engagement with the Global Accelerator on Jobs and Social Protection for Just Transitions team.

Additionally, key stakeholders include **others also working in the sector**, with whom UN Women collaborates with on joint research and policy advocacy, include UN agencies, INGOs, development partners, civil society and academics, while not directly funded by the programme.

A full stakeholder mapping alongside the evaluation sampling approach is set out in Annex 3.

Learning from evaluation of Phase 1:

Phase II of the 3R programme builds on the lessons and outcomes of the evaluation of Phase 1.[60]

The evaluation identified that the programme was highly relevant and largely effective, through its implementation of a holistic package of transformative solutions. Key lessons learned included the importance of providing adequate time to implement capacity development and behaviour change activities and involving the private sector to promote women's economic

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[60] The 3R programme evaluation: Transformative Approaches to Recognize, Reduce and Redistribute Unpaid Care Work in Women's Economic Empowerment Programming

empowerment, and the effectiveness of mobilizing women at the community level.

Evaluation recommendation	Phase 2 programme response
The evaluation highlighted the need to evolve from the '3R' to the '5R' framework and to develop capacity-building programs for unpaid care work, including standardizing capacity development offerings, extending training duration, and improving the sequencing of training activities.	The programme initiated the creation of a global training course on care systems during the first year of the second phase, covering the 5R framework.
The evaluation recommended focusing on improved knowledge generation and dissemination, and strengthening the business case for investing in care systems.	The programme is developing a comprehensive knowledge management and dissemination strategy and plan to ensure results are communicated effectively. Phase II also planned to deepen investment in data and research in order to build the case for care investments, including through the use of the costing tool.
The evaluation also highlighted the need for greater focus on sustainability and intersectionality.	The programme team has committed to articulate clearer exit strategies from the outset, including how community-level care services, social norms work and leadership cohorts will be sustained beyond project funding. The

Evaluation recommendation	Phase 2 programme response
	programme team has also committed to strengthen deliberate inclusion of women and children with disabilities, in line with the UN system-wide approach on care systems.
The evaluation recommended expanding engagement with the private sector.	The programme team planned to more proactively engage small and medium enterprises and larger firms on care-supportive workplace policies, quality standards for care provision, and positive care norms.
The evaluation also highlighted the importance of integrating care systems across the agency's women's economic empowerment portfolio, including climate-resilience agriculture portfolios, macroeconomic and social protection reforms, and stronger advocacy of domestic financing of care.	Phase 2 of the programme was designed to better leverage these linkages.

Progress and Implementation status

A no-cost extension of three months to March 2026 was approved in May 2025. At the time of the evaluation inception report, the programme was nearing completion. Other than that, there have been no significant changes in the implementation plans.

As of the time of the evaluation inception report, the programme is on track to meet all its targets. The programme reported that it has delivered capacity building for government officials, supported municipalities to integrate care issues into development plans, supported childcare centres, delivered social norms activities, supported women and their families to access health coverage, and distributed labour and energy saving technologies. Globally, the programme has held expert group meetings, finalized a training course on care systems, strengthened the Community of Practice (CoP) on Care, Decent Work and Macroeconomics, and developed various policy tools.

Evaluability Assessment

The overall theory of change is relevant and sets out 'if' and 'then' statements that link outcomes to the target impact. However, causal pathways between outputs and outcomes and assumptions are not set out, though outputs and outcomes are articulated in the results framework (see Annex 1). The evaluation team has mapped out hypothesized causal pathways as part of the Theory of change, see Annex 1, to support the use of a contribution analysis approach.

The table below summarizes the assessment of the quality and completeness of the results framework. The results framework does not currently include formal outcome indicators and some output indicators are activity-focused. The evaluation will emphasize collecting evidence for achievement of outcomes and outputs, to be presented using a contribution analysis approach.

Measure – Results Framework	Overall Rating
Outcomes	Strong
Target outcomes adequately focus on change (behavior and institutional performance).	
Outcome Indicators	Weak
No outcome indicators exist	

Outputs	Strong
Target outputs consistently use change language, are specific and clear and focused.	
Output Indicators	Strong
Indicators were generally clearly aligned to the target outcomes and target outputs. Many indicators sought to focus on change brought about as a result of UN Women's support. However, in a few cases, the data cited measured activity (for example, attendance at sessions) rather than the output (for example, increased and strengthened capacity).	
Data quality	Strong
Supporting data was included to demonstrate how performance against DRF indicators was calculated	

Preliminary Observations

The following preliminary observations will be further explored during the evaluation to assess the extent to which expected results were achieved and to generate lessons for future interventions.

- **Leveraging of this programme to strengthen and scale other programming:** Phase 2 was designed with a global component, with a key aim of leveraging core funding, strengthening linkages between the national, regional and global components, and operational, normative and coordination aspects, and support scaling and greater impact. The evaluation will explore lessons learned around this model, document the impact of this programme on other programming, and identify any recommendations for strengthening the gender equality accelerator.

- **Innovations and scalability:** Key innovations were tested under the programme across global, regional and national components, including labour and energy saving technologies and digital insurance. The evaluation will explore the effectiveness of these innovations building on programme monitoring, review the potential of and

lessons learned for scaling these innovations, as well as lessons learned for UN Women's approach to piloting.

- **Sustainability:** Programme reports identified potential challenges to sustainability of childcare service centres supported under the Rwanda and Senegal components, given caregivers existing capacity and limited access to training and materials. The evaluation will explore the strength of transition plans and evidence of likely sustainability of all programme components, and learning in terms of where future programmes should invest in to maximize sustainability.

- **Uptake of capacity building and knowledge products:** The programme also has significant components around capacity building and dissemination of knowledge products, across the global, regional and national components. Programme reports have identified challenges around gender backlash and unfavourable political environment. The evaluation will aim to gather evidence of likely uptake of knowledge products and implementation of topics covered under capacity building, in terms of whether those trained are applying what they are learning and signs of institutionalization of capacity building. It recognizes that in addition to capacity, opportunity and motivation are the other key requirements for behaviour change.

V. METHODOLOGY

Evaluation Criteria and Questions

The table below sets out the evaluation criteria and key evaluation questions, and a summary of the proposed approach. Additional details are set out in the evaluation matrix in Annex 4. As set out in the Terms of Reference, the evaluation will not cover the DAC criteria of relevance and impact. Relevance was covered extensively in the Phase 1 evaluation. Given the timing of the evaluation, the effectiveness of questions will also explore evidence of early signs of impact.

Key Evaluation Questions	Approach
Effectiveness, Coherence and Gender Equality	
To what extent did the global, regional and country components work together coherently to deliver results?	Mapping of linkages and pathways between global, regional and country level components.
To what extent has the programme achieved progress towards the three target outcomes?	Contribution analysis to assess the strength of evidence for outcomes achieved and UN Women's contribution.
To what extent were gender equality principles effectively integrated in the programme?	Assessment of programme design & implementation and documented results against the Gender Results Effectiveness Scale
Efficiency	
To what extent did the programme efficiently leverage UN Women's initiatives, personnel, core resources and regional technical support model to deliver quality and timely results?	Comparative analysis to identify where the model worked efficiency and where it did not, and links between resources and key outputs
Scalability and Sustainability	
To what extent are core 3R components likely to be sustained beyond the programme, and how can UN Women best use them to shape TransformCare and future programming?	Analysis of evidence of sustainability and linking of programme results and learning to future entry points.

Evaluation Approach

The evaluation approach is theory-based. Contribution Analysis will be used to assess UN Women's contribution to target outcomes as set out in the theory of change. The evaluation will also use mixed methods, drawing on both quantitative data (primarily financial and from the survey) and qualitative data (from document review, interviews and focus group discussions). Most Significant Change style interview prompts will be used to elicit concrete examples of change, to test and refine contribution pathways.

Gender equality and human rights will form a critical component of the evaluation in the

following ways[61]:

Stakeholder analysis and methodology: The stakeholder analysis has been used to select a diverse group of stakeholders to engage in the evaluation, including programme participants, both women and men, as well as those most affected by rights violations, and those who are marginalized and may be difficult to reach. The evaluation will carefully consider outreach efforts to ensure their participation. Data will be triangulated across different sources and stakeholders.

Evaluation criteria and questions: A specific evaluation criteria has been added that focuses on gender equality. Associated evaluation questions have been developed. The evaluation team will assess the programme design, implementation and outcomes against The Gender Results Effectiveness Scale (GRES) [62] developed by UNDP, see below:

The Gender Results Effectiveness Scale

Gender Negative | Gender Blind | Gender Targeted | Gender Responsive | Gender Transformative

Analysis and Reporting: Human Rights and Gender Equality and Leave no one Behind analysis will be integrated in all sections of the report (findings, lessons learned, recommendations).

Secondary Data Collection

Key programme documents have been reviewed as part of the inception phase. The list of documents reviewed is set out in Annex 2.

Additionally, as part of the data collection phase,

the evaluation team will review national data in Rwanda and Senegal pertaining to the Care agenda, as well as any other programme documents available for our review from the programme team and implementing partners. The list of planned documents to be reviewed and requested from the programme team is also set out in Annex 2.

Primary Data Collection

The primary data collection includes:

1. **Interviews** with stakeholders, at the national, regional and global levels.
2. **Survey** targeting Country Offices and members of the Care, Decent Work and Macroeconomics Community of Practice (CoP).
3. **Debrief meetings** to share and validate findings pertaining to the Rwanda, Senegal and global and regional components.

Sample

In total, the evaluation team is proposing to invite a sample of approximately 192 stakeholders to interview and focus group discussions.[63] The full list is set out in Annex 3. 146 UN Women colleagues will be invited to fill out the survey – this includes all colleagues participating in training on care developed under the programme and members of the Community of Practice on Care, Decent Work and Macro-economics, not already invited for interview.

Global and regional interviews will be undertaken virtually. Data collection in Rwanda will cover all the project locations of Phase 2: Gisagara, Nyaruguru, Musanze, Gasabo (a district in Kigali), and Ngoma. Virtual interviews

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[61] Building on the Integrating Human Rights and Gender Equality in 26 Evaluation -- Towards UNEG Guidance

[62] The Gender Results Effectiveness Scale (GRES)

[63] Not all targeted stakeholders are expected to be available for

interview.

will be undertaken with stakeholders in Rubavu to explore sustainability of Phase 1 activities. Data collection in Senegal will cover all the project locations: Dakar, Saint-Louis, Ziguinchor and Sédhiou.

The table below sets out the sampling approach across different stakeholder categories, along with the target sample size across the global and regional, Rwanda and Senegal components. Additional detail is set out in Annex 3.

Table: Sampling approach and target sample.

Category	Sampling approach	Target number		
		Global & Regional	Rwanda	Senegal
Programme implementers				
UN Women Programme team	All	2	2	1
UN Women personnel supporting the programme (not funded)	All	10	1	1
Programme funder	Previous and current focal points	1		
Delivery partners (CSOs and local government)	All - including coordinators and M&E		1	4
Feminist economists	All those involved in providing technical input into the programme	1		
Stakeholders targeted by the programme				
National and local governments	Purposive sampling of stakeholders engaged in the steering committee, overseeing programme implementation in their districts, participating in training, and supported by UN women in the development of policies, roadmaps and plans.		18	12
Women led organizations and cooperatives, and women participants	Mix of random and purposive sampling, targeting inclusion of people with disabilities, youth, and female-headed households, and both men and women.		42	24
ECD centres	Random sample of caregivers, centre managers and parents		6	6
Civil Society Organizations	Purposive sampling of CSOs participating in training and partnering on community engagement programmes.		5	
Men and boys, traditional and community leaders	Purposive sampling, targeting inclusion of people with disabilities and youth.		18	
Private sector stakeholders	Purposive sampling of those engaged in the programme.		1	3
Media partners	Purposive sampling of those engaged in the programme.		2	
UN Women Country Offices	Purposive – offices with the strongest	11		

Category	Sampling approach	Target number		
		Global & Regional	Rwanda	Senegal
receiving support	engagement / receiving significant support. All community of practice members and those participating in the trainings developed under the programme not already invited to interview will be invited to survey.			
Others also working in the sector with whom UN Women is collaborating	Purposive sampling of key partners (UN agencies, development partners, civil society, academics) whom UN Women is collaborating with	6	6	8

The evaluators have designed the evaluation to ensure participation of stakeholders across the evaluation, with a particular emphasis on rights holders. Rightsholders who have directly participated in or are affected by UN Women programming efforts will be engaged in discussing the outcomes of the programming efforts from their perspective. The evaluation team will visit programme participants in areas convenient for their travel.

Data collection tools

Six data collection tools have been developed. Five interview guides have been developed for 1. UN Women programme team; 2. Partners (implementing partners, UN agencies, government); 3. Development partners; 4. Other stakeholders working in the sector but not specifically on this programme; 5. Programme participants). Two surveys targeting Country Offices, members of the Care, Decent Work and Macroeconomics Community of Practice (CoP), and UN Women participants of capacity building on care have been developed. Stakeholders will be invited to fill out the survey on Microsoft Forms.

The tools have been developed based on the evaluation matrix and are set out in Annex 5.

Data disaggregation and management

All data will be disaggregated by sex and age. Participant data will be disaggregated by geographical region and disability where possible. Data will be managed as per the data management plan, set out in Annex 6.

Analysis

The data analysis will employ mixed methods. Quantitative data will be obtained from the donor reports, partner reports and survey. An analysis grid will be developed based on the evaluation matrix, and used to analyze qualitative data from interviews and focus group discussions.

Analysis will include using the following methods of validation:

•Triangulation: to validate results reached by different methods, or initiate new enquiries where findings cannot be confirmed

•Feedback: through programme management team engagement, meetings with Evaluation Reference Group, comments on reports, and a validation workshop.

Contribution towards each target outcome will be analyzed using the format below.

Target outcome		
Achievement – strength of evidence		
Strong	**Moderate**	**Weak**
Clear and substantive progress against the target result, corroborated by multiple sources and diverse sources, with concrete examples.	Outcome shows some progress, but it is partial, uneven or limited in scope. Evidence is corroborated by more than one source, but examples are less detailed, come from a narrower range of stakeholders and/or remain relatively general.	Outcome-level change is unclear, minimal or not directly observable. Evidence is based on only one source or one type of stakeholder, is mostly anecdotal, and/or no specific examples of verifiable change are provided.
UN Women's contribution – strength of evidence		
Strong	**Moderate**	**Weak**
Clear, specific and well-evidenced link between UN Women's interventions and the outcome. Multiple stakeholders recognize UN Women's role and explain how particular activities, partnerships or tools contributed. UN Women is seen as a catalytic, leading or clearly significant contributor.	UN Women is one of several contributors, with a plausible but more general link to the outcome. The role is recognized, but explanations are broad or lack detail on mechanisms and relative influence. Other actors and contextual factors appear to have played substantial roles.	UN Women's role is unclear, marginal or largely inferred. Links between activities and the outcome are weakly articulated, not corroborated, or overshadowed by other explanations. There is little or no explanation of how UN Women's work supported change.
Contribution of other factors and testing the theory of change assumptions		

Ethics

The evaluation will comply with the relevant UNEG and UN Women standards on ethics[64]. Specifically, the evaluation will be delivered as follows:

Integrity:

The evaluators will ensure compliance with the Code of conduct, and to deliver the evaluation with honesty, professionalism and impartiality. The evaluators are independent from the program delivery and will document any areas of disagreement between the evaluation team and the MCO, and changes to the evaluation findings.

Accountability:

The evaluation follows a transparent process through the inception report and sampling approach. Analysis will be transparently done in NVivo and Stata. All evaluation findings will be clearly mapped to the evaluation objectives and evaluation questions, with clear reference to the underlying evidence.

Beneficence and Do No Harm:

The evaluation team will seek informed consent, clearly explaining the purpose of the evaluation and how the information will be used. Explicit oral consent will be sought. The evaluators will also highlight potential benefits and harm to participating. All responses will be kept confidential. Evaluators will highlight that

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[64] The evaluation will adhere to UNEG and UN Women Ethical Guidelines and Code of Conduct, UNEG guidance on integrating Human Rights and Gender Equality in evaluations with gender responsive and human rights approaches integrated into the approach

participants can stop the interview or focus group discussion at any point. The evaluators will carefully consider the setting, scope, structure and participant selection in interviews and focus group discussions, to avoid any harm to participants, for example, those affected by violence. This will be guided by UN Women protocol[65] Vulnerable participants may include survivors of violence and HIV positive participants, as well as other intersectional vulnerabilities such as age, status, background. To ensure a trauma informed approach, the evaluation team will remind participants that participation is voluntary, provide participants with multiple decision points to continue / stop throughout the interview, and transparently describe what questions will be asked. Only absolutely needed identifying information will be requested. The evaluation team will set aside time to put the participant at ease and take breaks as needed, and carefully monitor any signs of distress or trauma, at which point the interview will be immediately stopped. In case of any arising issues, the evaluators will refer cases to local services, based on guidance of UN Women colleagues.

Respect:

The evaluation will meaningfully engage evaluation stakeholders, and not only as subjects of data collection. The evaluation team will share the evaluation brief with all evaluation stakeholders and respondents. To ensure fair representation of different voices, the sampling approach takes into consideration coverage of different categories of stakeholders, including those hard to reach.

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65 https://www.unwomen.org/sites/default/files/2022-12/Safe-consultations-with-survivors-of-violence-against-women-and-girls-en.pdf

Risks, Limitations and Mitigations

1. **Level of documentation for informal technical support**: Some regional support is informal, risking under-counting contributions. We will capture these through key informant interviews to develop a full mapping of regional and global activities under outcome 3.

2. **Attribution vs. contribution**: There are strong linkages of programming activities with other programming, delivered by UN Women and by other stakeholders. It is expected that UN Women's efforts will only be one contributory factor among many. The evaluation will use contribution analysis rather than claim direct attribution to results.

3. **Evidence on scale and uptake:** "Reach" (e.g., downloads, trainings, event visibility) does not provide evidence of institutional uptake. The evaluation will gather evidence on the level of uptake (e.g. awareness, piloting, institutionalization).

4. **Sampling approach:** The evaluation relies primarily on qualitative methods (key informant interviews and focus group discussions) complemented by a survey of UN Women colleagues, document review and monitoring data. The sample is therefore not intended to be statistically representative of all programme participants, and findings will not be used to estimate coverage or population-level effect sizes. Rather, the blended purposive and random qualitative sample is designed to capture a range of experiences and

perspectives across programme components, stakeholder types, and locations, and to support an assessment of perceived results, contribution pathways, enabling and constraining factors. To mitigate risks associated with small sample sizes relative to programme reach, the evaluation will: (i) triangulate qualitative evidence with programme monitoring data, partner records and secondary sources; (ii) ensure coverage of all programme locations under Phase 2 and selected sustainability follow-up for Phase 1; (iii) systematically analyze divergent cases; and (iv) report findings with appropriate qualification, highlighting where evidence is stronger (multiple sources/sites) versus more indicative.

Dissemination and Use

The table below sets out the dissemination plan for the targeted primary and secondary users.

Dissemination approach	How this will be tracked
UN Women programme team Evaluation team to host validation meeting and share two-page brief and host a meeting to discuss findings and next steps.	Uptake of findings and extent to which meeting results in concrete, actionable next steps
Country Office and Global Office colleagues, national	Number of stakeholders the brief is shared with

Dissemination approach	How this will be tracked
partners and others working in the sector Evaluation team to share two-page external facing brief and infographic.	

Once the report is signed off by IEAIS management, the programme coordinator leads the follow-up process to facilitate its use such as in the form of issuing a management response within 6 weeks of the report finalization.

Evaluation Management and Quality Assurance

The Director of IEAIS and Chief of IES will review and sign off on all evaluation products, which will comply with relevant guidance.[66] Supported by the evaluation analyst, the Team Lead will be overall responsible for the evaluation, including data collection, analysis and reporting. The evaluation will also be subject to the Global Evaluation Report Assessment and Analysis System (GERAAS) process, which assesses the quality of the report and the level of confidence readers can place on the evaluation.

The External Evaluation Reference Group and Evaluation Management Group (see Annex 7 for composition and terms of reference) are responsible for providing technical review and support and ensuring a high quality, transparent process. The IES peer reviewer will support with providing another layer of review.

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[66] UN Women Evaluation Policy, UNEG Norms and Standards for Evaluation

Evaluation Workplan

Task	Date
Primary Data collection	January - February 2026
Data analysis	February 2026
Preliminary findings	February 2026
Draft report	March 2026
Validation meetings	April 2026
Final Report	April 2026
Report brief	April 2026

The team is comprised of the following:

Team lead: responsible for managing the coordination and day-to-day management of the evaluation from Nairobi, leading the methodological approach, collection of data, analysis and report writing. As team leader, the Regional Evaluation Specialist will also be responsible for overseeing the work of the evaluation team members, managing the contracts and assuring quality of the work.

Two national consultants in Rwanda and Senegal: responsible for data collection, including participation in document review, interviews and focus group; data analysis to develop preliminary findings and drafting of final report; and presentation at emerging findings workshops, validation and Evaluation Reference Group Meetings. Deliverables include data collection notes and inputs into the draft and final reports.

Care expert: responsible for providing key technical expertise and inputs to the inception and final report, participation in the emerging findings workshop and the ERG validation workshop, virtual interviews with a small number of selected stakeholders. Deliverables include technical comments across the inception and final report, and interview notes.

The table below summarizes the estimated days per team member across each phase.

Phase	Team Lead	National consultants (each)	Care expert
Inception and data collection preparation	15	5	3
Data collection	10	13	4
Analysis and Reporting	25	10	8

ANNEXES

Annex 1	Theory of Change and Results Framework
Annex 2	List of stakeholders consulted and documents reviewed
Annex 3	Stakeholder Mapping
Annex 4	Evaluation Matrix
Annex 5	Data Collection Tools
Annex 6	Data Management Plan
Annex 7	Reference Group and Management Group Members
Annex 8	Terms of Reference

Annex 1: Theory of change and Results Framework

Theory of change

The evaluation team prepared the diagrammatic theory of change below, based on the existing narrative theory of change in the project document, the results framework, and the challenges set out in the annual reports.

Impact	Women's and girls' unpaid care work is reduced, freeing up their time to equally contribute to and benefit from sustainable livelihoods		
⬆	**Outcomes contribution to impact:** structural gender inequalities that prevent women and girls from realizing their economic rights and empowerment have been removed		
Outcome	National and local governments develop/strengthen laws, policies and services that recognize and address the disproportionate share of unpaid care work performed by women and girls in Rwanda and Senegal.	Women's cooperatives and other organizations provide care services in rural and/or urban areas to reduce and redistribute unpaid care work in Rwanda and Senegal.	National governments and relevant ministries scale-up investments in care service provision.
⬆	**Contribution to outcome:** with understanding and knowledge of the issue, and the tools and capacities, governments are able and motivated to develop and implement laws, policies and services.	**Contribution to outcome:** increased care services, digital and financial solutions and energy and labour-saving technologies leads to reduction and redistribution of unpaid care work.	**Contribution to outcome:** UN Women country and regional offices better able to support national government; national government and stakeholders build capacity to use policy tools to advocate for and inform scale-up of investments.
Assumptions	• Sufficient fiscal space • Gender backlash and political environment does not hinder gender equality policies and investments • Sufficient capacity to integrate care considerations – at national and local levels	• Sustainability of childcare service centres, caregivers are able to access adequate training and materials • Gender norms did not hinder the reduction and redistribution of unpaid care work	• Sufficient fiscal space • Gender backlash and political environment does not hinder gender equality policies and investments • Sufficient capacity to integrate care considerations – at national and local levels

Outputs						
Outputs	National and local governments have greater understanding and knowledge of the 3Rs of unpaid care work and the disproportionate share of unpaid care.	**Activities:** Policy dialogues, support to implement care initiatives, national policy assessment to design roadmap. ↑ **Cont. to output:** policy dialogues and support to strengthen government stakeholders understanding and knowledge.	Women's cooperatives and other organizations have increased capacity to provide care services	**Activities:** provision of childcare services, behavioural change work with young men and community leaders. ↑ **Cont. to output:** organizations gain experience in providing care services; social norms change leads to greater recognition of needs.	Capacity of Governments, UN Women's country/regional offices, and other national stakeholders to use developed policy tools to promote sustained investments in the care economy is strengthened.	**Activities:** policy tools developed and support provided to use these tools (financing policy tool, care policies scorecard, training manual). UN Women community of practice and peer learning and Knowledge management strategy. ↑ **Cont. to output:** Support to stakeholders to use tools and draw on learning from the programme, to find entry points into national development plans.
			Women's cooperatives and other organizations have access to digital and financial solutions to address unpaid care risks	**Activities:** support government and private sector to pilot financial products and services, including care insurance schemes. Raise awareness among rural women of services. ↑ **Cont. to output:** increased services and awareness leads to greater uptake.		
	National and local authorities have increased tools and capacities to develop and implement laws, policies and services that address unpaid care work	**Activities:** Develop tools, support to government to design financing strategy/framework to invest in care systems, build capacity of partners to apply policy tools, baseline study to understand current situation. ↑ **Cont. to output:** support authorities with tools and capacity building.	Women's cooperatives and other organizations have access to energy and labour saving, climate resilient and low carbon infrastructure and technologies needed to provide care services and reduce their unpaid care work and time poverty	**Activities:** finance infrastructure and technologies. ↑ **Cont. to output:** women are able to access such technologies.	Capacity of Government and relevant ministries to finance investments in care services strengthened.	

Results Framework and cumulative results reported in 2024 Annual Report

The table below draws from the Project Document, and 2023 and 2024 Annual Reports.

Outputs	Indicators	Baseline, cumulative performance as of 2024 and target	Key Results Reported in 2024
Outcome 1: National and local governments develop/strengthen laws, policies and services that recognize and address the disproportionate share of unpaid care work by women and girls			
Output 1.1: National and local governments have greater understanding and knowledge of the 3Rs of unpaid care work and the disproportionate share of unpaid care	**Indicator 1.1.1**: Number of national dialogues and stakeholders influenced	• Baseline (Senegal): 1 • 2024 (Senegal): 2 • Target (Senegal): 2 • Baseline (Rwanda): 3 • 2024 (Rwanda): 4 • Target (Rwanda): 5)	Senegal: Celebration of the International Day of Care and Support in October 2024, National Dialogue with traditional and religious leaders Care Day with traditional leaders Rwanda: Workshop of stakeholders on Tools for Strengthening the mainstreaming of Unpaid Care Work
	Indicator 1.1.2: Number of local governments integrating care strategies in their plans and investments	• Baseline (Senegal): 6 • 2024 (Senegal): 14 • Target (Senegal): 16	8 municipalities are in the process of integrating care work into their development plans.
Output 1.2: National and local authorities have increased tools and capacities to develop and implement laws, policies and services that address unpaid care work	**Indicator 1.2.1**: Number of government partners trained in the use of tools	• Baseline (Senegal): 0 • 2024 (Senegal): 839 • Target (Senegal): 5	Training for elected officials on Gender-Sensitive Planning and Budgeting and Unpaid Care
	Indicator 1.2.2: Number of reports, policy briefs developed to influence national and/or local policy formulation and interventions disseminated to key stakeholders	• Baseline: (Rwanda): 4 • 2024 (Rwanda): 7 • Target (Rwanda): 6	High-level consultative workshop on Unpaid Care Work and Training of Trainers of District M&Es.
Outcome 2: Women's cooperatives and other organizations provide care services in rural and/or urban areas to reduce and redistribute unpaid care work			
Output 2.1: Women's cooperatives and other organizations have	**Indicator 2.1.1**: Number of community-based childcare centers	• Baseline: 22 (Senegal) • 2024: 37 (Senegal) • Target: 3 5 (Senegal)	Purchase of equipment to modernize 15 childcare centres

increased capacity to provide care services	**Indicator 2.1.2**: Number of community members, including opinion leaders, men, and boys, who demonstrate increased awareness and understanding of the disproportionate share of unpaid care work by women and girls.	• Baseline (Rwanda): 400 • 2024 (Rwanda): 928 • Target (Rwanda): 600	928 community members (344 men, 584 women) were sensitized on the importance of ECD to support improved school readiness, health, and cognitive development in children.
Output 2.2: Women's Cooperatives and other organizations have access to digital and financial solutions to address unpaid care risks	**Indicator 2.2.1**: Number of women using new microinsurance and other financial and non- financial risk transfer products and services.	• Baseline (Senegal): 1000 • 2024 (Senegal): 7000 • Target (Senegal): 3000	7,000 women and their families continue to benefit from health coverage
	Indicator 2.2.2: Number of women with increased capacity, knowledge, and skills to access to and use the existing financial and risk transfer services (OR: Number of women reached with capacity building and awareness raising campaigns on the existing financial and risk transfer services).	• Baseline (Senegal): 1000 • 2024 (Senegal): 7000 • Target (Senegal): 3000.	7,000 women and their families gained a better understanding of health coverage and its financing mechanisms
	Indicator 2.2.3: Number of government and private sector partners supported to develop and pilot new and gender-sensitive services and business models to address the women's unpaid care related risks and shocks.	• Baseline (Senegal): 1 • 2024 (Senegal): 2 • Target (Senegal): 3	The Regional Health Coverage Agency in Ziguinchor has received support to integrate women's specific needs.
	Indicator 2.2.4: Number of research and knowledge products produced on innovative, digital, and financial solutions to address women's unpaid care risks.	• Baseline (Senegal): 3 • 2024 (Senegal): 3 • Target (Senegal): 6	Activity planned for 2025
Output 2.3: Women's Cooperatives and other organizations have access to labor- and	**Indicator 2.3.1**: Number of women with access and using different labor- and time-saving, low carbon and energy-efficient technologies	• Baseline (Senegal): 1000 • 2024 (Senegal): 1000 • Target (Senegal): 5000 • Baseline (Rwanda): 1000	Senegal activity planned for 2025, plan to distribute 5000 stoves. ActionAid Rwanda distributed 866 energy-efficient cooking stoves and 30 rainwater

time-saving, climate resilient and low carbon infrastructure and technologies needed to provide care services and reduce their unpaid care work and time poverty		• 2024 (Rwanda): 2537 • Target (Rwanda): 3000	harvesting tanks in 5 districts, reaching 896 individuals (791 women and 105 men for energy-efficient cooking stoves, and 24 women and 6 men for rainwater harvesting tanks).
Outcome 3: National governments and relevant ministries (ex: sectoral and finance) scale-up investments in care service provision.			
Output 3.1: Capacity of Governments, UN Women's country/regional offices, and other national stakeholders to use developed policy tools to promote sustained investments in the care economy is strengthened.	**Indicator 3.1.1**: Number of policy tools/training developed	• Baseline: 2 • 2024: 4 • Target: 5	Training course on care systems, piloted with 40 colleagues from UN Women. Engendering fiscal Space tool developed.
	Indicator 3.1.2: Number of CoP learning sessions/trainings organized	• Baseline: 2 • 2024: 9 • Target: 6	Training on the care systems pilot Community of Practice (CoP) on Care, Decent Work and Macroeconomics.
Output 3.2: Capacity of Government and relevant ministries to finance investments in care services strengthened.	**Indicator 3.2.1**: Number of training/peer learning sessions organized	• Baseline: 2 • 2024: 6 • Target: 6	Expert Group Meeting on engendering fiscal space.
	Indicator 3.2.2: Number of expert group meetings organized	• Baseline: 2 • 2024: 3 • Target: 6	

Annex 2: List of stakeholders consulted and documents reviewed

Stakeholders consulted

- UN Women 3R programme coordinator
- UN Women Senegal programme analyst
- UN Women Rwanda 3R Programme national coordinator
- UN Women West and Central Africa Regional Office Feminist Economist/Gender and Economics Policy Specialist
- UN Women East and Southern Africa Regional Office Programme Analyst - Care Economy

Documents reviewed

The context as set out in section 3 footnotes the sources cited. All other documents reviewed are listed below.

Programme Documents

Donor Reports & Financial Documents

- 3R Programme Donor Narrative Report (April 2023 – April 2024)

- Donor Financial Reports: Interim Financial Reports (30 April 2024 and 31 December 2023); Fund Request Letter – May 2024; Fund Requirement Schedule

- Donor Agreement – 3R Programme in Rwanda and Senegal (12 May 2025)

Programme design and governance

- 3R Programme in Rwanda and Senegal ProDoc and Inception Phase Plan – 3R Programme in Rwanda and Senegal and Risk Register

- Governance: GPAC Checklist Endorsement & Minutes, 2 March 2023; Minutes and powerpoint Steering committee 10 April 2025

- Terms of Reference for Programme Coordinator and Policy and Knowledge Management Specialist

- Programme budget and inception phase plan

Programme outputs:

- Training of the Care Economy – piloting materials

- UN Women/UNICEF Investing in Care Systems for Gender Equality & Economic Transformation Training 2025

- Research on Care: Evidence and Gaps

- How to assess fiscal stimulus packages from a gender equality perspective featuring case studies from Morocco and Nigeria using the UN Women-ILO policy tool – 2022

- Research on care evidence and gaps: What Works to Address Care Inequalities: Evidence Review

Reporting:

- Narrative Report April 2023 – 2024; Global Consolidated Narrative report 2024

- Interim Financial report Dec 2023, April 2024, Dec 2024;

Community of Practice (COP) – Meetings, Tools & Learning Materials

- Agendas, Slides and minutes for COP / roundtable meetings: Sept 2021; Sept 2022; Dec 2022; Dec 2023 and April 2024

- UN Women–ILO Joint Programme "Promoting Decent Employment for Women through Inclusive Growth Policies and Investments in the Care Economy" 2021

- Community of Practice Roundtable: Fiscal Stimulus Assessment Tool 2022

- Internal COP Decent Work Macroeconomics Member List 2025

- Internal COP survey – topics of interest

- Proposal for the 2025–2026 Communities of Practice on Care, Decent Work, and Macroeconomics Series

- Digitally enabled decent care work & the Gender pay gap – Research findings & insights from Asia Pacific & East and South Africa Regional Offices 2023

- Preliminary findings & insights on what works in care policy interventions and programming 2024

- UN Women/ILO – Tools To Support Care Policy Development, Implementation & Monitoring – Community of Practice Roundtable Series 2022

- Virtual Learning Café – UN Women's Care Programming, Research and Policy Advocacy: What have we learned, and what comes next? 2023

Rwanda

- Rwanda 3R Programme Donor Narrative Report (2024)

- Rwanda Country Profile and Expression of Interest to Participate in the Global Programme Transforme Care

- National Institute of Statistics of Rwanda (NISR), Labour Force Survey, 2024.

- National Institute of Statistics of Rwanda (NISR) (2025) Seventh Integrated Household Living Conditions Survey (EICV7)

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

Action Aid Partner Reports

- Face Form (Funding Authorization and Certificate of Expenditures) 2025

- Informal Technical Evaluation Committee Report and Local Appraisal Committee Minutes – June 2023

- Partner Agreement with Action Aid and Amendment 1 and 2

- Partner Progress Report December 2023, July and December 2024, March and July 2025.

- Responsible Party Risk Based Capacity Assessment Questionnaire

- Technical proposal

- Terms of Reference – Support the implementation of UN Women Rwanda Country Office programmes

- UN Women Call For Proposals (CFP) Template

Senegal

- Concept Note: State of play of the care economy in West and Central Africa

- National factsheets: Case of Senegal 2025

- Senegal 3R Programme Donor Narrative Report (2024)

- Transforming Health Care Systems in West and Central Africa: Senegal Fact Sheet 2025

- UN Women (2023). Innovative solutions to recognize, reduce and redistribute the unpaid care work of rural women in Senegal.

- Guidance Note: Integrating Unpaid Care Needs In Local Development Plans In Senegal

- Case Study: A Bottom-Up Approach To Care Policy And Programming: The Case Of The 3r Programme Addressing Unpaid Care Needs Of Rural Women In Senegal

ARD SEDHIOU Partner Documents

- Project Appraisal Committee (PAC) Checklist
- ARD SEDHIOU Risk Based Capacity Assessment
- Face Form (Funding Authorization and Certificate of Expenditures) 2025
- Proposal
- Quarterly activity report
- Termes de Référence

ARD-AGRIFED Partner Documents

- Appraisal of Partner Selection Process

- Face Form (Funding Authorization and Certificate of Expenditures) 2025

- Partner agreement and amendment

- Partner Progress Report (June, July, October 2024; June 2025)

- Risk Based Capacity Assessment 2023

- Technical and Financial Offer

- Termes de Référence

Enda Energie (Energie Environnement Developpement) Partner Documents

- Informal Technical Evaluation Committee Report

- Regional Project Appraisal Committee Meeting Minutes 2025

- Risk Based Capacity Assessment 2025

- UN Women Call For Proposals (CFP) Template for Implementing Partners

Plateforme des femmes pour la paix en Casamance Partner Documents

- Partnership Template for Civil Society Organization (CSO)

- Face Form (Funding Authorization and Certificate of Expenditures) 2025

- Partner Progress Report (June 2025)

- PROPOSITION TECHNIQUE ET FINANCIERE

- Regional Project Appraisal Committee Meeting Minutes 2024

- Risk Based Capacity Assessment 2023

- Termes de Référence

Other

- List of UN Women Care Programmes

Knowledge products

East and Southern Africa Regional Office

- Landscape of Care Work in East and Southern Africa – Burundi, Ethiopia, Malawi, Mozambique, Somalia, South Sudan, Sudan, Uganda, Zimbabwe

- UN Women (2025) In East and Southern Africa, care is everyone's business – and it's changing lives

- Charmes, J., & Asiligwa, M. (2022, November). National care needs assessment – Kenya: Preliminary report. UN Women.
- UN Women (2024): The Care Agenda: A Regional Perspective for East and Southern Africa

West and Central Africa Regional Office

- UN Women (2024): UN Women West and Central Africa Gender-responsive Care Framework

- UN Women West and Central Africa Feminist Economists Taskforce: Zoom in: One Year Transforming Care Systems in West and Central Africa

- Toolkit: Recognising, Reducing and Redistributing Unpaid Care Work: Selected Case Studies to Support Reform in West and Central Africa

- Advocacy Brief: Care Work and Women's Empowerment in The Low-Carbon Transition in West Africa

Relevant evaluations

- Developmental Evaluation of UN Women's Work on the Care Economy in East and Southern Africa

- The 3R programme evaluation: Transformative Approaches To Recognize, Reduce And Redistribute Unpaid Care Work In Women's Economic Empowerment Programming

- Corporate evaluation of UN Women's contribution to Women's Economic Empowerment by advancing gender-responsive laws, frameworks, policies and partnerships

Documents requested for review during data collection

- forthcoming knowledge products and policy documents
- knowledge management plan, including for the learning, innovation, knowledge and evidence hub and survey results on learning needs learning needs for Q1–Q2 2026
- Donor and partner reports 2025-26 when available

Rwanda:

- Country Office monitoring reports
- Partner report on youth innovators
- Workshop Report - Tools for Strengthening the mainstreaming of Unpaid Care Work for Program and Policy Effectiveness in Rwanda 26th 29th November 2024
- Report from the High-level consultative workshop on Unpaid Care Work – national and local authorities
- Report of the Training of Trainers (ToT) of District M&Es on UCW to advance accountability to GEWE & UCW
- Report on 928 community members (344 men, 584 women) were sensitized on the importance of ECD
- Needs assessment / selection criteria for distribution of cooking stoves and rainwater harvesting tanks
- Mapping of care initiatives, partners, assess existing gaps and opportunities in the care sector.
- Rapid impact assessment of time and energy saving technologies, report, publication, dissemination
- Workshop report - Capacity building for influential key stakeholders on Unpaid Care Work and Social Protection.
- Application of care costing tool (including comparison sectors reduction of CO_2 emission / national scale policy assessment
- Application of the Engendering fiscal space,
- Policy briefs on unpaid care work

Senegal:

- Country Office monitoring reports
- Reports from events:
  - Three-day national care policy dialogue
  - Workshop report - The State of Recognizing, Reducing and Redistributing Women's Unpaid Care Work in Senegal: Issues, Challenges and Prospects' – October 2023
  - International West-Africa Care and Women's Economic Empowerment Symposium in Dec 2023
  - Community engagement workshops
- National roadmap for care reform
- 10 local development plans
- Satellite Accounts Analysis
- Baseline assessment in the additional target areas (30 municipalities in Matam and Southern regions).
- Site identification and needs assessment for pre-schools/childcare facilities

- Scoping mission of the programme team in the South, preliminary discussion to conduct analysis and focus groups to collect women needs.
- National Health Insurance Agency – updated Insurance Strategy

East and Southern Africa region:

- Event reports on dissemination of the Gender Pay Gap Report (Women Deliver, celebrations of International Women's Day 2024 and IMF workshop on gender equality)
- Event report on regional webinar with UNECA
- Meeting notes on technical support to Africa Union
- Training workshop report on Care Training in 2025 in Nairobi
- IRDC programme developed out of the 3R programme – concept note and meeting notes

Annex 3: Stakeholder mapping

The tables below set out the organizations, role in the programme and sampling approach across the: 1) Global and regional components; 2) Regional/Country Offices supported by the Global and regional components; 3) Rwanda components and 4) Senegal components. The list is drawn from donors from the donor agreement system, partners from the partner agreement system, UN Women personnel inputs.[67] The evaluation team will invite all stakeholders listed below to interview.

1. **Global and regional components**

Organization	Title	Role in the programme	Sampling approach
UN Women Global and regional offices			All personnel managing the programme and engaged in supporting funded programme activities.
Global Office	Programme coordinator	Managing the programme, funded by the programme	
Global Office	Policy and Knowledge Management Specialist	Leading on normative work, funded by the programme	
Global Office	Policy Advisor, Macroeconomics and Global Lead on Care	Overseeing the programme	
Global Office	Data, Monitoring and Reporting Specialist - Economic Empowerment	Supporting on monitoring, data, and learning	
Global Office	Programme Analyst	Leading on COP components	
Global Office	Economics Specialist	Providing support to offices' engagement with the Global Accelerator on Jobs and Social Protection for Just Transitions team	
East and Southern Africa Regional Office	Women's Economic Empowerment Specialist	Overseeing care work in the region	
East and Southern Africa Regional Office	Programme Analyst - care	Supporting Rwanda components and work in the region, funded by the programme	
West and Central Africa Regional Office	Feminist Economist/Gender and Economics Policy Specialist	Supporting Senegal components, and work in the region	
Europe and Central Asia Regional Office	Programme Specialist	Support institutionalization of training developed under the programme in the ECA region	
Regional Office Asia & Pacific	Programme and M&E Specialist, Women's Economic	Delivering training on care to external stakeholders, part funded by 3R programme	

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[67] Some stakeholders are listed more than once, where more than one representative from the organization has been identified as relevant for consultation.

Organization	Title	Role in the programme	Sampling approach
	Empowerment		
Regional Office Asia & Pacific	Gender Training Specialist		
Partners			
Programme funder			All focal points.
Federal Ministry of Economic Cooperation and Development (BMZ)	Division G11 –Feminist Development Policy officer	Current focal point for programme	
Feminist economists			All those involved in providing technical input into the programme.
Istanbul Technical University	Professor of Economics	Technical input into the programme, including care training materials	
Other partners – Global networks, missions, CSOs, and UN agencies			Purposive sampling of key partners
Global alliance for care	Secretary GAC	Key partner on normative and coordination components.	
Office of the United Nations High Commissioner for Human Rights	Women's Human Rights and Gender Section Lead	Key UN partner on normative and coordination components.	
ILO	Employment Policies and Gender Specialist	Counterpart on JP that developed the costing tool being applied in Rwanda; Coordinator, Gender in Employment Group	
Chile mission	ECOSOC Coordinator & Second Committee	Key supporter of UN women's work on care systems	
Spain mission		Key supporter of UN women's work on care systems	
International Development Research Centre: IDRC	Care programme lead	Key partner with UN Women, developing concept note on Care following care training	
Programme participants			Purposive sampling of most engaged participants
Asia Pacific Care training participants	Including private sector, banks, government representatives	35 participants in the training, targeting speaking to 2 participants	

2. UN Women Regional / Country Offices supported by the Global and regional components

Component	Regional / Country Offices targeted for interview	Sampling approach
Support on engagement with the Global Accelerator on Jobs and Social Protection for Just	• Malawi • Nepal • Kazakhstan MCO	All

Transitions team	• East & Southern Africa Regional Office	
Global Community of Practice – with 88 members across country and regional offices	• Georgia • Mozambique • Kenya • Morocco MCO • Nepal • East & Southern Africa Regional Office	Purposive – offices with the strongest engagement. All 88 members not already invited to interview will be invited to respond to a survey.
Supported by ESARO to deliver care programming	• Tanzania – delivered capacity building to government on care systems, using materials funded by the programme • Mozambique – training and RO support funded by the programme supported implementation of disability programme and time use survey • South Africa – RO personnel funded by the programme supported engagement in G20 on care systems	Purposive – offices receiving significant support from the RO (funded by 3R) on care programming

3. Rwanda components

Description	Category	Role in the programme	Sampling approach	Interviews	FGDs
Rwanda programme team	UN women programme team	Programme coordinator and programme analyst managing the project; Women's Economic Empowerment lead supporting synergies with other programmes	All	3	-
Action Aid	Delivery partner	Responsible for delivering key components	All - Local Rights Program Coordinator, North-West Region, field coordinators, M&E	2 in the north and the south	
Recipients of energy- and labour- saving technologies	Programme participants	1653 cooperative members who received these technologies, across Gisagara, Nyaruguru, Musanze, Gasabo, anddistricts.	Random sample of 10 calls over phone (2 per district). Purposive sampling for in-person Focus Group discussions – 1 per district, targeting 6 people, for a total of 30 individuals, also targeting inclusion of people with disabilities, youth, and female-headed households, and both men and women.	10	30
ECD care	Programme	Receiving training	Random sample	3	

Description	Category	Role in the programme	Sampling approach	Interviews	FGDs
givers in Ngoma	participants				
Parents with children in ECD centres in Ngoma	Programme participants	Affected by trained ECD caregivers	Random sample	3	
Men and boys associations, women	Programme participants	Engaged through the Men Engage strategy or community dialogues on the importance of ECD & positive parenting in neighboring ECDs (928 community members)	Purposive sampling for in-person Focus Group discussions – 1 per district, targeting 6 people, for a total of 18 individuals, also targeting inclusion of people with disabilities, youth, and female-headed households, and both men and women. (=In Ngoma, Nyaruguru and Musanze only)		18
National and local authorities participating in trainings	Government	Attendees at workshop on tools for strengthening the mainstreaming of unpaid care (Nov 2024), High-level consultative workshop on Unpaid Care Work, Training of Trainers (ToT) of District M&Es, May 2025 UCW and social protection capacity building.	Purposive sampling of those who have been able to apply the training. Random sample of 2 if realistic, to also explore challenges to application.	5	
District authorities and local leaders	Government	community sensitization and beneficiary targeting	Director of Planning and Budgeting All in Musanze, Gasabo and Gisagara Districts (focus of current phase) Virtual interviews in either Nyamasheke, Nyaruguru, Ngoma or Kirehe which was the focus of the previous phase to explore sustainability.	8	-

Description	Category	Role in the programme	Sampling approach	Interviews	FGDs
MIGEPROF	Government	Responsible for integration of UCW in National Transformational Men Engage Strategy, member of steering committee	Focal point for UN Women	1	
Ministry of Finance and Economic Planning (MINECOFIN)	Government	User of costing / engendering fiscal space tool	Focal point for UN Women	1	
Ministry of Local Government (MINALOC)	Government	Overseeing ECD and care systems	Focal point for UN Women	1	
Rwanda Women Parliamentary Forum (FFRP)	Government	member of steering committee	Focal point for UN Women	1	
National Child Development Agency (NCDA)	Government	Provides policy guidance and oversight on Early Childhood Development and Care facilities	Focal point for UN Women	1	
CSOs attending training and supporting on men engage strategy	CSOs	CSOs and women cooperatives that participated in training on UWC/care economy, including Rwamrec, MenCare, MenEngage Africa, and Equimundo	Random sample	5	
Radio / TV stations	Media	Broadcasting 3R radio, TV and IEC materialists	Key partners	2	
Private Sector Federation (PSF)	Private Sector	Attended the unpaid care work training, member of steering committee	Purposive sample – steering committee members.	1	
Others working in the sector					
UNICEF	UN agencies	Partner working in similar areas on ECD	All	1	

Description	Category	Role in the programme	Sampling approach	Interviews	FGDs
FAO, IFAD, WFP	UN agencies	Partner on the JP-RWEE, with important synergies with the 3R programme	Random sampling	1	
Policy research and advocacy institute (IPAR); Profemmes Twese Hamwe	Academics and CSOs	Key partners working on similar areas, though not funded through the programme	All	2	

4. Senegal components

Description	Category	Role in the programme	Sampling approach	Interviews	FGDs
Senegal programme team	UN women programme team	Programme coordinator and Women's Economic Empowerment lead supporting synergies with other programmes	All	2	-
Enda Energie, ,	Delivery partner	Responsible for delivering the programme (cookstoves, energy saving)	Key focal points across each region	2	
Plateforme des femmes pour la paix en Casamance	Delivery partner	Responsible for delivering the programme in Ziguinchor	The program manager and the focal point	2	
ARD Saint Louis	Delivery partner	Responsible for delivering the programme in Saint Louis	Focal Point Communication officer	2	
ARD Sedhiou	Delivery partner	Responsible for delivering the programme in Sedhiou	Focal point	1	
Ministry of Family and Solidarity	Government	Co-organized 3 day national care policy dialogue resulting in adoption of first national roadmap for care reform	Focal point	1	
Multiparty	Government	hosting workshop on	Focal point	1	

Description	Category	Role in the programme	Sampling approach	Interviews	FGDs
Committee		the state of 3R, and engaged in advocacy at CSW68			
Senegal National statistics agency	Government	conducted the Satellite Accounts Analysis or Women Count Program officer who coordinated the time use survey	Focal point	1	
National Health Insurance Agency and Couverture Maladie Universelle (CMU)	Government	Partners on providing digital micro-insurance Regional Health Insurance Agency in Saint Louis Regional Health Insurance Agency in ziguinchor	Focal point	1	
Dialogue and workshop attendees	Government, academia, and civil society	60 attendees of 2023 national care policy dialogue (line ministries, local officials, women farmers' cooperatives, academia, and civil society) and 2023 workshop on 3R	Purposive sampling of engaged attendees. Random sample of 2 if realistic, to also explore challenges to application.	3	
ILO, UNICEF, WFP, RCO	UN agencies	UN Interagency Working Group to support the Global Accelerator on Jobs and Social Protection for Just Transitions	Random sample	1	
International Development Research Centre	Donor	organization of second edition of the International West-Africa Care and Women's Economic Empowerment Symposium	Focal point	1	
World Renew	CSO	Cohost of side event at CSW68	Focal point	1	
Local authorities	Government	Regional Development	Random sample	5	

Description	Category	Role in the programme	Sampling approach	Interviews	FGDs
		agencies in Sédhiou and Saint-Louis as partners. local authorities in 13 municipalities overseeing implementation, and those engaged in developing the 10 local development plans.			
Local leaders, including religious and traditional leadership	Programme participants	Those participating in 15 dialogue sessions, 120 local leaders trained on gender sensitive planning and budgeting	Random sample, targeting 3 focus groups of 6 people each		18
ECD centres	Programme participants	15 pre-schools chosen to receive equipment support in Saint Louis 3 childcare facilities in the southern region will undergo rehabilitation and/or receive necessary equipment.	Random sample of 3 ECD centre managers / teachers and 3 parents	6	
Insurance providers	Private sector	Those receiving support to implement innovative business models and technologies, including digitalization, to improve rural women's access to products the local enterprises that produce improved stoves	Random sample	3	
Awareness raising recipients	Programme participants	2000 Participants of Conversations, community gatherings, and radio skits	Purposive sampling, 2 focus groups of 6 people each, also targeting inclusion of people with		12

Description	Category	Role in the programme	Sampling approach	Interviews	FGDs
			disabilities, youth, and female-headed households, and both men and women.		
Financial and non-financial technology recipients		Those benefitting from awareness initiatives and improved access to innovative business models and technologies, including digitization PARTNERSHIP With ENDA ENERGY	Random sampling, 2 focus groups of 6 people each, with targeting of inclusion as above		12
Biochar production units		Those benefitting from installation of 2 biochar production units.	Purposive sampling, 2 focus groups of 6 people each, with targeting of inclusion as above		12
Other stakeholders working in this area					
Consortium Regional pour la Recherche en Economie Générationnelle (CREG)	Academia	Engaged in in collaborative research and policy advocacy	Key focal point	1	
National Network of Women Workers of Senegal	CSO			1	
World Bank Gender Lab	Multilateral			1	
Oxfam	CSO			1	
Care International	CSO			1	

Annex 4: Evaluation Matrix

The table below sets out the evaluation matrix, which includes the evaluation questions, indicators, data collection and analysis approach and information sources.

Key evaluation question	Indicators and criteria	Data collection and analysis approach	Sources
Effectiveness, Coherence and Gender Equality			
Coherence: To what extent did the global, regional and country components work together coherently to deliver results?			
What were the synergies across these components and to what extent did this help achieve scale? • How and to what extent did global policy tools, training packages and scorecards directly contribute to and strengthen country-level results, and support outcomes beyond the two pilot countries and regions?	• Evidence of synergies across components, for example coordinated sequencing of activities and clearly defined roles • Extent to which global policy tools, training packages and scorecards used by regional and country offices, and impact of these tools. • Evidence that global/regional work contributed to replication or uptake beyond the two pilot countries/regions • Stakeholder perceptions that the multi-level architecture added value for scale (vs. standalone country projects).	Map pathways and linkages between global, regional and country level inputs (such as tools, exchanges, training) to observe changes.	**Documents:** programme documents – including project document, workplans and monitoring and reporting data. Technical and policy products, minutes and notes of coordination meetings, learning events, communities of practice. **Interviews:** UN Women programme team, programme partners (implementing partners, government, development partner). **Survey:** UN Women Country Offices and members of the internal community of practice.
To what extent did the programme effectively support learning across the two countries and regions?	• Types of learning exchange, both formal and informal, and examples where learning from one country/region was applied in another		
Effectiveness: To what extent has the programme achieved progress towards the three target outcomes?			

Key evaluation question	Indicators and criteria	Data collection and analysis approach	Sources
To what extent has the programme achieved progress towards the three target outcomes? Were there any unintended outcomes?	• Evidence of changes in target (and unexpected) outcomes, of UN Women's contribution vis a vis other factors, and reach for vulnerable groups. Any emerging evidence of contributions to impact.	Contribution analysis, assessing the strength of evidence for outcomes achieved and UN Women's contribution. Outcome harvesting to capture unexpected outcomes	**Documents:** Programme documents, monitoring and reporting data including baseline and outcome assessments, evaluation of 3R programme phase 1, knowledge products documenting learning,
How well did the programme address learning and recommendations from Phase 1?	• Evidence of programme implementing changes based on recommendations and learning from Phase 1	Assessment of effectiveness of results, and which initiatives were the most effective.	**Interviews:** UN Women programme team, programme partners (implementing partners, government, development partner), programme participants and other stakeholders working in the sector.
What worked well and what did not work well? • Which innovations (including those at the care × climate/conflict nexus such as energy- and labour-saving technologies) were most effective? • What are the lessons for future programming?	• Evidence that specific innovations were effective • Evidence of differential effectives across different approaches, and enablers and barriers to achieving target outcomes • Existence of clear, actionable lessons and recommendations		**Survey:** UN Women Country Offices and members of the internal community of practice.
Gender Equality: How effectively were gender equality principles integrated in the programme?			
How effectively were gender equality principles integrated in the programme?	• Rating against the UNDP IEO Gender Results Effectiveness Scale in terms of its design & implementation and documented results • Reach of programme to vulnerable and excluded populations, including people with disabilities	Analyze programme against the GRES scale	**Documents:** Programme documents – design documents, monitoring and reporting data **Interviews:** UN Women programme team, programme partners (implementing partners, government, development partner), programme participants
Efficiency: How efficiently did the programme leverage UN Women's initiatives, personnel, core resources and regional technical support model to deliver quality and timely results?			

Key evaluation question	Indicators and criteria	Data collection and analysis approach	Sources
To what extent were the activities efficiently designed and delivered to leverage other UN Women initiatives, personnel and resources (including core funding)?	• Evidence that activities were explicitly designed to align with / build on existing UN Women initiatives • Clear use of existing structures, expertise and platforms rather than creating parallel mechanisms.	Comparative analysis to identify where the model worked efficiently and where it did not, and links between personnel inputs and missions and key outputs (problems solved, design changes, etc.)	**Documents:** Programme documents – results frameworks, workplans, and budgets, organograms and role TORs. **Interviews:** UN Women programme team and colleagues supported by the programme **Survey:** UN Women Country Offices and members of the internal community of practice.
Was the regional technical support model an efficient way to provide quality assistance and facilitate achievement of results?	• Country/regional staff perceptions that support (formal ESA support; informal linkages; targeted country support) was high quality, relevant and actionable. • Concrete examples where regional supported problem-solving, delivery, and/or achievement of results. • Advantages and disadvantages in comparison to alternatives (e.g. hiring short-term consultants, heavier Global Office involvement) in terms of speed, quality and cost.		
Scalability & Sustainability: To what extent are core 3R components likely to be sustained beyond the project, and how can UN Women best use them to shape TransformCare and future programming?			

Key evaluation question	Indicators and criteria	Data collection and analysis approach	Sources
Sustainability: Which programme components show evidence or likelihood of being maintained and financed after the project ends?	• Evidence of components being institutionalized in policies and systems, financing and resource commitments, government/partner staff taking on ownership of lead roles and capacity to do so • Evidence that key activities are already continuing beyond the project or are planned and widely expected by stakeholders to continue.	Analysis of sustainability prospects against framework of: institutionalization and ownership, financing and capacity	**Documents:** Government and sector documents, UN Women documents for future programmes, funding commitments and partnership agreements, any exit plans and scale-up/transition documents. **Interviews:** UN Women programme team, implementing partners, development partners and government, as well as other stakeholders working in the sector
Strategic positioning/transition: How best can UN Women leverage the 3R programme to contribute to TransformCare and future programming?	• Evidence of key 3R outputs (evidence, tools, partnerships) that directly link to TransformCare • Evidence of UN Women's perceived comparative advantage, demand for follow-up from stakeholders, and concrete opportunities/risks for leveraging 3R, considering feasibility of proposed pathways (political will, funding prospects, internal capacity)	Analysis linking 3R results and learning to entry points, including potential partners and risks/assumptions to identify priority pathways	**Documents:** 3R learning briefs and case studies, TransformCare/global care economy strategies, concept notes and guidance, donor strategies relevant to care. **Interviews:** UN Women programme team, implementing partners, development partners and government, as well as other stakeholders working in the sector **Survey:** UN Women Country Offices and members of the internal community of practice.

Annex 5: Data collection tools

This section sets out the consent text, interview guides for: 1. UN Women programme team; 2. Partners (implementing partners, UN agencies, government); 3. Development partners; 4. Other stakeholders working in the sector but not specifically on this programme; 5. Programme participants) and a survey targeting Country Offices and members of the Care, Decent Work and Macroeconomics Community of Practice (CoP).

Introduction and informed consent (to be used across all interviews and focus group discussions)

1. Hello, my name is _____. I am part of the evaluation team delivering the final evaluation of the "Transformative Approaches for recognizing, reducing and redistributing (3R) unpaid care work in Women's Economic Empowerment Programming". I work for UN Women / am an independent consultant.

2. The purpose of this evaluation is to provide accountability for the delivery of the "Transformative Approaches for recognizing, reducing and redistributing (3R) unpaid care work in Women's Economic Empowerment Programming" in Rwanda and Senegal, and to generate learning on what has and hasn't worked, as well as pathways to scaling, to inform the implementation of UN Women's future programming in this area. The findings are intended to support decision-making and future programming for UN Women Global Office, regional and country offices delivering the TransformCare programme.

3. You have been selected to take part in the interview / focus group discussion, due to your role / experience in _____.

4. The interview is expected to take approximately one hour.

5. Taking part is voluntary, and you can stop at any time if you decide to. You can ask to skip any questions if they make you feel uncomfortable. Refusing to participate or withdrawing your participation at any time will not lead to any penalty.

6. Your input will be extremely valuable to help UN Women reflect on its achievements and how it can strengthen its programming going forward. There are no other expected benefits to participating in the evaluation. There are no costs associated with participating in the evaluation.

7. All information collected is private, and we will keep it confidential. The exception is if you tell us something that makes us concerned that you or somebody else are at risk of harm. We have a duty to report this, and to keep you and others safe.

8. We will use the evaluation findings to write an evaluation report and set of evaluation briefs. These will be anonymous, so we won't include names or any other information that would allow you to be identified from what they have said or written.

9. The information that is collected will only be used for the evaluation and will be stored securely on the UN Women shared drive. We will only keep personal details (e.g. emails, telephone) for it as long they are needed for the project, after which we will delete them, once

the report is finalized, which is expected to be in July 2025. The summary findings may be used for future evaluations.

10. If you want to contact someone else about your rights as participants, you can contact the Chief of the UN Women Independent Evaluation service at inga.sniukaite@unwomen.org or on +1-6467814724. You can also raise any wrongdoing to the investigations hotline: +1 212 963-1111 or through this form: Reporting Wrongdoing (unov.org).

11. Do you have any questions?

12. Do you consent to participating in this evaluation?

Focus group facilitation and quality protocol. Ethical safeguards (informed consent, confidentiality, data protection, and do-no-harm) are set out in Section 5 and apply to all data collection. Given the additional risks and quality considerations inherent to group discussions, the evaluation team will apply the following FGD-specific standards: (i) group composition will avoid direct power relationships and, where appropriate, groups will be stratified (e.g., by gender/age/role) to support safe participation; (ii) facilitators will establish and actively enforce ground rules, including limits to confidentiality in a group setting, no naming of individuals, and respectful turn-taking; (iii) each FGD will be facilitated by an evaluation team member using a standardized topic guide; (iv) distress or safeguarding concerns will be managed through predefined steps (pause/stop, offer break, avoid further probing, provide referral information), and participants will be reminded they may skip questions or withdraw; and (v) quality assurance will include immediate post-session debriefs, standardized note templates, and prompt anonymization and secure storage of records.

Introduction to the programme:

"Transformative Approaches for Recognizing, Reducing and Redistributing (3R) Unpaid Care Work in Women's Economic Empowerment Programming – Phase 2", funded by the German Federal Ministry for Economic Cooperation and Development (BMZ) and implemented in Rwanda, Senegal and at global level.

The programme supports:

- Laws, policies and services that address unpaid care work.

- Childcare/ECD and other care services, and time- and energy-saving solutions.

- Integration of care programming in WEE, agriculture, climate and rural livelihoods programmes.

- Global tools, guidance, training, and convening on care systems to inform wider scale-up.

Interview guide – UN Women Programme Team

Introduction

- Can you describe your role in the 3R programme? Which components were you involved in?

- Are you also involved in other Care work at UN Women not funded by this programme?

Coherence

- To what extent did you use the global policy tools, training packages and scorecards? Did it contribute to outcomes in other countries beyond Rwanda and Senegal?

- How did the global, regional, and country components work together? Were there coordinated activities or learning exchanges across countries/regions?

    o (Probe: for example, strong sequencing of activities across different components, experience and learning feeding into knowledge sharing and stronger tools).

- What was the added value of having a programme working at global, regional and national level, in comparison to having standalone country projects? What were the synergies or challenges?

- (For Rwanda and Senegal, and regional stakeholders) How effectively did the programme support learning across the two countries and regions? Are there examples where learning from one country / region was effectively applied in another?

Effectiveness

- What progress has been made toward the three target outcomes? Are there any unintended outcomes? What is the evidence for this?

    o What was UN Women's contribution? What was the contribution of other stakeholders? What is the evidence for this?

    o What changed in the **care system** (laws/policies, services, infrastructure, financing, workforce/representation) and what evidence supports this?

- How well did the programme address recommendations and lessons learned from Phase 1?

- Which approaches or innovations (including those at the care × climate/conflict nexus such as energy- and labour-saving technologies) were most effective?

    o How did the programme manage the 'piloting' approach? How was effectiveness of these innovations monitored?

- What activities or programming led to observed outcomes? What worked well? What did not work so well? (Probe: with limited funding, what would you prioritize and what would you cut? Why?)

- What have been the main enablers and barriers to achieving care outcomes?

- How were gender equality principles integrated into the programme in terms of design, implementation and achieve results? Please explain and provide examples.

    o (Probe: 1. Did the result aggravate or reinforce gender inequalities and limiting norms; 2. Did the programme acknowledge differential needs of men and women, and other marginalized populations; 3. Was there good representation in terms of targeting of participants?; 4. Did the programme contribute to change in norms, cultural values, power structures, and the roots of gender inequalities and discriminations?)

- How effectively did the programme reach vulnerable and excluded populations, including people with disabilities? (Probe: what measure were used to support this? How did the programme identify these populations? Were any targets set?)

- Are there any early signs of impact for women and girls?

    o The target impact is women's and girls' unpaid care work is reduced, freeing up their time to equally contribute to and benefit from sustainable livelihoods.

Efficiency

- How efficiently did the programme leverage UN Women's other resources, personnel, and regional support, including core funding? Were activities designed and delivered in a way that maximized use of existing structures and expertise?

- Did the regional technical support model provide timely, relevant, quality and actionable assistance to country programming? Are there examples where this support facilitated delivery and achievement of results at the national level?

    o What are the advantages and disadvantages of this model, compared to alternatives (hiring short-term consultants, heavier Global Office involvement)? (Probe: speed, quality and cost)

Sustainability

- What is the likelihood that programme components will be sustained or scaled up after the project ends? What evidence is there of:

    o components being institutionalized in policies and systems,

    o financing and resource commitments,

    o government/partner staff taking on ownership of lead roles and capacity to do so

- Are key activities already continuing beyond the project or expected to continue?

Scalability

- What lessons have been learned for future programming, including TransformCare?

    o What opportunities exist for scaling or strengthening the programme and gender equality accelerator? What might be the challenges?

- What do you think is UN Women's comparative advantage in this area of work?

Partners (Implementing Partners, UN Agencies, Government)
Introduction

- What has been your engagement with UN Women on Care? Both as part of the 3R programme and beyond?

Coherence

- Did you engage primarily at the country, regional or global level? Were you aware of any linkages or coordination with other countries, such as learning exchange?

Effectiveness

- What were the most significant changes have you observed in policies, services, community practices, or care systems more broadly?

    - How did UN Women contribute to this? What is the contribution of other stakeholders?

    - What is the evidence for this?

    - Are there any unintended outcomes?

- Which approaches or innovations (including those at the care × climate/conflict nexus such as energy- and labour-saving technologies) were most effective in addressing unpaid care work? What did not work so well? (Probe: with limited funding, what would you prioritize and what would you cut? Why?)

- Are there any early signs of impact for women and girls?

    - The target impact is women's and girls' unpaid care work is reduced, freeing up their time to equally contribute to and benefit from sustainable livelihoods.

- How were gender equality principles reflected in the integrated into the programme in terms of design, implementation and achieve results?

- What were the main enablers and barriers to achieving outcomes?

- How effectively did the programme reach vulnerable and excluded populations, including people with disabilities? (Probe: what measure were used to support this? How did the programme identify these populations? Were any targets set?)

Efficiency

- How streamlined were communications from UN Women, across global, regional and country offices?

Sustainability and Scalability

- What is the likelihood that programme components will be sustained or scaled up? Are key activities expected to continue beyond the programme?

    - Are there signs of institutionalization or ongoing commitment?

- What lessons have been learned for future programming, including TransformCare?

Closing

- What opportunities exist for future collaboration or scaling?

- Any additional feedback or suggestions for UN Women's work on care?

Development Partners
Introduction

- What motivated your funding of the 3R programme, and how does it align with your strategy?

Coherence

- Did you see any added value of the programme including global, regional and country level components?

Effectiveness

- From your perspective how effective do you think the programme has been? What evidence have you seen of progress toward the programme's outcomes?

- What are the main challenges and opportunities for scaling or sustaining care work interventions?

- What worked well and what did not work well? Are there things you would have liked the programme to do differently?

Efficiency

- In your opinion, was funding and technical support used efficiently to achieve results? Are there ways where the programme could be more efficient?

Sustainability and Scalability

- What evidence is there of ongoing commitment or institutionalization?

- What are the prospects for scaling or sustaining interventions? What are key lessons learned for future programming? What are the most promising pathways for future investment or collaboration?

- How do you perceive UN Women's comparative advantage in the care economy? How can UN women best leverage this in its care programming going forward?

Closing

- How can UN Women strengthen its future programming and partnerships in this area?

Other Stakeholders Working in the Sector (Not Specifically on This Project)
Introduction

- What is your organization's role in the care economy or related sectors?

- Are you aware of the 3R programme?

- Have you engaged with UN Women on the 3R programme or on other Care programming?

Coherence

- Did you engage primarily at the country, regional or global level? Were you aware of any linkages or coordination with other countries?

Effectiveness

- From what you have seen of the 3R programme, what do you think has worked well and what has not worked well?

- What approaches or innovations have been most effective in your experience? What lessons can be drawn from other programmes in the sector?

Sustainability

- What are some of the risks to sustainability?

Closing

- What do you think is UN Women's comparative advantage in this area of work?

- Any recommendations for UN Women's work in this space?

Programme Participants
Introduction

- Can you describe your involvement with the 3R programme / engagement with UN Women on TransformCare? (recognizing participants may not be familiar with the name 3R programme, the interviewer will also prompt based on our understanding of their engagement)

Effectiveness

- To what extent were your needs and perspectives considered in the programme design and implementation?
  - To what extent were the programme components you engaged in relevant to you?

- What were the most significant changes have you experienced as a result of the programme personally (e.g., access to services, time use, economic opportunities)? Also probing, depending on the type of engagement:
  - *Engaging in policy dialogues; convening; policy, services, business models & tool development and piloting:* what results have you seen from this? How likely are they to be sustained and to benefit women and girls?
  - *Knowledge sharing / users of knowledge products / policy tools:* were you able to apply this to your work? If not, what were the challenges?
  - *Participants in capacity building*: were you able to apply this? How?
  - *Participants in labour and energy saving technologies:* how relevant, useful and sustainable were these technologies, what were the effects of using these technologies?
  - *Childcare services:* what impact did this make on your care responsibilities and ability to engage in other economic activity?
  - *Social norms work:* what changes did you see as a result of this?

- *Users of new financial and non-financial products:* what impact have these products had on you?

- What aspects of the programme were most helpful or impactful?

- What changes have you seen in your community?

  - Do you feel the programme contributed to gender equality or empowerment in your community? (Probe: change in norms, cultural values, power structures, and the roots of gender inequalities and discrimination)

  - For example recognition, reduction or redistribution of women's and girls' unpaid care work? How did this come about? Probe: different programme components, refer to question above.

- Were there any challenges or barriers to participating in the programme?

  - Were programme activities delivered in a way that was convenient and accessible for you? Did the programme acknowledge differential needs of men and women, and other vulnerable populations?

Sustainability

- Do you think the benefits or changes from the programme will continue after it ends? Why or why not?

Closing

- Would you recommend this programme to others? Why or why not?

- Is there anything else you'd like to share about your experience?

FGD format note. The FGD discussion guide follows the same thematic areas as the interview guide (relevance/needs, results, barriers, sustainability) to enable comparison across methods. Distinct to FGDs, facilitators will: (i) use an opening script and ground rules that address the limits of confidentiality in group settings; (ii) actively manage participation to ensure balanced input; (iii) routinely test for consensus and divergence (e.g., "Who agrees/disagrees and why?"); and (iv) include a brief prioritization exercise to identify the most important perceived results from participants' perspectives.

Survey

Survey: Use and Learning from UN Women's Global Work on TransformCare

Target respondents: Country Offices, specifically members of the Care, Decent Work and Macroeconomics Community of Practice (CoP) and those who attended the Nairobi pilot or other regional trainings

Dear colleague,

The UN Women Independent Evaluation Service thanks you for participating in this survey, which is a key component of the Final Evaluation of the 3R Phase 2 programme. This evaluation aims to assess the delivery of the 3R programme, including its global component, and capture lessons to inform future UN Women programming. The global component supported the sharing of knowledge, practices and lessons learned, with deliverables around developing policy tools and training and organizing training and peer learning sessions.

In this context, the survey seeks to better understand your perspective on UN Women's work. The survey will take between 10-20 minutes to complete.

All data will be treated as confidential without any attribution to your identity. If you have any questions, please contact the independent evaluation team.

Introduction

As part of the 3R programme, UN Women has invested in several global initiatives to strengthen its Transforming Care Systems programming, including:

- A new global training curriculum on Transforming Care Systems (piloted in Nairobi, April 2024and delivered in the ECA, ESA, WCA, AP and LAC regions) - "Investing in care systems for gender equality and economic transformation"

- Knowledge products, such as a policy tool on engendering fiscal space and an evidence review on "what works to address care inequalities and transform care systems and key evidence gaps", the "UN Women-ILO Costing tool", the "UN System Policy Guidance on Transforming Care Systems", and the "TransformCare Baseline Study".

- The internal Community of Practice (CoP) on Care, Decent Work and Macroeconomics

This survey aims to understand how these initiatives are being used, what results and learning they have generated, and what further support is needed to strengthen UN Women's programming on Transforming Care Systems, including support to governments and civil society.

Your responses will inform the ongoing evaluation of the 3R programme and future programming. Please answer based on your own experience and that of your office/team.

Section 1. About you

1. **Office you primarily work in** (e.g. Global, Regional, Country Office)**:**
   [Open text]

Section 2. Community of Practice (CoP) on Care, Decent Work and Macroeconomics

1. **How actively have you engaged in the CoP between 2023 to date?**
   [Single choice]

   o Very actively (regularly attending sessions/posting)

   o Occasionally (joined some sessions or followed discussions)

   o Registered but not actively engaged

   o Not a member / Not engaged [if not engaged, please skip to section 3]

2. **Which CoP activities have you found most useful?**
   [Multiple choice]

   o Thematic webinars and learning sessions

   o Sharing of tools, guidance and examples via email/Teams/SharePoint

   o Peer-to-peer exchanges (e.g. country presentations, clinics)

- Access to global experts and feminist economists

- Informal networking and problem-solving

- Other (please specify)

3. **Please describe one specific example where learning from the CoP or from other countries/regions was applied or adapted in your context (e.g. design of an intervention, message to government, change in monitoring approach, etc.).**
   [Open text]

4. **To what extent do you agree with the following statements about the CoP?**
   [Matrix, 1–5 scale]

   - The CoP helps us stay updated on global work and tools on the care economy and on transforming care systems.

   - The CoP facilitates practical problem-solving for country-level challenges.

   - The CoP connects colleagues working on related agendas (care, decent work, macroeconomics).

   - The CoP is accessible and inclusive (time zones, language, participation).

5. **What changes or additions would make the CoP more useful for you (e.g. types of sessions, languages, formats, frequency)?**
   [Open text]

Section 3. Policy tool on engendering fiscal space and other tools
UN Women has developed a range of global knowledge products as part of the 3R programme.

6. **Before this survey, had you engaged with the following knowledge products:**

[Yes, and I have read it and used them / Yes, and I have read it but not yet used them / I have heard of it but not engaged with it / No, I was not aware of it]
   - policy tool on engendering fiscal space or its background papers

   - evidence review on "what works to address care inequalities and transform care systems, and key evidence gaps"

   - UN Women-ILO Costing tool

   - UN System Policy Guidance on Transforming Care Systems

   - the TransformCare Baseline Study

7. **Please share any concrete examples where you have used these products, for example, where they have influenced discussions, documents or decisions in your context (even in small ways).**
   [Open text]

8. **What additional tools or support (e.g. simplified guidance, talking points, country examples) would help you use the knowledge products to advocate for investment in**

care?
[Open text]

Section 4. Other regional and global support on Care and Support to governments and civil society (Output 3.2)

The global team aims to support Country Offices to provide technical support and dedicated trainings to national and local government members, as well as civil society organizations.

9. **In your context, what types of support on Transforming Care Systems have you provided (or are planning to provide) to government and/or civil society between 2023 - 2025?**
[Open text]

10. **If applicable, is there any specific support from the global/regional team would most help you move from pilot initiatives to more sustained, system-level investments in care (e.g. tailored TA, advocacy packages, donor engagement, joint missions)?**
[Open text]

11. **Is there any additional support would you like to receive from the Regional and Global Offices (HQ)?** [Open text]

Section 5. Global training curriculum on Transforming Care Systems

In April 2024, UN Women piloted a new global training curriculum ("Investing in care systems for gender equality and economic transformation") in Nairobi with around 40 colleagues and feminist economists. Since then, additional global trainings have been delivered across five regions, reaching more than 150 participants from UN Women and key partner institutions. Country Offices are exploring ways to institutionalize or adapt this curriculum (e.g. for government training, integration into university courses, internal staff training).

12. **Have you or your office/team used the global TransformCare training curriculum (including pilots, subsequent trainings or materials)?**
[Single choice]

   o   Yes, my office has used the materials (e.g. adapted for national training) [go to question 13, otherwise skip for all other responses]

   o   Not yet, but we are planning to

   o   Not yet, and there are no current plans

   o   I'm not sure

13. **If yes, in what ways have you or your office used the TransformCare training curriculum?**
[Multiple choice]

   o   Internal UN Women staff training

   o   Training for national government officials

   o   Training for local government officials / municipalities

- o Training for civil society / WROs / WLOs / social partners

- o Integration into academic curricula (e.g. universities, training institutes)

- o Use of specific modules or exercises in other training

- o Other (please specify)

14. Please share any concrete examples where you have used knowledge acquired from participating in the training, for example, in dialogues and meetings with partners, in the development of projects and programmes, or when providing technical assistance to support the establishment of care systems or policies in their context (even in small ways)."

15. **To what extent do you agree with the following statements about the training curriculum?**
[Matrix, 1–5 scale: with 1 being Strongly disagree and 5 being Strongly agree]

- o The content is relevant to our country context.

- o The materials are practical and easy to adapt.

- o The training has influenced how we design or implement care-related interventions.

16. **What support would you need to further institutionalize this curriculum in your context (e.g. within government training, academic programmes, or internal UN Women processes)?**
[Open text]

Section 6. Looking ahead – open reflections

17. **Any additional comments, suggestions, or examples you would like to share about UN Women's work on Transforming Care Systems and the 3R programme?**
[Open text]

Annex 6: Data Management Plan

All data collected through this evaluation is subject to the UN Women Information Security Policy that sets out the basis for UN Women in protecting the confidentiality, integrity and availability of its data to protect these assets against unauthorized usage, access, modification, destruction, disclosure, loss or transfer of data, whether accidental or intentional.

This Data Management Plan outlines the following key aspects of data protection:

- Data collection, storage and security
- archiving, preservation and curation;

Data collection and storage and security

The evaluation team will be responsible for data collection. The evaluation team comprises the Regional Evaluation Specialist for the East and Southern Africa Regional Office and one independent evaluation consultant. The primary data collection approaches are as follows:

Data Collection approach	Data collection and storage
Interviews and focus group discussions (virtual and face to face)	Virtual meetings will be head over MS teams. Interview notes will be taken and stored using Microsoft Word. Temporarily during the data collection phase, interview notes may be stored in business computers of the UN Women Evaluation Specialist and private/business computers of independent evaluation consultants or in a form of written notes. As soon as the data collection is completed and notes are transferred to SharePoint
	drive, data will be deleted from personal computers and written note destroyed.
Survey	Microsoft forms will be used to administer the survey.

All primary and secondary data will be stored using UN Women's MS SharePoint/OneDrive accessible by evaluation team members only. Once the evaluation is over, access to share point folders will be revoked to all external evaluation team members. This is protected under overall data protection mechanisms by UN Women IT service. NVivo and Stata will be used for qualitative and quantitative data analysis respectively. Raw data will be quality assured as part of the triangulation and analysis process.

The only personal data collected and used in this evaluation will be: names and last names of the interviewees, their function in the organisation/institution, their email addresses and the affiliated institution. Personal names and last names will not be published in any of the reports and will be known only to the evaluation team members. During data analysis, personal data will be removed from all interview notes and replaced with unique reference numbers. Only the evaluation team leader will maintain access to a document linking unique reference numbers with personal data, which will be destroyed upon completion of the evaluation. In the report, sensitive data will be protected and ensure they cannot be traced to its source. No personal data will be included in the evaluation report.

Archiving, preservation and curation

UN Women's policy is to preserve data for four years, aligned to the four-year Strategic note period. Upon completion of the evaluation,

the team leader will create a clean dataset containing files that might be relevant for further use in evaluations and research by UN Women. All data not assigned to the archive

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will be deleted upon completion of the evaluation. The dataset will be deleted after four years following the completion of the evaluation.

Annex 7: Evaluation Reference Group and Evaluation Management Group members

Table 1: Evaluation Reference Group members

Organization	Position	Country
Istanbul Technical University	Professor of Economics	Global
Eastern Province of Rwanda	Director of Planning and Budgeting	Rwanda
ActionAid Rwanda	Local Rights Program Coordinator, North-West Region	Rwanda
Faculty of Economics, Université Cheikh Anta Diop, Dakar	Lecturer and researcher in Economics	Senegal
National Network of Women Workers of Senegal	President	Senegal
Women's Platform for Peace in Casamance	Program Manager	Senegal

Table 2: Evaluation Management Group members

Office	Position
Global Office	Programme coordinator
Senegal	Programme Analyst
Rwanda	3R Programme National Coordinator
East and Southern Africa Regional Office	Programme Analyst - care
West and Central Africa Regional Office	Feminist Economist/Gender and Economics Policy Specialist
Global Office	Policy and Knowledge Management Specialist
Global Office	Data, Monitoring and Reporting Specialist - Economic Empowerment

TOR for Evaluation Management and Reference Group

The United Nations Entity for Gender Equality and Women Empowerment (UN Women) is commissioning a final evaluation of the Transformative Approaches for recognizing, reducing and redistributing (3R) unpaid care work (refer to the evaluation TORs).

Evaluation Reference and Management Group

The Evaluation Reference Group and Management Group is an integral part of the Evaluation management structure and is constituted to facilitate the participation of relevant stakeholders in the design, implementation and dissemination of the Evaluation.

The Evaluation Reference Group includes the following members: development partner, national government partners, civil society representatives and research organizations.

The Evaluation Management Group includes the following members: programme management team members.

The Evaluation Reference and Management Group play a critical role in ensuring a quality evaluation that is delivered transparently. The inputs of members are expected to strengthen the quality, usefulness and credibility of the evaluation process. An active Evaluation Reference and Management Group is key to ensure the proper validation of evaluation findings and that the voices of key partners in the programme's implementation are considered during the evaluation process and reflected in the final evaluation report.

More specifically, Evaluation Reference Group and Management members will be expected to:

- Discuss and validate the inception and final report (Evaluation reference group members will be expected to participate in two reference group meetings)
- Facilitate access to information by the evaluation team,
- Provide feedback to the evaluation inception report and interim finding to improve their relevance and quality,
- Review the draft and final report and provide feedback to ensure quality and completeness, and
- Disseminate and promote the use of the final report.

The indicative timeline is as follows:

January 2026	Participate in a presentation of the inception report, and provide feedback on the proposed approach
January – February 2026	Participate in interviews with the evaluation team
March / April 2026	Participate in a workshop presenting report findings and provide written comments on the final report

Annex 8: Terms of Reference

The evaluation terms of reference can be accessed here.

UN WOMEN IS THE UN ORGANIZATION DEDICATED TO GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN. A GLOBAL CHAMPION FOR WOMEN AND GIRLS, UN WOMEN WAS ESTABLISHED TO ACCELERATE PROGRESS ON MEETING THEIR NEEDS WORLDWIDE.

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