



# **UNHCR RWANDA**

Participatory Assessment 2017



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# Participatory Assessment September and October 2017

UNHCR Rwanda, December 2017

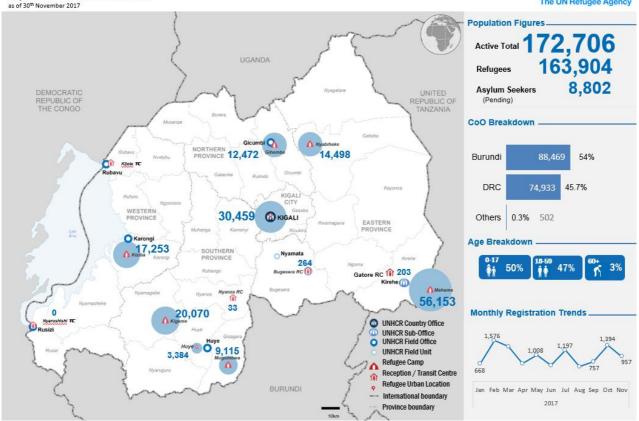
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# **Acronyms and abbreviations**

AAP	Accountability to Affected Populations
ADRA	Adventist Development and Relief Agency
AHA	Africa Humanitarian Action
AGD	Age, Gender, Diversity
AIDS	acquired immune deficiency syndrome
ARC	American Refugee Committee
CBHI	Community-Based Health Insurance
CBI	cash-based interventions
COO	Country of Origin
COV	Community Outreach Volunteers
CRRF	Comprehensive Refugee Response Framework
CTD	Convention Travel Documents
DAFI	Deutsche Akademische Flüchtlings-Initiative Albert Einstein
DRC	Democratic Republic of the Congo
EKK	English, Kinyarwanda and Swahili
GIZ	Gesellschaft für Internationale Zusammenarbeit
GOR	Government of Rwanda
HEG	History, Economics and Geography
HGI	Home Grown Initiatives
HIV	human immunodeficiency virus
IASC	Inter-Agency Standing Committee
JAM	Joint Assessment Mission
LAF	Legal Aid Forum
MBC	Mathematics, Biology and Chemistry
MEC	Mathematics, Economics and Computer Science
MFT	Multi-Functional Team
MIDIMAR	Ministry of Disaster Management and Refugee Affairs
MYMP	Multi-Year Multi-Partners
NFI	non-food items
NGO	non-governmental organization
NRSDC	National Refugee Status Determination Committee
OOSC	out-of-school children
PA	participatory assessment
POC	persons of concern
POR	proof of registration
PPA	Project Partnership Agreements
PSEA	prevention of sexual exploitation and abuse
PWD	persons with disabilities
RCA	Rwanda Cooperative Agency
SACCO	savings and credit co-operative
SASA!	Start, Awareness, Support, Action!
SEA	sexual exploitation and abuse
SGBV	sexual and gender-based violence
SOPs	standard operating procedures
TTC	Teachers Training College
UAM	unaccompanied minor
UASC	unaccompanied and separated children
UNHCR	United Nations Office of the High Commissioner for Refugees
VUP	Vision 2020 Umurenge Programme
WASH	Water, Sanitation and Hygiene
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# **Population of concern**

As of 31 November 2017, Rwanda hosted a total of 172,706 Persons of Concern (POC), with Burundians making up approximately 54 percent of the total refugee population in Rwanda. The average family size is 3.3 individuals. Some 51 percent of the registered population are children, while women and children altogether constitute 77 percent of the population.

A total of 8,088 Burundian refugees were received in Rwanda between January and November 2017. Additionally, a total of 3,801 births were registered countrywide in the same period. The average arrival rate of Burundian refugees in 2017 has been 24 individuals per day as compared to 38 individuals per day in 2016.

Urban refugees constitute approximately one fifth of the total refugee population. Other refugees are living in six camps across Rwanda.

Prior to April 2015, the urban refugee population in Rwanda was slightly above 2,000 individuals. Due to the Burundian emergency, close to 30,000 Burundians have been registered as urban refugees since April 2015 and Mahama camp has been established for the camp-based Burundian refugees.

Gihembe, Kiziba and Nyabiheke host the Congolese protracted refugees. Gihembe and Kiziba have been in operation since the 1990s, and Nyabiheke was established in 2005. Kigeme and Mugombwa were established after the 2012 influx of close to 35,000 refugees and host the non-protracted Congolese caseload.

In addition, as of November 2017, some 715 Burundian refugees were still living in reception centres and 8,802 Congolese asylum-seekers remained unregistered in the camps.

**Table 1: Age breakdown of refugee population** 

	0-4 years		5-11 years		12-17 years		18-59 years		60+ years		Total
	F	M	F	M	F	M	F	M	F	M	
Kigeme	1,464	1,439	2,545	2,560	1,762	1,719	4,909	2,990	388	294	20,070
Gihembe	969	965	999	1,077	1,017	1,001	3,324	2,445	454	221	12,472
Kigali	1,220	1,220	2,552	2,496	1,783	1,780	9,114	9,587	347	223	30,322
Kiziba	1,199	1,193	1,630	1,468	1,426	1,405	4,570	3,453	509	400	17,253
Mahama	5,477	5,750	5,448	5,611	3,914	4,359	11,957	12,363	796	478	56,153
Mugombwa	708	754	1,194	1,184	895	771	2,310	992	189	118	9,115
Nyabiheke	982	1,025	1,582	1,536	1,499	1,416	3,600	2,379	279	200	14,498
Huye	130	144	346	354	222	281	1,032	759	26	12	3,306
	12,149	12,490	16,296	16,286	12,518	12,732	40,816	34,968	2,988	1,946	163,189

The figures do not include 715 new arrivals, for whom the breakdown by age and gender is not yet available.

As of November 2017, close to 15,000 Rwandan refugees had returned home within year 2017, mainly from the Democratic Republic of the Congo (DRC). This was a relatively high number, and was as a result of the enhanced return cash package, increased sensitization to Rwandan refugees in the DRC and increased capacity to absorb returnees on the Rwandan side.

A joint verification exercise is planned for 2018. The verification exercise will allow the Government and UNHCR to collect updated information of all POCs and their family members in Rwanda. This information is necessary to adequately plan the delivery of all services, implement effective protection activities and provide meaningful support to POCs.

# INTRODUCTION

The Participatory Assessment (PA) is a yearly exercise conducted jointly by refugees and all service providers.

# **Accountability to Affected Populations**

In 2011 the Inter-Agency Standing Committee (IASC)<sup>1</sup> endorsed five Commitments on Accountability to Affected Populations (AAP): addressing leadership; transparency; feedback and complaints mechanisms; participation; and design, monitoring and evaluation. IASC members agreed to incorporate the Commitments into the policies and operational guidelines of their organizations.

UNHCR has been one of the co-chairs of the IASC Task Team on Accountability to Affected Populations since 2014, and also serves on the Protection from Sexual Exploitation and Abuse (AAP/PSEA) Task Team. As such, UNHCR adheres to the principle that participation is a key pillar of its accountability to Persons of Concern (POCs). The principle of accountability requires that humanitarian actors involve POCs meaningfully in key decisions and processes that impact them, and ensure transparency by continuous communication. UNHCR's accountability to POCs is rooted in its Age, Gender and Diversity (AGD) policy, which ensures equitable and non-discriminatory access to protection and assistance programmes.

Meaningful participation and inclusion ensures that affected communities are placed in the position of being able to influence agencies' decisions and priorities, raise their concerns, provide feedback and receive a response. UNHCR utilizes participatory methodologies on a regular basis, through day-to-day protection work, verification of internal and external sources and by means of different methodologies, including accountability frameworks, desk review, individual counselling, group consultations and observation. Information is also acquired by POCs through various sector-specific consultations, assessments and monitoring exercises, such as inter-agency gender assessments, Joint Assessment Missions (JAM) considering food security, intention monitoring, and out-of-school assessments. The outcomes of these numerous participatory activities are analysed and utilized for future planning and programming, taking into account the specific needs of different age groups, gender-specific challenges and diversity perspectives.

# Participatory assessment: a tool to gain understanding

The PA is the primary tool to obtain a comprehensive understanding of the situation of people of concern and host communities, as well as the evolving context, as they experience it. The PA includes separate, structured consultations with male and female POCs of UNHCR of different age groups and profiles, in order to gather information on specific protection risks, causes of these risks, proposed solutions and assessment of the capacity within the community itself.

UNHCR and its implementing partners conduct PAs with the aim of making the multi-year multi-partner protection and solutions strategy more relevant, coherent and responsive; improving the efficiency and effectiveness of implementation; mobilizing support from stakeholders; and increasing sustainability by promoting local ownership and the inclusion of POCs in national and local services. By systematically

<sup>1</sup> The IASC, established in June 1992 in response to United Nations General Assembly Resolution 46/182 on the strengthening of humanitarian assistance, is the primary mechanism for inter-agency coordination of humanitarian assistance, involving the key UN and non-UN humanitarian partners.

utilizing the findings of the PA in planning, implementing and reporting, including to donors, UNHCR contributes to the five Commitments on Accountability to Affected Populations.

The guiding principles of the PA are the following:

Age, Gender and Diversity (AGD) is an approach based on the rational that each person is unique, from the different stages in life (age) to the socially constructed roles for women and men and gender equality issues (gender) and the different values, attitudes, cultural perspectives and many other characteristics that vary from person to person (diversity). AGD ensures equitable and non-discriminatory access to protection and assistance programmes, allows for a deeper understanding of the protection needs of the different POCs, and enables UNHCR to learn more about what interventions are required and how to deliver protection in a more inclusive way.

The **community-based approach** places the POCs' communities at the core of the humanitarian intervention. Refugees are key participants in decision making, and active agents in the community's response to protection risks. UNHCR utilizes this approach to promote community-based initiatives, and to identify, together with the POCs, the areas of intervention that should be prioritized.

A **rights-based approach** is based on that human rights principles that guide the programming and implementation of all UNHCR activities. The promotion of change, and respect for individual and community rights, is key for the empowerment of POCs and is fundamental in protecting refugees and enabling them to protect themselves.

# **Participatory Assessment 2016**

The participatory assessment process of 2016 consulted 1,735 refugees in camp and urban settings on sectoral themes. The concerns highlighted in the exercise are summarized in table 2. Based on the outcomes of the 2016 participatory assessment, UNHCR took a number of actions, including these and other initiatives:

- Strengthened advocacy and partnership for the progressive inclusion of refugees in national structures, especially in the sectors of health and education;
- Prioritized provision of better lighting in the camps in order to reduce security incidents and support activities for school children;
- Established a community-based protection system;
- Initiated the roll-out of the Livelihoods Strategy;
- Conducted advocacy for the recognition of refugee ID cards in the labour market and the equivalence of academic documents;
- Increased the provision of start-up funds;
- Business capacity building;
- Expanded vocational training and language courses opportunities;
- Introduced market surveys to support livelihoods activities;
- Conducted advocacy for freedom of movement for camps refugees to carry out livelihoods activities in other provinces.

Table 2: Key findings of the 2016 PA, by sector

URBAN	Low attendance, school drop-out and poor performance resulting from overcrowded classrooms. Difficulty studying at home at night due to lack of space and light, and as a consequence of disabilities. Refugee students in boarding schools but whose families reside in the camps lack health insurance coverage outside of the camp.
САМР	Low enrolment and poor attendance owing to remote location of the schools. Lack of former schools' documentation. Poor performance related to health issues for which no medical coverage is provided.
URBAN	Access to medical services is limited to specific groups. Limited referral of medical cases. Limited venues for advanced or specific treatments and for follow-up after emergencies. Lack of information and misinformation on reproductive health and access to related services.
САМР	Malnutrition among children and elderly. Poor quality of health services. Limited venues for advanced or specific treatments. Limited knowledge of reproductive health. Mismanagement of pregnancy complications.
URBAN	Poor access to employment owing to lack of refugee ID cards, requested for employment and bank operations. Lack of qualifications and obstacles in obtaining the equivalency of diplomas from Countries of Origin. Lack of start-up funds. Lack of travel documents to operate business activities in the region.
САМР	Lack of land and start-up funds, and difficulty in accessing host communities' markets, which fosters a climate of dependency on humanitarian assistance. Limited access to livelihood opportunities owing to the lack of recognized diplomas. Poor infrastructure (e.g. roads, transportation, electricity). Lack of market survey to establish viable livelihoods activities. Business instability resulting from resettlement processing.
URBAN	Sexual and gender-based violence (SGBV) and sexual exploitation and abuse (SEA) incidents, including survival sex (i.e. sex as a commodity in exchange for goods, services, money, accommodation or other basic necessities), harassment and abuse by employers. Domestic violence. Pressure on girls to marry early to alleviate poverty, etc. Persons with mental disabilities reported as most vulnerable to abuse. Clear line can be drawn between SGBV incidents and poverty.
CAMP	SGBV and SEA incidents resulting from lack of access to firewood and other resources. Domestic violence linked to conflict over management of resources. A culture of silence limiting the reporting.
САМР	Insufficient number of water taps and latrines, and lack of space to dislodge toilets, causing hygiene-related diseases. Insufficient poles and iron sheets for shelter rehabilitation. Promiscuity in shelters giving rise to protection concerns.
	CAMP  CAMP  URBAN  CAMP  URBAN  CAMP

# **Participatory Assessment 2017**

# About the consulted population (camp and non-camp settings)

UNHCR and its partners carried out the participatory assessment in September and October 2017 in refugee camps and two urban areas in Rwanda. In total, 1,580 persons of concern were consulted in the PA exercise of 2017. Compared with the previous year, the consulted population was more diverse and the PA covered more themes.

The consulted population comprised Burundian refugees, Congolese refugees and asylum seekers (both new and protracted caseloads), refugees and asylum seekers of other nationalities, and host communities located in proximity to the refugee camps. A desk review of 2017 returnee monitoring reports also provided data on returnees.

This compilation of the findings of the PA 2017 provides snapshots of the different types of caseloads. The groups are based on two factors considered as having a relevant impact on the living conditions, opinions and expectations of the POCs: their place of residence and the length of their displacement experience.

This report is organized according to the findings from five different groups of POCs:

PART ONE	Refugees residing in the urban areas of Kigali and Huye, of various nationalities and profiles;
PART TWO	Refugees residing in camp settings and belonging to the "emergency" situation (i.e. Burundian refugees in Mahama refugee camp), including the host community;
PART THREE	Refugees residing in camp settings and belonging to the "protracted caseload" (i.e. Congolese refugees in Gihembe, Kiziba and Nyabiheke), including the host community living in proximity to the camps;
PART FOUR	Refugees residing in camp settings and belonging to the so-called "non-protracted caseload" (i.e. Congolese refugees in Kigeme and Mugombwa), including the host community living in proximity to the camps;
PART FIVE	Returnees settled in different locations in Rwanda.

Among the different refugee caseloads in Rwanda, one important difference is related to their access to **resettlement**. The majority of the resettlement cases submitted in 2017 were through the group processing referred to as "P2". Some 23,750 individuals are eligible for submission under the P2 group approved in August 2016; they are mainly Congolese refugees in a protracted situation, identified in the camps of Gihembe, Kiziba and Nyabiheke based on their date of arrival to Rwanda and their place of origin (DRC). Other cases that fall outside the set criteria but are identified as vulnerable through regular protection monitoring activities or medical referrals from health partners, both in these three camps and in other locations, are exceptionally considered for resettlement on a case by case basis. This year, some 2,397 refugees (persons) were submitted for resettlement by UNHCR to States as of 31 October 2017. Approximately 2,600 refugees are planned for resettlement submission in 2017 and 2018, which is a lower number than originally planned, due to the reduction in admissions to the United States.

In total, 1,580 POCs were consulted in the PA exercise of 2017. Table 3 offers an overview of the participants to the exercise by location, age and gender.

Table 3: Refugees consulted in the 2017 participatory assessment (total = 1,580 POCs)

			Adults	Older adults	Adolescents	Children	Adults with Specific Needs	00	то	ΓAL
		Age	18 - 40	40 +	14 - 17	8 - 13	18 +	18 +		
OUT OF CAMP	Kigali	M F	17 15	13 15	15 8	8 7	36 27	0 0	89 72	161
OUT	Huye	M F	23 18	9 17	27 17	15 15	8 8	0 0	82 75	157
	Gihembe	M F	12 11	14 12	15 17	15 15	13 15	10 10	79 80	159
	Kigeme	M F	10 9	17 10	16 11	10 16	12 15	6 5	71 66	137
\MP	Kiziba	M F	15 17	19 15	13 15	15 15	10 13	12 6	84 81	165
IN-CAMP	Mahama	M F	30 20	30 29	14 14	15 12	26 13	12 12	127 100	227
	Mugombwa	M F	34 10	37 13	12 14	17 16	11 18	6 5	117 76	193
	Nyabiheke	M F	14 13	15 12	17 14	15 13	10 10	8 7	79 69	148
RETURNEES	All locations	M F	87 146							233

# Consultation on the long-term strategic vision and Multi-Year Multi-Partner Protection and Solutions Strategy

Themes covered in the 2017 PA were expanded beyond a focus on protection risks. The aim was to determine the level of knowledge and understanding among refugees of their rights and opportunities in Rwanda, as well as to hear their opinions on themes such as targeted assistance, the social stratification system in Rwanda and other factors affecting their lives. The PA prioritized sets of information in light of the UNHCR expansion of its **Multi-Year Multi-Partner Protection and Solutions Strategy** (MYMP), a new planning approach that is altering the way UNHCR plans and implements protection solution strategies for a more progressive approach.

The MYMP approach has two overall new ambitions. First, UNHCR aims to make multi-year perspectives an integral part of its planning process, thereby strengthening the focus on longer-term pathways for both protection and solutions with the overall ambition to advance fulfilment of rights, strengthen refugee self-reliance and reduce dependency so that people of concern can live productive, dignified and safe lives. Second, the approach envisions a much higher level of ambition to work with partnerships and stakeholders, broadening and deepening their involvement in refugee operations. This approach requires a comprehensive understanding of stakeholders and their respective comparative advantages, which should work towards the benefit of refugees and host communities.

The MYMP approach envisions an expansion of partnership engagement also invigorating the role of government actors. The multi-partners strategy has several objectives:

- Commitment to work with partners to integrate as much as possible of the MYMP strategy into national development plans, requiring increased understanding and policy engagement work to understand national systems and structures that can benefit refugees and host communities alike;
- Moving towards adopting a planning environment that is centred on partnerships that can directly link to development planning; and
- Engagement of private sector actors in an effort to shift away from mobilizing traditional funds for refugee operations towards an approach to finance solutions for refugees.

These ambitions are echoed in the New York Declaration on Refugees and Migrants, which was adopted by the UN General Assembly in September 2016.<sup>2</sup> The global community on this occasion agreed to develop a Global Compact on Refugees that should be guided by country's best practices under the headline of a **Comprehensive Refugee Response Framework** (CRRF). The CRRF lays out a vision for a more comprehensive, predictable and sustainable refugee response framework that puts government in the "driver's seat". It should be informed by a multi stakeholder and whole-of-society approach, where refugees are included into development planning. The CRRF was presented to the Government of Rwanda in the fall of 2017, with the hope that the Government will decide to formally commit to the CRRF and to the longer-term pathways for protection and solutions for refugees, applying a development approach.

Rwanda is a pilot country for the MYMP approach, which will serve as a medium-term plan aspiring towards the long-term strategic vision of the operation in the country: by 2030 all refugees, including potential new influxes as well as returnees, will be living safe, dignified and productive lives across Rwanda. The operation will be supported by Government-led services and programmes, with refugee camps transformed into integrated settlements, and a focus on the areas of refugees' access to national documentation, national education, national health insurance and economic inclusion.

In the course of the next five years, UNHCR's protection mandate will remain at the forefront of all interventions, while assistance will be increasingly targeted and delivered via cash-based interventions. Socio-economic inclusion in national structures will be the backbone of the pathway towards local integration as the most realistic durable solution, with the aspiration that refugees be included in national and UN development strategies and programmes in contrast to temporary and parallel humanitarian infrastructures and systems. Interventions for refugees will include neighbouring host communities to foster inclusion and sustain peaceful co-existence. Community-based approaches to solutions will be aligned to Rwanda's strong tradition for home-grown solutions, and subject to strong accountability to affected populations. To facilitate planning, two local staff joined the UNHCR team in 2017 to look into solutions and social protection alignment to support profiling and targeting.

The PA 2017 exercise reflects a key principle of the MYMP approach, which is ensuring that refugees and other affected populations participate actively in the formulation of this strategy. Also, plans for proposed interventions should be communicated to targeted populations in a way that is accessible, transparent and understandable to all.

By collecting information on protection issues and proposed solutions, as well as the view of persons of concern on broader aspects of the UNHCR long-term strategy, UNHCR and partners will be able to use the PA results in detailed planning not only for 2018, but also as a direction for the years beyond. The findings

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 $<sup>^2\,</sup>http://refugees migrants.un.org/declaration$ 

of the PA and its recommendations are among the key guiding reference tools used in the formulation of multi-sectoral plans and agreements in planning for 2018 and the development of partnership agreements with implementing and operational partners.

# Methodology for the consultations

Distinct questionnaires were tailored for POCs in camp and non-camp settings, and for the host communities in proximity of camps (Annexes 2 and 3). The questionnaires were diversified based on participant age. With children, the exercise was carried out through interactive activities and games (Annex 4), not questionnaires.

The participatory assessment exercise in each location was preceded by a two-day training for the facilitators, where UNHCR and MIDIMAR elaborated on the purpose and guiding principles of the PA, the rights and obligations of refugees in Rwanda, and the MYMP strategy. A large part of the training was also dedicated to capacity building and strengthening the communication skills of the facilitators.

A new methodology was piloted in Kigali in September 2017 as part of the PA. The aim was to have trained partners and refugees play a more central role in the facilitation of the PA exercise. The effort built on a well-established group of refugee Community Outreach Volunteers (COV), who had been previously trained by the UNHCR Community-Based Protection Unit and coached in their day-to-day activities throughout the year. In September, the PA exercise in Kigali was conducted by multi-functional teams (MFT) with UNHCR staff (various sections), MIDIMAR staff, partners and the refugee COV.

UNHCR also introduced the use of photography as an assessment methodology in 2017. In the months following the consultations referred to in this report, a photography project was launched utilizing teenagers (girls and boys, with and without specific needs) who used cameras to take photographs and discuss specific themes assigned to them (Annex 5).

# Overview of 2017 outcomes

# Priority interventions as expressed by the POCs

The results of the participatory assessment process are summarized in table 4, which summarizes priority interviews according to four groups:

- Priority interventions as expressed by persons of concern in urban and out-of-camp settings
- Priority interventions as expressed by persons of concern in camp settings
- Priority interventions as expressed by host communities
- Priority interventions as expressed by returnees

**Table 4: Overview of 2017 outcomes** 

Priority intervent	ions as expressed by POCs in urban and out-of-camp settings
PERCEPTIONS ON THE RIGHT TO WORK	<ul> <li>advocacy for issuance of Refugee IDs to all refugees</li> <li>awareness-raising among Rwandan population on the value of refugee documentation, including Proofs of Registration (POR), for employment purposes</li> <li>advocacy for non-discrimination and the application of the same work conditions to refugees and Rwandans</li> <li>advocacy for allocation to refugee traders for stalls in markets</li> <li>advocacy for the recognition of diplomas obtained in the countries of origin</li> <li>advocacy for refugee documentation to be broadly utilized to cross international borders for business and trade purposes</li> <li>advocacy for the National Refugee Status Determination Committee (NRSDC) to accelerate RSD procedures to allow asylum seekers' access to the labor market</li> <li>provision of start-up funds for refugees' businesses</li> <li>raise awareness and fight against child labor and other forms of child exploitation and abuse</li> <li>initiation of livelihoods activities targeting Persons With Disabilities (PWD) and parents of disabled children who need to work from home</li> </ul>
ALTERNATIVES TO CAMPS / COEXISTENCE	<ul> <li>information-sharing on the possibility for refugees to be able to settle outside of camps and guidance on the procedures to be respected in this regard</li> <li>Information-sharing on services available for refugees living outside of camps</li> <li>provide assistance to overcome the most common challenges, e.g. poverty, and issues with landlords</li> <li>advocacy for refugees' access to Rwandan driving licenses, and recognition of refugees' driving licenses</li> </ul>
HEALTH INSURANCE	<ul> <li>prior to all refugees being enrolled in the Mutuelle de Santé,<sup>3</sup> provide accessible and transparent information to all refugees on the functioning of the health insurance systems, its costs and benefits</li> <li>expand the criteria for refugees' access to current healthcare services provided by UNHCR and health partners, e.g. by removing the age criteria</li> <li>health services to be made available for urban refugees at public health centers so that they can avoid travelling long distances to reach the UNHCR health partner's facilities</li> </ul>
COMMUNITY-BASED INITIATIVES	<ul> <li>awareness-raising on available community-based initiatives</li> <li>assistance to POCs for the initiation of new community-based initiatives, with particular focus on livelihoods, sports, literacy, etc.</li> <li>ensure that community-based initiatives allow for broader inclusion of refugees with Specific Needs</li> <li>strengthening and expansion of COV initiative</li> </ul>
TARGETED ASSISTANCE	<ul> <li>provide refugees with accessible and transparent information on the <i>Ubudehe</i> system<sup>4</sup> which regulates the provision of social protection to Rwandan nationals</li> <li>launch broad, accessible and transparent information campaign on plans for targeted assistance, especially explaining the criteria used for profiling</li> </ul>

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<sup>&</sup>lt;sup>3</sup> The national Community-Based Health Insurance scheme (CBHI), also known as Mutuelle de Santé, is administered by the Rwanda Social Security Board and is the most common health insurance scheme for Rwandans, especially those living in rural areas with low income. The scheme is available by subscription and its premiums are paid depending on household *Ubudehe* categories. In 2016, the Government committed to extend access to urban refugees to enrol in the Mutuelle de Santé. The joint verification exercise planned for 2018 is expected to be conducive to the enrolment of refugees living in urban areas and students studying in education institutions outside of camps.

<sup>&</sup>lt;sup>4</sup> The *Ubudehe* programme is one of the Rwandan Home Grown Initiatives (HGIs) established in the early 2000 to contribute to tackling of the country's post-genocide socio-economic developmental challenges. Traditionally, the practice of *Ubudehe* is a mechanism of bringing the community together, sharing the burden of problem solving, maintaining social cohesion and ensuring social support within the community. Today, *Ubudehe* is a Rwandan social protection programme in which citizens are placed into different categories, with Category 1 being the poorest, which then informs pro-poor programming. *Ubudehe* is also as a cultural value, promoting mutual support in the solution of livelihoods problems both at the household and community level.

	<ul> <li>engage refugees (leaders, volunteers, etc.) in the determination of the criteria for profiling and targeting, and in the roll-out of the profiling exercise in the communities</li> </ul>
REPRODUCTIVE HEALTH	<ul> <li>improve refugees' access to information on reproductive health through awareness campaigns, health community mobilizers, COV, parents' evenings, informative text messages, etc., taking into consideration the age of targeted audience in messaging on reproductive health services</li> <li>establish youth corners for refugee youth to have access to information and services, including free contraceptives</li> <li>facilitate awareness raising on HIV through HIV testing campaigns and HIV/AIDS awareness raising clubs</li> </ul>
EDUCATION	<ul> <li>improve urban refugees' access to education through financial support</li> <li>target with education assistance Unaccompanied And Separated Children (UASC), children of unemployed parents, children of single parents</li> </ul>
VOCATIONAL TRAINING	<ul> <li>access to vocational training for urban refugees who do not possess skills, Out-Of-School children (OOSC), and parents of OOSC</li> <li>access to literacy and language courses to unemployed adult refugees (including through community-based initiatives)</li> <li>increase the offer of preferred subjects for vocational trainings: mechanics, construction</li> </ul>
OTHER RECOMMENDATIONS	<ul> <li>awareness-raising with parents and guardians against the use of violent and degrading punishments against children</li> <li>wider use of children consultation meetings so as to facilitate refugee children to voice their problems</li> <li>advocate for refugee children's participation in sports clubs and recreational activities in urban areas, especially during holidays</li> <li>training on parental skills, especially targeting parents of children identified as survivors of child neglect</li> </ul>

Priority intervent	tions as expressed by POCs in camp settings
ALTERNATIVES TO CAMPS	<ul> <li>advocacy for issuance of refugee ID cards to all refugees to increase refugees' mobility outside of camps</li> <li>provide guidance on possibility and procedures to respect by refugees who would like to be located out of camps and facilitate refugees' relocation outside of camps</li> <li>advocacy for enrolment in the Mutuelle de Santé for refugees travelling or living outside the camp, especially refugees enrolled in boarding schools</li> <li>explore the possibility for members of the same household to be registered in different locations, both inside and outside the camp</li> <li>assistance with livelihoods and income generation projects to provide refugees with means to move outside of the camp</li> <li>facilitate refugees' access to bank loans and provision of start-up grants</li> </ul>
FREEDOM OF MOVEMENT	<ul> <li>eliminate or simplify procedures to obtain the camp exit permit (including extension of the length of the permit)</li> <li>introduction of an emergency pass</li> </ul>
PERCEPTIONS ON THE RIGHT TO WORK	<ul> <li>enhance refugees' access to employment through advocacy and awareness on refugees' right to work, and issuance of valid and recognized documents</li> <li>advocacy for non-discrimination and the application of the same work conditions to refugees and Rwandans</li> <li>increase livelihood opportunities for refugees to help them achieve self-sufficiency</li> <li>support refugees to obtain academic certification equivalence</li> <li>training on financial literacy and business skills</li> <li>awareness-raising with adult refugees on the rights of children, and against child labour</li> </ul>
COMMUNITY-BASED INITIATIVES	<ul> <li>awareness-raising on community-based protection and available community-based initiatives</li> </ul>

	<ul> <li>encourage refugees to be innovative and actively participate in associations and projects</li> <li>in non-Cash Based Initiatives (CBI) locations, facilitate the creation of groups and</li> </ul>
	associations aimed at improving management of food and oil at the household level
	<ul> <li>improve refugees' access to information on reproductive health through awareness</li> </ul>
	campaigns, events in and outside of schools, health community mobilizers, COV,
REPRODUCTIVE	parents' evenings, etc., taking into consideration their age
HEALTH	<ul> <li>hold sessions with parents to equip them with the necessary skills and information on</li> </ul>
	reproductive health and how to communicate to their children
	<ul> <li>create youth-friendly spaces for adolescents to access information and services</li> </ul>
	<ul> <li>awareness-raising to increase school attendance of adolescents aged 16 years and</li> </ul>
	above
	• improve the education standards within the schools by making more subject options
	available, as well as laboratories
EDUCATION	ensure that refugee children have access to schools in the near vicinity, as long walking
	distance is one of the causes of school drop-out
	<ul> <li>advocacy for refugee students who have completed secondary school with high marks to access Rwandan scholarships</li> </ul>
	establish health units at the schools
	facilitate refugees' access to vocational training and vocational training centres
VOCATIONAL	<ul> <li>expand access to vocational training for different age groups</li> </ul>
TRAINING	<ul> <li>increase the offer of preferred subjects: soap making, driving, hairdressing, cooking,</li> </ul>
	electricity, drawing, construction
	awareness raising with parents and guardians against the use of violent and degrading
	punishments against children
OTHER	reinforce security in camp to reduce theft, drug abuse, etc.
RECOMMENDATIONS	• increase food rations, provide cash assistance to mill the maize grains and buy other
	supplements
	<ul> <li>increase awareness about SGBV in the camps</li> </ul>

#### Priority interventions as expressed by host communities awareness-raising among Rwandan population that refugees have the right to work **ALTERNATIVES** construction of a free market that convenes refugees and host community CAMPS, acquisition of common land for livestock of refugees REFUGEES' FREEDOM improvement and preservation of public safety through sensitization promoting OF MOVEMENT, refugees' respect for the local community and their goods and land REFUGEES' RIGHT TO ensure sustainable environmental and agricultural management practices within both WORK the refugee and host communities create more livelihood opportunities for women and girls from both the host community and the refugee community in order to reduce delinquency, provide vocational training to the youth, and rehabilitation of refugees caught in use of drugs address the problem of soil erosion linked to the construction of shelters without proper consideration of water canalization

Priority interventions as expressed by returnees				
PROTECTION, DOCUMENTATION, HEALTH INSURANCE, HOUSE LAND & PROPERTY, EDUCATION, LIVELIHOODS	<ul> <li>access to shelter, including legal assistance on house, land and property matters</li> <li>protection for vulnerable returnees, e.g. the elderly</li> <li>access to vocational training</li> <li>access to employment</li> </ul>			

A link can be drawn between the priorities of refugees and the commitments made by the Government at the 2016 Leaders' Summit.

In general, asylum seekers and refugees in urban settings request more advocacy from UNHCR and its partners for the issuance of documentation to refugees and awareness-raising among the Rwandan population, including potential employers, on the value of refugee documents in job recruitment. Host community members support recommendations for the sensitization of the Rwandan nationals on the presence, rights and duties of refugees in the country.

The Government has committed to issuing identity documents to all refugees, and it is clear that refugees welcome such commitment as they perceive documents as critical to their lives, especially for their livelihoods. In relation to work, POCs suggest that more should be done to ensure that they have meaningful access to the job market, through vocational training and capacity building, start-up funds and other opportunities.

Refugees in all camp settings report concerns related to the lack of documentation and the lengthiness of the procedures to obtain permission to leave the camps: these factors are clearly perceived by refugees as hindering access to employment and freedom of movement (possibly permitting travel to neighbouring countries). Their recommendation is for the Government to issue documents for all refugees, as was committed in 2016, to simplify the procedures allowing for departure from the camp, and to extend the approved period of absence from the camp beyond three months.

Refugees in all camp settings report a protection concern related to movement outside of the camps: the increased exposure of women and girls to SGBV and sexual abuse risks, with women and girl refugees from Mahama being perceived as especially vulnerable. In addition, in Mahama and its surroundings, both the refugee community and the host community report coexistence difficulties, thus highlighting the need for wider initiatives for peaceful coexistence. PA findings do not suggest that this type of difficulty is present in other camps or in non-camp settings.

Perceptions on life outside of camp differ by location. Refugees in Kigeme, Mahama and Mugombwa (who have arrived in Rwanda more recently) appear interested in alternatives-to-camp options, provided that adequate initial support is provided as well as assurances that refugees will be able to access the job market and will be treated fairly by their employers. In contrast, refugees living in the older camps of Gihembe, Nyabiheke and Kiziba find that life outside of the camps may be attractive for the younger refugees, but not for the older ones. Their concerns especially focus on financial issues related to the lack of free-of-charge health services and the cost of housing outside of the camps, as well as the obligation to pay taxes. This suggests that thorough information campaigns are especially necessary in older camps in order to challenge the refugees' mentality of dependency on humanitarian assistance; such campaigns would be in addition to specific interventions facilitating out-of-camp policies.

Another factor highlighted by refugees in Gihembe, Nyabiheke and Kiziba as reducing the attractiveness of relocation outside of camps is the fear that access to employment would be limited because their skills, including knowledge of English, are not sufficient. The need to increase refugees' access to vocational training is a priority for refugees in every setting, not only in the older camps but also in the newer camps. In addition, refugees in more recently established camps request further support to obtain the equivalence of diplomas obtained in the countries of origin.

In the camps, participants to the consultations show great interest for inclusion in the CBHI scheme (Mutuelle de Santé), which they value as necessary to be able to reside and find employment outside of

camps; in contrast, refugees residing in urban areas show less interest. In general, POCs in urban and camps settings request that information on themes and services that are relevant to them is disseminated in a transparent and accessible way, including, but not limited to, messages on the available community-based protection structures that they can rely on, and on reproductive health. More information and awareness-raising is necessary on the functioning of the national health insurance scheme, and on the socio-economic profiling of the refugee population into categories for targeted assistance. On the latter topic, refugees recommend that the rationale of the initiative be explained to the community, that the criteria utilized in the profiling be relevant to the circumstances and life conditions of the refugee population, and that refugees themselves be engaged in the exercise in a meaningful way.

Similar reactions are observed in all the locations regarding the availability of information on reproductive health: the large majority of POCs recommend that more be done to spread information on this topic in a systematic and accessible way. While they recognize that awareness-raising on themes related to sexuality should take into account cultural norms and religious sensitivities, they recommend that more venues are offered to discuss these topics, so as to increase knowledge and challenge the taboos that lead to negative behaviours and uninformed decision making.

Among the recommendations made by former Rwandan refugees who have returned to Rwanda, more assistance is requested to ensure that shelters are available and accessible to returnees, and that their access to vocational trainings and employment is facilitated.

# Recommendations based on the findings of the PA 2017

Clear linkages are evident between the priorities expressed by POCs, the UNHCR MYMP strategy, and the commitments of the Government of Rwanda (GOR). They dovetail in the following recommendations for action by the Government and UNHCR and its partners:

### **Documentation**

- Ensure refugees' access to documentation, in line with Government of Rwanda's commitment;
- Advocacy for regional mobility of refugees within East African Community, on the basis of refugee ID issued by GOR;
- GOR to issue Convention Travel Documents (CTD) to ensure greater access to mobility for refugees with opportunities for work, study, family reunification or medical treatment abroad;
- Work with GOR to identify modalities for refugees to obtain equivalence of their driver's license from the Country of Origin (COO);
- Identify barriers to equivalence for foreign accreditation, including educational diplomas, and work with relevant authorities to address them.

# Information sharing

- Promote refugees' right to work by launching an information campaign for the public and an awareness-raising campaign with Rwandan employers;
- Inform refugees of the rationale of and reasons for the profiling exercise and the targeted assistance approach (including their role in the process) and the inclusion of refugees in the CBHI scheme (Mutuelle de Santé);
- Launch mass information campaign on the entitlements and access to services available to refugees who register outside of camps;

- Launch public information campaign among the Rwandan population on the rights and responsibilities of refugees in Rwanda, including messages on peaceful coexistence and on the added value of the presence of refugees (e.g. use economic development data);
- Broaden the dissemination of information on reproductive health and SGBV, including through formal
  channels such as school sex education, as well as creative and innovative means such as text
  messaging, peer-to-peer networks, working with parents in the so-called "parents' evenings" or
  akagoroba k'ababyeyi, the social media, and popular traditional media such as the "Sakwe" radio
  programme.<sup>5</sup>

# Freedom of movement, alternatives to camps

- Advocacy for access of refugees into national systems such as the *Ubudehe*, the *Vision 2020 Umurenge Programme* (VUP)<sup>6</sup> and the *Girinka*<sup>7</sup>;
- During the next joint verification exercise, register refugees where they reside while de-linking the registration status from the continuous collection of assistance;
- Revise the camp rules and regulations, including easing requirements for obtaining permission to leave the camps;
- Roll-out the national health insurance for registered urban refugees and expand access to refugees who register outside camps;
- Enhance interaction between refugee and host communities through joint *Umuganda*<sup>8</sup> activities, as well as regular structured dialogue between the camp and host community leadership structures, the enhanced access of host community to camp markets, and vice versa.

#### Livelihoods

 Advocate for the sustainable reintegration of returnees, including through access to shelter and vocational training;

- Support refugees' access to existing livelihoods support programmes, including vocational training, financial literacy training, entrepreneurship development and business start-up;
- Target POCs with specific needs (such as refugees with disabilities, single parents, parents of out-of-school children) in access to livelihoods, and/or adapt livelihoods interventions as needed.

# Protection, including community-based protection

• Strengthen community-based services and initiatives, such as the Community Outreach Volunteers network, sports clubs, savings and loan groups, financial social funds called *ikimina*, and literacy and numeracy support groups;

• Conduct information campaigns aimed at enhancing knowledge among refugees about available initiatives, and introduce regulations to ensure that groups operate with transparency and fairness;

• Identify and take preventive action on specific risks relating to the transition to out-of-camp settlements, including risks of SGBV and exploitation and abuse;

<sup>6</sup> Vision 2020 Umurenge Programme (VUP) is a social protection programme under the Rwandan Ministry of Local Government and Social Affairs.

<sup>7</sup> Girinka, the One Cow Per Poor Family Program, is funded by the Government of Rwanda, in partnership with line ministries, local and international NGOs

<sup>&</sup>lt;sup>5</sup> The Sakwe radio drama supplements the *Ni Nyampinga* radio talk show and magazine. Sakwe tells the story of seven creative Rwandan teenagers who, over the course of the series, overcome fears and day-to-day problems while exploring friendships. The series shows the perspectives of both girls and boys, and is therefore of interest to a broad audience.

<sup>&</sup>lt;sup>8</sup> Umuganda is a form of community work (e.g. infrastructure development, environmental protection) performed by the community on the last Saturday of each month. While Rwandans between 18 and 65 are obliged to participate in the Umuganda activities, expatriates living in Rwanda are also encouraged to take part.

• Strengthen community-based child protection through support to parents to help mitigate parental behaviour (e.g. alcoholism, neglect, selling rations or household basic items to purchase alcohol or drugs) that result in child protection risks such as child labour and delinquency.

# On the way to meeting the recommendations

UNHCR and its partners are already taking steps to meet the recommendations deriving from the PA results. The implementation plans included in the Country Operation Plan for 2018 and in the revised Project Partnership Agreements (PPAs) with partners demonstrate the alignment of the interventions planned by service providers with the priorities outlined by the POCs.

Recommendations concerning refugees' access to documentation are expected to be met through the joint verification exercise planned in early 2018. The verification exercise will allow for a headcount of the asylum seekers and refugees in the country, the clean-up of incorrect biodata, and the issuance of refugee ID cards to verified refugees aged 16 and above. Enrolment in the national CBHI scheme (Mutuelle de Santé) by refugees registered in urban areas is also expected to follow the verification exercise.

A significant number of the recommendations related to community-based protection are responded to in the revised PPAs of protection partners. These agreements focus on strengthening community mechanisms and referral systems, self-empowerment, innovative community information and communication technologies, and psychosocial prevention care services through self-help-groups as well as cultural, sports and leisure activities. The UNHCR-led COV initiative for community-based protection is also contributing to meeting such recommendations. Recommendations related to livelihoods targeting POCs with specific needs are reflected in the PPAs of partners working in disabilities, which include improved access to livelihoods opportunities and income generating activities for PWDs.

Protection concerns related to SGBV will be taken into account when revising and updating the Standard Operating Procedures (SOPs), in early 2018, leading to stronger referral pathways inside and outside of refugee camps. A new community mobilization and behaviour change strategy called SASA! (Start, Awareness, Support, Action!) is being launched for the prevention of violence, SGBV and HIV. SASA! is a systematic and long-term approach developed by Raising Voices and will be used by the American Refugee Committee (ARC), the new UNHCR protection/SGBV partner. Initiatives undertaken under this approach include training sessions and awareness campaigns that are expected to contribute to behaviour change not only among refugees but also in host communities.

UNHCR and partners are already taking steps to address the recommendations related to freedom of movement, alternatives to camps, and the inclusion of POCs in national social protection mechanisms. Revision of camp rules and regulations, and alignment of the profiling of the refugee population and targeting of humanitarian assistance to the *Ubudehe* system are examples. Promotion of peaceful coexistence remains a focus area supported by GIZ at the UNHCR offices in Huye and Kirehe. Enhancement of interactions between refugee and host communities is also reflected in the implementation plans of protection partners such as the Legal Aid Forum (LAF).

Throughout 2017, UNHCR has reinforced its mass information strategies with the introduction of new channels for communication and the roll-out of consistent messaging strategies. On different platforms, information is being shared with POCs on their rights and duties in Rwanda, as well as on opportunities that may be of interest to them, such as DAFI scholarships, online education opportunities, livelihoods partners' initiatives. Information campaigns on the themes discussed in the participatory assessment consultations will benefit from the existing communication mechanisms, to be further developed and expanded, and will be facilitated by the joint efforts of UNHCR and partners on the ground.

# PART ONE: POCs IN URBAN AND OUT-OF-CAMP SETTINGS

# Kigali and Huye

Kigali is the capital city of Rwanda, roughly in the centre of the country. Huye is the third-largest city in Rwanda. Located in the south, it was formerly known as Butare.

# **Adult refugees**

# **Background information**

In Kigali, consultations were carried out with asylum seekers and refugees of Burundi, DRC, Somalia and Eritrea. In Huye, consultations were carried out with refugees and asylum seekers from Burundi. The adult refugees in both locations were divided by age groups: 18–40 years, and 40+.

The questionnaire in Annex 2 was utilized, covering the following themes:

1	PERCEPTIONS ON RIGHT TO WORK
2	ALTERNATIVES TO CAMPS / COEXISTENCE
3	HEALTH INSURANCE
4	COMMUNITY-BASED INITIATIVES
5	TARGETED ASSISTANCE
6	REPRODUCTIVE HEALTH

### Outcomes for age group 18-40

# 1. Perceptions on the right to work

According to refugee women and men participating in the assessment in both Kigali and Huye, it is very difficult for urban refugees to find employment. Participants report a general perception that potential employers may prefer to hire Rwandan nationals instead of refugees, and refer to cases in which they were told that the positions were only open to Rwandan nationals. Woman refugees in Kigali emphasize that, while some refugees have some small amounts of capitals, it is insufficient to start businesses. Also, despite the fact that refugee women are able to produce items for sale, they are not given venues to sell their goods, for example at the markets, where stalls are mainly allocated to Rwandan nationals. The lack of options for income generating activities and the lack of access to employment affect refugee families at large and impact on the ability of the children to pursue their education, thus increasing the numbers of out-of-school children.

Request include more advocacy was requested on the part of UNHCR for the allocation to refugee traders of spaces at the markets, along with the access to intensive vocational trainings to refugees who have not received formal education. Interventions aimed at the recognition of diplomas in Rwanda are also highlighted as a priority, especially by Burundian urban refugees in Huye, who indicate that despite being in possession of diplomas they face difficulties taking advantage of them in practice.

Documentation is an obstacle to employment, as the POR jointly issued by MIDIMAR and UNHCR is not widely accepted by employers, and refugee ID cards are not easily accessible. Participants in the assessments confirm that even refugees who do hold refugee ID cards are at times asked to provide additional documents, such as work permits, during recruitment procedures. The problem is perceived as being related to the lack of awareness among the Rwandan population that refugees in Rwanda are allowed to work and that refugee documentation is suitable for legal employment. This misinformation has consequences as it results in refugees' impeded access to work and fosters negative coping mechanisms, such as refugees illegally obtaining Rwandan documents in order to have access to livelihood opportunities that are otherwise out of reach. Participants in consultations in both Huye and Kigali suggest that UNHCR and MIDIMAR jointly advocate for the recognition of refugee documentation, including PORs, by employers in Rwanda, and request that refugee documentation be broadly utilized to cross international borders for business and trade purposes.

# 2. Alternatives to camps / coexistence

Refugees report that limited access to livelihood opportunities, as well as the low quality of camp-based education and health services, are the main factors that lead POCs to consider settling down in urban areas. There is a general perception that life in the camps is very difficult and that children who grow up in refugee camps lose prospects for a bright future. Women refugees in Kigali advocate information-sharing on the living conditions of refugees in the different locations of Rwanda, so that every refugee in the country can assess *pros* and *cons* and make informed decisions about where they prefer to live. Most adult refugees in Huye say that urban areas offer a conducive environment for employment opportunities, and highlight that living in town makes it easier to socialize with the host community. Adult women also describe that Huye offers a safe haven in terms of security, access to quality health care, and access to Francophone schools in which refugee children can easily adapt.

#### 3. Health insurance

In consultations in Kigali, adult refugees report negative feedback on their level of access to healthcare. One barrier is age. They note that access to medical services provided by UNHCR and its health partner African Humanitarian Action (AHA) is regulated by considerations of age, with the current SOPs providing healthcare only for refugees below 12 and above 60 years of age. Women refugees in Kigali suggest that UNHCR and its partners ensure that the most vulnerable refugees are receiving proper assistance, and that access to health care is available at public health centres for refugees with chronic diseases. In consultations in Huye, adult refugees also express a wish that refugees of all ages be eligible for health assistance, as they are currently required to pay for medical fees when often they lack the financial capacity to do so.

Another issue raised by the participants in Kigali is that medical centres do at times turn down refugees, even in the case of emergency. They also say that, owing to its remote location, costs for transportation to the AHA clinic are considerable, especially for individuals living with chronic diseases who need to visit the clinic often. In Huye, adult participants reported that refugees who live in Nyanza and Muhanga have

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<sup>&</sup>lt;sup>9</sup> The UNHCR Urban Healthcare SOPs covers the minimal healthcare needs of a selected vulnerable groups of Congolese and Burundian refugees residing in Kigali and Huye urban settings. The policy covers the Primary Healthcare, Reproductive Health/HIV, Referral care and Acute Emergency Lifesaving care of pre-identified target groups, i.e. children under 12 years old; elderly population over 60 years old; people living with HIV/AIDS, TB and non-communicable diseases, including psychiatric diseases; women in the reproductive age group; and all refugees with acute lifesaving emergencies.

to travel to Huye town to reach the AHA clinic. To ease access to health, they suggest that AHA makes agreements with other hospitals to ensure that refugees do not have to travel long distances, especially considering that they may not have means of transport.

Regarding the potential enrolment in the national health insurance scheme, refugees in Kigali show different degrees of knowledge and interest for this option, with some participants being willing to pay 10 percent of the costs not covered by the health insurance, and others expecting that all costs will be covered by humanitarian services providers. In contrast, participants in Huye are eager to enrol, the same way Rwandans do.

# 4. Community-based initiatives

In Kigali, the PA revealed a lack of community-based initiatives and poor knowledge of the existing initiatives among the urban refugees. For example, only some of the participants report knowing the COV. Also, women report that refugees tend not to trust one other. Nonetheless, they request that the existing COV network is maintained, and that more information be shared as per their role, functions and obligations, so as to foster trust. In Kigali, older refugees work in groups to solve the conflicts that may occur within the community. Participants in the PA showed willingness to organize themselves into loans and saving associations and also into community-based groups that focus on livelihoods and sports initiatives. They express a wish that these associations and groups be supported and monitored by UNHCR. In Huye, some refugees are engaged in saving and loans groups; however, the limited financial capacity to join renders access to these groups limited to relatively few refugees.

# 5. Targeted assistance

In the PA in Kigali, views on assistance differ. On one hand, participants express a strong wish to cease their dependence on humanitarian assistance throughout their life, and a preference towards being supported to become self-sufficient and independent. In fact, participants confirm that the urban refugee community can count on several types of trained and experienced human resources, and marketable technical skills. On the other hand, several refugees in Kigali also express a preference towards UNHCR finding a way to provide blanket financial assistance to all refugees, as well as granting access to education and health services to all refugees equally.

A general lack of knowledge about the *Ubudehe* system, which regulates the provision of social protection to Rwandan nationals, is apparent among adult refugees in Kigali. Refugees who *are* informed about the system suggest that refugees could likewise categorize themselves based on their socio-economic well-being and vulnerabilities, with the aim of facilitating targeted assistance. It is suggested that a profiling be carried out at the village level and should be done so by the refugees themselves and with the engagement of the local Rwandan leaders, as refugees and the community they live in know the population better than outsiders. Additionally, participants point out that the criteria used to profile refugees should be different from those used with the Rwandan nationals in the *Ubudehe* system, as the circumstances in which they live are different.

# 6. Reproductive health

In both Huye and Kigali, participants in the assessment unanimously declare that neither they, nor their family members, have sufficient access to information about reproductive health, which leads to poor decision-making when it comes to sexual activities. Children are said to be especially removed from such information, because it is considered as taboo for parents to speak to their children about reproductive

health. Refugee women recognize a need for parents to improve their relations with children, so as to be able to discuss such topics together. Refugee women in Kigali, who seem to associate reproductive health with family planning, report that young women and girls become sexually active at early ages and fear unwanted pregnancies more than HIV and other sexually transmitted infections. Boys are mostly engaged in sexual relations with older women, as opposed to girls their age. The refugees suggest that UNHCR and partners conduct a continuous awareness campaign on reproductive health themes, including youth corners where young refugees have access to information and services. They also recommend that awareness about HIV is raised through facilitation of HIV testing and the creation of clubs to prevent HIV.

#### Other observations

In Huye town, the PA also included interactions with the host community (transport staff, tailors, and district authorities) on the living conditions of urban refugees. The consultations revealed that refugees in urban live in harmony with the host community population, and that the town benefitted from the presence of refugees, who are employed (engaged in business, tailoring, in the education or health sectors), and use the local services. It was highlighted that in certain professions, such as tailoring, the Rwandan nationals are learning from the refugees. Authorities also described positive interactions with the refugees, for example in occasions of sports and weddings.

Nonetheless, there are some prejudices, such as that the refugees misuse their funds, abuse of alcohol and drugs more than the Rwandans, and are involved in stealing. One challenge highlighted by the local authorities was the recurrent misunderstanding between the Burundian Refugee Executive Committee with certain community members. It was also mentioned that some local business modify their prices of their goods when they serve refugees.

These observations suggest that more sensitization is required to sensitize the local population on the presence of refugees in their areas, and inform them of their rights and duties of refugees. In general, the opinion of the host community participants is that refugees should be enabled to live outside the camp in urban setting as long as they have the capacities to provide for themselves and a commitment to adjust to the urban setting.

According to the advisor to the mayor of Huye, he interacts with Burundian refugees during various activities such as sports and weddings; for him, there is no major difference between Burundian community and Rwandan community; they live in harmony in Huye town. The presence of refugees made a positive impact on the economy in Huye. Furthermore, educated/skilled urban refugees now work as teachers or within health facilities in the district.

### Outcomes for age group 40+

### 1. Perceptions on the right to work

Focus group discussion with older men and women reveal that urban refugees are facing challenges related to access to employment. Good knowledge of English and Kinyarwanda, as well as computer skills, are always required for employment purposes but not all refugees possess these skills. On the other hand, they recognize that members of their community do possess marketable skills, and that trained individuals are committed to work. Refugees in both Kigali and Huye express an interest towards the initiation of income generating activities; they request the provision of additional vocational training and language training, as well as the provision of grants to start their own businesses, to access vocational studies and

to do internships. Similarly to their younger counterparts, older adults in Kigali report that potential employers prefer to hire Rwandan nationals and that they do not recognize refugee documentation as legal for employment. Another obstacle is that refugees are at times required to provide proof of medical insurance to complete the recruitment process, and this is not possible for the majority. Participants in the assessment request that UNHCR carry out advocacy for the simplification of mechanisms for the equivalence of diplomas, and that UNHCR and MIDIMAR intensify advocacy on refugees' right to.

# 2. Alternatives to camps / coexistence

Older refugees in Huye prefer to live in urban areas where they hope to have the same access to employment as younger refugees. They view the standards of living in refugee camps as low, and do not think that their children and grandchildren would benefit from good education in the camps. Participants in Kigali describe the main inconveniences of living in the camps: lack of privacy and space for family life, poor hygienic conditions, limited access to livelihood opportunities, and lower quality of education and health services. These are the main pull factors that attract refugees to the urban areas, even though many refugees are reported to be facing poverty and similar difficulties outside of the camp. One of the main challenges faced by urban refugees is the lack of regulations with regards to rent, whereby landlords change the rental fee often and without due notice.

# 3. Health insurance

Older refugees express concerns related to their current access to healthcare services as related to the limited assistance provided by UNHCR and the high cost of medical services in Rwanda. Refugees in Huye report often having to buy medicines in pharmacies without prescriptions, because they lack the financial means to seek adequate medical advice. They also report lack of access to specialized medical services. Participants in Huye identify limited healthcare assistance as a factor that leads some urban refugees to relocate to camps. The Mutuelle de Santé system is known for currently being only accessible to Rwandan nationals, and refugees have differing views about their inclusion in the programme. They recognize that some refugee community members may be able to pay the required percentage for the health insurance, but their preference remains for blanket humanitarian assistance to be provided to all refugees, which would enable them to access the health insurance scheme. The outcomes of the PA suggest the need to provide a transparent and widely accessible information campaign targeting POCs on the practical aspects of the possible inclusion of refugees into the national health insurance scheme. Such a campaign would include clear information on the costs, reassurances that the most vulnerable refugees will continue to be attended to, as well as the rationale behind this approach.

# 4. Community-based initiatives

Refugees in Kigali welcome the community-based protection initiative of the COV, who are perceived as playing a liaising role between the most vulnerable refugees and UNHCR. Participants suggest that the initiative be strengthened so that the work of the volunteers can continues to improve, and that UNHCR facilitates the establishment of new groups, e.g. savings and loans clubs and groups for sports and other recreational activities.

### 5. Targeted assistance

Like younger adults, older refugees are split on the question of assistance. On one hand, they recognize that refugees living in towns possess marketable skills and valuable professional experience, and that there is a willingness to become self-reliant, as opposed to remaining/becoming dependent on humanitarian assistance. They expect UNHCR and partners to provide training on self-reliance and start-

up capital for skilled refugees to launch their businesses. On the other hand, several participants believe that humanitarian service providers should provide blanket assistance to all refugees, as opposed to targeted assistance, especially for education and healthcare. In general, older refugees demonstrate some knowledge of the *Ubudehe* system and an understanding of its profiling rationale. These refugees express interest in using a similar system to allow refugees to categorize themselves based on their socioeconomic profile and vulnerabilities. That said, the main preoccupation of the participants of this age group is that the most vulnerable refugees should not be overlooked in the process, and should be able to continue benefiting from humanitarian assistance.

# 6. Reproductive health

Older urban refugees report that the main issues related to reproductive health are teenage pregnancy, low quality of contraceptives, lack of information and cultural barriers preventing parents from talking about sexuality with their children. Participants suggest that awareness-raising campaigns and activities on reproductive health should be strengthened with the help of humanitarian actors; at the same time access to reproductive health services by refugees could be greatly improved with free access to HIV testing and provision of contraceptives, especially to the youth.

# **Adolescent refugees**

# **Background information**

In all refugee locations, consultations were carried out with asylum seeker and refugee adolescents (aged 14 to 17) of Burundi and DRC. In-school children and OOSC, including children engaged in child labour, participated in the discussions.

The questionnaire in Annex 2 was utilized, covering the following themes:

1	ALTERNATIVES TO CAMPS / COEXISTENCE
2	PERCEPTIONS ON RIGHT TO WORK
3	EDUCATION
4	VOCATIONAL TRAINING
5	REPRODUCTIVE HEALTH

#### **Outcomes**

#### 1. Alternative to camps / coexistence

In Kigali and Huye, adolescents report being in good relations with their Rwandan peers. In urban settings, refugee teenagers feel at home, they can live among Rwandans and have a more varied diet because they can find more food products on the market. It is common for refugees to participate in the *Umuganda* community work, and refugee families who can afford it contribute for neighbourhood security and cleanliness. In general, disputes between refugees and host community are not frequent in urban areas.

For boys, interaction with the host community translates into help in finding jobs, receiving loans, assistance during the studies, and help for appropriate housing. For girls, the most positive aspect of life outside of camps is having Rwandan friends with whom they can do sport and cultural activities. However, even if Rwandan teenagers do not discriminate their refugee peers, participants in the PA reveal that at

times adult Rwandans impede young refugees' access to employment, recreational and sports clubs, etc. This stems from misunderstandings related to documentation, as the Rwandan population appears to be largely unaware that refugee documentation is sufficient to grant access to services and employment. More efforts are required for raising awareness on refugee documentation. Furthermore, since the lack of documentation impacts asylum seekers in particular, the procedures for refugee status determination should be accelerated.

In both Kigali and Huye, boys and girls alike report that the lack of access to health services is one of the main challenges faced by adolescents living outside of camps, especially asylum seekers. Adolescents in Kigali point out that the criteria set by UNHCR and its partners for targeted health assistance do not respond to the real needs of the POCs, as they take into consideration the age of the individual as opposed to the real medical needs of the person and the vulnerability that it creates for the whole household. In order to ensure broader health coverage, adolescents welcome the inclusion in the national health insurance program. Refugees in Kigali report that refugee families facing medical emergencies can usually count on the support of their Rwandan neighbours; they are well aware of the services provided by AHA and other partners, and are becoming more and more familiar with the COV who can make referrals of medical cases to service providers.

# 2. Perceptions on the right to work

Boys and girls alike observe that access to employment is a challenge for most refugees, owing to two factors: 1) a general preference of employers and companies towards hiring Rwandan nationals; and 2) the fact that potential employers in urban areas are mostly unaware that refugees can be hired in the absence of a Rwandan ID. The refugee community has the potential to overcome some of the challenges: many refugees can count on a close relationship with families and friends in Rwanda and in the resettlement countries who can offer financial support and link up refugees with potential employers. Where illiteracy is one of the obstacles for unemployed adults to access to the job market, the refugee community, with adequate support, can organize community-based literacy programs.

The expectation is that service providers will take several actions: broaden of the criteria for assessing vulnerabilities for targeted assistance; provide refugee ID cards; and conduct awareness-raising activities among prospective employers to encourage them to accept refugee documentation and to guarantee that the same work conditions apply to refugees and Rwandans.

In Huye, boys suggest that in order to improve refugees' access to employment, more interaction with Rwandans and other refugees is required, so as to increase the chances for job opportunities and internships. Girls especially see an opportunity in unemployed refugees grouping together to save money and request for assistance; for example, they can speak up as a group when applying for financial assistance from a bank. Overall, all adolescents cite the need for more (financial) opportunities to start a business and the need to empower the existing small businesses to contribute to more growth. Girls in particular request opportunities for part-time jobs (e.g. to work during school holidays) and material support to use their talents, like dance group performances with which they can earn some income and become more self-reliant. In Huye, the Burundian girls report that almost none of their parents are employed, and that some girls who have completed their secondary education are also staying at home. This provides insight into the requests of the participants to create more livelihood opportunities, not only for adolescents but also for their parents.

# 3. Education

Living outside of camps is associated with challenges related to access to education, according to adolescent boys and girls residing in Kigali. Students adapt smoothly from the Francophone school system

to the Anglophone school system, but poverty and the lack of financial assistance from service providers impact on schooling. School drop-out resulting from poverty is especially frequent in families where parents are unemployed or have medical conditions, or in families of separated and divorced parents. UASC are especially at risk of school drop-out owing to the lack of financial means. In the consultations in both urban settings, adolescents indicate that families where both parents are employed and/or can rely on remittances from relatives may not have to be prioritized for financial assistance for education; however, it is necessary that UNHCR and partners expand their criteria for targeted assistance so as to cover all refugees with vulnerabilities.

Child labour describes the condition under which most OOSC live in Kigali. The reasons why these adolescents are not enrolled in schools are related to specific vulnerabilities in the family that prevent the adult family members from working. Where the unemployment of adult family members results from illiteracy or lack of skills, courses and training should be provided, including by the refugee community itself (e.g. literacy clubs and vocational groups for adults). Further, where adult family members are unemployed owing to vulnerabilities and medical conditions, it is recommended that service providers should step in and ensure that the vulnerability is properly assessed and assistance is provided. An important consideration made during the consultation is that, despite all these challenges, vulnerable families prefer to live outside of camps, where it is easier for the adolescent breadwinners to find employment.

# 4. Vocational training

Provision of vocational training and other livelihoods interventions should target parents of OOSC, so as to respond to child labour and other child protection concerns, according to adolescents at PA consultations in Kigali. The subjects of interest identified by boys are mechanics and construction, as these are the most marketable skills that can help young refugees to find employment in urban areas; girls do not express a particular preference. Adolescents emphasize that young refugees in Rwanda have talents in sports, music, etc., that they would like to improve, exhibit and use, as these could be a source of livelihoods.

# 5. Reproductive health

Adolescent boys and girls do not have access to a formal source of information on sexual and reproductive health. The information is mostly acquired via radio, school, magazines such as *Ni Nyampinga*, <sup>10</sup> peers, siblings, and to a lesser extend from parents. Such themes are considered taboo and are not discussed with parents. Consultations in Kigali highlight that some girls are unaware that sanitary pads are distributed by UNHCR. While children in school receive sex education in class, OOSC seem to rely even more on scattered and possibly unreliable sources of information. In Kigali, information on sexuality that reaches the adolescents focuses on moral principles and on concepts such as abstinence.

COVs and health community mobilizers should be supported by UNHCR and partners in the organization of sensitization and awareness-raising events for refugee adolescents. Initiatives aimed at providing Rwandan adolescents with accurate information on reproductive health should also be explored and expanded to cover refugees. In general, boys are more vocal than the girls in describing their needs in terms of contraceptives, and indicate that contraceptives should be available free of charge to young

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<sup>&</sup>lt;sup>10</sup> Ni Nyampinga is a magazine dedicated to empowering girls. Launched in 2011 by Girl Hub Rwanda, it is a platform for girls to learn, connect, and explore the opportunities around them. The magazine is distributed to Rwandan girls every quarter through a national network of *Ni Nyampinga* ambassadors in each district, and to refugee girls in the camps through UNHCR's implementing partners.

refugees at places they often go to, such as the premises of implementing partners (e.g. AHA clinic, LAF office).

In general, consultations for the PA highlight the lack of communication channels between UNHCR and refugee adolescents, which was especially evident through the reproductive health session. Participants in Kigali suggest that while few adolescents own smartphones or have access to the internet, simple mobile phones are available and should be used as a means to ensure frequent communication among POCs and service providers. They also suggest distribution of cheap mobile phones to refugees who have none.

# **Child refugees**

# **Background information**

In Kigali, the activities were carried out with Congolese and Burundian refugee children aged 10 to 13 years old. Several of the children who were initially contacted were unable to participate in the exercise because they attend boarding schools. In Huye, children who participated to the consultations were all Burundian, and all attend Regina Pacis Tumba School and Ecole Autonome Butare.

Information was collected through games and child-friendly interactive activities (Annex 4). No questionnaire was utilized with the children's groups.

#### **Outcomes**

In Kigali, boys and girls aged 10 to 13 express several concerns related to poverty. They cite lack of access to food, clothes and medical care as examples of challenges faced by refugee children. A general perception registered among the children (i.e. the boys consulted in Kigali) is that their peers in refugee camps receive more assistance to cover food, education, and items such as clothes. In Huye, both girls and boys report that they live in places that do not guarantee security and that some children face physical violence by parents or teachers who beat them instead of guiding them peacefully. Children express the need to sensitize their parents about the use of non-violent punishments.

Children agree that parents do their best to pay what is not covered by UNHCR; however, the lack of access to employment among refugee adults is cited as one of the reasons why children are forced into poverty. Children are aware that unemployment among refugee adults is related to lack of recognition of refugee documentation on the part of the local employers. To solve this problem, they suggest that humanitarian actors intervene in support of refugee parents with livelihood projects, and advocate for solutions to the problem of education assistance and health insurance.

The low level of income of certain refugee families has a direct impact on the children's access to education where humanitarian assistance is absent or delayed. The lack of financial means results in delays in the payment of school fees, and possibly in school drop-out and inability to enrol. In order to overcome these challenges, children propose that the refugee community makes wider use of the children consultation meetings, so as to afford children an opportunity to voice their problems, and that UNHCR and its partners provide targeted education assistance based on needs.

Throughout the PA consultations, participants describe serious protection concerns resulting from poverty, including negative coping mechanisms such as child labour, involvement of minors in criminal activities and school drop-out. Like the adults, the children emphasize the problem of lack of education assistance as a barrier that prevents them from attending good schools. The most vulnerable are UASC,

children living with one parent, children in polygamous families and those whose parents have marital problems. Children express a wish to participate in recreational activities in urban areas, especially during holidays.

Child labour is identified by the refugee boys and girls as affecting refugee children outside of camps, and especially children living without parents. The perception among refugee children is that this problem affects children outside of camps more broadly than children inside camps, as they are assigned heavy workloads and paid low salaries. Children who elaborate on this theme advocate for the Government of Rwanda to punish those adults who are promoting child labour in the country.

Boys and girls alike draw a clear connection between poverty and sexual exploitation and abuse. Cases of refugee children whose engagement in child labour is said to have resulted in sexual violence are not unheard of in the community. Young Burundian girls are generally perceived as being more at risk of sexual violence – a concern also expressed by young refugees in Mahama camp.

Children report facing difficulties within their families as well. Child neglect (e.g. corporal punishment, sexual and emotional or psychological abuse) affects minors who live in polygamous families or in families where parents or caregivers have substance abuse problems and cannot ensure protection to girls from male neighbours and relatives. While children who experience problems with their parents and caregivers can find some comfort in a supportive and friendly environment within the community, they would benefit from prompt identification and assistance (especially UASC), provision of psychosocial support and activities improving parental skills.

Discrimination is described as one of the challenges faced by children who live outside of camps, with some boys declaring that they are bullied owing to their refugee profile.

# Adult refugees with specific needs

### **Background information**

Consultations in Kigali were carried out with asylum seekers and refugees of Burundi and DRC aged 18 and above. The specific needs of the participants included the following categories: disability, serious medical conditions, single parent, woman at risk, specific legal and physical protection needs. In Huye, the discussions were carried out with persons with specific needs among the Burundian refugees including those with disabilities, with serious medical conditions, single parents, women and men at risk.

The questionnaire in Annex 2 was utilized, covering the following themes:

1	PERCEPTIONS ON RIGHT TO WORK
2	ALTERNATIVES TO CAMPS / COEXISTENCE
3	HEALTH INSURANCE
4	COMMUNITY-BASED INITIATIVES
5	TARGETED ASSISTANCE
6	REPRODUCTIVE HEALTH

#### **Outcomes**

# 1. Perceptions on the right to work

Refugees with specific needs, especially PWD, describe their difficulties in accessing employment as a result of 1) a lack of required documentation and 2) discrimination from potential employers who perceive them as incapable, and do not consider them for jobs that they may have the skills to perform (including the required education and language skills). Challenge in access to employment are reported also by parents of children with severe disabilities and single parents with small children, who cannot leave the house to find work. In Kigali, it was report that some refugees are prevented from participating in driving school tests, and thus to obtain driving licences, unless they produce Rwandan ID.

To address unemployment, several actions are suggested by adult refugees with specific needs. UNHCR and its partners should strengthen the identification of vulnerable individuals and give them priority in the provision of services, including targeted financial assistance. Strengthening community-based protection is also essential, so that the community can take responsibility for helping the most vulnerable members to gain access to services. Additionally, livelihoods interventions shall target refugees with disabilities who are able to work, and relatives of disabled children who can work from home.

# 2. Alternatives to camps / coexistence

There are several reasons why refugees with specific needs opt for living in urban settings. For some, the city is the first place of arrival, and since they find some community members to assist them, they simply end up establishing themselves there. Others prefer to live in the city because it offers better work and school opportunities, as well as anonymity and therefore enhanced protection. PWD report that they prefer to live in towns because their disabilities do not allow them to live in camps easily, as facilities are not easily accessible for them. However, refugees and asylum seekers in this group also express difficulties in integrating in the society as a result of discrimination, and issues related to the high costs of living outside of camps. One of the suggestions made by adult refugees with specific needs is that administrative support should be provided for refugees to create trustworthy savings and loans clubs and cooperatives within the community.

#### 3. Health Insurance

Refugees with specific need report experiencing difficulties accessing medical treatment, and express dissatisfaction with their current level of access to medical services, as well as confusion regarding the incorporation of refugees into the national health insurance system. Negative perceptions regarding the Mutuelle de Santé are related to its perceived costs and level of coverage of medical needs, and the fact that refugees have limited or incorrect knowledge of the system; for many, their preference remains that UNHCR fully cover the medical expenses of all refugees. The PA offered a venue where preliminary information could be given on the rationale behind the extension of the health insurance to refugees and on the scheme itself, e.g. how the fee costs are determined and what documents are necessary for enrolling. However, observations confirm that a very strong information campaign is fundamental to ensure the correct understanding of this measure.

# 4. Community-based initiatives

Some of the refugees with disabilities in Kigali report receiving assistance and support from their community, while others declare that they feel discriminated against, side-lined or ignored. In Huye, no discrimination is reported based on disability; rather, participants shared the concern of lack of job opportunities for urban refugees in general. In order to ensure that a higher level of community support

is available to persons with vulnerabilities and their families, they recommend that community-based protection interventions, as well as the activities of community leaders, take into account their specific needs. Available community-based structures are considered as under-developed, and the knowledge of the COV group is still limited; however, the project was welcomed and the suggestion is made that the number of volunteers is further expanded.

Urban refugees in Huye count on some community-based initiatives that help them to support each other. For example, some women with physical disabilities have started up small income generating activities, such as making liquid soap and baking cakes. These women are especially proud that they can offer job opportunities to refugees and even to the host community. Refugees with specific needs are also meeting in financial social funds called *ikimina*, where they collect money on a monthly basis and distribute sums regularly to each member so that s/he can start a business or use the funds to solve other problems.

# 5. Targeted assistance

Some refugees with specific needs have limited knowledge of the *Ubudehe* system. Some participants in the consultations hold the opinion that all refugees in Rwanda are vulnerable and thus equally in need of assistance. During the discussions, however, several participants recognized that the refugee population is socio-economically stratified and that the community members have relevant knowledge of which members need assistance. Both women and men with specific needs, especially in Huye, report that they have some knowledge of the *Ubudehe* system and find that it could be useful if applied to refugees, but they worry about the criteria for determining the stratification. In general, refugees who are open to the idea of a profiling exercise for targeted assistance express the following concerns: a fear that the profiling may take into consideration the wrong criteria and thus provide a misleading outcome; a preoccupation that refugees would provide incorrect information regarding their living conditions in order to maintain assistance; and different opinions about who should conduct the exercise. These points suggest that particular attention has to be paid in the development of the profiling criteria, the methodology and the messages to be disseminated thorough the information campaign (including the characteristics and entitlements of each category).

# 6. Reproductive health

Information and services on reproductive health appear to be available to refugees with specific needs to different extents. In Kigali, older women with specific needs report receiving information and services at the clinics, whereas younger ones obtain information in schools, churches and through the health community mobilizers. Men appear to have less access to reliable sources of information, and report the threat of engaging in risky behaviours owing to lack of knowledge. Participants in Huye confirm that some parents have overcome cultural barriers and have started discussing these themes with their children; according to women participants, this dialogue helps reducing the risk of early pregnancies. However, they wish to receive specialized training on reproductive health to have more knowledge to pass onto the teenagers, and they suggest that refugees should be encouraged to take part in the parents' evenings, called akagoroba k'ababyeyi. The role of health community mobilizers in awareness raising is also valued, and it is suggested that they are engaged in wider outreach and mass information activities in the communities, to transmit knowledge on reproductive health and to correct misperceptions. Another recommendation is to increase the refugees' access to free or low-cost contraception.

# PART TWO: POCs IN CAMPS – BURUNDIAN CASELOAD Mahama

# **Adult refugees**

# **Background information**

In Mahama camp, two adult groups (aged 18-14 and 40+) of Burundian refugees were consulted, from different professional backgrounds, including some volunteers, self- employed refugees and members of different associations.

The questionnaire in Annex 3 was utilized, covering the following themes:

1	ALTERNATIVES TO CAMPS
2	FREEDOM OF MOVEMENT
3	PERCEPTIONS ON RIGHT TO WORK
4	COMMUNITY-BASED INITIATIVES
5	REPRODUCTIVE HEALTH

# Outcomes for age group 18-40

# 1. Alternatives to camps

Though refugees have access to work inside the camp, job opportunities are so limited that they are obliged to go outside into the host community and other locations to find work. Generally, men leave the camp to work, while women remain in the camp to look after the children, the elderly and PWD. Refugees leaving the camp report that they would like to be included in the health insurance system, and to be paid equal salaries for equal work, not less than Rwandans.

# 2. Freedom of movement

Refugees report having to undergo lengthy procedures to obtain authorization from MIDIMAR to leave the camp, and suggested that the police facilitate the process in the absence of MIDIMAR.

# 3. Perceptions on the right to work

Refugees work outside of the camp because opportunities inside the camp are scarce. Access to employment with Non-Governmental Organizations (NGOs) in the camp is mostly limited to refugees with higher education or technical expertise such as doctors and teachers. Participants acknowledge that non-skilled refugee labourers are hired for casual labour with companies building semi-permanent structures in the camp; however, they are concerned about how to generate income after the construction work is over. To respond to this sense of precariousness, they would like to learn new marketable skills. The absence of refugee ID cards remains a problem, as PORs are not accepted by most employers outside of the camp.

Female participants contend that employers have a preference for men labourers, as they are considered as stronger than women. Episodes in which refugee women have received employment offers in exchange for sexual favours are not unheard of in the community.

# 4. Community-based initiatives

A variety of community-based initiatives operate in Mahama camp, mainly focusing on livelihoods. There are a number of associations, some under the supervision of humanitarian service providers and some run by the refugees themselves. Members of women's groups raise a concern that, in order to become a member of an association, one needs to have skills, thus limiting the access of most women. Allegations are made concerning perceived lack of transparency on the part of the leaders of such associations, who are said to favour the access of their neighbours, friends or relatives.

There are also a number of self-help groups, such as those of SGBV survivors and PWD. Events such as the evening parents' forums or *Umugoroba w'ababyeyi* are organized, where family-related issues are discussed and resolved. The groups suggested that clear rules and regulations should be introduced on how a person can become a member of an association, and how associations should operate in transparency. They also propose the provision of on-the-job training or other formal training for capacity development and self-empowerment, as well as support to the existing associations for sustainability.

# 5. Reproductive health

Due to limited information about reproductive health, e.g. the use of contraceptive and availability of condoms, many refugees are having unprotected sex. As a result, unwanted pregnancy occurs as well as exposure to HIV/AIDS and other sexually transmitted infections.

Participants point out that discussions about sexual matters between parents and their children is considered taboo in the Burundian culture, and those who make effort to discuss the topic are perceived as encouraging their children to engage in sexual activities at too early an age. Furthermore, refugees have the tendency to perceive having more children as linked to an increase in how much humanitarian assistance they receive. Participants in the PA report concerns as per cases of sexual violence, at times resulting in unwanted pregnancy. A general perception was that alleged perpetrators are not systematically identified, or avoid apprehension by going into hiding. Participants also report concerns about particularly vulnerable refugee girls engaging in sexual activities in exchange for money, in order to provide for their basic needs.

# Outcomes for age group 40 and above

# 1. Alternatives to camps

Older refugees report that the main occasions for interaction with the host community are religious circumstances, work, search for firewood and attending local markets days in the vicinity of the camp.

# 2. Freedom of movement

The procedure to gain permission by MIDIMAR before leaving the camp is lengthy. Refugees leaving the camp are victims of arbitrary arrests due to lack of proper documentation. In addition, they cannot engage in work for more than three months, after which time they are deactivated from the UNHCR database.

### 3. Perceptions on the right to work

The majority of the refugees have a rural background, and thus possess skills and expertise to work in farming. Farmland is scarce around the camp, however, and this result in dependency on humanitarian aid. Participants report that, so far, only wealthy refugees have managed to acquire farmland in the host community to produce crops. They also report that the food rations provided are not sufficient, which exposes refugees - especially people with specific needs - to risks and makes them more vulnerable. Also, older refugees perceive discrimination by employers inside the camp, because of their age.

Juvenile delinquency is growing in the camp, as a result of poverty and lack of support. Children have become insubordinate and parents are experiencing difficulties in managing their children. Some children are believed to be under the influence of their peers who live in the camp without parental control. Domestic conflicts and violence arise due to the absence of privacy in the shelters, as parents sleep in the same room as their grown children. Some alleged that the bad behaviour of children is exacerbated by the agencies that are protecting them, as agency staff are stopping parents from (abusive) punishment of their children.

# 4. Community-based initiatives

Many associations and groups are present in the camp, including those dealing with livelihood managed by partners or by refugees themselves, as well as self-help groups. Older refugees express a wish to use the network of the community mobilizers, or *abaremeshakiyago* system, to spread messages on reproductive health and other messages that are important to the community at large. They also propose that groups and initiatives be formalized for the empowerment of persons with specific needs and with chronical illnesses, e.g. through livelihood opportunities.

# 5. Reproductive health

Many refugees are aware of contraceptive methods used before coming to Rwanda, and think that these should be included in the health package provided at the health centres in the camp. They also express concerns about some women who refused to adhere to any form of contraception, as they believe that having more children will increase their food rations, or are influenced by religious or traditional teachings about the inherent good of having more children. Participants in the consultations recommend that more awareness raising is carried out on family planning, as well as on HIV/AIDs and sexually transmitted infections. They recommend the involvement of religious leaders to obtain better results, since it is not acceptable for parents to openly discuss reproductive health matters with their children.

# **Adolescent refugees**

### **Background information**

Adolescent refugees between 14 to 17 years old participated in the consultations in Mahama camps. The groups of boys and girls included, among others, Unaccompanied Minors (UAMs), students and OOSC.

The questionnaire in Annex 3 was utilized, covering the following themes:

1	ALTERNATIVES TO CAMPS
2	FREEDOM OF MOVEMENT
3	PERCEPTIONS ON RIGHT TO WORK
4	EDUCATION
5	VOCATIONAL TRAINING
6	REPRODUCTIVE HEALTH

#### **Outcomes**

#### 1. Alternative to camps

Adolescents report perceiving discrimination and, at times, violence when they leave the camp to play nearby. It is the perception among residents of some local communities that refugees are engaged in criminal activities or exercise a bad influence on the host community children; this seems to be a concern that needs to be addressed through peaceful coexistence approaches. Adolescents would like to have more recreational activities available in and around the camp, as well as joint activities with their peers in the host community, to build trust and peaceful cohabitation.

#### 2. Freedom of movement

Adolescents express satisfaction about safety inside and around the camp, as they can move freely between the Mahama camp and the surrounding communities. In contrast, however, girls in particular are reported to be exposed to risk of sexual violence when leaving the camp to fetch firewood. Adolescents also report sporadic episodes of intimidation and discrimination on the part of people in the local community, who at times perceive the refugees as thieves, or as having a bad influence on the host community children.

#### 3. Perceptions on the right to work

Participants report that refugees, including children, have the right to work. Adolescents leaving the camp are employed as domestic workers, in babysitting and in cutting grass for feeding cows. However, most of them suffer abuse and exploitation as well as degrading, treatment from their employers. Their salaries vary from RWF 3,000 to RWF 5,000 per month, but sometimes they are not paid at all. Refugees report that girls and boys have become more vulnerable to trafficking for work purposes in Kibungo and Kigali, whereto they travel with the expectation that they will receive a regular salary. These expectation for a fair treatment in the workplace is not always met, and girls who become victims of trafficking are at higher risk of being sexually abused and exploited by their employers – a concern also raised by young participants of the assessment in Kigali.

#### 4. Education

Participants report that the insufficiency of food and other commodities is affecting all children in the camp. Parents and caregivers sell food rations to diversify the food provided by service provides. They often, however, use the money for other expenses, leaving the children hungry or to fend for themselves. Children thus go into the host community to look for jobs, and abandon education. Girls hired in the host community are perceived to be at higher risk of sexual exploitation, resulting in unwanted pregnancy. The issue of school drop-out is of concern to adolescents, who attribute it to inappropriate punishment and disciplinary measures adopted by teachers.

#### 5. Vocational training

Though they would like to learn skills, refugees contend that access to vocational and skills training opportunities is limited. Training opportunities that are available outside the camp require funding and hence remain inaccessible to many, especially single parents or adolescents who are too old to access formal education. Participants recommend that sponsorship or scholarship programmes are set up to enable refugees to access external vocational training opportunities.

#### 6. Reproductive health

It is considered taboo to discuss sexuality-related topics with children. The adolescent refugee group reports having limited access to information from partners and guardians regarding reproductive health. As a consequence, girls are at increased risk of unwanted pregnancy and exposure to HIV and sexually transmitted infections. The programme at the youth friendly spaces in Mahama covers a limited number of youth. Therefore, girls propose that reproductive health should be taught in school by the teachers, possibly in separate groups for boys and girls, so that the students feel more comfortable.

In consultations for the PA, girls report that the quality of the sanitary pads provided is very poor, as they are very small and cannot last long, resulting in girls using up the pads before the period is over. In addition to a recommendation for better quality sanitary pads, girls express a wish that additional materials be included in the dignity kit, such as body lotions and underwear.

## **Child refugees**

#### **Background information**

In Mahama, PA consultations with children aged 8 to 13 included both boys and girls. The two groups were comprised of students, OOSC and UASC. Focus group discussions were conducted to cover topics such as safety, freedom of movement, child labour and education.

#### **Outcomes**

Children in Mahama express satisfaction about the safety in and around the camp, as they can move freely between Mahama and the surrounding communities. However, this freedom of movement exposes them to risk of sexual abuse; for example, it is reported that children leaving the camp to fetch firewood risk being raped by unknown adults.

Insufficiency of firewood supply and lack of alternatives to meet other basic needs are reported to have led parents to neglect and exploit their own children. Parents and caregivers are said to be withdrawing children from school to send them Kibungo and Kigali for domestic work, so that their earnings can be used to buy supplements for the family.

Children report that parents and caregivers sell food and other commodities donated to them to buy alcohol or drugs. As a result, children try to seek jobs in order to buy food and meet basic needs that are not provided for by their parents or caregivers. Some children have voluntarily abandoned school to look for jobs in the host community.

Children report having access to work because they offer cheap labour. They accept any jobs, even if dangerous to their wellbeing, for small amounts of money. Participants confirm that child labour exists in the proximity of the camp, with refugee children being at heightened risk of mistreatment, sexual exploitation and unfair treatment in the workplace. In order to overcome this problem, refugee children recommend that the movement of minors out of the camp is very closely monitored and regulated. They also request that children are targeted with more assistance, such as food and clothes. Participants also recommend that the host community should not employ refugees as shepherd boys.

Though education is free in the camp, access is limited for some refugee children who are heads of households or caregivers for elderly parents and younger siblings. Some other children are said to drop out of school to work and contribute to household needs.

Some children raise concern over the use of degrading corporal punishment at school, including kneeling down for long periods, crawling on knees for long distances, being forced to remain outside of the gate for arriving late. Children propose that humanitarian agencies should discuss with school administration the need to employ alternative disciplinary measures, instead of beating and degrading corporal punishment.

Some children are dismissed from classes for hygiene reasons. This may be because their hair is too long, for example, yet they do not have the financial means to get a haircut. To solve this problem, children suggest that hair cutting machines are made available in the schools.

The children interviewed are worried that introducing assistance in the form of cash (i.e. CBI) will increase conflict in the families, and lead to the raising of prices in the local market and shops. The children recommend that UNHCR and partners continue providing assistance in-kind instead of cash. They are worried that the money will be used for alcohol and drugs; as it is, food rations barely cover the month. However, additional cash would be welcome to buy firewood and put towards fees for milling the maize. Drug abuse was mentioned on several occasions. Refugee children express concern about the negative impact it has on the children and parents, and would like agencies to intensify discussion with young people on the consequences of taking drugs.

Children with specific needs report being an easy target of physical abuse and rape while fetching firewood or playing outside the camp, due to their disabilities. They also state that they feel discriminated against because of their disabilities, which results in low self-esteem and school drop-out. They recommend that UNHCR and partners sensitize students and teachers to make school safe for every child, and that they sensitize the community against child labour and on children's rights, with an emphasis on the equal rights of children with disabilities. They also request UNHCR and partners to build facilities that are accessible to all children, taking into consideration those with disabilities. Lastly, they propose that parents to talk with their children about the dangers they might face while searching for jobs in the host community.

## Adult refugees with specific needs

#### **Background information**

Discussions in Mahama camp were held with four separate groups of Burundian refugees with specific needs. Female and male adults, as well as children with disabilities and impairments, participated to the focus group discussions.

The questionnaire in Annex 3 was utilized, covering the following themes:

1	ALTERNATIVES TO CAMPS
2	FREEDOM OF MOVEMENT
3	PERCEPTIONS ON RIGHT TO WORK
4	COMMUNITY-BASED INITIATIVES
5	REPRODUCTIVE HEALTH

#### **Outcomes**

#### 1. Alternatives to camps

According to the group, some refugees leave the camp to work in the host community, especially the men. They leave their families behind and often return after few months. The women prefer to stay in the camp as they have access to services which are not accessible to them outside, for example health services. The participants recommend that, should refugees be allowed to leave the camp and work in the community, some refugees with specific needs should continue to receive assistance from UNHCR and partners if they cannot depend on themselves due to their profiles.

#### 2. Freedom of movement

Participants report having freedom of movement inside and outside of the camp, even though some find it difficult to fully enjoy this right owing to their specific disabilities. Their perception is that the procedures currently in place to deliver authorization to leave the camp are lengthy and should be modified. Some refugees fear leaving the camp due to lack of refugee ID cards, and therefore recommend that refugee ID cards are provided to all.

#### 3. Perceptions on the right to work

Though refugees have the right to work, job opportunities are limited in the camp and participants report that their access to jobs in the host community is hindered by their disabilities and impairments. Some of them report to have the required skills and qualifications, but NGOs in the camp prefer to recruit people without disabilities.

#### 4. Community-based initiatives

The participants report an attitude of discrimination against persons with specific needs, both inside the host community and in the camp. Refugees with specific needs are represented at different meetings and *fora* in the camp. However, because they are provided with targeted assistance, other refugees considered them as idle. Some refugees with specific needs report having lost self-esteem and having resorted to drunkenness. In the Burundian society, PWD are believed to be cursed, and as a result they are neglected and sometimes abandoned by their families. Children report being bullied at school and some have difficulties in accessing their shelters and WASH facilities. Single persons are more vulnerable than others, as they live without family support and are exposed to more risks. Some women avoid to go the latrine at night for fear of being assaulted, yet their houses are not equipped with a latrine. Others explain that their shelters are not easy to access with the wheelchairs provided, hence the wheelchairs are left outside and they are sometimes stolen or destroyed during the night.

Participants in PA consultation suggest that adult refugees with specific needs become involved in initiatives such as savings and loan associations, kitchen gardening and shoe repair and shoe-making. They find that PWD who possess skills could train others persons with specific needs.

#### 5. Reproductive health

Some women and girls with disabilities are raped or at heightened risk to be raped. In contrast to the belief that the PWD are cursed is another belief that people acquire some magic powers and when they have sexual intercourse with disabled people. As a result, some girls get pregnant and are then abandoned by their partners. An example was given of a blind girl who was impregnated by an unknown individual.

## **Host community**

#### **Background information**

Two groups of male and female adults from the host community participated in the discussions.

The questionnaire in Annex 3 was utilized, covering the following themes:

1	ALTERNATIVES TO CAMPS
2	FREEDOM OF MOVEMENT
3	PERCEPTIONS ON RIGHT TO WORK

#### **Outcomes**

The local population has some concerns over issues such as episodes of theft, physical assault and verbal abuse from refugees who are present in the community either for work, in search of firewood or carrying out other activities. They report that refugees are engaged in criminal activities, such as drug abuse, vandalism, theft and prostitution. Refugees are perceived to be of bad influence on local community children. Consultations with the refugees show that the refugee population is aware of this perception.

These perceptions colour host community opinions on refugees' right to freedom of movement, especially among local men. Participants propose improvement and preservation of public safety to standard which allows for the development of safe, equal, and consistent interaction between the refugee and host community. There are tensions between the local and refugee communities relating to grazing rights; as a result of refugee grazing animals in the community lands, the environment is degraded (e.g. damage to crops, deforestation, loss of fauna such as bees, and conflicts with the surrounding community). Participants suggest that refugees in the camp wishing to raise livestock should buy or lease land for grazing and or restriction should be placed on animal husbandry. They note that while their community bored significant burdens from refugees in Mahama, they have received little benefit so far and they would like to have increased support from UNHCR and the Government "across the board".

While the host community does not object to refugee's right to work per se, they are concerned that employment and development opportunities are not being managed in an equivalent manner. As such, they are concerned that refugees are receiving an undue advantage from employment programmes in the camp. As a solution, they recommend the creation of more livelihood opportunities for women and girls from both the host community and the refugee community.

Women of the host community report that the local men are attracted to refugee women and girls due to the food and NFI assistance that they receive from UNHCR and its partners. Some Rwandan men leave their wives in the host community to live with refugee women or girls in the camp. The women also state that refugees are not pursued when they commit crimes. Men say that they are consistently excluded from what they understand to be the much greater economic opportunities available to refugees. They explain that they once were employed in Mahama, but now the jobs go principally to refugees. Some men describe feeling vulnerable because local employment has been lost due to environmental degradation as a result of the camp settlement. With the loss of bees, and bee-keeping in the local area, members of the host community propose increased access to employment and business schemes within the camp, and propose that UNHCR and the Government provide support for development business schemes in the community, e.g. one proposal is for joint/cooperative farming and business schemes that included members of both communities.

Three proposals resulting from the discussion are to: 1) ensure that material assistance is delivered in such a way to maximize support within the host community, and provide a basis for future economic cooperation instead of creating conflict between the two communities; 2) ensure a safe environment where workers from both the host and refugee community are able to seek employment, and access opportunities for income-generating activities in an atmosphere of mutual trust and confidence; and 3) ensure sustainable environmental and agricultural management practices within both the refugee and host communities, which will help establish a basis for sustainable economic activity for both communities.

# PART THREE: POCs IN CAMPS – CONGOLESE PROTRACTED CASELOAD

## Gihembe, Kiziba, Nyabiheke

## **Adult refugees**

#### **Background information**

In Gihembe, Kiziba and Nyabiheke refugee camps, consultations were carried out with Congolese refugees and asylum seekers aged 18-40, and 40+. Participants were from all the neighbourhoods of the camps (quartiers). The selection took into consideration employed and non-employed, educated and non-educated groups of men and women. In Nyabiheke, refugees registered in the camp but living outside also participated in the assessment.

The questionnaire in Annex 3 was utilized, covering the following themes:

1	ALTERNATIVES TO CAMPS
2	FREEDOM OF MOVEMENT
3	PERCEPTIONS ON RIGHT TO WORK
4	COMMUNITY-BASED INITIATIVES
5	REPRODUCTIVE HEALTH

#### Outcomes for age group 18-40

#### 1. Alternatives to camps

Some refugees, mostly men who head large families, work outside of camps for certain periods of time to save enough to be able to return to the camp and start their own business (e.g. shops, tailoring). There is an interest in exploring more options for employment outside of camps, given documentation to facilitate this route. In Kiziba camp, however, at the current time adult refugees express a preference towards working inside the camp, because outside of camps they are obliged to pay taxes and do not have provision for free-of-charge healthcare. The majority of the participants from Gihembe, as well as some from Nyabiheke, also express a willingness to go outside of the camps, but limited financial capacities and employment opportunities are cited as main obstacles. Furthermore, at the current time, receipt of basic assistance and some other services require the physical presence of refugees in the camps.

#### 2. Freedom of movement

Participants stated that they need to go outside the camp for various reasons including family visits, search for livelihood opportunities, funerals and education. According to all participants, the procedure to obtain an exit permit comprises several steps (quartier, village, President of Refugee Leaders' Committee, Police, Immigration) and can take approximately one month to complete; at the same time the *billet de sortie* only last three months, thus requiring refugees to regularly return to the camp to have it renewed. Some

participants in Kiziba find it difficult to leave Rwanda despite having relatives currently residing in other countries, such as in Uganda, Kenya and Burundi, whom they would want to visit.

#### 3. Perceptions on the right to work

Men and women participating in the assessment in Gihembe, Kiziba and Nyabiheke refugee camps report that refugees face difficulties finding employment because opportunities within the camp are limited and permissions to leave the camp are not always available or timely, or because a general preference is given to Rwandans candidates and a national ID is required by the prospective employers. Educated and trained refugees are willing to compete for jobs outside the camp but are challenged by lack of refugee ID cards (some have never received their refugee ID cards, while others are currently holding expired IDs). In addition, several employers do not recognize the refugee ID cards as valid documentation.

#### 4. Community-based initiatives

Participants refer to a variety of community-based initiatives that provide support to solve family conflicts, for example, or to jointly resolve the community problems, along with sport clubs. Refugees in all three camps have developed cooperatives and saving groups which enable them to pool their money and use it for specific purposes, investments or emergencies. Likewise, they have some income-generating activities like gardening and sewing. Lack of understanding of the concept of community-based protection was observed in Gihembe and Nyabiheke refugee camps, where participants express the wish to be sensitized on the subject and guided with regards to the creation of more initiatives.

#### 5. Reproductive health

Discussions on reproductive health reveal that refugees have limited knowledge on the subject and some obtain information from unreliable sources (cases of individuals who have received false information from friends were cited). Adults express concerns that talking about reproductive health matters with children might lead them into sexual activities ahead of time, and that many parents are shy and ashamed to talk about such matters, whereas others may feel they are not best placed to do so as they cannot offer a good example. The attitude of the youth is also a factor, as some teen girls want to explore their sexuality without listening to their parents' advice, resulting into early pregnancy or pregnancy outside of wedlock. Adults in the PA discussions in all three camps report that on contraception is more practiced by young refugees than by their parents, yet the focus in camps is more on teaching abstinence to the youth, rather than contraception. Community health workers in the camps support education on reproductive health and can disseminate accurate information, and there are venues for the refugees to reach out to others for support, e.g. the evening women's groups where this type of issues can be discussed. Refugees in Kiziba camp recommend that teachers systematically dedicate time to discuss reproductive health with students and organize events during the school holidays. Participants in Gihembe camp acknowledge existing sensitization channels, including health education sessions at the health centre and within the community. However, both participants from Gihembe and Nyabiheke recommend targeted sessions especially for youth as well as use of innovative methodologies aimed at raising awareness on reproductive health.

### Outcomes for age group 40 and above

#### 1. Alternatives to camps

In Kiziba, older adults report that men and young adults often work or study outside of the refugee camp, younger refugees often find work in bars, restaurants or as house helpers, and older refugees often

working as cattle herders. While most women and children remain in the camp, there are women who work outside the camps. They women are more exposed to risks of SGBV and/or pregnancy outside of wedlock, due to exploitation or vulnerable living situations, and in correlation to poor access to medical services outside of camps, including contraceptives. Some older refugees leave the camp to look for work, or to look for better living conditions far removed from the cold weather, congestion and poor quality of the housing in Kiziba camp. Older refugees who live outside the camps can often count on the support of their adult children who are employed in Rwanda or have been resettled. Their preferred settings for relocation are rural areas where agriculture activities can be carried out.

In Nyabiheke, older adults explain that refugees who live inside and outside the camp can rent or buy land for farming, which enables them to complement the assistance they receive. The groups assert that families who shift outside the camp are better off and their children are more disciplined since they are safe from negative peer influence in the camp (e.g. use of drugs, being sexually active prematurely). The group also reports that the fact that they look like Rwandans, speak the same language and have similar culture ease their integration in the host community.

In Gihembe, older adults express reluctance to live outside the camp. Their reasons include inability to meet basic needs such as housing and health insurance. They are also concerned about employment and other livelihood opportunities which are limited, and the highly competitive nature of the labour market, which requires skills that they do not have. A language barrier was also cited as an obstacle by educated people in this age group, who studied in DRC where the teaching medium was French, whereas in Rwanda speaking English is a requirement to access formal employment. Overall, men and women aged 55 and above are not interested in living outside the camp; to them life outside the camp would be very challenging as they would not continue to receive assistance. They understand the benefits of life outside the camp but assert that only the younger generation can cope with its demands. Similarly to refugees from Gihembe, older refugees from Nyabiheke express concerns over moving outside the camp, especially if it means getting off assistance. The group recommends advocacy for refugees to be employed in public sector and also livelihoods initiatives to take into consideration various skills that exist in the refugee community.

During consultations with the younger adults in Kiziba, it was observed that refugees are interested in exploring alternatives to camps, but are afraid to do so because of habitual reliance on assistance and fear of competition. Older generations in the camps may provide a safety net for those who chose to leave the camp to find employment. In Gihembe and Nyabiheke the assessment revealed that older adults are not willing to go outside the camp, contrarily to younger generations, who believe that their future would be better outside the refugee camp.

#### 2. Freedom of movement

Refugees in all three camps report facing difficulties in obtaining the camp exit visas and dealing with their short validity (three months). A revision of the procedure for refugees' movement is recommended to solve a range of problems, including the fact that refugees often plan to be absent from the camps for longer periods and returning is expensive due to transport fees, and the fact that refugees are at times required to provide extra supporting documents and are denied permission to visit relatives in the neighbouring countries. Additionally, refugees from Gihembe and Nyabiheke report that they have had to travel without official authorization due to urgency of some trips and long official procedures.

The participants to the consultations in Kiziba propose the extension of the validity of the *Billet de Sortie* to one year, as well as the simplification or elimination of the permission procedure. Another challenge currently faced by older refugees who opt for living outside of camps is that they may at times miss a

verification exercise and thus have their profile being closed in the UNHCR database. Participants recommend that UNHCR conduct a verification exercise and explore the possibility of recording, for each household, which family members are living within the camp and which ones are living outside of the camp.

#### 3. Perceptions on the right to work

Older adults in Kiziba report that refugees living outside of camps face more difficulties in meeting basic needs (including housing, education, food, etc.); accessing healthcare owing to the lack of a health insurance; and in accessing employment, as refugee documentation is rarely accepted by Rwandan employers and refugees are generally paid less than nationals. The fact that not all refugees hold a refugee ID card is also highlighted as a problem. Advocacy and sensitization on the use of refugee documentation to access the job market is recommended, as well as improved access for refugees to bank loans.

Refugees possess valuable skills, especially in agriculture, as well as the willingness and ability to create job opportunities. They request equal consideration in the job market, creation of micro projects in the camps, provision of agricultural land, integration of refugee youth in vocational trainings, and coordination with the Government to provide refugees with valid documentation which can be recognized in the employment sector. Public information and broad sensitization among the Rwandans on the refugees' right to work should be complemented with more information being made available among refugees on business management and the provision of the health insurance for those residing outside of the camps.

#### 4. Community-based initiatives

The refugee community in all three refugee camps has established cooperatives that provide loans to assist students to study outside the camp and women's saving groups that help fund business ideas or meet family's needs (e.g. clothes, school fees). Participants in these groups may benefit from more training on financial literacy and business skills. Some refugees are also members of savings and loan association and cooperatives in the host community. As a further expansion of community-based initiatives, some participants in Nyabiheke and Kiziba suggest the introduction of the *Ubudehe* socioeconomic classification system in the camp, as well as the VUP and Girinka programmes. Other participants from Nyabiheke express concerns about the introduction of *Ubudehe* system, since they believe that there is no need for such profiling (classification into categories), because all of the refugees are in need. In general, participants have little understanding of community-based protection and recommended more awareness raising on the subject.

#### 5. Reproductive health

Early and unwanted pregnancy is perceived as linked to girls living outside of camps, where they lack family supervision and do not have contraceptives. It is also linked to poverty-driven coping mechanisms such as sex in exchange of money, clothes, goods, etc., or to religious beliefs that blame family planning. In Kiziba, early and unwanted pregnancy is also perceived by the community as being linked to negative side effects of contraception.

Refugee parents and children do not traditionally talk about such issues. The community recognizes the role played by the community health workers in disseminating correct information, as well as safe sex and reproductive health education in schools and at clinics. It is recommended that campaigns are organized to reduce early and unwanted pregnancy and survival sex and prostitution, and that parents who wish to initiate discussion with their children about reproductive health are supported to do so.

## **Adolescent refugees**

#### **Background information**

Consultations in Gihembe, Kiziba and Nyabiheke refugee camps were carried out with adolescent refugees of Congolese nationality aged 14 to 17 years old. The participants included adolescent girls and boys from different quartiers of the camps.

The questionnaire in Annex 3 was utilized, covering the following themes:

1	ALTERNATIVES TO CAMPS
2	FREEDOM OF MOVEMENT
3	PERCEPTIONS ON RIGHT TO WORK
4	EDUCATION
5	VOCATIONAL TRAINING
6	REPRODUCTIVE HEALTH

#### **Outcomes**

#### 1. Alternatives to camps

Adolescents in Kiziba perceive that the driving factors leading refugees to relocate outside of the camp are work opportunities (including farming lands rented from Rwandan nationals), marriage outside of the camp, and in general the availability of financial means to sustain themselves and to sustain higher standards of living. Adolescents consulted in Kiziba reported a concern that, especially if unemployed, their families would not be able to afford living outside of the camp and cover costs for water, electricity and housing.

#### 2. Freedom of movement

The perception of poor access to employment casts a shadow on the adolescents' perception of a life outside of the camps.

#### 3. Perceptions on the right to work

In Nyabiheke and Gihembe, adolescents groups reported that they are concerned with limited job opportunities both inside and outside the camp. In the camps, only few hundreds refugees carry out 'incentive work' for humanitarian agencies, and a very limited number have small business. Some participants are also aware of the challenges faced by refugees in terms of access to work, such as discrimination against refugees based on lack of documentation and limited job opportunities. Adolescent participants recommend that UNHCR advocate for refugee documentation to be considered equivalent to Rwandan documentation in the employment sector, to allow refugees to be selected for jobs for which they have the required skills.

#### 4. Education

Adolescent refugees lament limited resources to support education, e.g. insufficient school materials and laboratories, lack of electricity in the camp impacting on the students' ability to do their homework, poor

preparation of some teachers, and lack of variety of school subject options leading higher numbers of students to take courses they are not interested in and potentially failing, and limited support for university students and scholarship options for university education. Limited spaces for sports and leisure is an issue in all three refugee camps. Another issue of secondary education in Gihembe is the long distance that students must walk (approx. 10 km); participants recommended immediate action on this problem, since it is the reason behind some school drop-out.

To improve the scholastic situation, adolescent refugees suggest the introduction of more options, including Mathematics, Economics and Computer science (MEC), History, Economics and Geography (HEG), Teachers Training College (TTC), Mathematics, Biology and Chemistry (MBC), and English, Kinyarwanda and Kiswahili (EKK). They ask UNHCR and partners to advocate for more materials in schools, e.g. labs, sports gear, computers, etc., and for students who have completed secondary school with good marks to have access to Rwandan scholarships. Adolescents highlight that the improvement of the education system is of great importance because it is through their studies that refugee children can increase their chances to access employment.

#### 5. Vocational training

Refugees who have finished school or dropped out would benefit from vocational training. Options are currently scarce in the camp, and could be expanded to cover soap making, driving, hairdressing, cooking, electricity, drawing, construction, etc.

#### 6. Reproductive health

Refugee teenagers obtain information on reproductive health from a variety of formal and informal sources, including school and hospitals, to family and friends, and the media (e.g. the Sakwe radio show). Their perception is that they have insufficient access to correct information on reproductive health issues. Some parents are said to lack sufficient knowledge on reproductive health because they are old, while others are reserved and prefer not to discuss such issues with their children, as "sex talk" is taboo. Also, adolescents may feel intimidated when seeking to obtain information on reproductive health at health centres, as the workers are members of the community and they do not fully trust that confidentiality will be preserved. Additionally, participants report being concerned about early pregnancies and a large number of teen mothers. Groups from Nyabiheke and Gihembe report a lack of condoms distributed to refugees. In Gihembe, condoms are only being distributed to individuals aged 18 and above, leaving sexually active adolescents to get them through their adult friends.

For these reasons, adolescent refugees recommend that youth-friendly spaces are made accessible to the youth to share their concerns in confidentiality, and that community mobilizers organize community dialogues to disseminate corrective information on reproductive health principles and services. Adolescents in three refugee locations also say that parents should be empowered to talk to their children about reproductive health before they reach puberty, at approximately 10 years of age. One finding of this participatory assessment is that exploitative sexual relationships are often the consequence of poverty and the inability of parents to buy goods for their children.

#### Other issues and observations

Adolescents in Kiziba report the fact that refugees in the camp are known to engage in illicit activities such as money lending, locally known as 'Banque Lambert'.

## **Child refugees**

#### **Background information**

Consultations in Gihembe, Kiziba and Nyabiheke refugee camps were carried out with Congolese refugee children of 10 to 13 years of age. The participants included girls and boys from different quartiers of the camp.

No questionnaire was utilized, but child-friendly interactive activities and games.

#### **Outcomes**

Children report that the main sources of child abuse and child neglect are alcoholism, family conflicts, denial of resources and a weak camp security system. Poverty and neglect are the main sources of protection risks for children, who are vulnerable to peer pressure and engagement in exploitative relationships, drug abuse, child labour, etc. Groups of girls in Gihembe and Nyabiheke report a high rate of child neglect when parents travel outside of the camp for a certain period, leaving the children behind and, in most of cases, without food.

Many children freely travel outside of the camp to visit families and friends, as children are not required to have documentation. The adults that accompany them must carry identity documents, i.e. refugee ID card or Proof of Registration. Children also state that travelling outside of the camp may also be motivated, especially for unaccompanied asylum-seeking children living with step-parents, by negative reasons such as a wish to escape from family conflicts, child neglect and denial of resources. Children may also travel outside the camp after dropping out school or owing to exploitation (including sexual exploitation), child labour or exposure to health risks. Their recommendation is to continue to raise awareness on children's rights and parents' obligations. Groups from Nyabiheke add no information related to freedom of movement, as for them anyone is free to go anywhere anytime.

In Kiziba, children describe that, in case of security problems, refugee security volunteers intervene in case of physical danger. Also, committee leaders and other community-based structures are expected to take the lead in solving conflicts and security problems. UNHCR and partners also intervene when it is necessary to separate households, in case of serious family conflicts. To promote participation in camp security, children suggest that UNHCR, partners and refugees nominate security volunteers within the community. Another suggestion is that additional policies be introduced and strengthened to regulate the activities of bars regarding the minimum age of alcohol consumption. Children also recommend that parents' evening dialogues are utilized, at all camp levels, for the solution of disputes.

Suggestions also include expanding the income generating activities in the camp to improve their families' standards of living, and carrying out constant monitoring of school attendance, sensitizing adults on the rights of children and against employing children for work, especially heavy work.

## Adult refugees with specific needs

#### **Background information**

Consultations in Gihembe, Kiziba and Nyabiheke refugee camps were carried out with refugees of Congolese nationality. The specific needs of the participants, aged 18 and above, included the following categories: disability, serious medical conditions, chronic illnesses, single parent, woman at risk, survivors

of SGBV. Discussions in Gihembe and Nyabiheke were dominated by PWD and most of the protection concerns collected from the group do not necessarily apply to other categories of specific needs.

The questionnaire in Annex 3 was utilized, covering the following themes:

1	ALTERNATIVES TO CAMPS
2	FREEDOM OF MOVEMENT
3	PERCEPTIONS ON RIGHT TO WORK
4	COMMUNITY-BASED INITIATIVES
5	REPRODUCTIVE HEALTH

#### **Outcomes**

#### 1. Alternatives to camps

In the three refugee camps, refugees with specific needs report difficulties in accessing medical services outside of the camp. Refugees with specific needs who want to live outside of the camps cannot enrol into the national medical insurance scheme; rather, they must return to the camp to seek medical assistance or use their own income for treatment. In response to such problems, participants in the PA consultations propose that refugees be facilitated to enrol in medical insurance so they may seek assistance outside of the camps.

Discussion groups deplore that employers consider them as "handicapped" and emphasize their capacity to work at jobs, in particular those not requiring physical strength. Adult refugees with specific needs have initiated savings and loan groups that enable them to meet some of their needs. They are willing to start small business and income generating activities and would like to be supported with start-up capital. In addition, they also recommend efforts to sensitize potential employers. Due to limited mobility, they rarely travel outside the camp.

#### 2. Freedom of movement

The lives of refugees with specific needs are also negatively impacted by the lack of documentation (e.g. when refugee ID cards expire) and the difficulties in obtaining authorizations to be absent from the camp for prolonged periods, which often results in refugees remaining outside of the camp without permission. In order to overcome such problems, refugees ask for advocacy for the issuance of the refugee ID cards and for a reform of the system of authorisation to leave the camp.

#### 3. Perceptions on the right to work

Refugees with specific needs cite the problem that they do not own farming lands and therefore cannot work. Men and youth are reported to be leaving the camp to look for work opportunities outside, as employment cannot be found inside the camp. Outside of the camps, however, refugees face discrimination owing to their status and to the fact that they are often not successful in having their diplomas recognized. As a result, they are forced to accept low-income jobs despite having marketable skills. To respond to such difficulties, they recommend that grants are provided to refugees as a start-up incentive for small business, and that more advocacy is carried out with the Government of Rwanda for refugees' access to land for farming.

#### 4. Community-based initiatives

Consultations suggest a need for refugees to be encouraged to be more innovative and to participate and expand associations and projects such as the *Ibimina* community-based savings and loan association and other income-generating activity groups.

#### 5. Reproductive health

The high rate of teenage pregnancy remains a concern for refugees. It is perceived as being linked to the lack of information and awareness on reproductive health awareness and the inadequate use of family planning methods. Refugees with specific needs recommend that more sensitization and awareness campaigns are conducted in the camps and in schools, and that dialogue is encouraged between the youth and the elders, i.e. through the parents' evenings or *akagoroba k'ababyeyi*. Participants recommend sensitization by gender and age, with a particular emphasis on adolescents.

## **Host community**

#### **Background information**

In the Kiziba camp area, consultations were carried out in Rubazo village, Nyarusanga cell (location of the camp) with men, women and adolescent members of the host community. In Gihembe and Nyabiheke consultations were conducted at the Gihembe cell and Nyabicwamba cell respectively, with two groups of adults (male and female).

The questionnaire in Annex 3 was utilized, covering the following themes:

1	ALTERNATIVES TO CAMPS
2	FREEDOM OF MOVEMENT
3	PERCEPTIONS ON RIGHT TO WORK

#### **Outcomes**

Participants from the host community in the Kiziba area describe good relationships with refugees, ranging from socio-economic interaction fostered by shared language and culture, intermarriage, *kworozanya* (animal giving), *ikimina* (community-based savings and loan associations with refugees), market activities, and renting land to refugees for farming. The host community in Kiziba reports episodes of refugees approaching the community to ask for assistance to overcome barriers in enrolment in the Mutuelle de Santé. The host community also reports benefitting from the health and education services in the camp, and notes that the camp has created job and business opportunities for them.

While many relations are positive, there is also "negative solidarity" between troublemakers from both parties (e.g. theft, assault, bag and telephone snatching). Host community members are not always welcome to do business in the camp, particularly in Gihembe. The host community living in the vicinity of Nyabiheke deplores the high rate of drug use among the refugee youth. Participants in the consultation list a number of complaints: physical violence against nationals; theft by refugees; refugees leaders who ask for bribes from nationals to solve their case, if they are in conflicts with refugees; refugee children who stone houses belonging to nationals to the extent that the houses are leaking; refugees who attack host community residents walking around the camp; and refugees who snatch bags and telephones or they attack individuals on market day for money or items being carried to or from the market.

The host community participants in Kiziba welcomed the idea of offering refugees an alternative to camps, with a recommendation that refugees should be provided land for cultivation like the Rwandans, and support the free movement of refugees in the country. However, participants in Kiziba say that since humanitarian assistance is for many refugees the main source of security, should such assistance cease there may be a risk of increased tension.

The host community in Kiziba also describes some problems related to the refugees' presence in the area that should be resolved, e.g. deforestation resulting from refugees looking for firewood, the occupation of parcels by refugees, and destruction of plants by domestic animals owned by the refugees. In such cases, the intervention of the police is appreciated. Other suggestions on the part of the host communities in Kiziba and Gihembe are to construct a shared market located outside the camp and accessible to both groups, the expansion of land for refugee shelters, and the construction of water points in the host community. Groups consulted in Nyabiheke propose several actions: take refugee youth caught in use of drugs to rehabilitation centres; initiate collaboration between leaders in the host community and refugee leaders (quartier leaders, camp executive committee); and organize *Umuganda* and contribution of small amounts of money that may be used, for example, to repair a shelter damaged by refugees, as this will send a message to refugees that if their children damage some property, parents will be accountable for its repair.

In general, the members of the host community that participated to the discussion in Kiziba report that they perceive the refugee community as stratified, with 1) refugees who work outside of the camp in education, trading, farming, in the informal sector, as drivers, etc., and 2) those who are vulnerable. For this reason, they recommend that targeted assistance may be assigned the same way it is done in the host community, through the *Ubudehe* identification and categorization of households by the refugees themselves.

# PART FOUR: POCs IN CAMPS – CONGOLESE NON-PROTRACTED CASELOAD

# Kigeme and Mugombwa

## **Adult refugees**

#### **Background information**

The discussions were carried out with refugees and asylum seekers between 18 and 40, and above 40 years old, in Mugombwa and Kigeme.

The questionnaire in Annex 3 was utilized, covering the following themes:

1	ALTERNATIVES TO CAMPS
2	FREEDOM OF MOVEMENT
3	PERCEPTIONS ON RIGHT TO WORK
4	COMMUNITY-BASED INITIATIVES
5	REPRODUCTIVE HEALTH

#### Outcomes for age group 18-40

#### 1. Alternatives to camps

Adults in Mugombwa and Kigeme say that most of them go out of the camp to look for casual employment such as farming activities to top-up the UNHCR assistance and pay for marriages, school and family visits. They come back to collect food and non-food assistance, for medical treatment and to request renewal of permission to go out of the camp again. While outside, they face the problem of documentation, whereby to become employed, they are requested to present an ID document that they do not have. When out of the camp, some jobs are not accessible without proof of health insurance; as such, participants request joint MIDIMAR and UNHCR advocacy for refugees to be able to enrol in the national insurance scheme.

Adults in Mugombwa emphasize that those who live outside the camp are mostly asylum-seekers who are not accessing assistance at camp level and settle with relatives. In addition, the small size of shelters also pushes some refugees out of the camp. Women in Mugombwa report that they would prefer to live outside the camp if they could receive a grant for some years as they establish themselves. About 90 percent of adult participants would be interested in living outside the camp if they received initial support.

#### 2. Freedom of movement

In both locations participants say that they are free to travel outside the camp but need to obtain MIDIMAR authorization, which only last for three months, the only exception made being for students. In Mugombwa, only if they move within the nearby districts can they go without the MIDIMAR-authorized permission. Refugees in both Kigeme and Mugombwa say that they would like the length of the out-of-

camp permission to be extended. Men in Kigeme specifically mention that the authorization can only be issued during the working week but not during weekends, a situation that disadvantages them when they are called for a job during the weekend. Refugees from Mugombwa describe being under pressure that their shelter will be given to someone else because of absence. Adults explain that it is easier to do business out of the camp because the market conditions are better. They request UNHCR's advocacy for more flexibility in leaving the camp.

#### 3. Perceptions on the right to work

Adult participants say that there are limited employment opportunities in the camp and lack of information on available jobs within the camp. Only refugee executive committees often know about a vacancy. Some refugees are self-reliant and have businesses, whether in or out of the camp. Some refugees are skilled but face difficulties in obtaining diploma equivalence, leading to difficulties in accessing job opportunities in their field of interest. They request increased vocational training and income generating opportunities, in addition to advocacy for acceptance of their diplomas.

#### 4. Community-based initiatives

In Mugombwa camp, adult refugees describe a variety of existing community-based initiatives such as groups of elderly for conflict resolution, savings and loan groups, dancing groups, and others that are composed of men and women from all quartiers. Refugees in need can at times rely on groups whose members contribute 600 RWF each to support the most vulnerable individuals. In Kigeme, adult refugees note that community-based initiatives are implemented with the support of different partners, such as GIZ and ARC. These include groups through which refugees support one member to buy certain materials on a rotational basis, such as clothing or mattresses and bedsheets, among other needed items. Members of these groups report that they have strengthened their well-being and would like GIZ and ARC to increase support to these groups.

#### 5. Reproductive health

Participants demonstrate that they have information on reproductive health and some of them can easily define different components such as contraceptives, HIV and other sexually transmitted diseases, and pregnancy. Some refugees do not have access to reproductive health information due to culture barriers that consider these topics taboo. Parents do not often discuss reproductive health issues with their children; therefore, children remain without information or pick up false ideas from peers, which can lead to high-risk practices. Adults in Kigeme and Mugombwa ask partners like the AHA to expand education on reproductive health to most refugees.

#### Outcomes for age group 40 and above

#### 1. Alternatives to camps

Among older adults in both refugee camps, some believe that there are more economic opportunities out of the camp, such as having livestock, and that people can live more productive lives and have bigger shelters than in the camp. Women in Mugombwa are more hesitant than men and say they could not live out of the camp unless they continued to benefit from humanitarian and government assistance such as shelter, access to education and health services. According to older adults in Kigeme, MIDIMAR issues

authorization to some refugees who want to leave the camp for employment, education and family visits. Refugees benefit from some national services including access to saving and credit groups, savings and credit cooperatives (SACCO) and markets (traders). Women say that local authorities (village and cell leaders) treat refugees and nationals equally and support them to resolve any business-related conflicts or other matters. They note that health insurance and proper documents including refugee ID cards can support refugees who live out of the camp and request that UNHCR speed up the health insurance enrolment for boarding school students, because it is challenging for parents to pay transport fees for their sick children to return to the camp for medical assistance.

Most participants aged 40 and above prefer to use their money outside the camp because there is a bigger market and more commodities than in the camp. In Mugombwa, 24 percent of the participants say that they can grow their businesses inside the camp while 76 percent are willing to make their economy grow from outside the camp; however, they fear they may have to pay taxes.

#### 2. Freedom of movement

Older refugees ask for increased flexibility in the issuance of the authorization to leave the camps, which is often delayed at the quartier level, where the process can take up to five days. In general, refugees do go outside for employment but face barriers because of documentation (e.g. POR is not accepted). Participants request that UNHCR carry out advocacy to issue refugee ID cards to all refugees.

#### 3. Perceptions on the right to work

The main challenge is the limited job opportunity within the camp. Refugees have the capacity to run income generating activities but livelihood assets are limited. Older adults say that want UNHCR to establish a guarantee fund for refugees and to promote livelihood assets. Women in Kigeme describe a lack of starting capital when they want to start income generating activities. Some women cannot leave their children to search for jobs out of the camp. Within Kigeme, there are those who have small businesses to top-up the assistance. Participants request UNHCR and its partners to increase vocational training for all age groups, advocate for refugees to be given a chance to compete with nationals on the labour market, help with start-up capital and increase livelihoods activities.

#### 4. Community-based initiatives

In Mugombwa camp, older adults describe positive community initiatives such as conflict resolution among refugees by the *comité des sages* and community-based support for the transport of sick refugees from their homes to the health post with use of the traditional ambulance, *ingobyi*. A group of men and women make handcrafts that generate income. Persons with specific needs including elderly and persons with disabilities receive support from community initiatives that, for example, provide help with carrying firewood and other heavy materials. Participants describe their plans to expand the cooperatives conducted jointly with host communities for carpentry, livestock and farming. Women participants suggest that UNHCR and partners could advocate for them to secure facilities for their cooperatives and registration within the Rwanda Cooperative Agency (RCA). During discussions with older adults, it was learned that refugees in Kigeme are working in cooperatives as it was the culture in the DRC. In addition, older adults confirm that they take part in the parents' evening *akagoroba k'ababyeyi* and in the resolution of some conflicts with the community.

#### 5. Reproductive health

Older adults demonstrate that they have information on reproductive health and say that they obtain this information from community health workers, training sessions and media. Despite having information on reproductive health, the community still deals with various challenges related to early pregnancy and sexually transmitted disease linked to cultural beliefs, lack of use of the information provided and idleness, especially among youth.

Participants in Mugombwa are eager to be involved in sensitization campaigns relating to reproductive health and they say that parents should talk to their children about behaviour change. They suggest the increase of livelihood opportunity as one of the solutions to address issue of early pregnancy. Participants in Kigeme request that UNHCR and partners help them to teach their children about reproductive health issues – men to boys and women to girls – and that AHA and UNHCR circulate reading materials with key messages on reproductive health. They also recommend that Plan International and GIZ focus on their cultural songs and dances while interacting with youth, because they believe that modern dances and songs may send the wrong messages.

## **Adolescent refugees**

#### **Background information**

Consultations in Kigeme and Mugombwa refugee camps were carried out with Congolese adolescent refugees aged between 14 and 17. The participants included adolescent's girls and boys from different quartiers of the camp.

The questionnaire in Annex 3 was utilized, covering the following themes:

1	ALTERNATIVES TO CAMPS
2	FREEDOM OF MOVEMENT
3	PERCEPTIONS ON RIGHT TO WORK
4	EDUCATION
5	VOCATIONAL TRAINING
6	REPRODUCTIVE HEALTH

#### **Outcomes**

#### 1. Alternatives to camps

Girls and boys alike would prefer to live outside of the camp if they have access to work or opportunities to study. Life out of the camp offers more freedom and allows for more space (e.g. bigger houses). Most refugees do not have the financial means to move from the camp. Participants say they know refugees who manage to live out of the camp, but still regularly return to collect food.

Although they see the advantages of living out of the camp, participants also recognize that living out of camp comes along with some challenges, such as the lack of health insurance. This factor forces some refugees to return to the camps to receive adequate health services. Girls in particular raise the concern that living out of the camp can cause security risks to women. For example, they explain that there is less control regarding what the husbands can do inside the house, so domestic violence can be more easily

committed without repercussions. Girls also describe examples of family separation, since children go to school in the camp while the parents live in town, or the other way around, where children go to boarding schools while parents remain in the camp. One of the consequences of this separation is problems in regard to cash distribution. Therefore, girls suggest distributing cash to parents and children separately. Both boys and girls identify the lack of the Mutuelle de Santé as the most important obstacle for living in an urban setting. Girls also request service providers to offer bigger housing to refugees so they can have more space to live in the camp.

#### 2. Freedom of movement

Girls cite negative reasons for moving out of camp such as conflicts among parents and children who do not want to go to school. Parents are not always attentive, and children may leave the house without their parents noticing. Even if children would like to leave, boys report that parents do not always approve of their children moving out of the camp. Hence, they request UNHCR to advocate with MIDIMAR to give permission and provide appropriate documentation to children under 18 years, in certain situations, so they can leave the camp. Girls recommend that refugees select a chief of village and refugee adults to help them with difficulties in regard to authorization to leave the camp. While boys seem to believe it should be easier to leave the camp, girls place more emphasis on the risks of leaving the camp. For this reason, girls want parents to provide more information about the risks of leaving the camp and also request protection agencies to assist accordingly. Other incentives to prevent girls from leaving the camp include the provision of cash, appropriate clothes and shoes, beauty products and a mattress.

#### 3. Perceptions on right to work

The adolescent participants acknowledge challenges accessing work for refugees. Boys see the lack of Rwandan ID card, lack of skills and lack of capital as the major challenges. Girls also cite lack of capital as a key reason for limited employment opportunities. Participants report that there is discrimination of refugees in the job market and even when refugees get jobs outside the camps, some of them are paid less compared with nationals. The assessment shows that girls see a difference in salaries of refugees and Rwandans, in which the latter earns more. At the same time girls also stress that most of them find it difficult to find a job due to their age (under 18) and the fact that they are only available during school holidays. Girls also say that Mugombwa is in need of a larger market with a roof to ensure that more people can do business, and they request humanitarian actors to play a role in constructing a new marketplace. Boys express their willingness to follow more vocational training to increase their chances on the labour market.

#### 4. Education

Participants report less motivation for studies by some older (over-aged) students, which leads to a number of problems: poor performance in school, early pregnancy, limited access to tertiary education, delays in payments of school fees and scholastic materials for students in boarding schools, lack of facilities for evening studies, and degrading/serious punishments. Participants request UNHCR to advocate for a number of actions: increase of tertiary education budget, timely payment of school fees and provision of scholastic materials, increase of vocational training opportunities, provision of solar lamps to all households to facilitate evening reading by students, and continuous sensitization of parents and children on the importance of education. For girls, there is also the concern that children are not easily released from class when they feel ill, and they would like the school to be more flexible in case of illness. Boys also raise the issue that unregistered refugees/asylum-seekers are in need of school fees and scholastic material, and they request the service providers to make it possible for them to go to school.

Girls also express that the limited variety of subjects in school prevents them from choosing subjects of their interest and decreases their chances on the labour market. Some children in Mugombwa camp do not attend the schools close to the camps and are therefore deprived of school feeding and scholastic material, the assessment found.

#### 5. Vocational training

Girls see more vocational training options as having added value. Currently, the main obstacles to enrolment in vocational training are its high cost; further, subjects preferred by girls are not available around the camp and so girls have no choice but to continue their secondary education. Boys have an interest in vocational training; however, they see that vocational training is not strongly linked to the job market, and this is a major obstacle. They cite a need to introduce different subjects like driving, electricity, IT, welding and carpentry that increase their chances of finding a job. Girls also see an interest in vocational training for children who have dropped out of school, and they suggest conducting an assessment among dropouts and their subjects of interest. Both boys and girls request service providers to advocate for more vocational training scholarships in fields where there are jobs.

#### 6. Reproductive health

Both boys and girls say that they lack information on reproductive health. Girls report that parents do not share any information because they are too busy, are embarrassed to talk about reproductive health, wait until the children approach them and/or believe the children receive the information at school. However, a good number of the participants report that young people have enough information on reproductive health, which they receive through humanitarian agencies, radio programming, media and teachers. Girls mainly view abstinence and more information from protection and health agencies as solutions to preventing early pregnancy. They also cite the lack of underwear as a risk for reproductive health. Girls ask that service providers increase provision of both sanitary pads and underwear. Participants suggest that UNHCR and partners should conduct continuous awareness-raising campaigns and training sessions on reproductive health issues, so that more refugees benefit from access information and services.

## **Child refugees**

#### **Background information**

In Mugombwa and Kigeme, discussions were conducted with children between 10 and 13 years old. Most of them study in primary school in Kigeme and Mugombwa refugee camps.

Information was collected through games and child-friendly interactive activities (Annex 4). No questionnaire was utilized with the children's groups.

#### **Outcomes**

Through interactives games, children presented areas that make them feel happy in both refugee camps. Refugee children indicate that they feel happy about education, games/sports organized in the camp, assistance given by UNHCR and partners (food and NFIs), shelter and sanitation, health facilities and recreation activities, and they love camp leaders and security personnel, caregivers and mostly their friends. Children list various type of challenges that they face in refugee camps, including lack of sufficient lightning in the camp, neglect by some parents leading to school drop-out, absenteeism from school where children watch films instead of attending classes, lack of playground (in particular for children with

disabilities), and copying older adolescents in terms of dress style and behaviour leading to increased exposure to sexual and gender-based violence, small shelters, discrimination against children with intellectual disabilities, child labour and conflicts with the host community.

Children say that being refugees has a bad impact on their lives whereby their daily needs are not systematically fulfilled (e.g. they do not eat three meals per day). In addition, some children report being abused and beaten by older children, parents and teachers. Worryingly, episodes in which refugee girls are harassed by older man offering support as "sugar daddies" or faced sexual exploitation and abuse resulting in early and unwanted pregnancy are known among the children who participated in the assessment.

Some children report being involved in child labour. They explain that they are told to carry heavy materials and have been neglected by their parents through no feeding, no supervision, no follow-up at school, or even abandonment in the camp. Family conflicts make children feel uncomfortable. Some live on their own as unaccompanied minors.

Girls note that refugees' names are too often wrongly spelled, which creates problems for students when they have to sit for their national exam. Girls also report that some parents use extreme forms of violence against their children instead of normal punishments.

Boys report cases of children involved in alcohol and drug abuse, delinquency, school drop-out and poor performance at school. The camp community has formed associations within the camp that look after children in need, such as *Nkundabana* (I like children) and *Ijwi ry'abana* (the anti-SGBV club Voice of Children). There are also parents' evening during which parents discuss concerns and try to address them.

Refugee children who participated in the PA suggest awareness-raising campaigns on childrens' needs and efforts to fight sexual exploitation. Children request MIDIMAR and UNHCR to increase light within Kigeme camp to reduce violence caused by darkness, increase the size of shelters, conduct awareness campaigns on SGBV and home visits to unaccompanied children. Also, they would like punishment against parents who neglect their children and against perpetrators of SGBV. They suggest parents should be trained on children's rights. Girl participants say they would prefer to live outside the camp for better access to facilities such as school and shelter, as well as jobs for parents.

## Adult refugees with specific needs

#### **Background information**

Discussions were carried out with Congolese refugees who have different disability, who have chronic diseases, women and men at risks, elderly living on their own within Mugombwa and Kigeme camp.

The questionnaire in Annex 3 was utilized, covering the following themes:

1	ALTERNATIVES TO CAMPS
2	FREEDOM OF MOVEMENT
3	PERCEPTIONS ON RIGHT TO WORK
4	COMMUNITY-BASED INITIATIVES
5	REPRODUCTIVE HEALTH

#### **Outcomes**

#### 1. Alternatives to camps

Adult refugees with specific needs report that they know of other refugees with specific needs who have moved out of the camp to look for services within the host community, as well as livelihood opportunities; some rent houses out of the camp. They explain that some refugees prefer to move out of the camp because they can find livelihoods opportunities, land for farming, and shelters with more space. Women added that some refugees prefer to go to find jobs out of the camp with better salaries than in the camp. In general, the welfare of those who leave the camp is better, participants say. On the other hand, adults with special needs recognize that those who go outside have more expenses (e.g. rent, health-related fees, school fees) while these services are provided for free in the camp. They also encounter obstacles such as the lack of ID cards required to find jobs, in particular jobs suitable for persons with disabilities. They recommend UNHCR and partners add efforts to find vocational training opportunities for persons with disabilities and speed up the process of issuing ID cards to all refugees.

#### 2. Freedom of movement

Participants confirm that they are free to move from the camp with MIDIMAR authorization to visit relatives, to find jobs, to do commercial activities, and to use bank facilities. They think that doing business out of the camp is better than inside the camp because there are more opportunities. Persons with specific needs in Kigeme believe that they have the right to freedom of movement; however, the MIDIMAR authorization is a barrier as it is valid only for two to three months, which is too short to maintain a job or business. Also to receive the authorization, authorities request the proof that they are participating in the community work *Umuganda*, yet those activities are mostly done while they are travelling. They recommend MIDIMAR discuss the situation with leaders and show flexibility in issuing authorization for those with valid reasons, i.e. having a successful business out of the camp.

#### 3. Perceptions on the right to work

Participants report that all people have an equal right to access jobs; however, persons with disabilities are sometimes not viewed as able to perform and therefore not considered by certain organizations. In addition, out of the camp, refugees face barriers in terms of documentation for ID and diploma equivalence. They propose increased sensitization on rights of refugees and rights of persons with disabilities, in addition to UNHCR and MIDIMAR advocacy for vocational training, including driving, specifically for persons with specific needs. Women suggest that vocational training be extended to older people as well. They also request training on literacy and numeracy. The women's group of interviewees in Mugombwa add that some refugees are not confident to apply for jobs or are not informed about job vacancies. In Mugombwa, women with specific needs tend to work in handcrafts or tailoring cooperatives. Women with specific needs cite the lack of capital to start up their business activities as a barrier.

#### 4. Community-based initiatives

Adults with specific needs view community-based protection as a good system, as refugees have the capacity to solve some issues within their own community. In Mugombwa, according to women with specific needs, there are savings and credit groups that help them to improve their financial situation but some refugees are afraid to join because of misbehaviour and lack of trust of other members. Some persons with specific needs are not included in the savings and credit groups due to their physical disability. This group requests UNHCR and its partners to empower the existing community groups and to

support entrepreneurship in general, including through vocational training for persons with disabilities and older refugees.

#### 5. Reproductive health

Refugees with specific needs receive information on reproductive health from the camp clinic, during meetings, and during parents' evening sessions and they define it as the combination of different topics related to birth, pregnancy, delivery and menstruation. The challenge is that the young generation does not access information widely as the topics are considered taboo. Women highlight the problem of unwanted and early pregnancy, which is associated with the lack of parental attention to their children's education, children misbehaving, and small shelters that oblige parents to split from their children even when very young. Women with specific needs say that while parents have the capacity to engage in talks with their children and to advise them, more effort should be made to help parents to look after their children and UNHCR and partners should engage in discussions with youth on reproductive health, at quartier level. In order to address the problem of early pregnancy, they suggest increasing youth sensitization on reproductive health, including contraceptive use.

## **Host community**

#### **Background information**

The discussions with host community were carried out with the executive secretary of Mugombwa sector with the local population, including women, men, boys and girls. In Kigeme, the host community included the executive secretary of Gasaka cell, where the camp is situated, with the local population, including women, men, boys and girls. Consultations were also carried out with the host community in Huye.

The questionnaire in Annex 3 was utilized, covering the following themes:

1	ALTERNATIVES TO CAMPS
2	FREEDOM OF MOVEMENT
3	PERCEPTIONS ON RIGHT TO WORK

#### **Outcomes**

According to the executive secretaries of Mugombwa and Gasaka sectors, refugees are living in harmony with the host community. They are involved in the community work (*Umuganda*) organized outside the camp. They join local populations in their initiatives, such as taking part in the work to support local poor people with construction or rehabilitation of their houses. Refugees take part in the weekly cell meeting every Tuesday. The refugee and host communities participate in recreational activities together during weekends. Refugee mediators take part in the mediation of conflicts within the local population. And there are already refugees doing business outside of the camps, as in commerce and farming.

Benefits from interactions between refugees who go out into the host community are cited, such as an additional number of clients for businesses, additional tenants for landlords who wish to rent, and more dynamic economic exchanges. As the refugees and Rwandans share a similar culture, the executive secretary of Mugombwa sector does not foresee major issues if they were to cohabitate as neighbours,

except for the indiscipline of some refugee youth which could lead to indiscipline among host community youth. Authorities report that refugee youth use alcohol and drugs and are involved in commercial sexual transactions. The executive secretary of Kigeme sector believes that more refugees living out of camp would benefit both host and refugee communities and increase interactions. He notes that refugees in Kigeme can offer different talents that the local population can learn from them.

Some refugees from Mugombwa are already employed by the host community out of camp and are working in transport, teaching, commercial activities, farming and as security guards, according to the Mugombwa local authority. He also points out that refugees are getting lower-level jobs because the entire population is not aware of refugees' right to work in Rwanda. More sensitization activities are recommended to help the host community understand that refugees have the right to work in Rwanda, as do Rwandan nationals. He also identifies a need to teach refugees parents to take care of their children, and recommends that UNHCR, MIDIMAR and partners should identify youth with serious indiscipline issues and help them go to rehabilitation centres that exist in Rwanda. The executive secretary in Gasaka cell believes that refugees should be hired as Rwandan nationals and his office took the first step and employed a refugee as a security guard. Certain challenges are related to the arrival of refugees in Kigeme: alcohol and drug abuse increased, commercial sexual transactions increased and prices at market increased, especially after refugees started to receive cash. The executive secretary of Gasaka cell recommends the increase of vocational training to youth to reduce their delinquency. There is also a soil erosion issue due to the shelters constructed without considering the water canalization.

The local population in Mugombwa confirms that they live in harmony with refugees: they exchange economically, they visit each other, they do some farming together in cooperatives, and they do not see any obstacle to refugees living outside of the camp, though they share the concern of the executive secretary from Mugombwa sector about the bad behaviour by refugee youth and potential influence on their children if they live together. They recommend UNHCR and partners to find the occupations for youth and sensitize parents to consider the education of their children. The host community in Kigeme report that they live in harmony with refugees: their language and beliefs are almost the same, they visit each other, do farming activities together in cooperatives, conduct business together, share the same classrooms and enjoy positive collaboration between camp leaders and the host community. Refugees and the host community are working together to contribute to the construction of a larger market. Participants say that refugees living outside the camp will be beneficial to both refugees and the host community, as they can empower each other economically and intellectually, expand health facilities and benefit from varied and increased human resources.

## PART FIVE: RETURNEES

## **All locations**

#### **Background information**

In order to monitor the reintegration process of Rwandan returnees, UNHCR Cyangugu and Gisenyi field offices conduct regular field monitoring missions in the different provinces to evaluate the quality of reintegration, identify the challenges faced by returnees and assess the strategies put in place by local authorities to overcome the difficulties.

Through a questionnaire, data are collected through from the heads of households (aged 18 to 59) whose families have returned to Rwanda between 2009 and 2017 through the voluntary repatriation programme or through spontaneous returns.

The below findings are the result of a comprehensive desk review of six monitoring reports for the first half of 2017, and refer to consultations with 233 returnees (87 males, 146 females). The annual reports for 2016 (referring on the consultations with 539 returnees by UNHCR Cyangugu and 165 returnees by UNHCR Gisenyi respectively) were utilized as baseline for the analysis of the data.

The themes covered in the protection monitoring activities with returnees in Rwanda are as follows:

1	PROTECTION
2	DOCUMENTATION
3	HEALTH INSURANCE
4	HOUSE, LAND AND PROPERTY
5	EDUCATION
6	LIVELIHOODS

#### **Outcomes**

#### 1. Protection

Demographic data analysis for 2017 confirms the trends of 2016. The family size of households after return shows an increase by at least 27 percent. The heads of households, who are mostly women, report feeling safe upon return and participating in the activities of their community. Older returnees and persons living with specific vulnerabilities require wider access to social protection mechanisms for support and to prevent protection risks.

As in 2016, the 2017 review finds that returnees re-entering Rwanda may face *Gacaca* prosecution for acts committed during the Genocide against the Tutsis of 1994, resulting most often in convictions to pay compensation, and more rarely in imprisonment. Anecdotal evidence also refers to arbitrary detention upon return, for example following allegations of attempting to flee *Gacaca* prosecution. Some of the

<sup>&</sup>lt;sup>11</sup> The average family size prior to return is 5 persons. After return, the average family size is of 6 persons.

returnees sentenced to pay compensation resort to selling their shelters or lands in order to pay the fee, thus resulting in protection concerns.

#### 2. Documentation

Reports of returnees facing challenges in accessing Rwandan documentation have decreased in 2017. Approximately 20 percent of the returnees, however, still report difficulties in obtaining IDs for various reasons, such as lack of financial means and delays. These are mostly Rwandans who returned before October 2016, who had to apply for the national identity upon arrival in their respective areas of origin, which led to such difficulties. Since NIDA has been present in the Transit Centre where the returnees are firstly gathered upon arrival, genuine returnees have easily obtained their national identity cards. Since May 2017, the monitoring has especially focused on how returnees are reintegrating the community using the cash assistance. The activity reveals that, given that cash assistance is currently given concomitantly with the national identity cards, a considerable number of returnees are holding national IDs.

#### 3. Health insurance

Approximately 65 percent of the returnees report that some, if not all, the members of their households currently have access to the national health insurance scheme. Almost half of the returnees confirm that they pay for the enrolment themselves, while the others rely on local social protection mechanisms, UNHCR and MIDIMAR, or family members. The returnees who are not enrolled in the scheme (approximately 30 percent of the individuals consulted during each protection monitoring exercise) report being unable to do so owing to lack of financial means. In fact, 23 percent of Rwandans who returned before the introduction of the cash assistance report being unable to pay for the health insurance owing to lack of financial means.

#### 4. House, land and property

Returnees face challenges related to access to house, land and property. Protection monitoring reports reveal that over 80 percent of returnees who had previously owned land prior to departure are able to recover it; the percentage is lower for the recovery of shelter (55 percent on average). Those returnees who do not have access to their old shelters generally may receive one from the ONE UN/MIDIMAR reintegration programme, through social protection mechanisms, or be hosted by family members or neighbours.

The lack of access to shelters is one of the main concerns reported by the returnees interviewed during 2017, with 143 returnee heads of household out of 233 (61 percent) reporting not having proper shelters. One additional difficulty is the delay in the adjudication of legal cases related to shelters which are found to be occupied by others.

#### 5. Education

Returnees are all duly informed that basic education in Rwanda is free of charge and mandatory for children. In general, a lower rate of school enrolment continues to be registered in 2017 for male children of school age (43 percent), compared to their female peers (57 percent). Because the young boys are often breadwinners in their families, they tend to prioritize job-hunting or begging in urban areas. In such cases, local authorities follow up with the parents of the identified OOSC, and apply fees to those who fail to send their kids back to school. Over 41 percent of the returnee children who reported to be facing difficulties integrating in the Rwandan schools, have expressed a wish to access technical vocational training.

#### 6. Livelihoods

The majority of the returnees interviewed in 2017 report having found casual, temporary livelihood opportunities upon return. Access to long-term and stable employment is still limited owing to the lack of vocational skills and, in part, to the lack of start-up capitals to undertake small business. Returnees who have arrived recently and have benefitted from cash grants upon return are mainly utilizing the cash to buy plots of land or livestock, or to start small businesses. Only to a lesser extent are the grants utilized for training purposes. For returnees, the cash grant would be beneficial if it could resolve the problem of the lack of capital to invest in livelihood activities. Although the many challenges faced by these Rwandan nationals as they rebuild their lives in their country, they are mostly satisfied with the assistance provided through the cash grant. As they recommend, their situation may be further improved through vocational trainings aimed at obtaining entrepreneurship skills.

# **Annex 1: Photographs of the training and the consultations**

Training with staff from UNHCR and implementing partners, and refugee COV UNHCR Kigali, 4 and 5 September 2017









Participatory assessment consultation in Kigali, 6, 7 and 8 September 2017









# Participatory assessment consultation in Huye, 9, 10, 11 and 12 September 2017









# **Annex 2: Questionnaire for POCs residing outside of the camps**

**ADULTS** (AGED 18 TO 40; 40 AND ABOVE; ADULTS WITH SPECIFIC NEEDS AGED 18+)

	DEDCEDTIONS ON DICHT TO MODI/
1	PERCEPTIONS ON RIGHT TO WORK
	Is it easy or difficult for refugees to access livelihoods opportunities/the job market in urban settings?
	What are the challenges that refugees face to access livelihoods opportunities/the job market?
	What can be done to mitigate such challenges by the refugee community? By UNHCR/partners?
	ALTERNATIVES TO CAMPS / COEXISTENCE
2	What makes refugees decide to settle in a town, as opposed to a camp?
	What are the main positive aspects of living in a town instead of a camp?
_	What are the main challenges related to living in town?
	What can be done to overcome them by the refugee/Rwandan community? By UNHCR/partners?
	What types of interactions do urban refugees have with Rwandans?
	HEALTH INSURANCE
	How do urban refugees normally access medical services? What are the challenges?
	How could the challenges be overcome by the refugee community? By UNHCR/partners?
3	Do refugees in town know about the Mutuelle de Santé?
	In your opinion, what are the benefits of such system?
	In your opinion, what are the weaknesses of such system?
	What is your opinion on the possible enrolment of refugees in the national health insurance system?
	COMMUNITY-BASED INITIATIVES
	Have you heard about the Community Outreach Volunteers?
4	What has been your experience or the experience of other urban refugees you know of with the Community Outreach Volunteers?
4	What other community-based initiatives or groups do you know among the refugees in town?
	What community-based initiatives in Rwanda could be replicated or extended to urban refugees?
	What community-based initiatives do you know of from your country of origin?
	Could the refugee community replicate such initiatives? If YES: how? If NO: why?
	TARGETED ASSISTANCE
5	Do urban refugees know about the existence of the <i>Ubudehe</i> system in Rwanda?
	Do urban refugees think it is a fair system? If YES: why? If NO: why?
	REPRODUCTIVE HEALTH
	Do you feel that urban refugees have enough information about reproductive health?
	Where do urban refugees find the information that they need?
6	How do refugees put into practice the information that they received?
	Among the urban refugees, do parents conduct any reproductive health-related talks with the youth?  If NO: why?
	How would the urban refugee community prefer to receive information about reproductive health?

# ADOLESCENTS (AGED 14 TO 17)

1	ALTERNATIVES TO CAMPS / COEXISTENCE
	For young refugees, what are the main benefits of living in a town instead of a refugee camp?
	What are the main challenges?
	How can these challenges difficulties be mitigated by the refugee community? By UNHCR/partners?
	What types of interactions do young refugees have with Rwandans?
2	PERCEPTIONS ON RIGHT TO WORK
	Is it easy or difficult for young refugees to access livelihoods opportunities/the job market in urban settings?
	What are the challenges?
	What can be done to mitigate such challenges by the refugee community? By UNHCR/partners?
	EDUCATION
3	Do refugee children face any challenges in Rwandan schools?
	What can be done to mitigate such challenges by the refugee community By UNHCR/partners?
4	VOCATIONAL TRAINING
	Are young refugees satisfied with the vocational training options?
	If NO: why? What can be done?
	What are the main subjects of interest to refugee youth?
5	REPRODUCTIVE HEALTH
	Do you feel that young refugees have enough information about reproductive health?
	Where do young refugees find the information that they need?
	How do young refugees put into practice the information that they have received?
	Among the refugees, do parents conduct any reproductive health-related talks with the youth? If NO: why?
	How would young refugees prefer to receive information about reproductive health?
	What are the major challenges refugee youth faces in relation to reproductive health and what could be done to overcome those challenges by the refugee community? By UNHCR/partners?

# Annex 3: questionnaire for POCs residing in camps and host community

**ADULTS** (AGED 18 TO 40; 40 AND ABOVE; ADULTS WITH SPECIFIC NEEDS AGED 18+)

Does anybody in your family or among your friends live outside of the camp? If YES: for what reason? How are they doing? Do they still return to the camp to collect food or to use services? Have you ever utilized national services, or do you know anybody who has? Which services? What was your/their opinion? Have you ever considered living outside the camp? If YES: why? If NO: why?  FREEDOM OF MOVEMENT How often do refugees leave the camp? For what reason? For how long do refugees mostly stay away? Do refugees experience challenges when leaving the camp? How can these challenges be mitigated by the refugee community? By UNHCR/partners? Can refugees get permission to leave if they find job? And if they want to look for one? If you have/had money, would you most likely spend it inside or outside of the camp? Why?  PERCEPTIONS ON RIGHT TO WORK Is it easy or difficult for refugees to access livelihoods opportunities / the job market inside the camp? What are the challenges? How can these challenges be mitigated by the refugee community? By UNHCR/partners? Is it easy or difficult for refugees to access livelihoods opportunities / the job market outside the camp? What are the challenges? How can these challenges be mitigated by the refugee community? By UNHCR/partners?  COMMUNITY-BASED INITIATIVES What community-based initiatives or groups in the camp that are improving the life of refugees? What other community-based initiatives are necessary in the camp? Does the host community have any community-based initiatives that could be replicated in the camp? What community-based initiatives are necessary in the camp? Boes the host community have any community-based initiatives that could be replicated in the camp? What community-based initiatives are necessary in the camp?  What other community have any community-based initiatives that could be replicated in the camp? What community-based initiatives do you know of from your country of origin? Could the refugee community replicate such initiatives? If YES: how? If NO: why?	1	ALTERNATIVES TO CAMPS
Have you ever utilized national services, or do you know anybody who has? Which services? What was your/their opinion?  Have you ever considered living outside the camp? If YES: why? If NO: why?  FREEDOM OF MOVEMENT  How often do refugees leave the camp? For what reason? For how long do refugees mostly stay away? Do refugees experience challenges when leaving the camp? How can these challenges be mitigated by the refugee community? By UNHCR/partners? Can refugees get permission to leave if they find job? And if they want to look for one? If you have/had money, would you most likely spend it inside or outside of the camp? Why?  PERCEPTIONS ON RIGHT TO WORK Is it easy or difficult for refugees to access livelihoods opportunities / the job market inside the camp? What are the challenges? How can these challenges be mitigated by the refugee community? By UNHCR/partners? Is it easy or difficult for refugees to access livelihoods opportunities / the job market outside the camp? What are the challenges? How can these challenges be mitigated by the refugee community? By UNHCR/partners?  COMMUNITY-BASED INITIATIVES  What community-based initiatives or groups in the camp that are improving the life of refugees? What other community-based initiatives are necessary in the camp? Does the host community have any community-based initiatives that could be replicated in the camp? What community-based initiatives do you know of from your country of origin? Could the refugee community replicate such initiatives? If YES: how? If NO: why?  REPRODUCTIVE HEALTH Do you feel that refugees have enough information about reproductive health? Where do refugees put into practice the information that they received?		Does anybody in your family or among your friends live outside of the camp? If YES: for what reason?
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Where do refugees find the information that they need?  How do refugees put into practice the information that they received?		REPRODUCTIVE HEALTH
How do refugees put into practice the information that they received?	5	Do you feel that refugees have enough information about reproductive health?
3		Where do refugees find the information that they need?
		How do refugees put into practice the information that they received?
- 3 · · · · 3 · · · · · · · · · · · · ·		Among the refugees, do parents conduct any reproductive health-related talks with the youth? If NO; why?
How would the urban refugee community prefer to receive information about reproductive health?		How would the urban refugee community prefer to receive information about reproductive health?
What are the major challenges urban refugees face in relation to reproductive health and what could be done to overcome those challenges?		·

1	ALTERNATIVES TO CAMPS
	Does anybody in your family or among your friends live outside of the camp? If so, for what reason?
	How are they doing? Do they still return to the camp to collect food or to use services?
	Have you ever utilized national services, or do you know anybody who has? Which services? What was your/their opinion?
	Have you ever considered living outside the camp? If YES: why? If NO: why?
2	FREEDOM OF MOVEMENT
	How often do young refugees leave the camp?
	For what reason?
	For how long do young refugees mostly stay away?
	Do young refugees experience challenges in leaving the camp?
	How can these challenges be mitigated by the refugee community? By UNHCR/partners?
	If you have/had money, would you most likely spend it inside or outside of the camp? Why?
	PERCEPTIONS ON RIGHT TO WORK
	Is it easy or difficult for young refugees to access livelihood opportunities/the job market inside the camp?
	What are the challenges?
3	How can these challenges be mitigated by the refugee community? By UNHCR/partners?
	Is it easy or difficult for young refugees to access livelihood opportunities/the job market outside the camp?
	What are the challenges?
	How can these challenges be mitigated by the refugee community? By UNHCR/partners?
	EDUCATION
	What are the main challenges youth face in accessing secondary education?
4	How can these challenges be mitigated by the refugee community? By UNHCR/partners?
	Do you think there is opportunity for tertiary education available for the youth in the camp? If NO: what do you propose?
5	VOCATIONAL TRAINING
	Are young refugees satisfied with vocational training options available to the youth?
	If NO: why? What can be done?
	What are the main subjects of interest to refugee youth?
6	REPRODUCTIVE HEALTH
	Do you feel that young refugees have enough information about reproductive health?
	Where do young refugees find the information that they need?
	How do refugees put into practice the information that they received?
	Do parents conduct any reproductive health-related talks with the youth? If NO: why?
	How would young refugees prefer to receive information about reproductive health?
	What are the major challenges refugee youth face in relation to reproductive health and what could be done to overcome those challenges by the refugee community? By UNHCR/partners?

## **HOST COMMUNITY** (AGED 18+)

#### ALTERNATIVES TO CAMPS, FREEDOM OF MOVEMENT, RIGHT TO WORK

Do you or others living in your community have much interaction with refugees? In what context?

Do you find that refugees living/working outside of the camps have a beneficial or a negative impact onto your community?

1 Why?

If the impact is negative, what can be done to improve the situation by refugees/UNHCR/partners/host communities/the Government?

If the impact is positive, can you give examples of how the presence of refugees has been beneficial for your community?

# **Annex 4: Activities with children**

# PARTICIPATORY ASSESSMENT 2017 ACTIVITIES WITH CHILDREN

#### **Selection of participants**

Select participants to the exercise based on age (10 to 13 years old) and gender (girls in one group and boys in another). There should be 10 to 15 participants in total and two or three facilitators. One facilitator should run the exercise while the other one takes notes and photos.

#### **Activities**

# Icebreaker - "My name is XXX and I like to YYY"

Each person goes around the circle and says their name and an activity they like to do (accompanied by an action). Once everyone has had a turn one person reintroduces themselves and then introduces someone else in the circle, saying the other person's name and the activity that the other person likes to do (accompanied by their action). It is then that person's turn to reintroduce themselves and then to introduce someone else in the circle.

Time - 5 minutes

#### PA, ground rules, UNHCR - "Hands on heads/hands on bottoms"

The facilitator makes a series of statements about the PA, ground rules and UNHCR (some examples listed below). After each statement the children put their hands on their heads if they agree with the statement, their hands on their bottoms if they disagree and one hand on their head and one on their bottom if they are unsure. The facilitator then explains the correct answer.

#### PA/ground rules:

- Today you will be asked your opinion on issues that face refugee children (true).
- UNHCR only uses information received from adults to inform its programing (false).
- UNHCR and partners will not be able to meet all the needs and concerns raised by the children (true).
- Child protection also involves children, adolescents and communities themselves (true).
- You have to participate in this exercise (false).
- You can choose not to answer any question if you don't feel comfortable (true).
- You can talk when someone else is talking (false).
- You have to agree with what other children say (false).
- It's not nice to laugh at what other children say (true).
- You can ask for permission to leave the group if you don't feel comfortable (true).
- You can trust the other people in the group and don't need to be afraid or shy to share (true).
- We should clean up when we finish (true).

#### **UNHCR:**

- UNHCR only works in refugee camps (false).
- UNHCR does not work with children (false).
- UNHCR only works in this country (false).
- UNHCR works with national and international partners (true).
- UNHCR is part of the government (false).
- Protection is the main role of UNHCR (true). The facilitator shows the children the UNHCR logo after this statement. The facilitator asks what are the hands doing? The hands symbolize protection. What could they be protecting the person from?

Time – 10 minutes

#### Mapping protection risks - "A child called XXX"

- 1. The facilitator draws a child on a flip chart. Half of the child's face is smiling and the other half of the child's face is frowning. The participants agree on a name for the child "XXX".
- 2. The facilitator provides the children with different coloured paper cut into different shapes, bottle caps, wool, coloured pens, buttons, fabric scraps, etc. The facilitator tells each child to make two pictures by sticking together different craft materials. The first picture is of something from school/home/community that makes XXX feel happy/safe. The second picture is of something from school/home/community that makes XXX feel unhappy/unsafe.
- 3. While the children are making their pictures, the facilitator should also make a picture representing child labour. The facilitator should also make a drawing of the camp and put a yellow sticker inside the camp and an orange sticker outside the camp. This can be referred to by the children later in the activity.
- 4. When everyone has finished (approx. 20 minutes) each participant should explain what he/she made and stick their picture with a bit of tape to the happy or unhappy side of XXX. All participants then discuss why each of the pictures might make XXX feel happy/safe or unhappy/unsafe.
- 5. The participants should then be given yellow and orange stickers and asked to place a yellow sticker around those pictures that correspond to something that happens in the camp and an orange sticker next to things that happen outside the camp (participants can place both coloured stickers by a picture if the thing could occur both inside and outside the camp). The facilitator asks the participants if they have been outside the camp? Do they know other children who have been outside the camp? What were their experiences?
- 6. The facilitator asks the participants which side of XXX to stick the picture he/she created of child labour the happy side or the unhappy side. The participants should explain their answers. Are the participants engaged in child labour? Do they know other children that are engaged in child labour? Do those children go to school? How are they treated by their employers?

Time – 45 minutes

# Identifying responses - "Helping hands"

1. Group the children in pairs and position them around a flip chart sheet. Have each child help their partner to trace around both of their hands with a coloured marker. Let the children colour in the hands.

- 2. The facilitator asks the participants what children, their parents, friends and communities can do to help more children feel safe and happy. The facilitator notes the answers given above the left hands drawn by the children.
- The facilitator asks participants what UNHCR and partner organisations can do to help more children feel safe and happy. The facilitator notes the answers given above the right hands drawn by the children.
- 4. The facilitator explains that all the hands form part of a "protection circle" who can help children with problems such as the problems XXX has when he/she is unhappy/unsafe. The facilitator should emphasize the role of children in the protection of other children.

Time – 30 minutes

#### Feedback - Catch circle

The participants stand in a circle. The facilitator has a ball. The facilitator passes the ball to a participant either by throwing the ball or by bouncing the ball. If the facilitator bounces the ball the participant who catches it says one thing they enjoyed about the PA. If the facilitator throws the ball the participant who catches it says one thing they would change about the PA. The participant then throws/bounces the ball to another participant

Time – 10 minutes

#### Thank you - Presentation of certificates

Children are thanked for their participation by the facilitator and presented with a certificate available at: http://www.unhcr.org/protection/children/50f6d1259/listen-learn-participatory-assessment-children-adolescents.html

Time – 5 minutes

#### Annex 5: Activities with adolescents

# PARTICIPATORY ASSESSMENT 2017 ACTIVITIES WITH ADOLESCENTS

#### Introduction

The photography project stems from an idea discussed during the preparation of the participatory assessment of 2017, by which groups of refugee teenagers of different genders, with and without specific needs, are provided cameras to take photographs based on specific themes assigned to them.

The photography project develops through the following phases.

#### **Selection of participants**

Participants (aged approximately 14 to 17) are selected through a search in the UNHCR ProGres database and/or with the assistance of the community mobilizers. Participants include boys and girls from different locations in the camp. Children with vulnerabilities which are compatible with the exercise are also invited to participate. Two groups are formed of 10 boys and 10 girls.

Each participant is paired with another one, and the pairs take the photographs together. Ideally, the members of each pair should be familiar with one another. Each pair is also associated with a community mobilizer who, having familiarity with the adolescents and residing in the same area, provides support where needed. The community mobilizer acts as an assistant and is not supposed to participate in the exercise itself, leaving the adolescents free to select the subjects of their photos.

#### **Activities**

## **DAY 1: Introduction and training**

The training starts with an ice breaker, whereby children and facilitators are introduced.

During a full day workshop, explain to the children that the purpose of the exercise is for UNHCR to learn more about the lives of the adolescents in the refugee camps, of their families and their community. Tell participants that UNHCR wants to know what adolescents see in their lives, with their own eyes, in order to better plan, and that the exercise is part of a general participatory assessment in which boys and girls are also consulted.

The participants are taught the basics of photography and asked to be reporters for the following few days, i.e. to take photos in the refugee camp, based on one theme that is assigned to each pair. During the days of the exercise, one camera is available for each pair. Participants can take as many photos as they want, but eventually have to select only two photos to present to the other participants and to UNHCR on the day of the focus group discussion. Participants are informed that the discussion is not aimed at covering personal or confidential information that they do not wish to share with others, or themes that upset them.

A session is carried out on the DO's and DON'Ts, i.e. always ask for consent of the persons before taking a photograph; explain what the photo is for and that it may be used by UNHCR; delete the photo if the

subject asks to; avoid photographing sensitive subjects and situations where there is a potential source of danger.

The role of the community mobilizers as adult assistants is explained, i.e. they are responsible for ensuring the safety of the children during the exercise, and the correct storage of the cameras during day and night. They should assist the adolescents during the exercise, for example if any question is raised by other refugees, but should not take photos on their behalf. They should also not pressure the adolescents into taking photos if not of their choice.

The themes for the photos are discussed and explained, and then assigned to the different pairs on small pieces of papers that can be stored in the camera bag. The topics are as follows:

#### 1. This is someone I admire, because ...

We would like to know: what are the characteristics of the participants' role models, who do they aspire to be like when they grow up, and why?

#### 2. This is what makes me feel safe

We would like participants to explain which sources of safety (and threat) are present in the camp, their go-to-persons in times of trouble, and what safeguards are available.

#### 3. This is how I handle a day to day problem

We would like participants to explain how their daily life is affected by different factors and challenges. We also want to see how they manage to cope with these difficulties.

#### 4. This is what I want my future to look like

We would like participants to tell us about their expectations for their future, their preferred employment, and the qualities they seek to develop, etc.

#### 5. This is what I like to do in my free time

We would like to know from the participants how adolescents use their free time, and to discuss what can be done to support their hobbies and activities.

Participants are then trained in the use of cameras (e.g. switch on and off, zooming, etc.) and on what not to do with the cameras (e.g. let it fall, expose it to water or sand, etc.). They are encouraged to take creative photos: if what they want to represent is not readily available, they can ask help from their friends, family or their adult assistants to draw artwork or dress up. Inspiration can also be found in videos of the UNHCR project "do you see what I see" carried out in other operations.

Before closing the session, portraits of the pairs of participants are taken. Each participant will receive a print out of the portrait, and of the two photos that his/her pair has presented for the consultations on the last day.

Participants and their assistants are given UNHCR staff phone number to contact in case they have problems within the exercise.

#### DAY 2 and DAY 3: Photography

Participants take photographs. Meetings are organized halfway through to look at the photos taken so far and provide feedback, to solve problems that may have arisen, and to assess the status of the cameras.

#### **DAY 4: Consultations**

All photos are downloaded onto laptop computers, in a personal folder for each pair. The two photos selected for discussion by each pair are saved in separate thematic folders. While the uploading is going on, staff entertain participants asking them about their experiences, whether it was interesting and which challenges they met.

For the focus group discussions, boys and girls are divided. Within each group, the pairs of children present the photos that they have taken, describing how these match with the theme that they were assigned, and how the idea for each specific photo was developed. The selected photos are projected and participants are invited to discuss the photos together. The photos of the opposite gender group are also shown and discussed, so as to gain perspective on gender-related perceptions.

Ideally, this discussion should be led by staff who are familiar with protection, so as to guide the consultation and gather information as per protection risks, causes, capacities within the refugee community, solutions proposed by the participants (as in the PA).

Participants are asked whether they agree to give consent to UNHCR to use their photos for planning, publication, advocacy purposes, etc. Explain that, in addition to consent and based on the outcome of the same exercise with their peers in other camps, UNHCR will determine how the photos should be utilized and disseminated. They are also asked to give feedback on the exercise, and suggestions on how it can be improved.

Participants are thanked for the participation in the exercise.

# Annex 6: Photography project in Kigeme refugee camp

#### **Background information**

The photography project was carried out In Kigeme camp from 14 to 20 November 2017. Since Kigeme is a relatively young camp, teenagers still remember their childhood in the DRC and are able to make comparisons with their life during displacement in Rwanda.

Twenty participants aged 14 to 18 participated, working in pairs based on familiarity and gender. The teenagers were accompanied by adult community mobilizers. One participant with a speech impairment was accompanied by his four-year-old brother who facilitated his interactions with UNHCR staff and the other participants.

The photography project in Kigeme was supported by the Belgian documentary filmmaker Lieven Corthouts<sup>12</sup> who volunteered to train refugee children on the use of the camera. To do so, he showed the participants photographs taken in Ethiopia and in Kenya, including in refugee camps. He also provided feedback on the photos taken by the Kigeme children.

On the day of the focus group discussions, each pair was invited to present two of the photos that they had taken, which prompted the facilitators and the other participants to engage in discussions on broader themes:

1	THIS IS SOMEONE I ADMIRE, BECAUSE
2	THIS IS WHAT MAKES ME FEEL SAFE
3	THIS IS HOW I HANDLE MY DAY TO DAY PROBLEMS
4	THIS IS HOW I WANT MY FUTURE TO LOOK LIKE
5	THIS IS WHAT I LIKE TO DO IN MY FREE TIME

-

<sup>12</sup> www.imdb.com/name/nm3726121/

# THIS IS SOMEONE I ADMIRE, BECAUSE ...

#### **GIRLS**



An electrician



A doctor

#### **BOYS**



A teacher



A business owner

To describe their role models, adolescent girls and boys in Kigeme showed images related to professions such as doctors, technicians, teachers and businessmen, with their presentation revealing that the characteristics that they admire in adults are related to their professional profiles. Images of doctors and nurses are recurrent among the girls when describing figures that they admire, or their own expectations for their future. This choice appears to be linked to a general perception that professions in the field of medicine are related to the care of others, an attitude which girls are exposed to from an early age.

The photo showing a young man who works as an electrician allowed for consideration of the teenagers' perception about jobs performed by men and by women. The girl who took the photo of the technician, speaking about her personal experience, explained she feels confident enough that, with appropriate studies and commitment, she could become an electrician despite this being a work generally perceived as linked to masculinity. Both girls and boys revealed that, while in DRC there is a clear distinction between types of employment that man and women can access, in Kigeme it is more common to see women working and performing jobs that in the DRC are traditionally carried out by men. Girls are especially

positive in describing the steps taken by their community towards gender equality, for example with parents being more accepting that their daughters may do "male jobs", and perceive their current life in the camp as freer.

Boys observe that in Kigeme, not only it is common to see women doing jobs traditionally perceived as for men, such as construction work, but the opposite too, with men being engaged in cooking or teaching to small children. The boys find that this change is positive because girls and women feel more confident in Rwanda. However, they also highlight how the traditional beliefs of older community members and certain religious faiths which are present in the camp still limit the potential reach of gender equality, as they maintain a traditional view over girls and women and seek to control the way they look and act.

#### THIS IS WHAT MAKES ME FEEL SAFE

#### **GIRLS**







Being able to buy clothes

#### **BOYS**



**Dancing** 



Food

The photos taken by the teenagers in Kigeme show that safety is linked to the availability of food and clothes, and to access to education and spaces for leisure activities. The girl who presented the photo of the kindergarten explained that, while in the DRC it was mostly the boys who had access to school, and only from a later age, in Rwanda boys and girls are given equal access to education, starting from a very young age. Education gives teenagers a sense of safety and contributes to the spread concepts regarding gender equality. One of the boys mentioned that the fact that the young women, despite not having had access to education, can work and keep themselves busy in the camp also contributes to making the families feel safe.

The topic of clothes was touched upon by girls and boys as a theme of some importance, with both groups observing that the fact that some girls are allowed by their parents to wear trousers, despite these not being traditional clothes for women and being disapproved of by some religions, noting that this is a remarkable sign of the changing social dynamics. Clothes and fabrics of Congolese, Rwandan or Western style are being purchased nearby the camp, in shops owned by either refugees or Rwandans.

The discussion revealed that modern group dancing is one of the main leisure activities for teenagers, in parallel to sports, which they can perform in dedicate, safe spaces. Teenagers revealed that, through games and dance, their mind is distracted and they do not think about their living conditions in the camp, which are said to be at times upsetting. Boys observed that girls' access to this type of activity is still limited owing to parents perceiving it as inappropriate for girls – a concern that was also highlighted during the PA consultations, where adult participants suggested that modern dances are promiscuous and negatively impact on the conduct of the girls especially.

#### THIS IS HOW I HANDLE MY DAY TO DAY PROBLEMS

#### **GIRLS**



Spending time with my friends



Asking a trusted adult for advice

#### **BOYS**







**Avoiding isolation** 

Teenagers in Kigeme report they prefer to solve their problems by spending time with their friends or talking to trusted adults. They avoid isolating themselves in difficult times, except when they want to pray.

The topic of the teenagers' freedom of movement in the camp was discussed. Girls' ability to go out and spend time with their peers has increased in Kigeme compared to DRC, where they mostly remained at home. While boys remarked that their female counterparts are still bound to their responsibilities in the household, girls assess that with adequate organization of their time they can manage to complete the chores in the house and spend time with their friends. Being together with friends increases a sense of belonging that is especially important for UASC, who are more at risk of remaining isolated, without peer support.

Parents, teachers, neighbours, the older community members, humanitarian organization staff and trusted community mobilizers are the adults whom teenagers refer to when they want to speak about their problems, suggesting a preference to refer to members of the refugee group in case of need. Children report feeling safe thanks to the advice of trusted adults.

Teenagers in Kigeme describe that praying is one of the crucial elements that make them feel safe. Female refugees are perceived as generally more religious than male peers, but boys and girls alike reported that they pray more frequently in Kigeme than they did in DRC. On the one hand, this is due to the fact that in the camp churches are nearby; on the other hand, in the DRC, boys and girls were not able to regularly attend church owing to security reasons.

Interactions with the host community occur in church, as several Rwandan nationals living nearby Kigeme attend service in the camp, and vice versa. Both boys and girls reveal that become refugees has pulled them closer to religion, whereby they pray for being able to survive this experience and for, one day, seeing the solution to their problems and the end of their displacement.

#### THIS IS WHAT I WANT MY FUTURE TO LOOK LIKE

#### **GIRLS**



A doctor



A business person

#### **BOYS**



An employee of an international organization



A painter

Participants in Kigeme declared that their future will be where job opportunities are, suggesting the importance that employment already has in the plans of refugee teenagers.

Some teenagers imagine themselves still living in Kigeme, some hope to return to DRC and contribute to the development of their country, others rather see themselves living in Rwandese towns such as Kigali or Huye as individuals who are integrated in the society and are no longer referred to as "refugees".

Refugee teenagers aspire to become doctors and nurses, teachers, staff of international organizations, businessmen and business women, journalists and painters. The boy who said that he wants to become a painter has a speech impairment and participated in the exercise with the assistance of UNHCR staff and his younger brother, who translated into sign language.

In addition to images of doctors, photographs of shop owners are also recurrent, with children reporting that they would like to run businesses in their future. They would like to do so outside of the Kigeme camp: some teenagers imagine themselves running shops in Huye town or Kigali, some others in the DRC

upon return. Participants in both focus group discussions confirm that men and women sell the same products, which demonstrates a certain degree of gender equality in the business activities in and around the Kigeme camp, as opposed to the findings in Kiziba.

#### THIS IS WHAT I LIKE TO DO IN MY FREE TIME

#### **GIRLS**



Helping my family in farming



Listening to the radio

#### **BOYS**



**Sports** 



**Sports** 

Girls took photos of leisure activities that they carry out inside or nearby their house, e.g. helping their relatives in farming and listening to the radio. Boys showed images of sports activities carried out outside of their places of residence, suggesting more freedom of movement.

Girls emphasize that farming activities are extremely limited in Kigeme, and those refugees who used to farm in the DRC are frustrated and not being able to do so as extensively in Rwanda. Girls also report that they utilize the radio to keep up to date with the news, to learn more about Rwanda, and to listen to music and to the *Ni Nyampinga* radio drama "Sakwe", which is popular among teenager refugees because it speaks about topics that they consider as relevant to their lives.

Boys describe the dancing and sports activities that they are engaged in with regularity, and how these are organized inside and outside the camp. Local teams compete with appreciable results, such as the Kigeme football team doing well in the national Coca Cola competition in Rwanda: this encourages the young refugees to engage in sports. As one of the photos reveals, foreigners from a nearby church also enjoy participating in sports with children from the camp.

#### Other observations

Boys and girls who participated in the exercise in Kigeme interacted very well with one another and made the child with specific needs feel included throughout the exercise. They expressed gratitude for the opportunity of learning new skills, i.e. how to use cameras and how to take good photographs. Their parents approved of the activity and were proud of their children, who were participating in the project. They also highlighted that having the cameras with them brought them to places where they do not normally go, suggesting that the exercise increased their reflection on their own lives. Participants from both groups requested that this activity be replicated and expanded, as they wish that they could be trained on the use of cameras to become the professionals and open their own photos studios. At the end of the exercise, some children also reported feeling inspired to become journalists when they grow up.

#### Other photos taken in Kigeme

#### **GIRLS**



This is what I like to do in my free time: my homework







# This is what I would like my future to look like: having a stall at the market



This is what makes me feel safe: swings for the children



This is what I like to do in my free time: playing music

# This is what makes me feel safe: the Plan community mobilizers



This is what makes me feel safe: WFP



This is what I like to do during my free time: washing clothes

# **BOYS**



This is how I handle my day to day problems: praying



This is what I want my future to look like: running a bakery



This is what makes me feel safe: sharing



This is what makes me feel safe: using technology



This is what I like to do in my free time: washing clothes



This is what makes me feel safe: buying clothes and shoes



This is what I like to do in my free time: body building



This is what I like to do in my free time: listening to TED talks online



This is what I like to do in my free time: playing board games



This is what I like to do in my free time: playing board games



This is what makes me feel safe: UNHCR



This is what makes me feel safe: ECHO

# Annex 7: Photography project in Kiziba refugee camp

#### **Background information**

The photography project was carried out In Kiziba refugee camp from 28 November to 1 December 2017. The camp hosts a protracted caseload; therefore, the adolescent refugees in Kiziba do not have any memories of the DRC.

Twenty participants aged 12 to 17 participated, working in pairs of the same sex. The teenagers were accompanied by adult community mobilizers.

The photography project in Kiziba was also supported by the Belgian documentary filmmaker Lieven Corthouts, who volunteered to train refugee children on how to use the cameras and assisted in the focus group discussions.

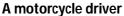
On the day of the focus group discussions, each pair was invited to choose and present two of the photos that they had taken, and to engage in a discussion on each theme with the other participants.

1	THIS IS SOMEONE I ADMIRE, BECAUSE
2	THIS IS WHAT MAKES ME FEEL SAFE
3	THIS IS HOW I HANDLE MY DAY TO DAY PROBLEMS
4	THIS IS HOW I WANT MY FUTURE TO LOOK LIKE
5	THIS IS WHAT I LIKE TO DO IN MY FREE TIME

# THIS IS SOMEONE I ADMIRE, BECAUSE ...

## **GIRLS**







A doctor

#### **BOYS**





A doctor

A business owner

Girls and boys presented pictures of doctors, a business owner and a motorcycle driver to describe people they admire and their professional aspirations.

The teenagers, girls especially, admire doctors because they help people, save lives and fill in the registration of newborn children, which is very important. The boys also consider the income of doctors as an attractive feature. Girls and boys are confident that it is possible for refugees to become doctors in Rwanda, and that those among them who wish to do so can join universities in Kigali. The profession is open to men and women: girls state that there are many female doctors in Kiziba camp, and that they know of female refugees who are studying medicine in Rwanda. For them, these are indicators that girls have the same opportunities as boys. As per where they would like to work as doctors, participants declare that they can imagine being employed in the camp, or remaining elsewhere in the country, depending on where there are better job opportunities.

The photo of the motorcycle was taken by a girl who explained that she admires the driver and that she wishes to become a motorcyclist in the future. The photo was chosen by the girl to express the concept that, though there are not many female drivers, she is convinced that her parents would approve of this profession. The other girls agreed with her view, and one of them said that "there is nothing a man can do that a woman cannot do". The girls are of the opinion that boys and girls have the same role models and that there are no professions that can only be done by men and not by women; however, the boys are sceptical about a girl wishing to become a motorcyclist, as this is a work for men, for which women may not have the necessary skills. Despite the fact that some boys concede that the first woman to become a motorcyclist may inspire other women to do the same, the clear outcome of the discussion is that concepts of gender equality are more broadly accepted by girls than by boys.

The girls state that, in general, they admire those adults who take care of others, and gave examples of mothers or teachers. Among other role models, they also mention presidents, ministers and staff of UNHCR. Boys appear to focus more on aspects related to a good income when describing the adults that they admire the most. For example, they admire business owners as they have secured themselves a good source of income. Boys explain that, even though no one in their families owns a business, they believe that they could work in a shop until they have enough savings to start their own.

#### THIS IS WHAT MAKES ME FEEL SAFE

#### **GIRLS**







A safe space for children to play

#### **BOYS**



A safe space where to play



Reading

To explain sources of safety, girls and boys selected photos of recreational activities in different spaces. The girls presented a photo of the Taekwondo group that is active and successful in Kiziba, as well as children playing with a skipping rope. They explained that they decided to take pictures of sports activities and games because, as one girl stated, when children are together playing, they are safe. Though fewer girls than boys participate in the Taekwondo activities, some of them do perform in the martial art along with their peers. Both groups report enjoying Taekwondo for the same reason: to learn how to defend themselves.

The girls clearly associate the safety provided by recreational activities to the avoidance of mistreatment at home, such as corporal punishment, and isolation due to various reasons. Girls state that it is good and safe for children to come together and play in public spaces. They further explain that, during school holidays, different activities for children and youth are organized by the organizations in the camp. Among

their preferred activities are dialogues about different topics, and initiatives such as the photography project.

The picture of a boy playing football represents a sport that gives children a sense of safety because it is inclusive, as everybody can participate. There are several teams in the camp that compete against each other. Girls also enjoy playing football in Kiziba, and mentioned the girls' team that is active in the camp.

The photo of the man reading was chosen for the discussion because having access to books makes the children feel safe. Both boys and girls reported that they visit the library in the camp on a regular basis, and described that refugees of all ages go to the library, of both sexes and all ages. The library is a cherished service, but the participants are concerned about the limited number of books available. More options for reading would be very welcome by the refugee community.

#### THIS IS HOW I HANDLE MY DAY TO DAY PROBLEMS

#### **GIRLS**



Reading the Bible



**Praying** 

#### **BOYS**



Asking the elderly for advice



**Doing sports** 

The girls chose to present and discuss two pictures related to religion, i.e. reading the bible and praying. Both boys and girls explained that they regularly pray, especially when they face difficulties, as this is a

way for them to handle their problems. On Sundays they attend church services in which the local community also participates, thus fostering interactions between refugees and Rwandans.

When discussing the photo showing a boy seeking advice from an older person, boys and girls stated that their parents, the elderly and the community mobilizers are their reference persons, who can give them good advice in complex situations. For minor problems, they prefer to discuss solutions with their friends or siblings. Although the interactions between the boys and girls during the photography exercise were not as free as they appeared in Kigeme, boys reported that it is not uncommon at their age to have a best friend of the opposite sex.

Doing sport also helps young refugees in handling their daily problems, as it prevents isolation and makes them think less about the challenges that they are facing. As one boy stated, "If you have a problem and isolate yourself, the problem will get worse. But if you chose to go out and play, it well get better."

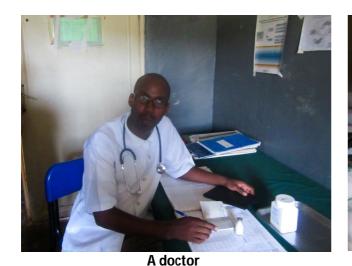
One of the girls also took a picture of the signpost of the Equity Bank in response to the theme. The teenagers state that they are satisfied with regard to the shift from in-kind food assistance to cash assistance. The children explained that, with cash, families can buy food of their choice, whereas before they had to sell out the food that they had received in order to buy the food that they preferred. Since cash assistance was introduced, new shops have appeared in the camp where refugees can purchase a variety of food and other items. However, the girls mentioned concerns about the reduction of the assistance once cash was introduced, and about the fact that they are not able to buy many things.

Another photo taken by the adolescents shows an Airtel airtime vendor. The teenagers explained that there are several shops of Airtel, MTN and TIGO in the camp and, despite the fact that not many families own mobile phones, refugees often borrow phones from friends to make calls, for which they buy airtime. In this way they manage to remain in contact with their relatives and friends who have left the camp, including those who have resettled.

When asked what ways are most suitable for circulating messages among the refugee community, the children indicated that information should be sent to community mobilizers on their phones, and they will then disseminate it further in the camp.

# THIS IS WHAT I WANT MY FUTURE TO LOOK LIKE

#### **GIRLS**





A business person

#### **BOYS**





A nurse A goal keeper

The teenagers presented photos of different professions to describe how they imagine their future.

As for other themes, girls presented the photo of a doctor and explained that this professional career can be pursued by studying hard, especially scientific subjects such as biology and physics. The girls also expressed an interest in running businesses in their future and selling food items, clothes or cosmetics products. They stated that access to vocational training may also be necessary in order to pursue their preferred professions, and that the subjects they would be mostly interested in are cooking, driving and construction. Girls do not see reasons why the refugee community would prevent them from becoming drivers or working in construction, as women and men have the same abilities.

Again, whereas girls express the view that most professions can be done by men and women equally (with some exceptions, such as hairdressing, which is earmarked as a male job), boys in Kiziba appear more biased by gender considerations. Many boys maintain that several jobs cannot be done by men and woman alike: some jobs that are normally performed only by women, such as selling tomatoes and onions, would be shameful for men. Some of them find that as long as a job is paid, gender considerations are unimportant. In fact, salary seems to be a fundamental consideration for the boys and for this reason the job of the hairdresser, despite being clearly associated with men, is considered as unsuitable because the income is too low.

Based on their observations of the life in the camp, boys find that, while men can aspire to own businesses such as shops or restaurants, women may be hired as employees but rarely are the managers. The boy who showed a picture of a nurse explained that many male nurses are present in the camp and this is an acceptable profession for a man.

Boys, as opposed to girls, also expressed views about their future that leave space for imagination, such as a wish to one day becoming a goal keeper, or a president. These choices seem to be associated with respect for the role, as well as the celebration and cheering associated with moments of success.

#### THIS IS WHAT I LIKE TO DO IN MY FREE TIME

#### **GIRLS**





Cooking

Reading the Ni Nyampinga magazine

#### **BOYS**







**Farming** 

The girls primarily took photos of activities that can be done inside the house. For the discussion, they chose to present one photo showing a child helping with cooking. They explained that they enjoy helping their families, not only in cooking, sweeping, washing dishes and clothes, but also in accompanying their parents in other activities. For example, one girl whose father is employed as a guard reported that she accompanies him from time to time and supports him in his tasks.

The boys also reported that they like to be helpful in the house, fetching water and farming, because their parents do not always have the energy to take care of everything. Although boys reported that girls and boys do the same tasks in the household, their examples during the discussion confirmed that cooking, washing dishes and clothes mostly remain occupations assigned to women and girls, in which boys engage only when their mothers and sisters cannot. An exception is the school uniform, which each child is responsible for washing, regardless of the sex.

When presenting the picture of a girl reading the *Ni Nyampinga* magazine, it was observed that girls receive the magazine in school twice a year. They stated that they enjoy the articles in the magazine, through which they learn a lot about culture and nutrition. Further to that, they like listening to the "Sakwe" radio programme. As not all families have a radio, groups of friends gather together and listen to the broadcast. Boys also listen to the radio drama, who state that they enjoy reading the *Ni Nyampinga* magazine as well. It was suggested that the magazines are made available at the library too.

During the exercise, boys took a number of photos of children performing acrobatic jumps. The child who presented the photo of the somersault explained that, although acrobatics requires a lot of practice and sometimes result in injuries, many children in Kiziba really like this type of activity.

Boys also took photos of a refugee riding a bicycle, and reported that bikes are not only used by their owners to move or transport items, but also to organize riding classes and to be given out for rent.

#### Other observations

The teenagers in Kiziba were very excited to work with the cameras and to be able to take pictures in the camp. It was observed that the interaction between boys and girls was limited during the activities, and that they expressed different opinions during the focus group discussions on themes related to gender. Boys opinions showed a tendency to align to the set roles of men and women. The teenagers, as well as the community mobilizers who supported them, stated that the parents of the boys and girls welcomed the activity and were happy that their children could participate in such an activity, despite expressing concerns about the children being out of the house a lot. Boys and girls suggested that the project is expanded to include taking videos, and on more topics. They said this activity keeps children engaged and can prevent them from engaging in negative activities and behaviours, such as fighting with others.

#### Other photos taken in Kiziba

## **GIRLS**



This is what I like to do in my free time: Rwandan dance



This is what I like to do in my free time: helping in the house



This is how I solve my day to day problems: going to school



This is how I solve my day to day problems: reading with friends



This is what I would like my future to look like: having a family



This is what I want my future to look like: being able to buy clothes



This is what I would like my future to look like: running a business



This is what makes me feel safe: cash assistance

**BOYS** 



This is someone I admire: the sports coach



This is someone I admire: the tailor who repairs the luggage



This is how I solve my day to day problems: learning with my friends



This is how I solve my day to day problems: playing with my friends



This is what makes me feel safe: a job to be proud of



This is what makes me feel safe: listening to the radio



This is what makes me feel safe: growing my own food



This is what I like to do in my free time: washing clothes



This is what I like to do in my free time: playing with the animals of the locals



This is what I like to do in my free time: playing with the animals of the locals



"This is what we like to do in our free time: acrobatic jumps! Here in Kiziba, children like to perform these jumps on the slope. Some of the kids are really good at it, but it requires a lot of practice. Can YOU do this?!"

> Rukundo, 15, and Innocent, 17 Kiziba refugee camp, Rwanda