



CONSOLIDATED REPORT

INTER-AGENCY GENDER ASSESSMENT OF REFUGEE CAMPS IN RWANDA

2016

Cover Photo: Burundian refugees flee to Rwanda. UNHCR / 16.Holt

UNHCR has generously contributed photographs of refugees from different camps. The consent of the women, men, boys and girls appearing in the photos were sought before taking of the photos.

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Authored by: Ayoo Osen Odicoh

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FOREWORD

Rwanda is a signatory to the 1951 Refugee Convention that recognizes the right of persons to seek asylum from persecution and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) of 1979, both of which draw on the Universal Declaration of Human Rights of 1948. These international instruments are among those that Rwanda has ratified and domesticated in her national laws. To the Government of Rwanda, these protection instruments are not mere obligations but commitments to our country.

Among its protections, the 1951 Refugee Convention outlines the legal obligations of States to protect refugees. The Government of Rwanda's commitment to gender equity and equality is evidenced by laws the country has put in place and by implementation of these laws in practice, as shown in indexes found in various reports. It is in the spirit of accomplishing our homework towards gender equity and equality, and the protection responsibility towards refugees, that a joint gender assessment was carried out.

The Consolidated Report of the Refugee Inter-Agency Gender Assessment in Rwanda will primarily serve as a gender mirror through which protection and other services provided to the refugees hosted in our country are looked at and assessed. From this report, we shall be able to gauge our areas of success and where improvement will be required, patches of failure that we shall aim to approach differently in order to achieve our set goals in the specific areas, and sectors that have not been adequately tackled where more appropriate approaches will be made.

It is in this regard that I wish to register my appreciation to all partners, national and international, for the hard work put into this informative report. I also note with much appreciation UNHCR and UN Women Rwanda for sponsoring and offering co-facilitation to make the gender assessment a success.

I wish to recommend that this report not be shelved but be put to good use by all concerned to the good of the people we serve.

Mukantabana Seraphine
Minister of Disaster Management and Refugee Affairs (MIDMAR)

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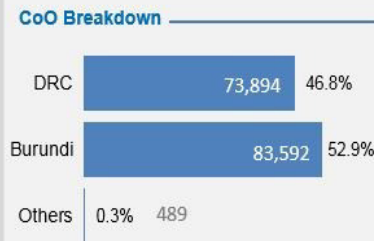
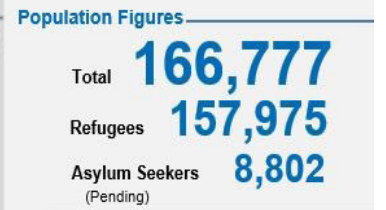
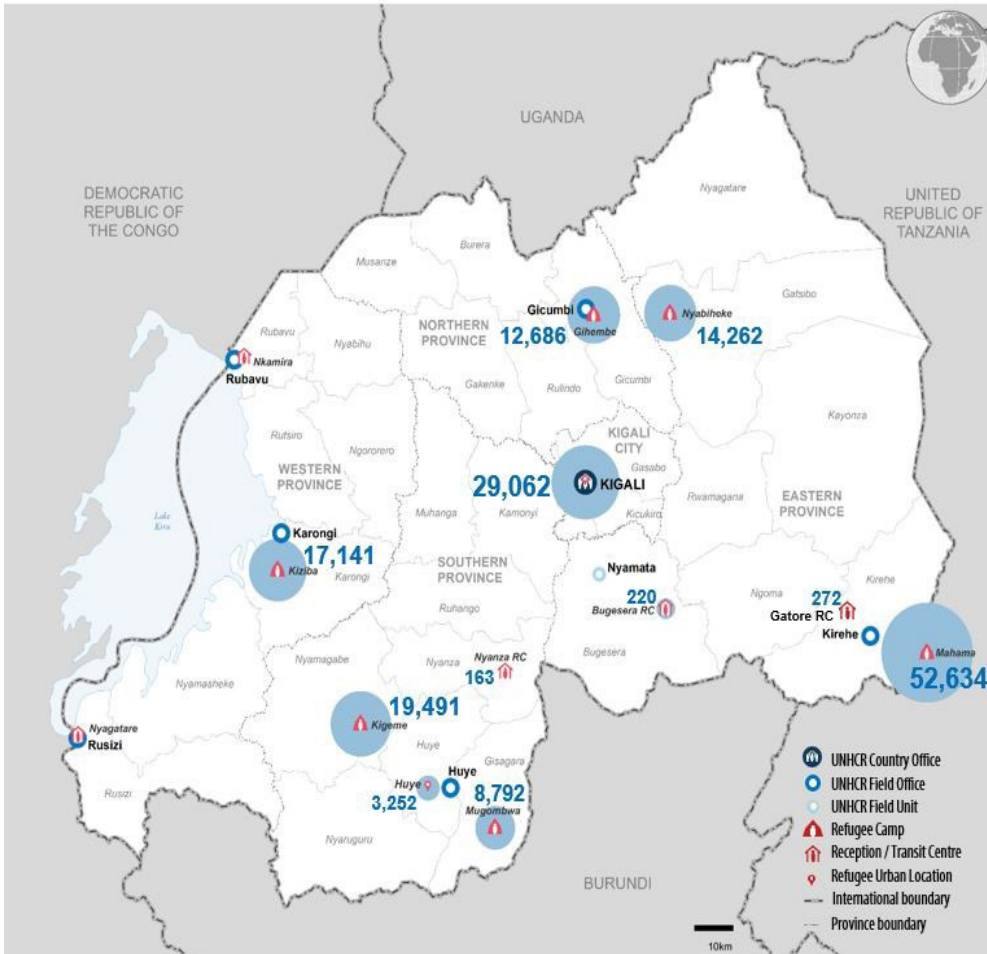
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ACRONYMS

ADRA	The Adventist Development and Relief Agency
AGDM	Age, Gender and Diversity Mainstreaming
AHA	Africa Humanitarian Action
ARC	American Refugee Committee
CBI	cash-based intervention
CBPM	community-based prevention marketing
CCCM	Camp Coordination and Camp Management
CTs	cash transfers
CP	child protection
DRC	Democratic Republic of the Congo
ECD	early child development
FGD	focus group discussion
GBV	gender-based violence
GHFD	Global Humanitarian and Development Foundation (formerly 'PAJER')
GMO	Gender Monitoring Office
GoR	Government of Rwanda
HIV	human immunodeficiency virus
IASC	Inter-Agency Standing Committee
IEC	information, education and communication
IPV	intimate partner violence
LAF	Legal Aid Forum
LGBTI	lesbian, gay, bisexual, transgender/transsexual and intersex
MIDIMAR	Ministry of Disaster Management and Refugee Affairs
MIGEPROF	Ministry of Gender and Family Promotion
NFIs	non-food items
PSEA	Prevention of Sexual Exploitation and Abuse
PTA	Parent Teacher Association
PWDs	people with disabilities
Rwf	Rwandan Franc
RH	reproductive health
RNP	Rwanda National Police
RWN	Rwanda Women's Network
SGBV	sexual and gender-based violence
SRH	sexual and reproductive health
STIs	sexually transmitted infections
UASC	Unaccompanied and Separated Children
UNFPA	United Nations Population Fund
UNHCR	The United Nations High Commissioner for Refugees
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WASH	water, sanitation and hygiene
WFP	World Food Programme

MAP OF RWANDA

Rwanda
 Population of Concern to UNHCR
 as of 31st December 2016



ACKNOWLEDGMENTS

We would like to extend our enormous gratitude to the courageous refugees – women, girls, men and boys of different age groups and life circumstances – who spoke with the inter-agency data collection team about their lives, concerns, aspirations and dreams. Immense thanks to the Government of Rwanda and to representatives from the United Nations, international and local non-governmental organizations (NGOs) and front-line workers who made time to meet with us and share their experiences and candid insights.

A special thanks to the assessors, Carine Colombe, Joselyne Cyiza, Aimable Dukuzumuremyi, Carine Kaneza, Daisy Kantengwa, Jean Pierre Munyeshiaka, Cedric Mutoni, Michel Ndayishimiye, Honore Ndayishimye, Pamela Nikuze, Divan Ntwari, Daniel Sibomana and Diana Umutoni, for their invaluable participation in the data collection for the assessment. In addition, we would like to thank the data collection team who took time to work with us. This includes the staff of ADRA, ARC, GMO, LAF, Plan International, MIDIMAR, MIGEPROF, RWN, Save the Children, UNFPA, UNHCR, UN Women and WFP. Special thanks to Aimee Niwemfura, Alia Hirji, Amal Albeed, Carine Uwantege, Charlotte Feistcher, Els Jellema, Floride Yamuragiye, Jovia Kayirangwa, Louis Gatebuke, Marcella Muhutu, Mary Balikungeri, Nathalie Bussien, Redempter Batete, Speciose Batumuliza, Speciose Buwamariya, and Therese Karugwiza.

To a dedicated team of rapporteurs during the different Technical Gender Working Group workshops and retreat, we owe deep gratitude: Amal Albeed, Debla Lopez, Edward Katwaza, Florian Hoepfner, Josephine Ngebeh, Machtelt De Vriese, Nathalie Bussein, Rebecca Eapen, Sidra Anwar, and Zahra Mirghaini.

The first phase of the assessments was led by Debla López, UNHCR Gender Consultant, with the support of Sidra Anwar, SGBV Associate Protection Officer. The second phase was led by Ayoo Osen Odicoh, Inter-Agency Senior Gender Consultant, who also drafted this report. Samy Koffi and Kiyonobu Futori provided valuable data management and generation of graphics needed for this report. Philip Kibui and Bintou Ndiaye assisted with data analysis. Erika Fitzpatrick and Eugene Sibomana supported with communication expertise.

The assessments were sponsored and co-facilitated by UNHCR Rwanda and UN Women Rwanda and supervised by Jean Claude Rwahama, MIDIMAR Director of Refugees Affairs; Machtelt De Vriese, UNHCR Senior Protection Officer; and Fatou Lo, UN Women Deputy Representative. Technical guidance and advisory support during the assessments was provided by Ms. Rebecca Eapen, UNHCR Global Gender Advisor, and Ms. Rose Kayumba, Advisor to the Minister, MIDIMAR. The Refugee Technical Gender Working Group (TGWG) served as the inter-agency mechanism for coordination and implementation of the assessments. The TGWG held six sessions for the review of the various drafts of the report and provided technical guidance. Agencies, organizations and individual members of the Refugee Technical Gender Working Group are acknowledged in the roles they played in providing technical inputs into the assessment methodology, process and numerous versions of the reports.

A team of reviewers from the TGWG put in immense time and effort in reviewing the various drafts and in providing strategic guidance. We say thank you for this dedication to Mary Balikungeri (RWN), Rose Rwabuhiri and Sophie Mutoniwase (GMO), Redempter Batete (MIFEPROF), Rose Kayumba (MIDIMAR), Therese Karugwiza (UNFPA), Carine Uwantege (UN Women), Florian Hoepfner and Machtelt DE Vriese (UNHCR).

To the entire team, Murakoze cyane! Thank you!

EXECUTIVE SUMMARY

Rwanda has made tremendous achievements in closing gender gaps in the areas of economic, health, education and political advancement when compared with 144 countries in the Global Economic Gender Gap Report. Rwanda's position in this global ranking has risen from seventh in 2014 to sixth in 2015 to fifth in 2016. The report looks at how women are faring in comparison to men in economic, health, educational and political spheres. That Rwanda was in the top five countries globally is a major milestone as it signals that gender inequalities in these four areas have been significantly reduced and, in the case of education and representation of women in the national assembly and at the cabinet level, eliminated.

Rwanda is host to refugees and, in offering refugee protection services, it is crucial that all efforts are made to eliminate gender disparities and promote an understanding among refugees and humanitarian actors that in Rwanda the law entrenches equality between women and men, and the enjoyment of the broad range of rights equally applies to refugee women, girls, men and boys. Pre-existing gender inequalities in the countries where the refugees come from often find their way into refugee settings, and a new life in camp situations may either reduce or worsen gender inequalities. It is necessary that gender equality across all sectors in the refugee operation is brought to par with the high standards set by Rwanda and also globally. It is against this backdrop that humanitarian actors in Rwanda have sought to strengthen gender equality issues while working on the protection of refugees. Refugee protection is structured around the United Nations' 1951 Refugee Convention and its protocols and the Rwanda Refugee Law.

An inter-agency gender assessment of the six refugee camps in Rwanda was launched in April 2016. The aim of the assessment was to provide a sound gender baseline that will inform gender equality programming in policy and operational decisions of the MIDIMAR, UNHCR, UN agencies, governmental institutions and non-governmental partners. A Refugee Technical Gender Working Group co-chaired by MIDIMAR and UNHCR was established to steer the assessment. Members of the TGWG are MIGEPROF, GMO, UN Women, MINELOC, RNP, RWN, NCC, UNFPA, UNICEF, WFP, IOM, ADRA, ARC, Plan International, World Vision Rwanda, Save the Children, African Humanitarian Action, LAF and GHDF.

The 2016 assessment came as a result of a 2015 gender assessment of the Mahama refugee camp, which was conducted by UN Women and UNHCR in collaboration with the Ministry of Disaster Management and Refugee Affairs (MIDIMAR), the Ministry of Gender and Family Promotion and Gender Monitoring Office. One of the outcomes of the assessment in Mahama was a recommendation by the Honourable Minister of MIDIMAR, Hon. Seraphine Mukantabana, that a similar exercise be conducted in all camps hosting Congolese refugees in Rwanda, which led to the 2016 assessment.

This report contains findings and recommendations of the assessment. The methodology of the assessment involved quantitative and qualitative data analysis from secondary data and primary data collected from six refugee camps, namely: Gihembe, Kigeme, Kiziba, Mahama, Mugombwa and Nyabiheke. Secondary data review involved examining reports by partners and online sources. Primary data collection involved gathering information through a survey targeting a representative sample of 1,989 (56 percent female and 44 percent male) individual interviews with refugees and 120 focus group discussions (FGDs) with refugee women, girls, men and boys of different age groups living in the six refugee camps. The parameters chosen for the survey are based on a 95 percent accuracy level and a margin of error defined at 5 percent.

In addition, Key Informant Interviews (KII) with local and international non-governmental humanitarian actors on-site, United Nations staff and governmental staff were conducted by a team of 13 independent assessors and 16 staff drawn from 13 different organizations working in the refugee camps in Rwanda. The primary data was complimented by desk review of secondary data and information from government, One UN and international NGO partners.

The assessment focused on four thematic areas:

- Camp Coordination and Camp Management(CCCM), including environment;
- Protection including child protection and gender-based violence (GBV);
- Education, health, cash and food assistance, livelihoods, shelter and non-food items (NFI);
- Water, sanitation and hygiene (WASH).

All the camps were targeted for the assessment:

- Gihembe, established 1997 (19 years old)
- Kigeme, established 2012 (4 years old)
- Kiziba, established 1996 (20 years old)
- Mahama, established 2015 (1 year old)
- Mugombwa, established 2014 (2 years old)
- Nyabiheke, established 2005 (11 years old)

SUMMARY OF FINDINGS

Good practices and promising practices are found in all six camps. Good practices in designing water, sanitation and hygiene services that address gender equality concerns operate in Mahama, Kiziba and Mugombwa, for example. In Mahama (the newest camp, which hosts refugees from Burundi), the supply of water to refugee households at 20.1 litres per person per day meets Sphere standards for quality in humanitarian response. In Kiziba, the oldest camp in Rwanda, the supply at 31.85 litres per person per day exceeds Sphere standards. Mugombwa and Mahama meet Sphere standards on gender-sensitive latrines by having latrines and baths separately designated for female and male refugees, doors in the latrines and baths, and lighting around the WASH facilities.

Regarding good practices in education, in line with the Ministry of Education standards, Nyabiheke has a fully equipped girls' safe room in school to meet the menstrual hygiene needs of school going girls. In terms of enrollment, only Kigeme is close to gender parity, with 1 percent more refugee boys than girls at primary school level. Kiziba has achieved gender parity between refugee boys and girls in national examinations of December 2015.

In the health sector, the camps have promising practices in maintaining a maternal mortality rate of zero in all health facilities. Between January and December 2016, there were no deaths of girls and women due to pregnancy-related complications in the health facilities located in the camps. In the same period, there were more facility-based than home-based deliveries.

The Isange One Stop Centres (IOSCs) provide a model of integrated, multi-sectoral prevention and response services for victims and survivors of gender-based violence and child abuse. Victims and survivors of gender-based violence from all camps are able to travel to the centres for services, except from Kiziba, where the nearest IOSC is over 10 km away. These and other good and promising practices identified during the assessment need to be replicated and scaled up accordingly.

In addition to positive findings, however, many challenges persist.

Gender gaps are generally found in all sectors, signalling that gender inequalities skewed against girls and women persist in all sectors in all six refugee camps. There is low awareness among female and male refugees alike, but mostly among refugee men, on why it is important to embrace perceptions, norms and practices that respect the dignity and rights of refugee girls and women. Further, the scope of gender equality in refugee protection is limited by the low capacities among humanitarian staff at field and management level in their understanding, analysis, programming, monitoring and reporting on gender equality issues in the refugee response. Gender-based harmful coping mechanisms include girls and women resorting to begging, conditional pregnancy to increase family size to qualify for more cash or food assistance, and engaging in high risk sexual behaviour. A strong operational focus in meeting practical rather than strategic gender needs of refugees is unintentionally contributing to systemic gender inequality concerns in protracted camps, namely in Gihembe, Kiziba and Nyabiheke.

Gender gaps in camp coordination are evident in participation, lighting, access to services and environment. Refugee women are minimally represented in higher-value positions such as President and Security Focal Points in the refugee committees. Refugee Executive Committees average 28 percent women leaders; Quartier Committees 32 percent; and Village Committees 37 percent. The absence of public lighting in all refugee camps, with the exception of Mahama, heightens the risk of gender-based violence when refugee girls and women walk from one place to another in darkness.

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Kiziba has the highest level of gender-based violence taking place after 7 p.m. in the evening. The installation of lighting, at least in public areas, in the five camps hosting refugees from the Democratic Republic of the Congo is likely to reduce incidents of gender-based violence that occur under the cover of darkness. In some camps, gender gaps are apparent in access to services. Refugees say that there are often demands by village and quartier leaders that refugees pay their dues of voluntary fees, such as the voluntary security fee, before they access some services such as the provision of firewood – a commodity with a high interactional relationship with girls and women. Investment in environmental protection measures is limited commensurate with the rate of environmental degradation and lack of long-term solutions to gaps in fuel for domestic consumption. Firewood and fuel have significant impacts on safety, time, well-being and protection as refugee girls and women navigate slopes and hills while carrying firewood, water on their heads and children on their heads and backs.

The quantity of cash and food assistance is marginally sufficient for refugees to survive. Putting women, girls, men and boys on subsistence mode (the minimal means needed to support life) can be understood as an essential measure in Mahama, which is one year old and is still an emergency camp. However, for the remaining five camps, operating on subsistence mode for a prolonged period has heightened the protection risks not only for girls and women, but also for boys and men; with three protracted Congolese refugee camps – Gihembe, Kiziba and Nyabiheke – being the most affected. It also means that gender equality issues remain at welfare level, where women are passive recipients of assistance, and are doing very little or receiving little to no support to elevate themselves from recipients of food towards being

self-sufficient in meeting their own food security needs. In all six camps, a high percentage of female heads of households are registered as direct recipients of cash, food and non-food item (NFI) assistance; however, this does not translate into real gender equality. This is particularly true in partnered households where male partners still exercise higher authority and control.

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In the education sector, conditions work against refugee girls. In Kiziba, where there are no menstrual support systems in place, refugee girls often miss school hours to address impromptu menstrual issues. Overall, gender disparities are skewed against refugee girls in secondary school enrolment, drop-out rates, success rates in both primary and secondary school, hiring of teachers and in access to scholarships. Parenting and guidance of children is weak and, when felt, a pattern emerges in which refugee mothers participate in educational follow-up while fathers express reluctance, driven by the perception that educational support to children is an extension of women's child-care work.

Differences are found in health outcome between refugee women and men, as reported in health data from partners. For example, there are 2.5 to 3 times more women than men receiving HIV care and support at the health facilities in the six camps; and 2 to 7 times more women than men identified with sexually transmitted infections (STIs). Availability and use of services for antenatal care and prevention of mother-to-child transmission of HIV offered at these facilities enables detection of HIV and other sexually transmitted infections among refugee women. The contraceptive prevalence rate for all six camps is 30.1 percent, which is lower than the national 45 percent. FGDs with refugee women and men shows that confidentiality and reporting systems on gender-based violence incidents need improvements in all camps to ensure victims and survivors seek health assistance on time. Accompaniment by a male partner is a precondition put in place by some humanitarian service providers and hence is limiting access for pregnant adolescent girls to reproductive health services in Mugombwa, Kigeme, Gihembe and Mahama camps.

Accompaniment by a male partner is a precondition and is limiting access for pregnant adolescent girls to reproductive health services.

Livelihoods interventions offer limited scope to escape the cycle of poverty for both refugee men and women. Savings and borrowings range from Rwf 2,000 to 10,000 per person in Village Savings and Loan Schemes and cooperatives known as *tontines*. Between 38 to 48 percent of refugees are not earning an income, according to refugee's perception on employment at the time of the assessment, with 22.5 percent more refugee males earning an income than female. In protracted camps, the lack of income sources and resistance to changing the gender norms and practices creates a sense of hopelessness among a majority of refugee men, who opt to spend their time playing a local board game called *igisoro*. Refugees in all six camps link incidents of domestic violence to stress over lack of employment. For example, in Kiziba, which at 20 years is the oldest camp, the sense of hopelessness manifests in alcohol abuse and aggressive/violent behaviour targeted at women and men in public and private spaces. In all six camps, there is no clear strategy of graduating the camps after 10 years from

cash and food assistance to self-reliance, and this limits the scope of gender equality outcomes that could be pursued.

Protection gender gaps are mainly noticeable in physical safety, child protection and gender-based violence concerns. More refugee women than men experience that violence in the home, with more men than women engaging in physical violence on their partners, making this a significant safety concern. It was also found that refugee girls and women are resorting to sex as a commodity in exchange for money, food or other basic necessities and lack of employment, and such actions have the potential to put them at risk of violation and exploitation, including sexual exploitation and abuse (SEA) and trafficking. Over 70 percent of respondents say that sexual exploitation and abuse happen in the camps. Further, humanitarian, refugee leadership and host communities are perceived by refugee women and men to be involved in the sexual exploitation and abuse of refugee girls. Weak reporting and lack of confidentiality and evidence preservation mechanisms regarding incidents of gender-based violence and sexual exploitation and abuse limit access to appropriate support for victims and survivors.

Gender stereotypes and disparities are replicated in shelter committees and activities, with refugee men and women assuming prescribed gender roles. In the shelter sector, for example, refugee women's skills set and opportunities for learning new skills are limited by assigning men to construction jobs and women to water-fetching jobs in shelter construction. Risks of gender-based violence are heightened by the small sizes of shelters as families send boys and girls to alternative sleeping arrangements.

Challenges in water, sanitation and hygiene can strongly impact girls and women. Though several good practices are noted above, latrines and showers are lacking lighting, doors and locks in all camps with the exception of Mahama camp, which only lacked some locks on the doors. Doors and locks are essential in latrines and showers to enhance the safety and privacy of girls and women. They are also essential in guaranteeing a sense of dignity for both female and male users. Their absence compromises these fundamental concerns and the principle of dignity. Also, though Mahama has 20.1 litres of water per person per day and Kiziba 31.85 litres, the rest of the camps have below the recommended 20 litres per person per day: water availability is unmet in four out of the six camps. The responsibility to top-up the water required in refugee households has been mostly transferred to girls and women, due to gender roles.

Significant challenges in reaching gender equality in refugee protection persist. The assessment identifies the following as the key barriers: regressive gendered norms and practices, low awareness among refugees of all genders, limited staff knowledge and know-how on gender equality programming, limited resources, and low prioritization of gender equality among humanitarian actors. Gender data shows disparities in income and poverty status, saving, purchasing power, employment and in education including technical and vocational education and training (TVET), tertiary education and university technical skills.

GENERAL RECOMMENDATIONS

The assessment recommends the development of a strategic framework and work plan that enables strengthening of gender equality outcomes in refugee protection in Rwanda. The key elements of the framework would focus on (1) creating an enabling environment at policy and operational levels; (2) capacity building of refugees, their leadership and humanitarian actors on gender equality issues and how to address them in refugee response; (3) implementing selected high-impact gender equality interventions and (4) measuring results on gender equality. It is recommended that resources are dedicated towards the implementation of actions identified to be of significance to gender equality through regular budgetary allocations and improved advocacy on funding for gender-oriented results and programmes. Further, it is recommended that inter-agency coordination continuously assess, track and monitor progress in removing gender-related barriers identified in each section of the report.

RECOMMENDATIONS BY SECTOR

Camp coordination and camp management

Regularly analyse gender differences in prioritization of refugee needs and use the analysis in defining operational priorities and interventions.

1. Review prevailing community-based security arrangements and strengthen the protection of women and girls.
2. Establish women's opportunity centres in all camps for inclusive representation and participation of women refugees.
3. Systematically monitor changes in gender norms and practices that limit refugee women's representation in refugee executive and quartier-level committees.

Cash and food assistance

1. Support existing interventions to carry out a pre- and post-cash distribution gender analysis to deepen understanding on gender dimensions of decision making about cash in refugee households and feed the information into programming.
2. Ensure that programming priorities in cash and food assistance are channelled towards helping adolescent girls and boys as well as young women and men at risk of engaging in sex in exchange for assistance and/or at risk of drug and crime circuits, to adopt alternative livelihoods options.
3. Maintain ongoing cash assistance to refugees in response to needs expressed by female and male refugees in preference of cash over food in-kind support in Gihembe, Kigeme and Nyabiheke and build-in safeguards for sanitary supplies should there be a switch to cash for in-kind assistance for non-food items.

Education

1. Advocate for and facilitate refugee girls' access to financial scholarships and bridge prevailing gender disparity in access to scholarship.
2. Improve access to education for all girls and boys with disability, including by addressing access barriers to education.
3. Fast-track access to educational opportunities at secondary, tertiary and diploma levels for both girls and boys while eliminating disparities skewed against refugee girls.
4. Promote vocational training.

Livelihoods

1. Build the capacity of refugee women and men in entrepreneurship and business skills, and provide start-up capital that elevates their small enterprises to medium-sized enterprises.
2. Increase the productivity of female and male refugees by reducing gender inequality in access to income for refugee women.
3. Increase the number of young female and male refugees benefiting from livelihoods programmes, including to vocational and business skills training.
4. Avail, strengthen and monitor gender equality in access to existing microfinance institutions.
5. Ensure gender equality programming and gender outcomes are integrated in the livelihoods strategy.

Protection

1. Remove the requirement of male patronage of girls and women seeking access to reproductive health and antenatal care services in affected camps.
2. Strengthen psychosocial programmes related to gender-based violence prevention and response and scale them up in all camps.
3. Conduct research on the status of human trafficking in the camps, with the purpose of prevention and response to existing challenges, and to increase community-level awareness of and engagement on the issue.
4. Initiate monitoring and pro-active response measures of the situation of girls and women and institute measures to ensure that they do not fall victim to internal and international trafficking.
5. Strengthen the existing reporting mechanism for the prevention of sexual exploitation and abuse (PSEA).

Shelter and NFI

1. Strengthen shelter and NFI staff capacities on gender analysis, programming for and implementation of gender aware Shelter and NFI programmes.
2. Implement community services mechanisms to cover the needs of sanitary pads from women aged 50 years old and above.
3. Mobilize and channel start-up capital for a sanitary materials production enterprise run by refugees.
4. Review the procedures for identification of vulnerable households in need of shelter repair, maintenance or expansion to allow for women's direct and unmediated access to shelter partners.
5. Review the functions and composition of shelter and NFI distribution committees with a view of reducing inherent gender stereotypes and inequalities.

WASH

1. Ensure 100 percent of WASH facilities have locks and lighting and are sex-segregated, working in consultation with women and girls. Set up or strengthen community groups to regularly maintain WASH facilities and protect them from vandalism.
2. Increase water supply to meet the required standards in camps where this does not currently exist, including by increasing the number of taps.
3. Increase access to latrines and showers in line with Sphere standards, and ensure that each gender-segregated latrine and shower block can be accessed by persons with disabilities.

BACKGROUND AND CONTEXT

The Republic of Rwanda sits on land measuring 26,338 km² and is bordered by Uganda to the north, Tanzania to the east, Burundi to the south and the Democratic Republic of the Congo to the west. As of 31st December 2016, Rwanda hosts some 157,975 refugees.¹ Most of the refugees (over 80%) live in the country's six different refugee camps, while others live in three transit centres and within urban areas. The six refugee camps include Gihembe (Gicumbi district), Kigeme (Nyamagabe district), Kiziba (Karongi district), Mahama (Kirehe district), Mugombwa (Gisagara district) and Nyabiheke (Gatsibo district).

The Mahama refugee camp in Kirehe district has the largest population of refugees, representing 32 percent of all refugees in Rwanda. The city of Kigali comes second with 19 percent of total refugees, while Nyanza district and Huye district have the least number of refugees with 0 and 2 percent, respectively. Female refugees outnumber male refugees 52 to 48 percent in all districts with exception of Mahama refugee camp. The Government has set up refugee committees and an integration policy for accommodating refugees in education and health systems. In addition to establishing the six refugee camps, some hectares of land have been allocated.

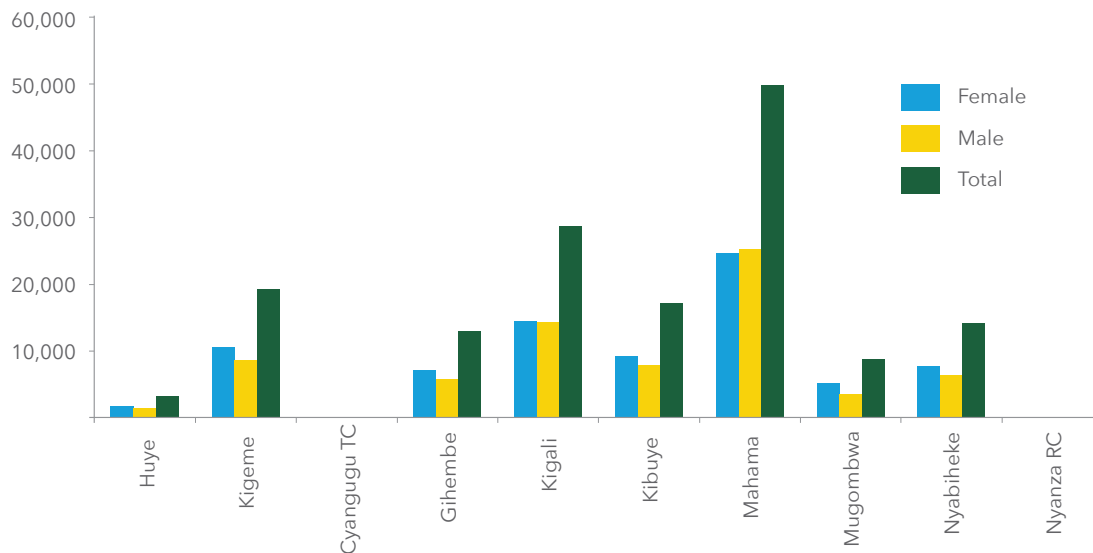


Figure 1: Population of refugees in Rwanda by gender and location, November 2016

The Government of Rwanda granted *Prima Facie* refugee status to the majority of refugees from Burundi and the Democratic Republic of the Congo. By extension, vulnerable refugees, regardless of their gender, are welcomed into Rwanda and guaranteed of the Government of Rwanda's refugee protection services. The *Prima Facie* recognition of Congolese and Burundian asylum seekers, who enter in Rwanda due to instability in the region, facilitates access to urgent protection services for women and girls who may need access to lifesaving protection interventions such as clinical management of rape and emergency obstetric care. Support to the refugees is led by the Government of Rwanda through its Ministry of Disaster Management and Refugee Affairs (MIDIMAR) and UNHCR, the UN Refugee Agency.² This work is carried out in coordination with relevant United Nations agencies and governmental and non-governmental organizations.

The Government, United Nations and NGOs (including international NGOs) have tripartite

¹ UNHCR, Progress January 2017.

² Based on the 1951 Geneva Refugee Convention, UNHCR's core mandate is to ensure the international protection and search for durable solutions of persons falling within its mandate worldwide.

arrangements in providing the holistic and multisectoral response to the refugees. Gender equality legal instruments and the response frameworks provided by the Government of Rwanda help to create a favourable environment for advancing gender equality and women's rights in the refugee response.

The Congolese refugees fled the Democratic Republic of the Congo in the mid-1990s, and others came from the eastern part of the country between April 2012 and 2014 escaping from armed clashes between government forces and non-state groups. These refugees have not been able to return home mainly because of persistent violence and instability, the fragility of state institutions, and tensions over land ownership and citizenship.

The Burundian refugees fled Burundi in April 2015 in anticipation of the upcoming elections. Burundi's general elections, which were scheduled to begin in late May 2015 and end in July 2015, resulted in violent outbreaks between supporters from both parties in the capital Bujumbura and its environs. The influx of new refugee arrivals has somewhat slowed down since June 2015, with arrivals now averaging 30 to 150 people per day.

Rwanda has signed and domesticated key regional and international instruments on gender equality and women's empowerment. In principle, the constitution of Rwanda (2015) and attendant laws enshrine the principle of gender equality and women's rights and provides for a minimum 30 percent quota in representation of women at all levels of decision making. Law No. 59/2008 criminalizes gender-based violence in all its forms, including marital rape and trafficking especially of women and girls. Women's equal rights with men to land access, ownership and utilization are provided for under Law No. 43/2013 of 16/06/2013.

Equality between genders on inheritance rights is provided for by Law No. 22/99 of 12/11/1999. Recognizing the need to ensure equality in labour practices, Law No. 13/2009 of 27/05/2009 legislates on equal opportunities and equal pay for women and men and prohibits sexual harassment in the work place. Organic Law No. 10/20/2013/OL of 11/07/2013 prohibits any form of discrimination based on gender, sex, race and religion in political parties. Law No. 27/2001 protects all children against abuse and provides special protection for children living with physical and mental disabilities. In addition, Organic Law No. 01/2012/OL of 02/05/2012 prohibits the sale of children, child prostitution and child pornography. Accountability for gender equality is further reinforced by Organic Budget Law No. 12/2013 which enforces accountability measures for gender-sensitive resource allocation across all sectors, programmes and projects through Gender Budget Statements; a mandatory annex of the Budget Framework Paper submitted to both chambers of Parliament.

THE ASSESSMENT



Mahama Refugee Camp / 2016, July / UNHCR / SIBOMANA Eugene

The present assessment was conducted between April and December 2016 in Rwanda's six refugee camps. It builds on the Comprehensive Inter-Agency Gender Needs Assessment (CGNA) conducted in 2015 in Mahama, the main Burundian refugee camp, and spearheaded by UN Women and UNHCR in collaboration with the Ministry of Disaster Management and Refugee Affairs (MIDIMAR), the Ministry of Gender and Family Promotion (MIGEPROF), the Gender Monitoring Office (GMO) and other stakeholders. The 2015 assessment revealed a number of gender gaps in the area of provision of services to refugees by various stakeholders. The exercise resulted in a series of recommendations aiming at responding to identified gaps, to be addressed through continued and concerted effort by all key interveners in the camp. It is against this background that the Minister of MIDIMAR recommended that partners conduct similar exercises in Congolese refugee camps in order to identify key gender issues that might arise and formulate recommendations that will help to provide more gender-sensitive refugee protection and assistance.

Rationale for the assessment

Protection services and support measures are provided to all refugees hosted in the camps, both Congolese and Burundian. These services and support mechanisms must be tailored to the distinct needs and requirements of women, girls, men and boys, since needs may vary based on gender differences and gender roles. In addition, pre-existing roles and gender inequalities may have changed or been exacerbated in the context of the current forced displacement, and this contributes to power imbalances leading to unequal access to resources and services, particularly for women and girls. These reasons make it necessary for all humanitarian actors to promote and adopt programme designs that consider the situation, abilities and differing

protection risks of different gender and age groups in order to match their needs and abilities. Safe and equitable access to humanitarian assistance should frame these designs. To achieve this objective, all population groups need to be consulted and should actively be involved in a comprehensive gender needs assessment. Understanding gender differences, inequalities, risks factors and capacities for response will improve the effectiveness of the overall humanitarian intervention.

The representative sample to be interviewed was calculated for every camp in which the assessment was conducted, in order to ensure that the findings of the gender assessment are representative of the views and opinions of the entire community. The parameters chosen for this representative survey were based on 95 percent accuracy level and a margin of error defined at 5 percent. The respondents were randomly chosen within the refugee community. Assessors ensured that members of different gender and age groups were approached for the interviews. The findings of the gender assessment resulting from the representative survey are therefore to be seen as a reliable source of information, enabling the reader of the report to identify the views, opinions and perceptions prevailing within the community in general and in a particular camp.

Aim of the assessment

An inter-agency gender assessment covering six refugee camps in Rwanda was conducted to determine a baseline against which a more gender-responsive humanitarian response can be planned.

Objectives

The assessment had three specific objectives:

1. Provide a sound baseline in order to guide humanitarian actors in ensuring equal access to rights and services;
2. Provide recommendations for future programme designs, planning and implementation; and
3. Guide humanitarian actors in ensuring equal access to rights and services by refugee women, girls, men and boys.

Assessment methodology

The methodology of the assessment involved secondary data review and primary data collection in the six refugee camps; namely Gihembe, Kigeme, Kiziba, Mahama, Mugombwa and Nyabiheke.

The **secondary data review** looked at reports by partners and online sources. Desk review of secondary data and information from the Government, One UN and international and national NGO partners compliments the research.

The **primary data collection** involved gathering information through 1,989 individual interviews and 120 focus group discussions (FGDs) with women, girls, men and boys of different age groups in the camps. Key informant interviews (KII) were conducted with local and international non-governmental humanitarian actors on-site as well as United Nations staff

and governmental staff.

Among the 1,989 individual interview respondents, 56 percent are female and 44 percent are male (table 1). Some 56 percent of men are single compared with 36 percent of women, while those married or partnered are almost the same, at 43 and 45 percent, respectively (figure 3). Regarding educational status, 86 percent of men say they have attended school compared with 70 percent of women (figure 4). Persons with disability numbered 171 or 9 percent of individual interview respondents (figure 5). Almost half of those interviewed, 893 respondents (542 female and 351 male), are heads of households, which represents 45 percent out of total individual interview respondents. The respondents included 1,484 Congolese refugees (75 percent) and 504 Burundian refugees (25 percent).

The assessment focused on four thematic areas:

- Camp coordination and camp management (including environment);
- Protection including child protection and gender-based violence;
- Education, health, cash, nutrition, food security, livelihoods, shelter and non-food items;
- Water, sanitation and hygiene.

For each camp, a representative sample size was combined with the following:

1. Two focus group discussions (one with women and one with men), comprised of refugee representatives of Executive Committees, Quartier Committees and Village Committees;
2. 18 focus group discussions with participation of refugee leadership and security structures, including committees on gender-based violence, cash-based transfer (CBT), non-food items, livelihood, education, WASH, shelter and health;
3. Individual interviews;
4. Target groups by age: Older >50, 30-49 years old, 21-29 years old and 15-20 years old.

Profile of individual interview respondents

Age group	Gender				Total	
	Female		Male			
	#	%	#	%	#	%
15-20	273	14%	257	13%	530	27%
21-29	316	16%	255	13%	571	29%
30-49	344	17%	231	11%	575	28%
50+	176	9%	137	7%	313	16%
Total	1,109	56%	880	44%	1,989	100%

Table 1: Individual interview respondents disaggregated by gender and age group

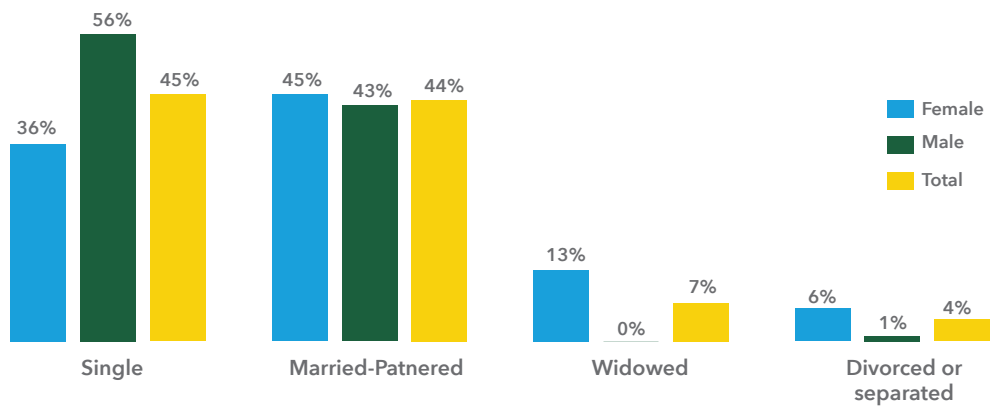


Figure 2: Marital status of individual interview respondents, by gender

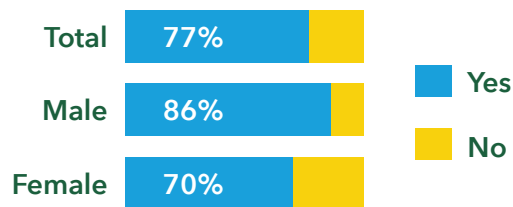


Figure 3: Individual interview respondents who have attended school, by gender

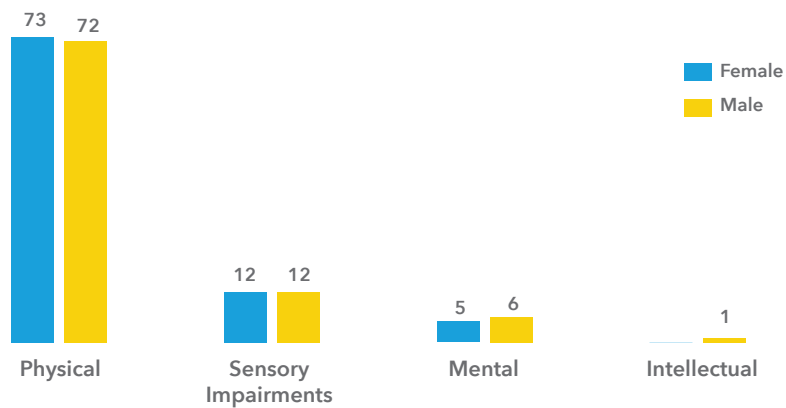


Figure 4: Type of disability among 171 individual interview respondents, by gender and disability type

FINDINGS AND RECOMMENDATIONS

1. CAMP COORDINATION AND CAMP MANAGEMENT

Introduction

Camp Coordination and Camp Management mechanisms in Rwanda ensure that services are delivered efficiently and that refugees are properly protected in the different camps. CCCM supports other sectors in seeking solutions, while in the interim upholds standards and the rights and dignity of refugees in the most effective and efficient manner. The Government of Rwanda, through MIDIMAR, fulfils the role of CCCM through the presence of its camp managers. UNHCR supports MIDIMAR to deliver in these areas of responsibility. MIDIMAR's oversight of camp administration involves the overall supervision of a camp response, including the security of refugees in coordination with the Rwandan National Police. MIDIMAR also ensures camp coordination by facilitating overall strategic and inter-camp operational coordination and information sharing. Through camp management, MIDIMAR ensures the coordination of the services available in the camp and maintenance of its infrastructure, including environmental protection. In order to ensure that refugees are represented and that they participate in all stages of planning, monitoring and evaluation regarding the response to their needs, MIDIMAR coordinates the capacity building of refugee committees at three different levels (i.e. Executive Committee, Quartier Committee and Village Committee) and ensures the participation of the refugee leadership and refugee community in various forums.



Women and men at work in Mahama Refugee Camp / 2016, July / UNHCR / SIBOMANA Eugene

Findings

1.1 Interventions focusing on environmental protection and restoration are limited.

Environmental issues within camps and in areas surrounding the camps are of immediate concern as a combination of population pressure, rapid depletion of environmental resources, climate change, man-made and natural disasters combine to make refugees and their host

communities vulnerable to environmental disasters. This finding is based on both secondary literature review and direct observation during field visits. Further, investment in environmental protection measures is limited commensurate with the rate of environmental degradation and lack of long-term solutions to gaps in fuel for domestic consumption. Competition over scarce natural resources such as trees, water and land around the camps has the potential to create tensions amongst refugees and the host community.

Refugee women and men interact differently with the environment as they perform their various gender roles. Depletion of water sources, trees, firewood sticks and shrubs heightens protection risks mainly impacting on refugee girls and women as they search for water and firewood outside the camps. Within the camps, elderly women and men and those with physical disabilities may find it challenging to walk up and down the slopes of the hills, particularly when gulleys are formed or areas at risk of environmental degradation are not reinforced. Environmental protection and restoration provides a much-needed opportunity to catalyse a host community's trust and coexistence with refugees, and the broader inclusion of refugees into daily life within their hosting environments.

1.2 Refugees have free access to services, with exceptions.

Refugees can freely access available services; however, for some services, refugees indicate that they need refugee leader's authorisation. The camp leadership is using a voluntary contribution for security as a tool for conditioning access to some services, for both men and women. In focus group discussions and individual interviews, refugees express their concern and point towards the growing power taken by leadership committees (Executive, Quartier and Village). For some services, refugees indicate that they must have the consent of the leaders in order to have access. In Kiziba camp, the distribution of firewood is decentralized to village level to ease access to firewood; however, where refugee households have not contributed a voluntary Rwf 100 security fee, village-level leaders insist the amount be paid before releasing firewood meant for households perceived to be in arrears of payment. When firewood is not released as expected it is refugee girls and women who take on the responsibility to ensure its availability. In Kigeme, in the case of a lost SIM card, refugees indicate that they must have the authorization of the leaders to replace the SIM card, which is needed to obtain cash assistance.

1.3 Gender differences are found in perceived gaps in services in the camps.

When asked to indicate the services which were insufficient or unavailable in the camp, refugees responded as summarized in figures 5 and 6. Of the 11 options provided to the respondents, they were instructed that they could select as many options as applicable. The totals are based on the multiple options selected by individual interview respondents. Significant gender disparities are noted in resources described as insufficient or unavailable in the camps (figure 6). Significantly more female than male respondents list food, clothes/shoes and sanitary pads. On the other hand, significantly more male respondents list health care services, firewood, entertainment and vocational training. Though more male than female respondents list food in Gihembe and Kigeme, the difference is insignificant (figure 6). However, in both camps, a larger difference is noted between male and female respondents who list health care services (47 to 20 percent in Kigeme and in Gihembe, 16 to 9 percent, respectively). This difference in perception would require further research.

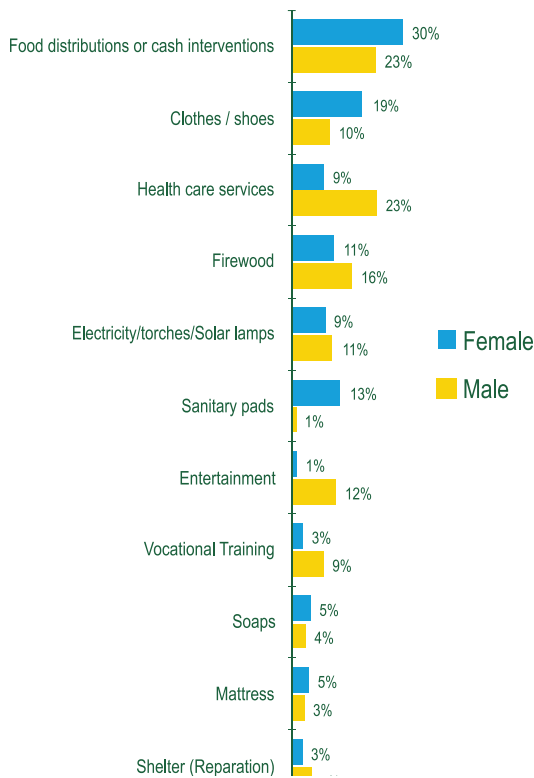


Figure 5: Insufficient/unavailable services, by gender
Source: Individual interviews, 2016

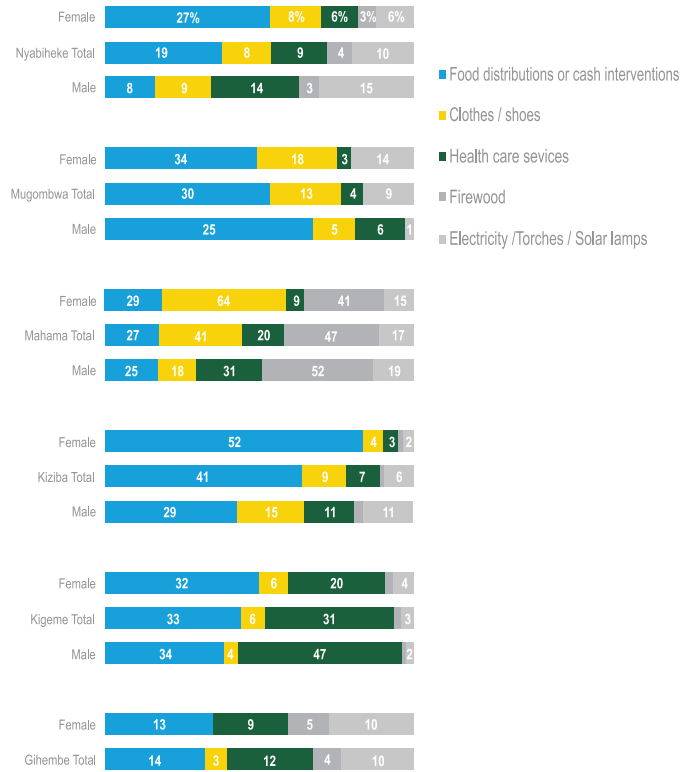


Figure 6: Insufficient/unavailable services, by gender and camp
Source: Individual interviews, 2016

1.4 Gender stereotypes persist and training on gender-based referrals in camp security is limited.

There are two complementary security systems to ensure security in the camps: 1) presence of the Rwanda National Police (RNP) and 2) a refugee community-based security system, which includes the president of the Executive Committee, security focal points at quartier and village levels, and day and night guards. No female police officers have been deployed to the camps by the Rwanda National Police. Within the refugees' security structures, only one refugee woman has been appointed as security focal point at village level in Mugombwa refugee camp, although she does not engage in night patrols and is rather involved in conflict resolution. Reproduction and perpetuation of gender stereotypes in assignment of security duties is observed, with women being assigned to water points, and men to gates. However, some gender stereotypes such as day time shifts for women are perceived as positive by both female and male refugees in preventing potential targeting of female refugees with violence in night shifts.

Male night guards often are called on to handle gender-based violence incidents during their shifts, yet they do so without appropriate training. Every year the newly elected security teams go through a session on gender-based violence during their induction training; however, the contents of the session are of general nature and are not specific to handling gender-based violence while performing security tasks; neither does it include prevention of sexual exploitation and abuse.

1.5 Lighting is absent in public spaces, heightening risks to gender-based violence for girls and women.

In all camps, the absence of lighting in public areas means that criminal activity and gender-based violence can happen under the cover of darkness. In some of the camps, refugee girls and women say that once it is dark, groups of men (mostly young men) position themselves on the routes where girls and women pass by and harass them. Sometimes groups position themselves in areas where it would be easy to target women and men and rob them of their purses, money and/or other things they were carrying.

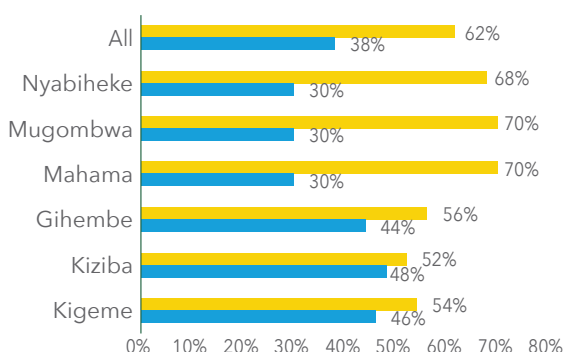
1.6 Women-friendly public spaces are absent in five of the six refugee camps.

Five of the six camps offer no dedicated public spaces for women to meet and organize. The exception is Mahama camp, where at the time of the assessment in December 2016, a women’s opportunity centre was under construction. A dedicated location for refugee women to meet and organize provides a safe space for women to openly talk about issues affecting their lives and to learn. It may also be a safe space for girls to do their school homework during evenings and weekends, while benefiting from the mentoring of senior women in order to reduce school dropout and the risk of early pregnancy.

1.7 Women’s representation and participation in refugee committees is limited. Refugee leadership reflects gender stereotypes.

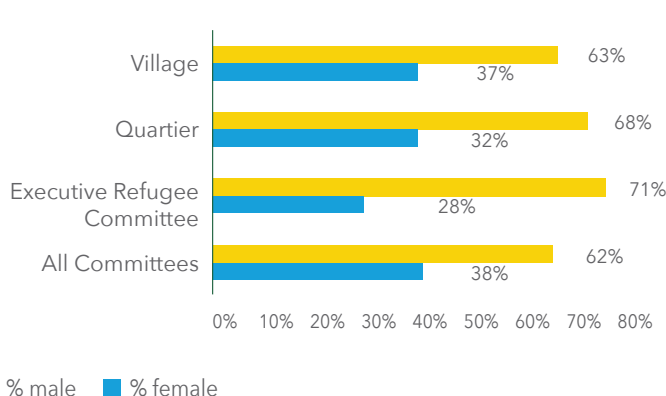
The Constitution of Rwanda guarantees a minimum 30 percent quota for women in all decision-making positions, including in refugee leadership structure. Figures 7 and 8 show the situation regarding women’s representation on refugee committees. All six camps meet the requirement for women’s quotas. Regarding the breakdown by camp, at every level the refugee committees seem to be making a good effort towards meeting the legal quota for women: Executive Committees are only two points short of the minimum target, Quartier Committees are two points above the minimum target and Village Committees are seven points above the minimum target.

Figure 7: Representation in all refugee committees, by camp and gender



Source: Individual interviews, 2016

Figure 8: Representation in all refugee committees, by level and gender



Source: Individual interviews, 2016



Refugee Executive committee leaders (in a Green Kitenge- Vice President and in a white T/shirt - President) laying the foundation stone on the Women and Girls’ opportunity centre in Mahama camp.

Women’s participation is improving, as this female leader describes:

“Things have really improved... in DRC, the man is the one taking the decisions and he is participating in elections. The woman’s job is to take decisions in the family. Now here [in Rwanda], the women are coming out and last year we had a president, so things are improving.” - Woman leader, Kiziba, key informant interview, September 2016

However, in all six refugee camps and despite the achieved minimum milestones, negative perceptions prevail on electing refugee women. As summarized in figure 9 below, in all of the camps men are elected into the position of President, and women as Vice President. The position of Social Affairs Officer is also assigned to women in all the camps. The present structure may promote hierarchies where refugee men occupy top position and women lower positions.

“Women are mostly in social affairs, and vice president because women are in charge of family activities.” - Woman leader, FGD, Mahama, November 2016

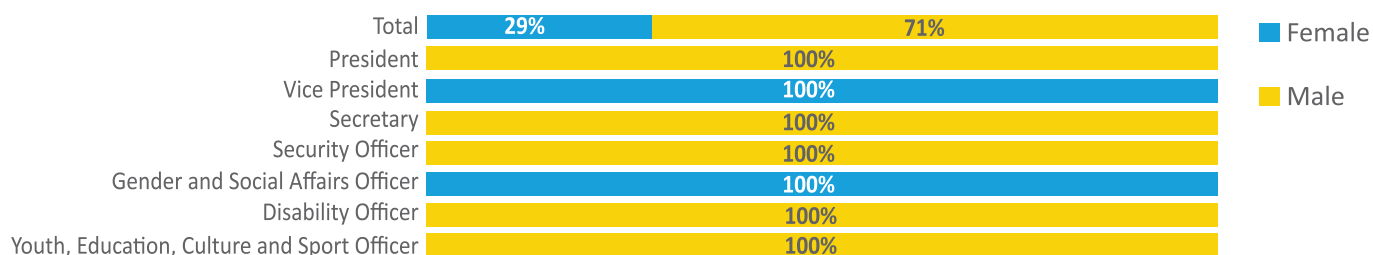


Figure 9: Composition of refugee Executive Committee, by gender (all camps)

Gender stereotypes are evident in men's perceptions about women's leadership. Such stereotypes are likely to have a counter effect on advancing gender equality within the refugee leadership structures. In terms of effective participation, women leaders are also constrained by gender roles and may find it difficult to attend to meetings if they are scheduled after 10 am, a factor noted by a female respondent in a key informant interview in Mugombwa. In this regard, taking into account women's daily work schedules could improve the participation of women in the refugee committees.

1.8 Barriers to refugee gender equality in CCCM

The misperception that women are less capable of taking full responsibility within the refugee Executive Committee is a barrier, as are the prevailing perceptions of male refugees occupying key leadership positions. A common misperception is women's inability to lead. Gender stereotypes portray women leaders as burdened by domestic roles. And there are other barriers, such as the requirement of a secondary school diploma to participate in leadership structures at quartier levels, which limits women's participation. Also, the use of "voluntary" security contributions imposed by some community leaders appears to obstruct access to services. The security reporting hierarchy may filter out incidents of gender-based violence. The limited number of police and absence of female police officers deployed to the camps lessens safety and security for girls and women.

1.9 Recommendations - CCCM

1. Eliminate barriers that hinder female participation in leadership and management structures.
2. Allocate financial resources for bridging the existing gender gaps in representation by 2020. This would include, among others, measures to debunk gender myths and stereotypes; sensitization and training of refugee committees on leadership skills and gender equality; gender-informed decision making at camp level; and tracking meaningful inclusion of women in camp leadership.
3. Regularly analyse gender differences in prioritization of refugee needs and use the analysis in defining operational priorities and interventions.
4. Review prevailing community-based security arrangements and strengthen security operations by 1) facilitating state responsibility in ensuring safety and security of refugee women, girls, men and boys; 2) by inter alia increasing the number of police officers to patrol the camps in night and day shifts; and 3) by increasing the number of female police officers.
5. Establish women's opportunity centres in all camps for inclusive representation and participation of women refugees.
6. Strengthen the capacities of staff working on refugee protection with gender analysis skills.
7. Design programmes with gender equality as a core objective in order to address environmental needs in the six refugee camps.

2. CASH AND FOOD ASSISTANCE

Introduction

Food assistance measures in place in the refugee camps aim to provide all refugees, without discrimination, with sufficient quality and quantity of appropriate food. Through a 2002 Memorandum of Understanding (MoU) on “ensuring access to timely and right quantity of the right food”, UNHCR and the World Food Programme seek to contribute to the restoration and/or maintenance of a sound nutritional status for refugees through a food basket that meets the assessed requirements of the different refugee population groups. Food assistance is expected to be culturally acceptable. In addition, the food security objective seeks to promote the highest possible level of self-reliance among refugees through implementation of appropriate programmes to develop food production or income generation, which will facilitate a progressive shift from general relief food distribution towards more targeted assistance and sustainable development-oriented activities.

Two approaches have been taken to meet the food and nutritional needs of refugees in the six camps in Rwanda: cash and food assistance. The first approach, involving cash assistance is where money (Rwf 6,300 per person) is transferred by the World Food Programme on a monthly basis to refugees through mobile telephone technology and more recently through electronic payment systems with MasterCard.³ Cash transfer is currently being implemented in Gihembe, Kigeme and Nyabiheke camps. The second approach, food assistance, involves transporting and distributing food to the refugees by the World Food Programme, including cereals, edible oil, pulses and iodized salt, calculated at a standard of 2,100 Kcal of energy and micronutrients per person per day. Food assistance is currently being implemented in Kiziba, Mahama and Mugombwa camps.

Modality of food assistance	Name of camp	Age of camp	Date Cash Assistance using Mobile Money Technology Started (month/ year)	Date Cash Assistance using Smart Card Technology Started (month/ year)
Cash	Gihembe	1997, 19 years	June 2016 ¹	June 2016
	Kigeme	2012, four years	November 2015	September 2016
	Nyabiheke	2005, 11 years	April 2015	July 2016
Food	Kiziba	1996, 20 years		
	Mahama	2015, one year		
	Mugombwa	2014, two years		

Table 2: Camps by type of food assistance modality

³ In Gihembe the pilot programme of Cash assistance started in January 2014 and was scaled up in August the same year.

Findings

2.1 Refugee women feel empowered by cash assistance, while men feel anxious, disempowered and are projecting gender violence.

Designation of women refugees as heads of households for the purposes of collecting cash or food assistance makes them feel empowered. This is particularly true in Gihembe, Kigeme and Nyabiheke, the three camps that have shifted from in-kind food assistance to cash transfers. From key informant interviews and focus group discussions, the assessment finds that refugee women are expected to take responsibility over all activities relating to collecting, selling or exchanging food rations for other goods or to cover other needs; cooking; and managing and communicating about food availability and shortages with their family members.

Refugee women in focus group discussions in Gihembe, Kigeme and Nyabiheke said that cash assistance makes women feel confident, in-charge and empowered with the ability to choose what types of food they can buy, and when and where to buy the food. They also like being the ones who receive the cash on behalf of their families. However, this sense of power to collect and bring food or cash home, and to make decisions around it, challenges pre-existing gender relations in both DRC and Burundi, where men traditionally play a key provider role (FGDs, female refugees, 2016). Men say that the empowerment granted to women, of collecting and making decisions on cash and food assistance makes refugee women disrespect them and forget their cultures, where the woman is subservient to the man (FGDs, refugee women and men, 2016).

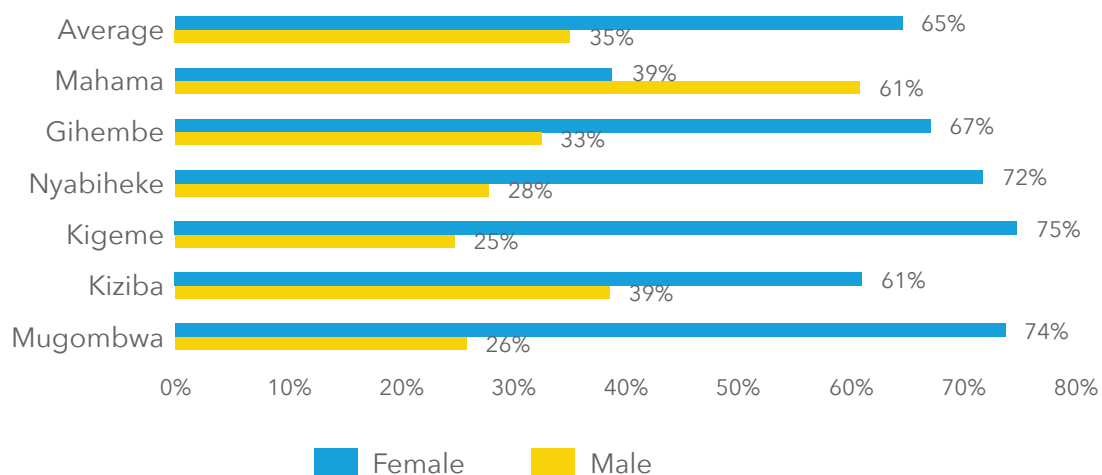


Figure 10: Heads of households receiving cash transfer and food assistance, by gender

Source: UNHCR, October 2016

Cash transfer is being implemented in Gihembe, Kigeme and Nyabiheke camps, where registered heads of households/direct recipients of cash are predominately female (67 to 75 percent) and fewer are male (25 to 33 percent) (figure 10). Food assistance is being implemented in Kiziba, Mahama and Mugombwa, where registered heads of household/direct recipients of food span a range, with 39 to 74 percent female and 26 to 61 percent male refugees. The figure shows that more women than men are registered as heads of household/direct aid recipients in all camps but Mahama, where there were 61 percent male heads of households registered. The explanation for the high number of male heads of households in Mahama is that many men arrived alone, and are therefore registered as a head of a family of one. Men refugees in the

camp are reluctant to register as head of household, mainly due to their perception that this responsibility takes a lot of time as the registered person is required to participate in all head of household activities, particularly in queuing up to receive assistance (FGD, refugee men, 2016).

In partnered relationships, the registration of women as direct beneficiaries, and therefore as heads of households, does not mean that women assume head of household status within their homes; rather, the male spouse continues to remain the head of household according to their traditional norms. Some men, across all camps, are discontent with the disproportionate number of women who directly receive humanitarian goods on behalf of their families:

“Here it is only the women they [humanitarian actors] care about... in everything women are given priority result of which women disrespect us.... A man is the head of household and he must be respected.” Refugee men, FGD, Kiziba, 2016

In key informant interviews, humanitarian workers report a positive impact on the family when women are registered as direct recipient of cash or food assistance. In order to avoid tensions within the household due to cash or food distribution, male inclusion alongside women and vice versa is productive. Where married women are registered as heads of household, efforts are made to include their husbands in all activities relating to cash and food. Similarly, where married men are registered as heads of households, inclusion of their wives matters. This requires promoting joint decision making through cash and food assistance.

While joint decision making is practiced, in most instances the husband seeks greater control over the food in the household. Where there is resistance by the wife, tensions emerge that frequently degenerate into conflict. Across the six camps, the perception is that joint decision making among couples is happening but often times, particularly where there is no agreement on how to use cash or food assistance, the man’s decision prevails (FGDs, refugee women and men, 2016).

“After collecting food rations, some of the families discuss on how to use the food and how to cover all the needs of their children, then both the husband and the wife decide what to do. But the final decision is taken by the husband.... Sometimes the husband takes decisions to take part of the food for his needs, mostly drinking alcohol, and this brings problems when the wife refuses.” - Male refugees, FGD, Mugombwa, 2016.

Joint decision making within partnered households remains a major challenge. Couples are not used to jointly discussing available resources and assigning them for use. This task is particularly challenging when there is only very little food or cash to plan for, as is often the case in refugee camps.

Tensions and conflict linked to the use of cash at refugee household are based on unequal gender relations between partners, with refugee women mostly being in a subordinate position in partnered households in all six refugee camps. Tensions between spouses and intimate partner violence are mostly reported in households where there is little agreement between partners on how to use the cash or how to use the food. However, tensions are more pronounced where cash is the main item. According to the women, the majority of conflicts occur when husbands want a share of the money for their individual expenses other than for food, mainly for alcohol. According to the men, a few of the times when the tensions emerged are due to the wife’s insistence on spending the cash on her personal needs, other than for food

The strain of having limited alternative income sources – other than cash or food assistance – combines with resistance to changing gender relations creates a sense of hopelessness among refugee men, who often remain idle in the camps. The sense of hopelessness manifests in alcohol abuse and aggressive/violent behaviour that harms women and girls, as well as men and boys in public and private spaces. There is now a strategy in place, the joint MIDIMAR-UNHCR Strategy on Economic Inclusion of Refugees, to gradually turn camps from aid-dependent parallel societies into vibrant market-based economies, an improvement likely also to have positive effects on gender issues.

2.2 Refugee women and men prioritize differently, with menstrual needs given lowest priority.

Asked what they would prioritize if they had more cash, selecting from a list of multiple options provided, respondents to individual interviews gave food as first priority, followed by clothes (figure 11).

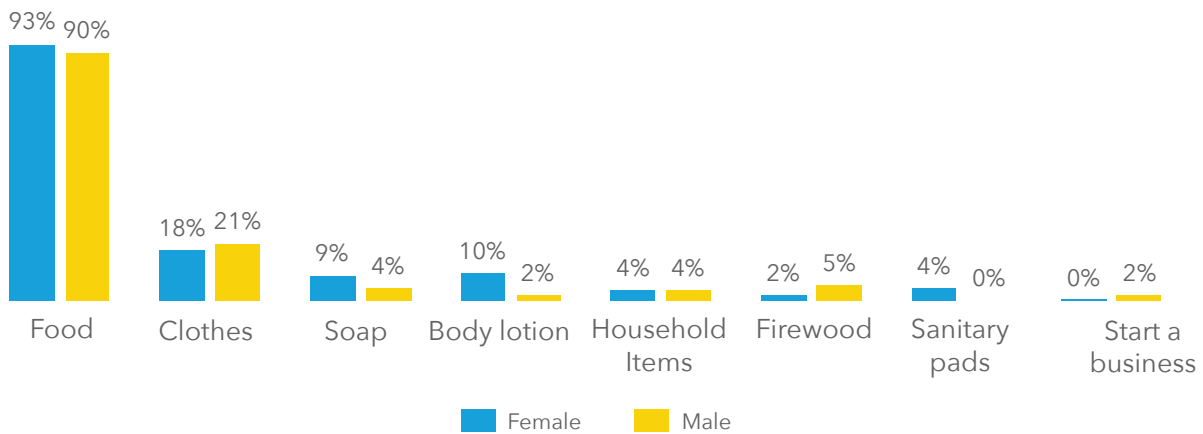


Figure 11: If you received (more) cash what do you think would be important to purchase? (Check all that apply)

Source: Individual interviews, 2016

Refugee women and men prioritize household needs differently in their day to day lives, except when it comes to food and household items, according to results from all six camps. While there were items both women and men thought were priorities and would buy, there were also items women considered important but men did not; and vice versa. Both female (93 percent) and male (90 percent) refugees say with more cash they would buy food. This may mean that refugee women and men, in equal measure, feel that they have unmet food needs.

Some 4 percent of female respondents say with more cash they would buy sanitary pads, signalling an unmet need for menstrual supplies among girls and women. In most refugee households, when women use cash or food portions received to buy menstrual items, conflict arises in the household about how the woman is prioritizing family expenditure, according to focus group discussions with girls and women. Adolescent girls face particular challenges in meeting needs for sanitary pads, personal grooming items, decent clothing, shoes and lotion. Parents prioritize food over such needs, due to the limited amount of money, leaving them unable to meet the needs of their growing girls. This often leads to girls feeling neglected and pushes some to resort to sex in exchange for commodities.

It is important that humanitarian workers, in their search for strategic interventions, plan any refugee response with the assumption that the priorities of refugee men and women are different. The assessment shows that intimate partner violence is most often linked to how cash, food, non-food items or other resources are used by either partner in partnered households. Intervening in a manner that addresses the differences and similarities helps to bridge access gaps and to reduce social tensions that build up when the priorities of one party are not taken into account. This kind of understanding should be supported by programming such as a programme that supports refugees with practical skills on how to work together, create partnerships, practice joint decision making, innovatively build resilience to shocks and build sustainable livelihoods.

2.3 More refugee men than women face challenges in accessing food.

In focus group discussions, both female and male respondents express a preference for cash over in-kind assistance. Cash assistance was seen by most refugees as facilitating their access to a broader variety of food types and enabling refugee women, who are the main food managers, to purchase their families' food preferences, allowing for more dignity and independence in their nutritional choices and priorities.

Regarding access to food, 71 percent of respondents across all six camps say they have had problems in accessing food in recent months, just prior to the assessment. Further, 11 percent more refugee men than women report such problems (figure 12).

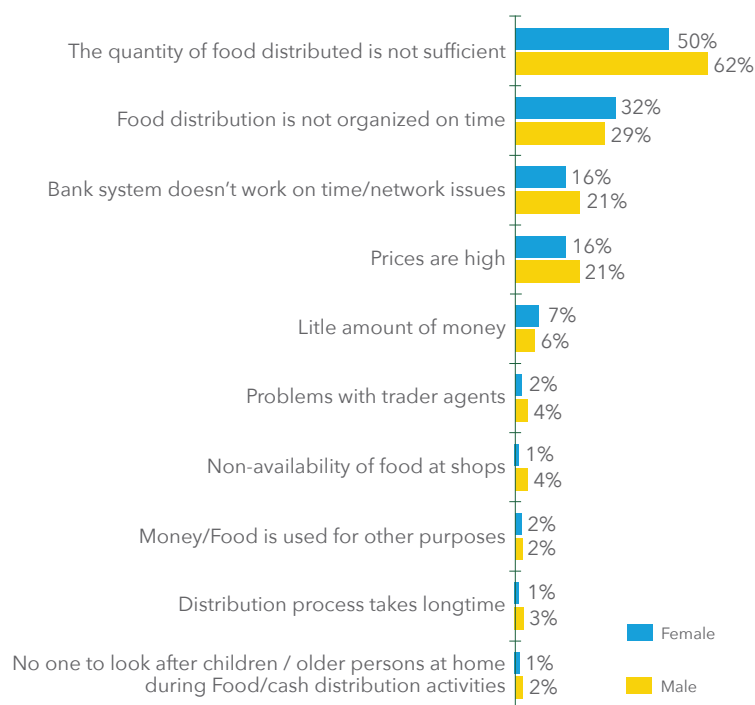


Figure 12: Types of challenges refugees face in accessing food

Source: Individual interviews, 2016

Significant gender differences are noted in the types of food challenges faced (figure 12). In camps practicing food distribution (Kiziba, Mahama and Mugombwa), more male (62 percent) than female (50 percent) refugees report that the quantity of food distributed is insufficient to meet their needs. For camps on cash transfer (Gihembe, Kigeme and Nyabiheke), the percentage of refugees indicating that the amount of cash transferred is insufficient is nearly

equal between female (7 percent) and male (6 percent) refugees. More female (16 to 32 percent) than male (21 to 29 percent) note that food distribution is organized in an untimely manner and that the banking services are problematic. High food prices are of concern to 16 percent of female and 21 percent of male respondents.

2.4 Significant gender differences are found in how refugee households cope with food shortages.

Refugee women and men have different opinions about how refugee households cope with food shortages. Convergent and divergent points are shown in figure 13. The data illustrates that more women think that refugees cope with food shortages by skipping, selling or exchanging NFIs for food and purchasing food on credit. On the other hand, more men are of the opinion that refugees cope by borrowing food or relying on friends/relatives, reducing the number of meals per day or going to look for work outside the camp.

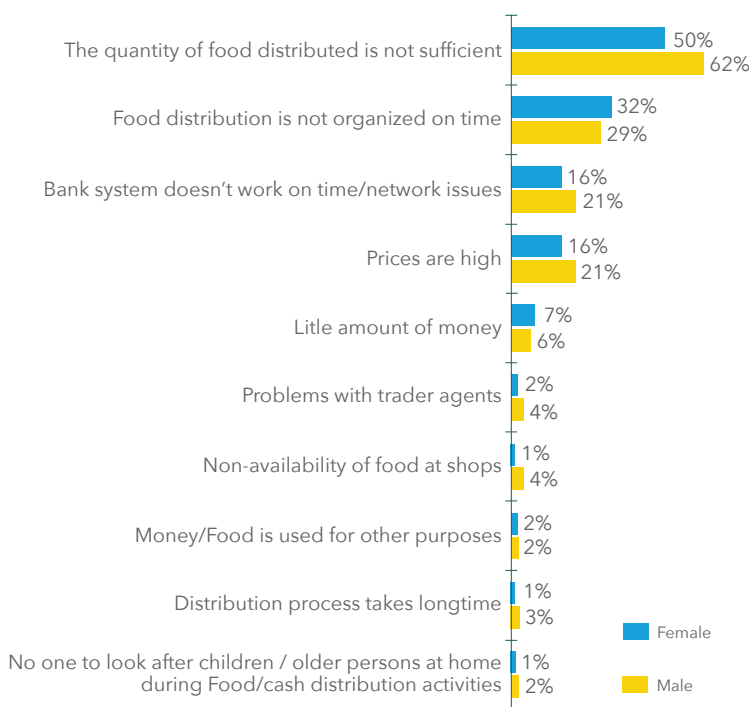


Figure 13: What do refugee households do to cope with food shortages?

Source: Individual interviews, 2016

Regarding coping strategies, more women say they purchase food on credit (47 percent) compared to borrowing food or relying on help from friends and relatives (41 percent). In focus group discussions, women indicate that when faced with food shortage in their households they would go to their neighbours or friends who still had food and borrow from them and, if not successful, they would borrow from traders in the camps and in the host communities. The later strategy was mostly used by women in Gihembe, Kigeme, Nyabiheme, Mahama and Mugombwa where host communities are close to the camps. The collateral for borrowing in some cases may include surrendering the refugee Proof of Registration (PoR) cards to the traders as a guarantee for reimbursement (individual interview, Mahama, 2016). Quantities of food borrowed are expected to be paid back with interest; however, it is not clear how much interest is charged as refugee women quantify by saying “a little interest”. It may be worth examining the loan arrangements entered into by male compared with female refugee households, including the different types of collateral used, and how this impacts refugee household food security

and protection concerns. Several negative coping mechanisms related to food shortages are based on gender, focus group discussions indicate, with women and girls resorting to the following kinds of behaviour:

- **Begging:** The combination of unmet needs and being accustomed to hand-outs over the years pushes mostly female refugees towards begging in urban centres close to the camp, and others travel to the city of Kigali to beg on the streets. Women who leave the camps for urban areas to beg in order to meet basic needs may leave behind children who suffer from prolonged parental absence. Child neglect often leads into drug use, criminal activities, sexual abuse, exploitation, early pregnancy and heightened risk of sexually transmitted infections, including HIV.

"You see, the women who go out to beg sometimes receive money for sex resulting into unwanted pregnancy from those men.... Some women and girls go to Kigali, others go to beg in Karuruma." - Refugee man, individual interview, Nyabiheke, 2016

- **Sex in exchange for basic needs:** Girls and women who resort to sex in exchange for food or other supplies to meet basic needs see this activity as a last resort, an emergency coping measure, say participants in focus group discussions. There is a lack of livelihoods opportunities in and around the camp (see also sections on Livelihoods and Protection).

"When there is nothing more to eat, my daughter will see for herself the situation and she will go out of the camp and come back with food for the whole family. Everybody knows how she managed to bring the food [meaning through sex in exchange].... I am old and cannot work anymore. We keep quiet, nobody asks questions because we had no food and now we have food." - Refugee man, individual interview, Nyabiheke, 2016

- **Conditional pregnancy:** In some households, refugees, both women and men, feel they need to increase their family size in order to increase aid in the form of food ration or cash. This "conditional pregnancy" is described in many camps:

"Poverty is all over... some force their daughters to get pregnant in order to get more food." - Refugee girl, individual interview, Kigeme, 2016

"Some women are forced by their husbands to be pregnant such that they can get more things like porridge and mattresses." - Refugee woman, individual interview, Mahama, 2016

"My husband refuses to use any family planning method, and whenever I give birth he does not wait until I'm better, he starts asking me when we are going to make another baby. This is because when a family has many people the quantity of food increases, so he wants our family to become big." Refugee woman, individual interview, Kiziba, 2016

Regardless of the mode of distribution, whether through in-kind food or cash for food assistance, most refugee households in camps are still mainly dependent on aid to cover their basic food needs. Whether receiving food or cash, the quantity provided is hardly sufficient for refugees to make it to the end of the month. A World Food Programme assessment conducted in May 2016 confirmed that food in refugee households lasts for 23 days in protracted camps.

It found that in Gihembe, Kiziba and Nyabiheke for 10 to 20 years both female- and male-headed households have depended on assistance for food and NFI and that this approach, while addressing the practical needs of refugees, regardless of gender to have enough food to eat per day, falls short of addressing strategic gender needs through a clear strategy of graduating the refugees out of food aid into self-reliance.

2.5 Barriers to gender equality in cash and food assistance

Barriers to gender equality in cash and food assistance are linked to unequal gender relations at refugee household level, leading to potential conflicts within the household. There is often low awareness on joint decision making among couples in partnered households. Further, weak inter-agency coordination and monitoring systems on gender quality needs to be strengthened in order to link identified gender gaps, including gender-based violence, to response planning. Finally, there exists no systematic graduation of refugee women and men from food/cash aid to self-reliance.

2.6 Recommendations - Cash and food assistance

1. Sensitize refugees on the need for shared responsibilities in household expenditure prioritization, collection of food and cash assistance and shared decision-making in partnered households.
2. Train refugee women, girls, men and boys on budgeting skills, savings, debt management and use of cooperative and banking services to minimize conflicts resulting from utilization of cash.
3. Initiate a programmatic intervention focusing on building more gender equality awareness within refugee households through cash assistance as an entry point.
4. Support systematic gender analysis before and after cash distribution to deepen understanding of gender dimensions to decision making at operational, camp and refugee household levels.
5. Conduct regular gender monitoring of decision making on cash and food at refugee household levels and purchasing power of female compared with male refugee households and by other gender variables.
6. Assess the loan arrangements entered into by male compared with female refugee households, the different types of collateral given by female compared with male refugees, and how the loans and collateral impact on refugee household food security and protection concerns.
7. Ensure that programming priorities in cash and food assistance are channelled towards helping adolescent girls and boys adopt gainful livelihoods.
8. Maintain ongoing cash assistance to refugees in response to needs expressed by female and male refugees in preference of cash over food in-kind support in Gihembe, Kigeme and Nyabiheke and roll-out cash transfers in Kiziba, Mahama and Mugombwa refugee camps.
9. Strengthen operational planning and response with gender equality programming around the different priorities of refugee women and men.
10. Develop a long-term strategy on sustainability to reduce dependency on assistance and use the opportunities available in host countries to enhance refugees' livelihoods.

3. EDUCATION

Introduction

The central purpose of education is learning and the development of skills, capacities and confidence for refugees to live healthy, productive lives (UNHCR, Education Strategy, 2012). Refugee boys and girls have a right to education in countries of asylum. Refugees are also included in the scope of Goal 4 of the Sustainable Development Goals, which is to “ensure inclusive and quality education for all and promote lifelong learning”. SDG goal 4 on education recognizes that education is a fundamental human right. To fulfil this right, countries must ensure universal equal access to inclusive and equitable quality education and learning, leaving no one behind (UNESCO, 2016). Gender equality is integral to this goal as it seeks to ensure that no person is excluded from realising their education rights because of their gender.

Education is an integral part of refugee protection. In Rwanda, refugee students are integrated into the national education system, whereby refugee children attend the same schools as Rwandan nationals, participate in the same examinations and obtain the same degrees. UNHCR and the Adventist Development and Relief Agency (ADRA) are partnering in the education sector to support the Government of Rwanda to ensure that refugee girls and boys access quality education in or around all camps and/or in urban settings. In Rwanda, all refugee children have access to education; however, gender issues create barriers. This section looks at gender issues relating to refugee education in the six camps and identifies gender-specific barriers and protection risks that might prevent refugee children from accessing the national education system or finalizing their education. Recommendations focus on creating an enabling learning environment in order to improve enrolment, attendance and performance and reduce the risk of school dropout.



A boy (L) and girl (R) at Mugombwa ECD

Findings

3.1 Integration of refugee students into Rwanda's schools supports Goal 4 on inclusive education. .

Refugee children are expected to be fully integrated into the national education system in primary and secondary schools in the vicinity of the camps. Aspirationally, the goal aims to ensure that there is equal access to education for refugee children without gender discrimination. The full integration of lower and upper secondary students has been achieved in Kigeme and Mugombwa, and partially achieved in Nyabiheke and Mahama (table 3). The Government of Rwanda committed in September 2016 to finalize the integration of secondary refugee students into the national education system by the end of 2017. UNHCR, ADRA and MIDIMAR need to actively partner with MoE, REB and MINALOC to outline the roadmap for each camp setting.

Camp	Integration status (none, partial, full) and percentage	Level of integration in primary school	Level of integration in lower and upper secondary school
Gihembe	None - 0%	All refugee students remain in the camp primary school.	All refugee students grades 1 to 6 remain in the camp primary school and/or lower secondary school. Grades 8 and 9 have started, though 11 more qualified teachers are required.
Kigeme	Fully - 100%	Refugee students are fully integrated in primary school.	Refugee students are fully integrated in lower secondary school and nearly so in uppersecondary school
Kiziba	None - 0%	All refugee students remain in the camps' primary schools	-
Mahama	Partial - 45%	Refugee students are partially integrated in primary school. Some students remain in the camp primary school.	
Mugombwa	Fully -100%	Refugee students are fully integrated in primary school.	
Nyabiheke	Partial - 83%	Refugee students are partially integrated in primary school. Some students remain in the camp primary school.	Refugee students are partially integrated in secondary school (lower and upper).

Table 3: Status of integration of refugee children into primary schools, by camp

3.2 Gender disparities persist in teacher recruitment in primary schools.

Female refugee teachers represent 41 percent of the refugee teachers' workforce. In Kigeme and Mugombwa refugee female teachers constitute over 50 percent of the refugee teachers' workforce. The gender gaps in refugee teachers recruitment is most glaring in Kiziba and Nyabiheke; further, in these two camps there are almost no teachers from the host community. Ensuring gender balance in teacher recruitment contributes to gender equality goals in education in the refugee camps by modelling ideal gender scenarios that indirectly shape refugee girls and boys thinking on equality. Ensuring gender balance also means that there

are female teachers available in the schools who girls can approach when they are faced with challenges they would like a female teacher to address; the same is true for boys, with male teachers.

CAMPS	NATIONALS			REFUGEES		
	Male	Female	Total	Male	Female	Total
Gihembe	3	3	6	73	61	134
Kigeme	0	0	0	19	21	40
Kiziba	1	0	1	102	66	168
Mahama	88	52	140	126	81	207
Mugombwa	39	51	90	12	13	25
Nyabiheke	0	0	0	23	12	35
TOTAL	131	106	237	355	254	609

Table 4: Number of primary school teachers, by gender and camp

Source: UNHCR – ADRA Rwanda, education data

3.3 Parental support, particularly from fathers, is poor.

Parental support and supervision of school-aged children is weak, particularly among fathers. Teachers interviewed as key informants indicate that fathers are often reluctant to attend school-related activities. School meetings are mostly attended by mothers and it is mostly mothers who follow-up on children’s attendance and performance. According to refugee men in focus group discussions in Gihembe, Kiziba, Kigeme, Mugombwa and Nyabiheke, it is the role of mothers to monitor children’s education. Fathers are not requested to play an active role in monitoring their children’s performance at school, the men say. Another finding is that parents limit girl’s participation in sports and other extra-curriculum activities, while this is not the case for boys from the same households.

“In the camp for example, when we mobilize girls and boys to participate in sport activities, boys are more encouraged by their families to take part in such activities while girls are required to stay at home for household work.” Key informant interview, Nyabiheke, September 2016

Key informants cite incidents in which girls successfully claimed their right to participate in sporting activities when they felt that this right was being compromised by family members. This demonstrates the ability of girls to negotiate their own rights and entitlements. It is therefore critical that programmes aimed at strengthening the capacities of girls, both in and out of school, to tap into their own capacities, prepare for adolescence and overcome discrimination. The roll-out of sports programmes targeting youth needs to be considered in order to engage refugee girls in activities. This will contribute to strengthening their autonomy within the community and empowering them to negotiate access to their rights, including the right to education.

3.4 Safe rooms for girls are available in some schools, absent in others.

In accordance with the Ministry of Education’s standards, each school needs to be equipped with a girl’s room, a friendly space in the school for rest and recuperation for girls faced with menstrual needs and menstrual syndromes. While some schools do, others do not have

the safe rooms or have provisional spaces assigned towards this purpose. Further, lack of a reliable supply of sanitary pads sometimes contributed to girls missing school. Refugee girls (as well as host community girls) received supplies each month in some camps; in other camps, distribution was inconsistent, with delays of up to three months, and when there was distribution it did not take into account the months in which the girls had missed distribution (FGD, refugee girls, 2016).

“Some girls prefer staying home instead of going to school. They will keep changing clothes and taking showers [during their menses], some approach men and get their material needs (for sanitary pads, body lotion, etc.) fulfilled in exchange for sex.” - Young girls aged 15-20 years, FGD, Kigeme, 2016

Camp	Safe room (None, provisional, fully equipped)	Distribution of sanitary pads (None, partially integrated, fully integrated)
Gihembe	Provisional	None
Kigeme	Provisional	Fully integrated
Kiziba	None	None
Mahama	Provisional	Provisional
Mugombwa	Provisional	Fully integrated
Nyabiheke	Fully equipped	Partially integrated

Table 5: Safe rooms and sanitary pads distribution to school girls, by camp

Source: ADRA, 2016

Mugombwa has a provisional safe room in the primary school and sanitary pads are provided; however there is need for a fully-equipped safe room in line with Rwandan education standards. Sanitary pads are distributed in primary school in emergency cases only, with 110 pads regularly distributed in a month for five refugee girls per day on average. In Mahama, ADRA occasionally provides sanitary pads. A girl is only given one pack per month and may sometimes wait for three months before being provided with additional pads.

“It is a problem because the quantities we receive are not enough. At school, we only get sanitary pads in cases of a menstrual emergency.” Female secondary school student, Mahama

In Kiziba, the assessment revealed that the refugee school run by UNHCR and ADRA is not equipped with a safe room for girls and the provision of sanitary pads is not foreseen. Female students often have to leave the school when they have menstrual periods. Advocacy is being done to allocate one room for girls as part of the new construction in the school. In Kigeme, a temporary girls room is available in the school where sanitary pads can be obtained in case of emergency. Nyabiheke has a fully-equipped girls room where sanitary materials are available.

3.5 Girls are vulnerable to gender-based violence in and around schools.

An environment free from violence, specifically gender-based violence in its multiple forms, is essential to ensure girls' access to education. There is generally adequate security in both primary and secondary schools to allow for peaceful learning in all schools in and around the

six refugee camps. In order to determine refugees sense of safety and security in relation to learning environments, respondents to individual interviews were asked what they believe to be the main protection risks in schools attended by refugee children. Figure 14 presents the three most salient issues by camp. Respondents in Mugombwa, Kiziba, Mahama and particularly in Kigeme warn that girls are exposed to the risk of being sexually abused at school: in Kigeme, 7 percent of female respondents identify this risk. The indirectly related risk of not sufficient lightening is highlighted in Nyabiheke and Kigeme in particular. Exposure to a potential risk of being approached and recruited by others for the purposes of engaging in commercial sexual activities is highlighted in Kigeme (10 percent of the respondents), Mugombwa (6 percent), Gihembe (5 percent) and Mahama (4 percent).

Percentage of respondents

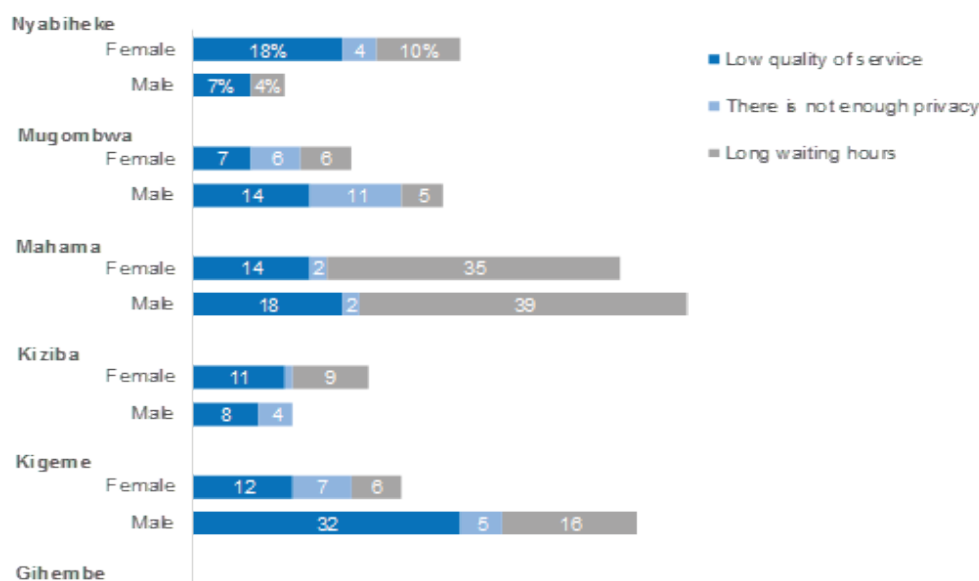


Figure 14: Refugee perceptions on main security issues in the school

Source: Individual interviews (representative survey conducted in refugee camps), 2016

Refugee women and men are concerned about different issues, it appears that men are more concerned about the lack of sufficient lighting in schools across three of the camps, while refugee women are concerned about schools being potential grounds for recruitment of girls into sexual exploitation circuits and girls being sexually abused at school. Data from the individual interviews and focus group discussions confirms that adolescent girls are at risk of being lured into sexual exploitation circles, which may put them at risk of a broad range of gender-based violence including trafficking. Respondents report an average of 10 incidents per camp of gender-based violence at school. These incidents are reported to occur within the camp, in school and on the way to and from home.

In Kiziba, for example, refugee girls say they particularly feel unsafe in the evening after classes on the way back from school. Just outside the school compound, boys wait to coerce them into sexual activity and once in the camp there are boys and men with similar intentions; testimonials from refugee girls and women show a variety of risk situations:

"We had gone to schools for evening preps then the boys ran after us and they raped my friend." - Refugee girls, Kiziba, 2016

"When it reaches the evening there is a big group of boys who stop us from walking home. Every day they wait outside the school and they try to take some girls with them." - Refugee girl, Kigeme, 2016

"A lot of girls are involved in relationships with older men because they have unmet needs which induces them into temptations of either going into relationships with older men or going to sell their bodies. But once they get pregnant they drop out of school." - Refugee woman, Gihembe, 2016

"Some big girls come from Butare and tell them that they will give them all the items that they need and they should go together to Butare. Some are students and others are not. When they reach Butare all the girls will be given men and they will go [to engage in sexual activities] with the men and the men will give sometime Rwf 1,000 and sometimes even up to Rwf 5,000." - Refugee girl, Mugombwa, 2016

"I know of teachers who impregnated three girls of about 18 years old from the school. They were promised by the teachers that they would be helped but they were not." - Refugee girl, Nyabiheke, 2016

Unprofessional conduct of some teaching staff towards girls is a major challenge. In Kiziba, Kigeme and Mahama, a combination of information obtained through individual interviews and focus group discussions shows that teaching staff allegedly entice girls to consent to sexual favours in return for promises, which is a form of professional misconduct and sexual exploitation. Girls aged 15 to 20 years in these camps report that there are some schoolteachers who give "rendez-vous" to girls to meet them after classes.

Early pregnancies are a major challenge and cause girls to drop out of school, say respondents in individual interviews, key informant interviews and focus groups discussions. When asked what would be the main reasons for refugee girls not continuing education, some 40 percent of female and male respondents of individual interviews mention early pregnancy as a cause. In all six camps, there are no strategic programmes focusing on ensuring that refugee adolescent mothers return to school after delivery.

3.6 Gender segregated and lockable latrines are available in some schools, lacking in others.

Mahama is the only camp with school latrines that are gender sensitive as per Sphere standards. In the other camps, the number of latrines either are insufficient; have unequal girls ratios per toilet; lack locks from inside or have no doors. In the protracted camps, most toilets have doors that once had locks, but these are either worn out or vandalized.

3.7 Gender gaps are found in enrolment, attendance, performance and dropout rates.

Access to secondary school for refugee boys and girls is a major challenge in all six camps, but particularly for girls. It was found that the key gender issues in access to education are linked to limited scholarship opportunities for girls as refugee families are unable to afford the costs of secondary education, long distances from camp to secondary school (particularly for Kiziba which is a bit isolated from the nearest host community secondary schools) and early pregnancy.

Enrolment

A review of data from UNHCR and ADRA shows that gender gaps in enrolment are significant in all six camps and are skewed against refugee girls. Overall, more refugee boys are enrolled in schools than refugee girls from early childhood development education (ECD) to upper secondary. Mahama and Gihembe register the highest level of gender gap in favour of boys, especially in secondary school (table 6). Upper secondary results vary: in Kiziba and Mugombwa, girls outnumber boys in upper secondary yet, overall, the data also shows that upper secondary has the highest disparity of 18 percent of more boys than girls enrolled. Nursery/ECD enrolment for all camps is the only level where the disparity is in favour of girls, at -1 percent.

Level	Gihembe		Kigeme		Kiziba		Mahama		Mugobwa		Nyabiheke		Total female	Total male
	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys		
Nursery/ ECD	354	355	759	767	428	378	2,171	2,211	435	421	351	375	4,498	4,507
Primary	1,500	1,576	2,393	2,509	1,968	1,847	5,009	5,402	1,365	1,337	1,858	1,860	15,069	15,507
Lower Secondary	480	502	380	402	736	728	1,141	1,579	265	269	466	454	3,894	4,399
Upper Secondary	56	85	132	171	94	83	230	631	49	38	201	138	1,007	1,504
Total	2,370	2,518	3,664	3,849	3,226	3,036	8,551	9,823	2,112	2,065	2,876	2,827	24,466	25,917

Table 6: Enrolment from nursery to upper secondary, by gender in all camps

Source: UNHCR and ADRA, education data, 2016

Attendance

The school attendance disparities are highest in Mugombwa and Kiziba camps with attendance gaps in favour of girls in these two camps. Mahama camp has higher male students attendance rates. Nursery/ECD attendance registers a parity for girls. In primary, lower secondary and upper secondary levels, boys are dominant. The data shows that refugee boys slightly outnumber girls at primary, lower secondary and upper secondary levels, with the exception of the Nursery/ECD level where refugee girls slightly outnumbered boys.

ATTENDANCE RATES-WEEKLY

	Nursery		Primary		Lower Secondary		Upper Secondary	
	Male	Female	Male	Female	Male	Female	Male	Female
Kiziba	360	422	1777	1897	699	717	83	86
Gihembe	319	323	1425	1387	415	385	75	54
Nyabiheke	337	318	1748	1811	428	445	130	193
Kigeme	753	731	2481	2358	384	364	120	131
Mugombwa	402	414	1298	1304	220	274	39	49
Mahama	1683	1687	4374	4188	1195	1021	494	194
Total	3854	3895	13103	12945	3,341	3,206	941	707

Table 7: Gender gap in refugee students attendance (boys vs. girls), January to October 2016

Source: UNHCR and Plan International, education data, 2016

Performance

Right from the time they start their adolescence, in secondary grade 6, the performance of refugee girls drops lower than boys in all six refugee camps.

The assessment reviewed the performance rates by gender in the annual national examinations. Overall, the performance rates for primary and secondary schools show that boys are in the lead, with the exception of Kiziba, where girls and boys are at par (gender gap of 0 percent) in performance as indicated in table 8. In the remaining four camps, the gender gap in performance ranges between 3 percent in Mugombwa to 10 percent in Kigeme.

Additional secondary data from ADRA shows that in primary school, the success rates for the national exams in end 2015 were 40 percent for boys and 32 percent girls; while in secondary national exams the success rates were 32.3 percent boys and 31.8 percent for girls. Analysis of the performance data by level of education shows that significant gender disparities in performance start to show from Primary grade 6 where boys outperform girls. Educational success for girls is linked to how they are appropriately facilitated to overcome challenges related to living in camps, unequal burden of domestic work, the challenges of the onset of adolescence, accessing basic necessities such as sanitary pads, lotion, decent clothing, shoes and other personal grooming needs. Right from the time they start their adolescence in Secondary grade 6, the performance of refugee girls drops lower than boys, mainly due to factors such as poverty, coercion into early sexual activity, sexual exploitation and early pregnancies.

Camp	Number of refugee students			Gender gap percentage		
	Female	Male	Total	Female	Male	Total
Gihembe	280	331	611	46%	54%	8%
Kigeme	171	207	378	45%	55%	10%
Kiziba	458	465	923	50%	50%	0%
Mugombwa	84	88	172	49%	51%	3%
Nyabiheke	230	254	484	48%	52%	5%
Total	1,223	1,345	2,568	48%	52%	26%

Table 8: Performance by gender and camp in P6 national examinations, December 2015

Source: UNHCR and ADRA, education data, 2016

School dropout

The national examinations results were analysed for all camps, except Mahama. Being a new camp, students had not yet sat for national exams in Mahama at the time of the assessment. All five refugee camps register more female than male dropout of refugee students in primary school, with exception of Nyabiheke, which has 24 percent more boys dropping out than girls, and Mahama, whose data was not available. The total gender gap in primary school dropout is -24 percent. This means that there are 24 percent more girls than boys dropping out of primary school. Mugombwa camp has the highest gender gaps in both school dropout (-20 percent) and school attendance (-24 percent).

In key informant interviews, the main reasons given for dropout by girls are early pregnancies,

and being lured into sexual activities to satisfy their basic needs especially for sanitary pads, body lotions, underwear, etc. Findings from individual interviews also point out other reasons such as domestic work and looking for employment in different locations out of camps. Boys drop out from school due to family responsibilities and to search for jobs. Being over-aged especially at primary level is another reason both boys and girls drop out. At secondary level, the limited number of subjects which a student can take in the schools is a reason both boys and girls drop out.

24 percent more girls than boys drop out of primary school. Reasons given for dropout by girls are early pregnancies, and being lured into sexual activities to satisfy their needs for sanitary pads, body lotions, underwear, etc.

	Female	Male	Total	Female	Male	Total	Gender gap
Mugombwa	6	4	10	60%	40%	2%	-20%
Kiziba	29	20	49	59%	41%	11%	-18%
Kigeme	29	26	55	53%	47%	12%	-5%
Nyabiheke	14	23	37	38%	62%	8%	24%
Gihembe	159	145	304	52%	48%	67%	-5%
Mahama	-	-	-	-	-	-	-
Total	237	218	455	52%	48%	100%	-24%

*Table 9: Primary school dropout, by gender and camp, January to October 2016
Minus sign (-) means there are more girls, when plus (+) it means there are more boys*

Source: UNHCR and Plan International, education data, 2016

3.8 Barriers to refugee gender equality in education

In spite of existing programmes that promote gender equality in education, there are still some key barriers that hinder its effective achievement:

- A strong culture of impunity towards men who commit acts of gender-based violence against school girls;
- Cultural beliefs attributing more domestic works to girls than boys leading to irregular attendance, dropout and low performance by refugee girls;
- Lack of sufficient basic necessities (e.g. irregular distribution of sanitary material, pants, lotions, clothes and shoes), which may in particular lure adolescent girls into early sexual activity, sex in exchange for basic necessities and early pregnancies;
- Presence of perpetrators in some of the camp and host communities who routinely target schoolgirls for gender-based violence;
- Strong mindsets within refugee families and the camp community that it is better to educate a boy and that investing in girls' education is a high-risk venture with a high possibility of dropout due to pregnancy;
- Location and distance from the nearest secondary school, which limits access particularly for girls;
- Parental ignorance on the importance of education especially for girls leading to poor parental support for refugee girls' schooling;
- Pregnancy among adolescent girls leading to school dropout;
- Weak enabling environment for adolescent mothers to resume learning.

3.9 Recommendations - Education

1. Increase opportunities for refugee boys and girls' access to secondary education while bridging prevailing gender gaps.
2. Advocate for and facilitate refugee girls' access to scholarship and bridge prevailing gender disparity in access to scholarship.
3. Develop a targeted intervention at boys and girls to re-interest them in learning, equip them with life skills and increased positive coping ability in the camps.
4. Fast-track access to educational opportunities at secondary, tertiary and diploma levels for both girls and boys.
5. Ensure teachers are trained on and sign the code of conduct on Prevention of Sexual Exploitation and Abuse (PSEA) for schools in refugee camps.
6. Strengthen the existing monitoring and tracking and prompt action on gender-based violence in school.
7. Promote vocational training.
8. Conduct sensitization of refugee communities, parents, teachers and students on gender equality, the importance of education especially for girls, and all barriers pertaining to access to education by both boys and girls.
9. Ensure privacy in school toilets by installing or re-installing doors and locks while promoting community ownership and protection of facilities.
10. Promote girls' education to bridge the gap between female and male teachers for the long run.
11. Facilitate employment of female refugee teachers to bridge prevailing gender gap.
12. Facilitate community action plans on creating an enabling environment for both boys and girls to access education and ensure the implementation of these actions.

4. HEALTH, INCLUDING REPRODUCTIVE HEALTH

Introduction

The refugee health sector objectives are to prevent and reduce excess morbidity and mortality for refugees in Rwanda by ensuring access to health services for all refugees. Primary Health Care (PHC), which includes preventive and basic curative health services, is offered in the six refugee camps. Referral services are also offered, usually to the nearest government health facility with capacity to handle the referrals or to Kigali, the capital city. The organizations working in the health sector in the camps include the Government of Rwanda's Ministry of Health in all health facilities in refugee host communities; UNHCR on overall coordination; AHA in Kiziba, Kigeme and Mugombwa; Save the Children in Mahama 2⁴; and the American Refugee Committee in Mahama 1, Nyabiheke and Gihembe refugee camps. A gender-responsive approach to refugee health allows for the understanding of how gender and gender disparities affect morbidity and mortality. A gender-responsive approach also suggests interventions that may enable access to health care for all refugees while targeting women's specific health needs.



Mahama Health Centre

Findings

1.1 More births take place in health facilities than at home.

In order to minimize health complications and preventable maternal deaths, the World Health Organization recognizes that it is important that pregnant women have at least four consultations during a pregnancy and deliver in health facilities. The need for consultations and facility-based delivery is even more pronounced in camp situations. Congestion in small physical spaces, potential exposure to communicable diseases, and vulnerability to psychological distress emanating from their flight experience and living conditions in the camps may have a bearing on the health status of refugee women in Rwanda. Health partners' reports show that there are antenatal and obstetric care services available in all six refugee camps.

In Gihembe, Kigeme, Kiziba, Mahama and Mugombwa there were no maternal deaths identified in the camp health facilities between January to December 2016. However, two deaths were reported in Nyabiheke of refugee women aged 38 and 39 years, one due to post-partum

4 Mahama refugee camp is organized into two major blocks; Mahama 1 and Mahama 2.

haemorrhage and the other was a pregnant woman however investigations did not determine the cause. Both incidents happened at the nearest district hospital (ARC, 2016).

Most births to refugees were facility-based deliveries in 2016:

- Mahama registered 1,611 deliveries (1,522 facility-based and 89 home);
- Kigeme registered 478 deliveries (467 facility-based and 11 home);
- Kiziba registered 411 deliveries (396 facility-based and 15 home);
- Nyabiheki registered 344 deliveries (333 facility-based and 11 home);
- Gihembe registered 335 deliveries (332 facility-based and three home);
- Mugombwa registered 252 deliveries (249 facility-based and three home).

In a key informant interview, it was noted that some refugee women in Kiziba visited the health facility one week post-delivery, saying that they delivered at home.

4.2 Uptake of reproductive health services is low for both women and men.

Health service providers in the refugee camps offer thousands of consultations on reproductive health (RH) issues each month, but the usage is relatively low given the large number of refugees in their reproductive years. Records from health facilities between January and October 2016 show that the number of refugees receiving reproductive health consultations averaged 4,387 (2,383 female and 2,001 male) refugees per month in Mahama; 3,307 (1,844 female and 1,463 male) refugees per month in Kigeme; and 2,325 (1,343 female and 9,082 male) refugees per month in Mugombwa.

Asked whether they had visited the health facility over the past six months for reproductive health services, an average of 42 percent of respondents (49 percent female and 34 percent male) answered affirmatively. Gihembe, Nyabiheke and Mahama had the highest positive response rates. Most refugees said they had not visited the health facilities, with Kigeme and Mugombwa registering the largest proportion of refugees saying they had not visited the health facilities. The widest gender gap was found in Mahama (49 percent female to 64 percent male), followed by Kiziba (54 percent female to 64 percent male) and Kigeme (61 percent female to 69 percent male).

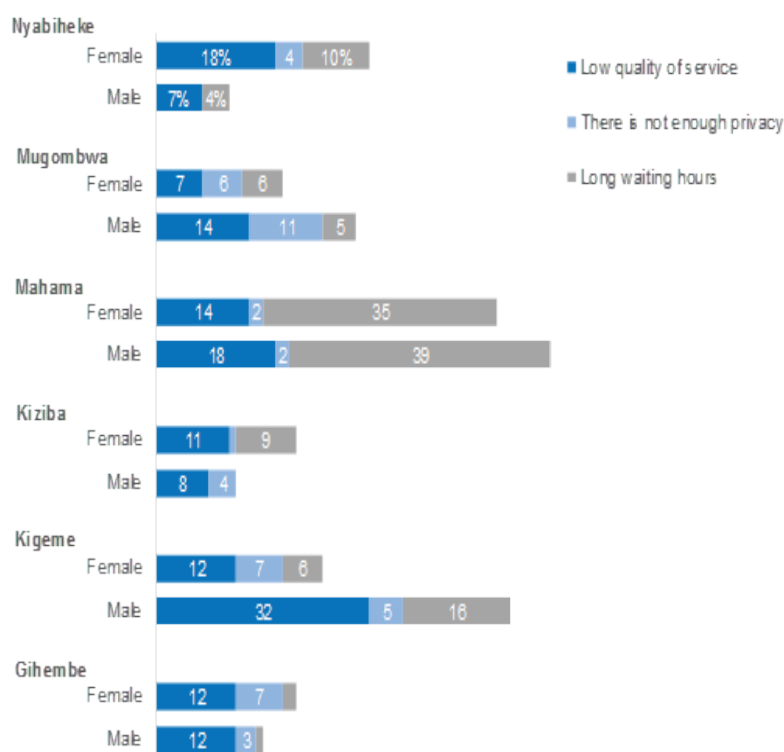


Figure 15: Refugees seeking reproductive health services in the past six months

Source: Individual interviews, 2016

The majority of the adolescent girls and boys interviewed say they do not visit the health centre for reproductive health services. The main reasons provided by both female and male respondents for their reluctance to visit the health centre are fear of being identified and shame. Other reasons given by refugees for not visiting the health centre include the following: low quality of services, there is not enough privacy, opening hours are not convenient for girls and women, and inappropriate behaviour of doctors and nurses. Respondents who cited inappropriate behaviour of doctors and nurses mainly said that the medical staff would in most cases leave refugees waiting while they idled for prolonged periods on their phone or talking with other colleagues. In figure 16, the top three reasons given by respondents to individual interview are presented by camp.

Figure 16: Reasons adolescent young women/men will not visit the health centre for RH services



Source: Individual interviews, 2016

4.3 Use of modern contraceptives by refugees is below the national average.

The national contraceptive prevalence rate in Rwanda is 53.2 percent. Five of the six camps are below this national average; the exception is Nyabiheke, with a 60.1 percent contraceptive prevalence rate. In the Congolese camps, the major challenges identified through individual informants and focus groups discussions are mainly cultural and perception-driven, as married couples are expected to have many children in Congolese culture (FGDs, refugee men, 2016). Women note the challenge of negotiating contraception:

“[Some] men do not accept the use of condom and when a woman does not accept it, she is beaten up and end up being harassed.” - Refugee women aged 21-49 years, FGD, 2016

Ignorance and wide spread myths about possible negative outcomes of family planning are behind the reasons why most women in camp do not use family planning methods (individual interviews, 2016). Except for male condom services, all other available services in the camps

target only women with family planning. In the host communities, in contrast, family planning services are available for men. For example, initiatives to popularize vasectomy for men in the host communities are ongoing, yet the family planning package in the camps excludes vasectomy.

The contraceptive prevalence rate in five of the six refugee camps is below the national average.

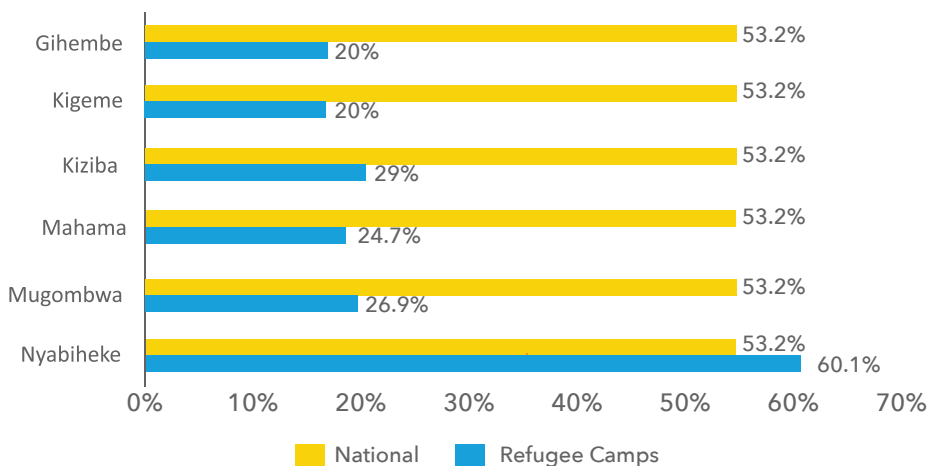


Figure 17: Modern contraceptives prevalence rates (mCPR) in camps compared with national average of 45% and national target of 70%

Source: Health partners in refugee camps, Rwanda 2016

When asked whether they use condoms, men and women give notably different answers. Five times more male respondents (15 percent) than female respondents (3 percent) say that they “always” use condoms. Twice as many female respondents (26 percent) than male respondent (11 percent) say that they “never” use condoms. Near-equal proportion of female and male respondents say they “sometimes” use condoms (5.2 and 4.9 percent, respectively).

In addition, education and marital status influence perceived condom use among refugees. Male refugees with secondary to university education are the majority who say that they always use condoms; while female refugees in the same educational category are much fewer. More single (not married) male respondents (27 percent) than married male respondents (8 percent) say they always use condoms. This is also the case for female respondents, with 4.6 percent single female respondents and 2.2 percent married female respondents saying that they always use condoms. Significant gender disparities are observed across the board. There are significant gender gaps between female and male respondents by marital status saying they never use condoms. For example, more unpartnered female respondents (15.2 percent) than unpartnered male respondents (2.9 percent) say they never use condoms. While 39.8 percent married female respondents said they never used condoms, only 22.2 percent married men answered in a similar manner.

Confidentiality in health centres is seen by refugees, particularly female and male youth, as a major hindrance in accessing health services. There is need to improve confidentiality systems at the health centre to accord patients confidentiality and dignity regardless of their gender, age or disability. In particular, the Congolese and Burundian cultures expect discretion on the part of girls and women. Matters relating to sex and sexuality are considered private affairs and are

not to be openly displayed to the public. It is therefore essential that girls and women visiting the health centres find an environment they consider as safe and confidential in which they may air their intimate health concerns. Clinical management of rape services are available in most health centres but identification of rape is very low. Services of the Isange One Stop Centre, for victims and survivors of gender-based violence and child abuse, are partially available at Mahama and Mugombwa and fully available at the other camps.

4.4 Health facilities report more cases of HIV and STIs among women.

More women than men are diagnosed with HIV and sexually transmitted infections according to data from the health facilities in the six refugee camps. Among people living with HIV in Kigeme, at least two times more women than men are receiving HIV and STI treatment services at the health post. Gihembe had 4.6 times more and Mahama 5 times more female cases of STIs recorded at the health facility. Respondents observe that in most cases biological predisposition, low levels of personal hygiene and male multiple sex partner practices increase women's vulnerability to STI infections in the refugee camps. Also, for cultural reasons, women in the camps may not wash or dry their underwear outside the shelters and, lacking sufficient pairs, they use still-moist underwear, which is a potential source of infection. Regarding men, male partners are said to be hesitant to visit the health centre for STI services.

“When women request their husbands, who have remained outside the camp for six months, to go to the health centre to do a check-up, men don't want to. They say that they are men, and they refuse to come to the health centre, and sometimes a woman is insulted or beaten for asking such a questions.” - Refugee women, FGD, Kigeme, May 2016

4.5 Accompaniment by a male patron is a precondition for pregnant adolescent girls to access reproductive health services in three camps.

Pregnant girls are reluctant to access reproductive health services at health facilities in Kigeme, Kiziba and Mugombwa because health service providers make it a requirement that the girls be accompanied by a male authority or partner in order to use the services, according to focus group discussions and individual interviews.

“Pregnant teenagers do not to go to the health centre because they feel ashamed. The teenagers are requested to go with their husband or father to the chief of the village to declare and sign that they have no husband before being assisted at the health post. If you don't go with your husband or father to the health post, medical staff don't attend to you.” - Refugee girl, FGD, Mugombwa, 2016

In Gihembe, though the same requirement exists, some flexibility is noted on the part of medical staff. In situations where there is no male partner, the community health workers help the girls/women to access services at the health centre.

Access to the full range of reproductive health services is a right of all refugees. Yet the requirements that females be accompanied by males is a barrier to access to reproductive health and antenatal care, as respondents explain in interviews and discussions. The requirement also runs counter to universal access to reproductive health services. [For example, held back by the fear of reprisal at the health facilities if they are not accompanied by their partners, pregnant adolescent girls in the affected camps delay their first visit to the health post until the last trimester of pregnancy, which increases the risks to maternal and newborn health.] It

is essential to improve the contraceptive prevalence in refugee camps to match national rates and targets. access to reproductive health and antenatal care.

4.6 Barriers to gender equality in health

Inequality in access to health is exacerbated by unequal gender relations at refugee household level, which leads to unequal decision-making power on general health concerns of women and girls' sexual and reproductive health. Also, professional standards among health staff are limited or lacking regarding the need to create an enabling environment for girls and women to access health services. Further, the lack of confidentiality is a barrier that can contribute to the re-victimization of girls and women who are victims and survivors of GBV when they visit the health centres to seek services.

4.7 Recommendations - Health

1. Continue monitoring and ensure provision of essential obstetric care to maintain a zero rate of maternal deaths in all six camps.
2. Train, offer field supervision support and regularly track performance of staff at health centres on confidentiality and professionalism towards both female and male patients.
3. Remove the requirement for male patronage of pregnant adolescent girls and women as a pre-condition to accessing reproductive health services.
4. Improve confidentiality for both female and male patients, particularly for reproductive health, HIV and gender-based violence cases.
5. Use UNHCR Best practices from other countries on health facility screening for clinical management of gender-based violence cases.
6. Acquire and distribute underwear to girls and women, and combine the distribution sessions with sensitization on personal hygiene and preventive measures against STIs.
7. Increase initiatives on sexual and reproductive health, with targeted messages at male as well as female refugees on prevention of STIs, HIV and the benefits of family planning.
8. Track and monitor progress in removing gender-related barriers in access to health services in all camps.

5. LIVELIHOODS

Introduction

Livelihoods security is essential to the realisation of other human rights; and particularly to refugee protection, yet access to livelihoods remains a challenge for refugees in Rwanda. Pre-existing gender inequalities combine with displacement factors to shape the way in which refugees adapt to new livelihoods opportunities in Rwanda. The gender equality environment in Rwanda offers the ideal environment for ensuring that pre-existing gender inequalities in livelihoods security among refugees are addressed.

Livelihoods sector partners aim to ensure that all refugees are able to fulfil their productive potential as self-reliant members of society, for their mutual benefit and that of Rwanda's economy. The Government of Rwanda not only allows refugees to work, but also allows refugees to move freely within the country, establish companies, pay taxes, create jobs and in most other ways become part of Rwanda's economy. Challenges to refugees' productivity are: (un)intentional discrimination of refugees in the labour market; insufficient access to finance for refugee entrepreneurs; limited access to upper secondary, tertiary and vocational education; and, for the majority of refugees, mastery of skills in subsistence farming and other skills sets that are in over-supply in Rwanda (Refugee Livelihoods Strategy 2016-2019). Taking into account gender issues in refugee livelihoods support is about ensuring that the productive potentials of refugee women are systematically developed alongside those of refugee men and that neither gender is intentionally or unintentionally excluded, discriminated against or further impoverished due to livelihoods policy and operational decisions.



Refugee women in Gihembe on their sewing machine

Findings

5.1 Gender disparities are evident in who earns income in refugee households.

Individual interview participants were asked the question, “Who in the family is currently earning an income?” They were asked to select as many options as applicable. There were 1,989 respondents to this question (1,109 female and 880 male).

Between 38 to 48 percent of the refugee population in all six camps are not earning income, according to respondents at the time of the assessment between May and November 2016. Significant gender disparities are observed. More fathers are working (30 to 33 percent) than mothers (18 to 26 percent). More fathers and sons are working (40 to 41 percent) than mothers and daughters (21 to 34 percent).

In separate focus group discussions held with refugee men and women, respondents describe a culture in the Democratic Republic of the Congo and Burundi (where the majority of the respondents originate from) that assigns men the role of provider and therefore expects men to aspire for and work for an income while women are assigned the role of caring for children, elderly and sick family members; cooking and performing other domestic care work that is not paid. For example, it was mentioned that in the DRC men had cattle and land for agricultural production (FGDs, refugee men and women, 2016).

The percentage of refugees not earning income is higher in Mahama (49 percent), Gihembe (44 percent) and Kiziba (42 percent) and somewhat lower in Kigeme (37 percent) and Nyabiheke (36 percent). Among those earning income, the most gender equal are Gihembe (16 percent female and 16 percent male) and Kiziba (21 percent female and 21 percent male). Kigeme, Mugombwa and Nyabiheke experience significant gender disparities in who earns income. The results indicate that there may be gender disparities in access to income in the six refugee camps, which may limit refugee’s resilience, productivity and well-being.

Gender disparities in access to income may signal structural gender inequalities in how social and economic opportunities and resources are allocated not only within refugee households, but also by operational partners and other actors in the productive environment that makes up the livelihoods system that supports refugee protection. Causes of gender disparities in access to income in refugee camps are attributable to, among other causes: pre-existing cultural practices in refugees countries of origin which assign productive resources such as land, livestock and technology to men, low literacy rates of female compared with male refugees; gender biases in productive skills training and ignorance. Effectively addressing the productivity of refugee men and women requires that livelihoods actors promote programming on how to bridge gender gaps in productivity and access to income in order to avoid widening the gender gaps that already exist.

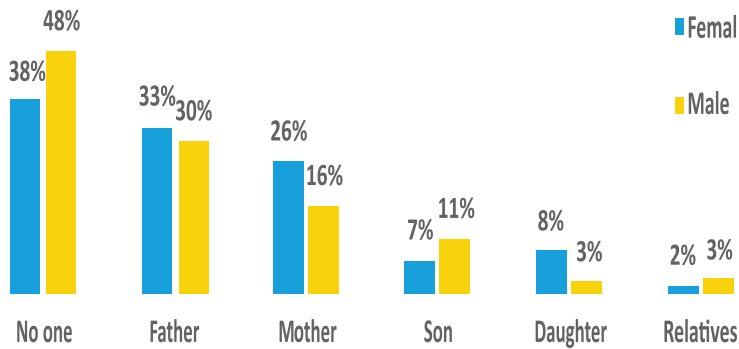


Figure 18: Who earns income, by gender

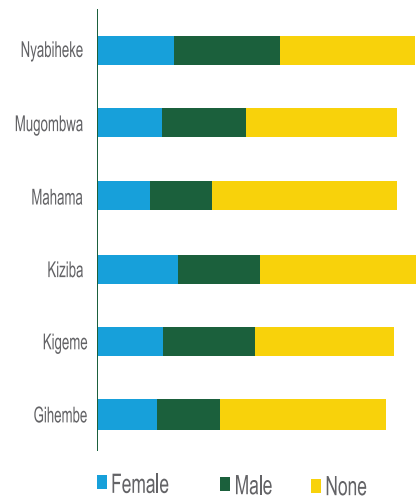


Figure 19: Who earns income, by camp

Source: Individual Interviews, (2016)

5.2 Women’s productivity is constrained by their traditional roles and labelling.

Women’s mobility outside the camps for the purpose of employment may be restricted due to attitudes within their community that tend to negatively label women who leave the camps and stay away for prolonged periods of time. This finding follows from focus group discussions held separately with refugee men and women, in which it was also observed that women find it difficult to find time for paid activities due to the vast number of chores they have to perform in their households. In an example from individual interviews, women who travel outside of the district are said to be begging or using sex in exchange for basic necessities; in contrast, when men leave the camp for prolonged periods, they are referred to as having gone to “search for work”.

The labelling of girls and women who venture away from the camp as prostitutes and beggars acts against gender equality aspirations of girls and women by stigmatizing them and suppressing aspirations to expand their mobility beyond the camp. The word “prostitute”, other than meaning one who exchanges sex for money or other benefits, means that women and girls are perceived as morally and socially decayed. There are no similar labels for men who seek to engage in sexually exploitative relationships with the so-labeled women and girls. Similarly, negative labels are attached to refugee women who are pushed by lack of basic necessities to resort to begging, with focus group participants referring to them as irresponsible; they may also be perceived as likely to be engaged in sex in exchange for basic necessities.

The productivity of refugee women and their ability to engage in gainful employment presumes that refugees are free to move wherever they wish in Rwanda without legal barriers. However, this assessment finds that social constraints relating to perceptions and prescribed gender roles may limit refugee women’s access to employment opportunities and market value chains that are likely to be offered under the framework of the Refugee Livelihoods Strategy.

5.3 There are gender differences in income-generating activities done by young women and men.

Individual interview respondents were asked the question, “What activities do young women to generate income?” They were asked to select as many options as applicable. At a 100 percent response rate, there were 1,890 respondents (1,062 female and 828 male) who answered this question.

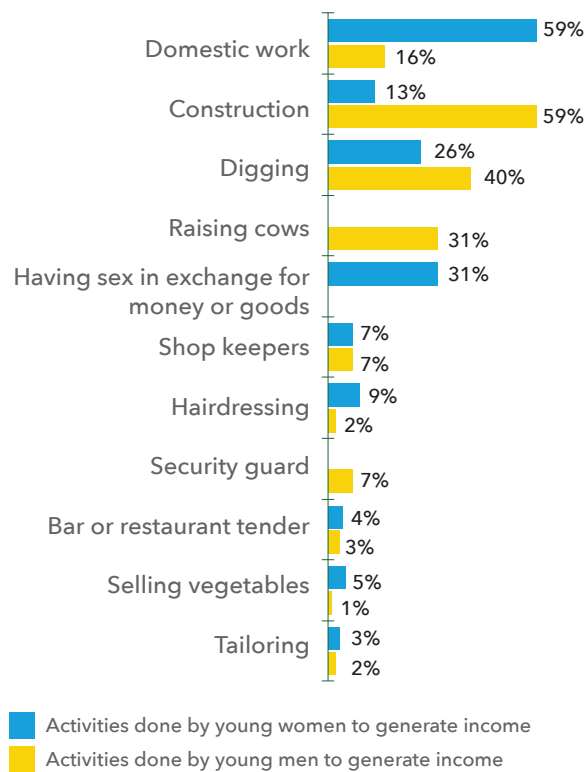


Figure 20: Activities done by refugee young women and men to earn income

Source: Individual Interviews, (2016)

There are income generating activities that emerge as predominantly taken up by young women and those taken up by young men. Young women are predominant in domestic work and hair dressing; young men are predominant in construction and digging activities. Further, there are income generating activities taken up by young men only such as raising cows and working as security guards. Some activities have a more equal gender balance of young women and men, e.g. shop keepers, bar and restaurant tenders and tailoring.

A broader range of income generating activities are available to young men than young women. In figure 20, young men are listed in 10 out of the 11 activities while young women are listed in only 8 activities. Refugee men have more opportunities to earn income outside the camps than women because of the wider range of income generating activities available to them in the host communities and in other districts, according to focus group discussions held separately with refugee women and men. Refugee women have opportunities to generate income mostly within the camp as vendors or as refugee incentive workers or temporary labourers.

Refugee men say that selling small items such as vegetables, onions and tomatoes is an activity meant for women, while refugee women observe that men remain idle rather than sell small items:

“Men require big capital, not like selling tomatoes, vegetable, these types of activities are for women.[name or organization not indicated] gives us money to start small businesses, but it is very little.” - Refugee men, FGD, Nyabiheke, 2016

“Men sit idle from morning to evening and they will just see us pass with our items - tomatoes, fruits, vegetables as we sell. He will be playing this igisoro [game]... but he will not go and sell vegetables because that is work for women.” - Refugee women, FGD, Nyabiheke, 2016

Observation of the daily activities of women and men in the camps reveals that very few men are involved in selling products that refugees need in the camp. The few who are involved are young men, mostly selling airtime, with very few young men selling the same products as women. Men are involved in construction-related work in the camps, but these are few compared with the larger number of men seen (mostly in groups) doing nothing to generate income.

During focus group discussions both female and male refugees said that what they need are livelihoods support activities which allow them to make sufficient profits to feed their families and take care of their other household expenses. Male participants expressed concerns that there are limited opportunities for them to access employments. Majority of men and women in the Congolese camps depended on agro pastoralist activities before their displacement into Rwanda. In DRC the participants said that the main economic activities for men were herding and farming; while for women it was farming and small scale trading. The skills of rearing animals is less marketable in Rwanda where there is scarcity of grazing land, and zero grazing policy. It is therefore necessary to re-orient male refugees with animal husbandry skills towards skills which are in demand in Rwanda.

Focus group discussions with refugee women showed that in some instances they have learned new skills, such as basketry and in very few cases, house construction by observing women in Rwanda engage in these activities. Women refugees also expressed that they draw their inspiration and energies from Rwandan women who are active in different economic activities.

Existing livelihoods interventions in the camps provide skills training and also provide small capital in the form of in-kind or cash for startups in livelihoods activities. These interventions are often accessed by women who use the capital to start income-generation activities such as soap making; basketry; selling tomatoes, vegetables, fruit and potatoes; and to grow kitchen gardens. Young men prefer to venture into medium-sized businesses of higher financial value, which remain limited in all the camps. Though livelihoods initiatives have been in place in the protracted camps for over 15 years, at the time of the assessment, a significant proportion of the Congolese refugees are yet to graduate from barely subsisting on food rations and cash transfers provided by humanitarian agencies. The recommendation is to do more to eliminate specific barriers that are based on gender biases, discrimination or exclusion; it is crucial that livelihoods interventions focusing on the protracted camps define and implement a strategy that enhances opportunities for refugee women to move from small scale to medium scale enterprises.

It is a challenging task to change the mindsets of women and men regarding attitudes and practices that allow women to realize their fullest productive potentials in development context, especially when mostly men have productive resources and women have less or none. The

task is even more complex and challenging in refugee camps where men feel dispossessed of land, livestock and other productive assets that culture bestowed on them prior to flight, and where their provider role is replaced by humanitarian organizations. In order to achieve gender equality, a significant proportion of the refugee women currently relying on income generating activities that meet only their subsistence needs must be graduated to profitable enterprises. But refugee women's productivity cannot be separated from that of men as the women are part of a larger social and economic system in the camp. It is therefore of central concern to gender equality outcomes in livelihoods to ensure that not only a significant proportion of refugee women but also refugee men are facilitated to work towards acquiring livelihoods skills and access to capital that are relevant to the camp context and the larger Rwandan economy.

5.4 Barriers to gender equality in livelihoods

- Deeply entrenched community perceptions on gender roles, which limit aspirations of both women and men to venture into livelihood roles prescribed for the other gender;
- Constraints to refugee women's physical mobility to seek livelihood opportunities within the camp or in neighbouring communities;
- Insufficient use of a multi-pronged approach to livelihoods that aims to diversify options beyond prescribed gender roles, and that includes vocational training, market analysis and financial management;
- Limited linkages to microcredit schemes and community awareness-raising on gender equality;
- Limited entrepreneurial and business skills among some refugees, and limited access to business opportunities.

5.5 Recommendations - Livelihoods

1. Increase the productivity of female and male refugees by reducing gender inequality in access to income by mitigating gender stereotypes in livelihoods opportunities for refugees in all six camps and host communities.
2. Diversify livelihoods options equitably for female and male refugees in skilled, non-skilled, technical and private sectors.
3. Increase the number of young female and male refugees benefiting from livelihoods programmes, including to vocational and business skills training by addressing gender inequalities and gender biases in enrolment and performance.
4. Strengthen linkages with protection, nutrition, food security and health in order to reduce gender barriers in access to livelihoods and in risks linked to search for work.
5. Avail, strengthen and monitor gender equality in access to existing microfinance institutions.
6. Strengthen livelihoods response by regularly producing baselines and progress made against gender equality indicators in the sector.
7. Build the capacity of refugee women and men in entrepreneurship and business skills, and provide start-up capital which elevates existing women's enterprises to medium-sized businesses.



Refugee man in Kiziba camp sculpting

6. PROTECTION

Introduction

The refugee protection sector includes a broad range of services aimed at ensuring that refugees receive protection in line with the 1951 Geneva Convention on refugees and its optional protocols. In this assessment four key aspects of protection were examined, namely: safety and security, child protection, gender-based violence and Prevention of Sexual Exploitation and Abuse (PSEA).

Findings

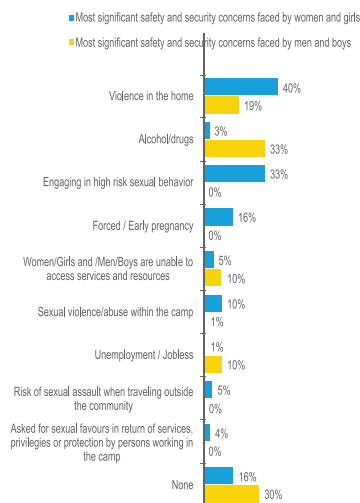
6.1 Gender differences in safety and security concerns are found in all six camps.

Individual interview respondents were asked what they considered as the most significant concerns faced by women and girls; and a second question on the most significant safety and security concerns faced by men and boys. There were 1,890 respondents (1,062 female and 828 male).

Data on safety and security concerns informs several observations. The first finding is that refugee women and men share some similar safety and security concerns, namely: violence in the home, alcohol/drug abuse, inability to access sufficient services and resources, sexual violence within the camp, unemployment and living in make shift living space for youth (due to overcrowding and lack of privacy in the family shelter provided, youth opts to sleep in alternative sleeping places in the camp). Violence in the home within some refugee households is a recurrent issue in the camps, mentioned in focus groups discussion in all six camps. The similar concerns shared by the refugees affirm that living within the same environment in a camp situation may make refugees experience similar challenges in relation to safety and security.

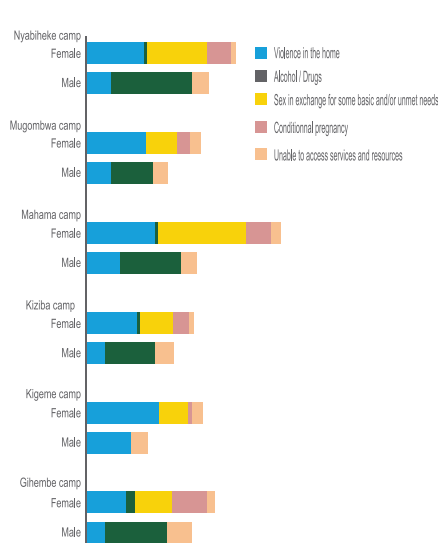
More specifically, some safety and security concerns are by gender. Figure 21 shows those predominantly faced by women and girls, as per respondents: violence in the home (40 percent female and 19 percent male) and sexual violence (10 percent female and 1 percent male). Other concerns are predominantly faced by men and boys, as per respondents: alcohol/drugs abuse (3 percent female and 33 percent male) and inability to access sufficient services and resources (5 percent female and 10 percent male respondents).

Figure 21: Most significant safety and security concerns of refugees, by gender



Source: Individual interviews, 2016

Figure 22: Most significant safety and security concerns of refugees, by camp



Source: Individual interviews, 2016

A second finding is that there are safety and security concerns only faced by refugee women and girls: engaging in high risk sexual behaviour, conditional/early pregnancy, risk of sexual assault when travelling outside the community and being asked for sexual favours in return for services.

“There are young girls who are taken [deceived] from the camp to go for work, but we end up hearing from people in the camp that they crossed the border and are begging or working in another country and being paid for offering sex.” - Refugee woman, individual interview, Nyabiheke

A third finding is that where there are the highest gender gaps in access to services and resources is also where there are the highest safety and security concerns. Specifically, high gender differences are observed in Nyabiheke, Kiziba and Gihembe in access to services and resources. These three camps also have the highest proportion of respondents with concerns about alcohol/drug abuse, domestic violence, engaging in high risk sexual behaviour and conditional pregnancy. The three are protracted camps with Congolese refugees who have lived in Rwanda for over a decade.

“[In Nyabiheke camp] men spend most of their time drinking, there are a lot of bars in the camp.... many resettlement cases are waiting to be heard. Men and youth are becoming impatient and are turning aggressive.” - Assessor debriefing

6.2 Protection concerns are different for girls and boys, particularly unaccompanied children.

Areas with the highest gender gaps in access to services and resources correlate to areas with the highest safety and security concerns.

Refugee boys and girls have different experiences of living in refugee camps. When compared, data from the different assessment tools showed that with regards to child protection, there were distinct challenges within households, within the camp and in the community. Table 11 presents a summary of the key gender issues in child protection identified from the individual interviews.

Neglect by parents and guardians is a significant protection concern, raised in all camps by refugee women and men. Parental/guardian neglect has sometimes similar but also distinctly gendered impacts on refugee girls and boys. Unaccompanied and separated children and children who have been neglected by their parents are more at risk and may face multiple protection challenges, depending on their gender. These girls and boys, when compared with refugee children living with their parents, are more prone to the protection risks listed in table 11.

Dimensions	Gender issues affecting refugee boys	Gender issues affecting refugee girls
School dropout	Predominant gender in incidents relating to primary school dropout due to peer pressure	Predominant gender in incidents relating to primary school dropout due to pressure to provide for self and other neglected siblings
Drug abuse	Predominant gender in drug abuse	Hardly any drug abuse
Criminal activity	Predominant gender in criminal offenses, particularly in and around camps	Active but less predominant and less visible role in criminal offenses in and around camps
Physical labour	Predominant gender whose physical labour is likely to be exploited in public spheres	Predominant gender whose labour is likely to be exploited in domestic spheres and in bars
Sexual exploitation and abuse	Active but less dominant and less visible incidents relating to sexual exploitation and abuse	Predominant gender in incidents relating to sexual exploitation and abuse
Early pregnancy and early marriage	n/a	Predominant gender in early pregnancy and early marriage
Rape	n/a	Predominant gender being targeted for rape, particularly when unaccompanied and separated children

Table 10: Comparison of impact of child neglect on refugee boys and girls, all camps in Rwanda

Source: Individual interviews, 2016

6.3 Gender-based violence concerns are significant, mostly for girls and women.

Guidelines from the Inter-Agency Standing Committee (IASC) define gender-based violence as an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed gender differences between males and females.⁵ Rwanda's Law No. 59/2008 criminalizes gender-based violence in all its forms, including marital rape and trafficking especially of women and girls. Refugees are bound by the same laws as nationals in Rwanda. It is the goal of refugee protection services in Rwanda that all refugees ultimately benefit from the same services as Rwandans and that no parallel structures are created for access to services for refugees.

The Isange One Stop Centres⁶ provide a model of integrated, multi-sectoral prevention and respond services for victims and survivors of gender-based violence and child abuse. The IOSC opened in July 2009 as part of a multi-sectoral and interdisciplinary programme aimed at providing psychosocial, medical, security and legal services to adult and child survivors of sexual and gender-based violence and child abuse occurring in the family or in the community.

The number of these centres is increasing and they are adapting to needs; however, some refugees are still not able to reach an IOSC due to distance from their camps while some centres face challenges related to lack of staff and equipment. The IOSCs in Kiziba, Kigeme, Nyabiheke and Gihembe are operational and refugees are referred to them for services. A centre in Mugombwa is planned for construction in 2016.

6.4 Gender-based violence is prevalent in all six refugee camps.

The types of gender-based violence in the six camps include: rape, defilement, sexual assault/harassment, physical assault, emotional abuse, psychological abuse, denial of resources, early marriage and early pregnancies. This list is compiled from individual interviews, focus group discussions and reports from partners. Variations in the types of gender-based violence prevalent by camp could not be established within this assessment.

Domestic violence and/or intimate partner violence is the most common form of gender-based violence in all six camps. Respondents were asked about how often intimate partner violence happens in their community (figure 23). Individual interviews on this question included 1,890 respondents (1,062 female and 828 male).

⁵ IASC, GBV Guidelines in Emergencies, 2005.

⁶ IOSCs exist in the following districts and locations in Rwanda: Eastern province: Bugesera, Kirehe, Ngoma, Nyagatare (Kibungo, Rwinkwavu, Ngarama, Nyagatare, Rwamagana); Western province: Rubavu, Rusizi (Gihundwe, Bushenge, Shyira, Muhororo, Kibuye, Gisenyi), Northern province: Gakenke, Gicumbi (Butaro, Ruhengeri, Kinihira); Southern province: Huye, Muhanga (Gakoma, Kabutare, Nyanza, Kabgayi, Kinazi, Remera/Rukoma, Kigeme); Kigali: Gasabo, Kicukiro (Kacyiru, Kanombe Military Hospital). Their development has been supported through a joint programme between the Government of Rwanda and the One UN Rwanda funded by the Netherlands. There are three other IOSCs in Nemba, Nyamata and Byumba that are supported by Health Development Performance.

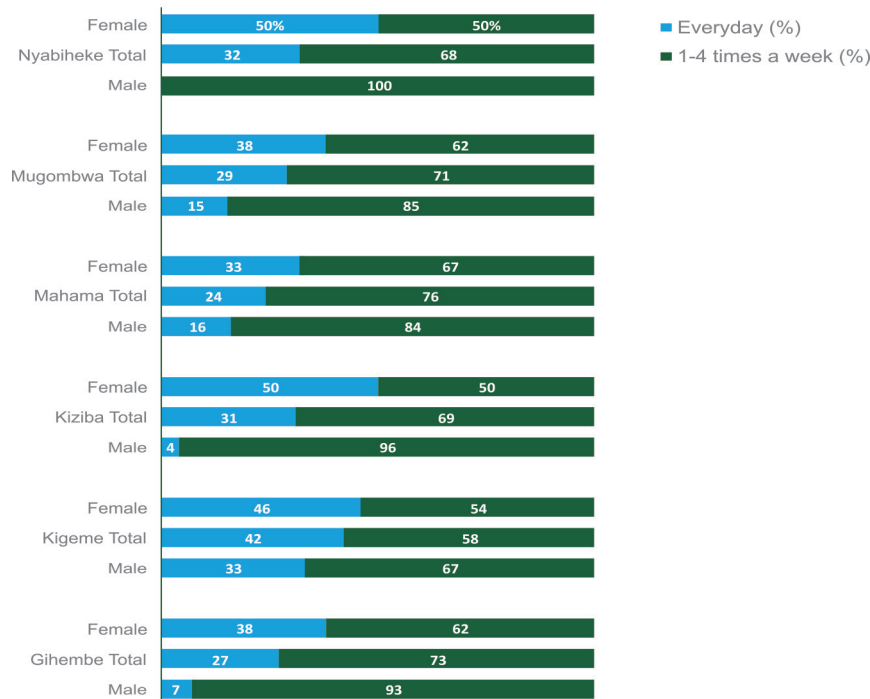


Figure 23: Refugee perceptions on frequency of gender-based violence occurrence, by camp

Source: Individual interviews, 2016

More women than men agree that domestic violence happens on a daily basis in the camps. About half of female respondents in Nyabiheke (50 percent), Kiziba (50 percent) and Kigeme (46 percent) say that domestic violence happens on a daily basis in the camps. About one third of female respondents in Mahama (33 percent) say that domestic violence happens on a daily basis; this was the lowest number among women. Mahama is a relatively new camp. The widest gender disparities are in responses from Nyabiheke, Kiziba and Gihembe. More men than women agree that domestic violence takes place one to four (1-4) times in a week in the camps. Nearly all men are of this opinion in Nyabiheke (100 percent), Kiziba (96 percent) and Gihembe (93 percent).

During the course of the assessment the assessors (the research team collecting data) witnessed gender-based violence, mostly verbal and physical abuse, in Nyabiheke and Mahama camps. Physical abuse was more pronounced in Mahama camp, quartier 4, where the assessors witnessed a number of gender-based violence incidents in a time frame of three days. In one of the incidents, which occurred at a marketplace, a visibly pregnant woman was physically assaulted and pushed to the ground by a male partner. Members of the refugee community intervened and referred the woman to relevant services in the camp (Inter-Agency Gender Assessment, assessor debrief, 2016).

The main triggers of violence between partners as identified in focus group discussions and key informant interviews are alcohol, conflicts between married partners on cash utilization, and care of children, among others. Domestic violence tends to increase whenever there is any form of distribution - whether in-kind non-food items, food or cash assistance. Women and men

in separate focus group discussions explain that following a distribution, mostly male partners seek to access the items distributed to their household to sell in exchange for other personal needs. When the female spouse or partner was not in agreement with the male, conflicts often ensue, in some cases leading to physical abuse of the female by the male partner.

6.5 Access to justice is limited. A culture of silence protects perpetrators.

One of the major challenges facing access to justice for victims and survivors of gender-based violence is a strong culture of silence that compels victims and survivors and their close relations to conceal the identity of alleged perpetrators and to maintain silence. In some instances, particularly where the gender-based violence incident involves a girl, parents and relatives bow to the pressure of accepting tokens for compensation, and an arrangement with the perpetrator and/or perpetrator's family. The most common token for cases involving early pregnancies is the giving of a gift of *Igitenge* (African fabric) and some small amount of money to the mother of the girl as a symbol of her acceptance that the girl will be married to the father of the child she is expecting (LAF, 2016). In Mahama, the solidarity to protect the alleged perpetrator remains strong but is slowly changing as a result of sensitization measures. In camps hosting Congolese refugees, girls aged 15-20 years describe in focus group discussions that a strong blame-the-victim mentality persists.

"Instead of helping us, they will blame us and say we went to look for trouble." - Young girls, FGD, Mugombwa

In addition, access to justice is constrained by the lack of knowledge on the importance of evidence, evidence preservation and impunity at camp and community level, a finding supported by implementing partner reports. Victims and survivors and their relatives or close aid are often ill-prepared or ill-equipped with knowledge and skills on the importance of evidence, and how to preserve evidence. By the time of their first visit to the camp-based health facilities or the IOSC, while being crucial for the psychosocial well-being of the survivor, most survivors of rape would have already taken a shower, changed and washed clothing worn at the time of incident; actions which lead to loss of vital primary evidence. Alleged perpetrators were under such circumstances released back to the camp, to the detriment of the protection needs of the victims and survivors and their family members or close aid. In most instances, it was also found that alleged victims and survivors would avoid testifying due to the fear of reprisal by the alleged perpetrators and their associates.

"My sister was raped by six young men and this issue was reported to MIDIMAR. They were arrested but after a few days were released because no one went to testify in the Kibuye court out of fear that my family can be attacked in the camp." - Refugee girl, individual interview, Kiziba

The predominance of girls and women as the main targets of gender-based violence does not preclude boys from being targeted. Anecdotal evidence shows boys are targeted by older women, as in this example:

"There is this boy who is around 17 years old, he is an unaccompanied minor who works odd jobs in the camp. There is a refugee woman who takes him and lives with him for some time every now and then. She gives him food and he gives her sex." - Refugee, individual interview, Mahama

In other instances, the experience of legal partners shows that sometimes the girl or woman reports the perpetrator and later on recants her statement. In most of such cases, the girl or women also recants the first declared age as a minor to an adult status, therefore weakening or nullifying a case of child defilement (LAF, 2016).

6.6 The affirmation rate is high (73 percent) that sexual exploitation and abuse is happening in the six refugee camps.

The Rwanda government has a zero tolerance policy to sexual exploitation and abuse. The UN Secretary-General’s Bulletin on Sexual Exploitation and Abuse (SEA)⁷ prohibits sexual exploitation and abuse of beneficiaries of humanitarian assistance by United Nations staff, contractors and associates of the UN. Staff and partners, including contractors, are obliged to report sexual exploitation and abuse; and rumours constitute grounds for reporting. Protection services can be strengthened by ensuring that all refugees, female and male are fully aware that they are protected by and subject to this policy of zero tolerance to sexual exploitation and abuse of refugees and other persons of concern. Key challenges to implementation of this policy include low reporting, low awareness of the legal framework, and limited knowledge among staff and refugee communities of the measures to prevent sexual exploitation and abuse from happening.

The assessment sought to know whether sexual exploitation and abuse was happening in the camps. Some 1,890 respondents (1,062 female and 828 male), responded to the question, with an average rate of 73 percent. The highest affirmation rate was in Kigeme, with 88 percent female and 84 percent male respondents affirming that sexual exploitation and abuse is happening in the camp (figure 24).

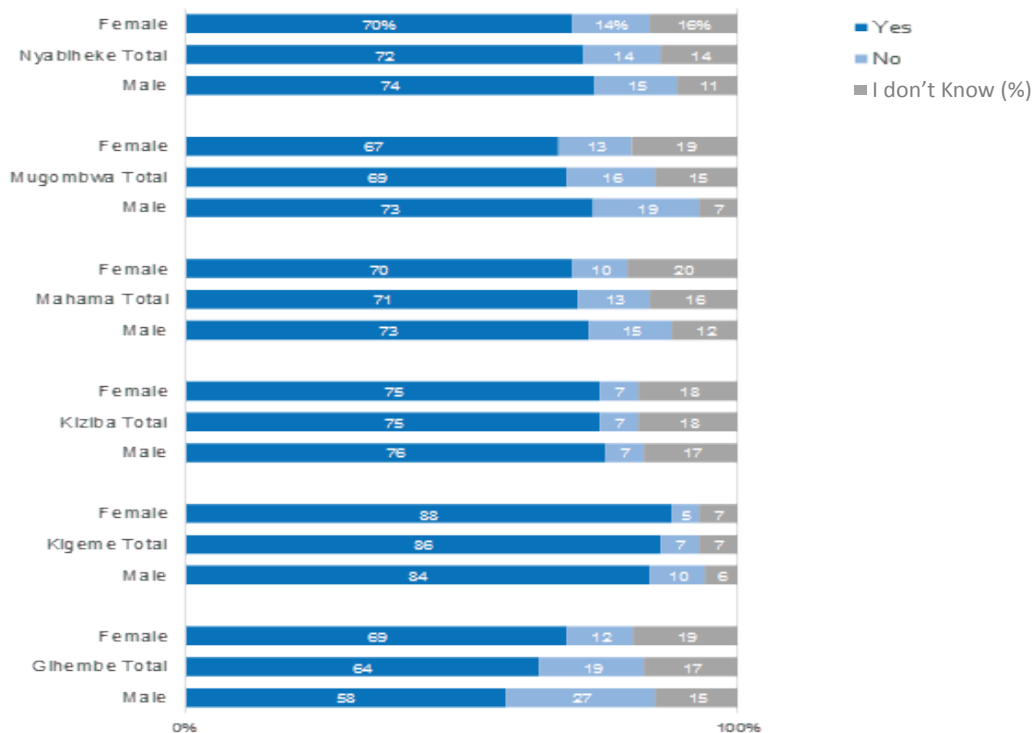


Figure 24: Refugee perception on whether sexual exploitation and abuse happens in the camps
 Source: Individual interviews, 2016

7 ST/SGB/2003/3 Special Measures for Protection from Sexual Exploitation and Sexual Abuse.

6.7 **Barriers to gender equality in protection**

- Culture of silence around gender-based violence issues, and the high dependency on family and community arrangements for social and economic support, which constrains the reporting of gender-based violence incidents;
- Low awareness on gender-based violence policy and gender-based violence laws by refugees and humanitarian actors;
- Violence in and around some camps, threatening girls and women's sense of safety and security;
- Limited coordination and lack of appropriate focus on gender issues, as well as lack of general resources to advance collective gender equality goals;
- Low awareness on the United Nations and the Government of Rwanda's zero tolerance policy on protection from sexual exploitation and abuse;
- General lack of focus on gender-related issues amongst partners in the camp.

6.8 **Recommendations - Protection**

1. Advocate for targeted interventions focusing on the distinct gender issues faced by refugee boys and girls, particularly unaccompanied and separated children.
2. In coordination with the broader national gender-based violence coordination architecture, review progress in the implementation of the national gender-based violence standard operating procedures (SOPs) in refugee settings.
3. Strengthen socio-therapy programmes related to gender-based violence prevention and response and scale them up in all the six camps.
4. Sensitize and train refugee community and refugee leaders at Village, Quartier and Executive Committee levels in the camps on the national laws on gender, gender-based violence, labour, trafficking, sexual exploitation and abuse, their legal obligations and referral paths.
5. Conduct awareness raising on trafficking in the refugee camps and host communities.
6. Initiate research, monitoring and pro-active response measures on the situation of girls and women in relation to violations relating to high risk sexual behaviour and sexual exploitation and abuse, and institute measures to ensure that they do not fall victim to internal and international trafficking (networks).
7. Strengthen existing Protection against Sexual Exploitation and Abuse reporting mechanism in all six camps, track progress of reported incidents and review progress at least twice a year.



UNHCR staff supporting Protection activity in Mahama camp

7. SHELTER AND NON-FOOD ITEMS

The refugee shelter sector aims to ensure that refugees in Rwanda are able to satisfy their settlement need and that they access shelter in a dignified and sustainable manner.⁸ There are five Transit/Reception Centres located in different locations in Rwanda used for receiving refugees and returnees: Bugesera, Gatore, Nkamira, Nyagatare and Nyamata. The facilities are mainly used by UNHCR and the Government of Rwanda to offer short-term transit facilities to Rwandan returnees and new refugee arrivals. From the transit centres, refugees are relocated to the camps where they initially are provided with accommodation either in communal facilities (hangers) or tents. Transition from temporary to longer-term shelters is phased and is at different stages in the six camps. For Mahama, a new shelter strategy developed in 2016 seeks to immediately construct shelters with corrugated iron sheets instead of plastic sheeting and supports the construction of community-owned dischargeable latrine block and showers. For camps hosting Congolese refugees, the strategy includes re-roofing of existing shelters with corrugated iron sheets. UNHCR and its implementing partner ARC strive to ensure that each family is allocated a 3 by 4 square metres shelter to accommodate five individuals. Attaining this standard is constrained by land scarcity and budgetary limitations. Large families (7 to 15 individuals) may benefit from a second shelter allocation, subject to availability.

In partnership with ADRA, UNHCR provides non-food items including soap, firewood, sleeping mats, blankets, kitchen sets and jerry cans to all households and sanitary pads to women of reproductive age (12 to 49 years). Soap and sanitary pads are distributed monthly while the rest of items are distributed every six months, every year or every three years. ADRA has distributed donated shoes to school-aged children. In addition, one-off distributions of clothes from donations are distributed from time to time.



Refugee woman plaster her house in Gihembe camp

⁸ UNHCR, Global Strategy for Settlement and Shelter 2014-2018.

Findings

7.1 The small size of shelters increase risk of early pregnancies for girls.

There are six people per shelter on average in the six camps, though the minimum standard is five per shelter, according to key informant interviews.⁹Data was not immediately available on the comparison on number of persons per shelter in households held by refugee women against those headed by men.

The small size of shelter (i.e. 3 by 4 square metres) is pushing families towards alternative sleeping arrangements for their older daughters and sons. Large families resort to sending pre-teens and teenagers, whether female or male, to relatives, neighbours or friend's shelters to spend the night. In most cases boys and young men move into makeshift living space for youth. This kind of arrangement lasts, in some cases, indefinitely (individual Interview, 2016). Adolescent and young girls who sleep in friends, neighbours and relatives shelters and makeshift living space for youth are at heightened risk of school dropout, child labour, being pulled into early and exploitative sexual activities, exposure to emotional abuse, physical assault, sexual assault, rape and early pregnancy. Boys of the same age group with similar sleeping arrangements are at heightened risk of school dropout, alcohol abuse and child labour (individual Interview, 2016).

7.2 There are gender disparities in skills, and opportunities in shelter construction and maintenance.

In all six camps, adherence to assigned gender roles are physically observed to be perpetuated in activities related to shelter construction and maintenance. Prior to their displacement into Rwanda, Congolese women would specialize in mudding the walls of traditional houses and decorating the house. Congolese men would specialize in constructing, thatching/roofing and maintaining the houses. Key informant interviews show that in all Congolese camps, the shelter maintenance and rehabilitation is done by men when they are provided with construction materials such as plastic sheeting or iron sheets. For women-headed households, shelter rehabilitation is done by men hired by ARC or, in some cases if support is not available, women use money they receive from cash transfers to hire labour for shelter repairs and maintenance (refugee women, FGD, Nyabiheke, 2016).

In line with prevailing cultural practices in all six camps, men have knowledge, skills and in some cases the equipment to construct the main frame of the shelter and undertake major maintenance. Cross-gender learning of roles in shelter construction and maintenance is limited (KII, 2016). This means that mostly men have the skills to construct and maintain basic shelters, while mostly women hold skills on how to traditionally decorate the shelters. In the camp, demand for shelter decoration skills as a paid services is low. There is, however, high demand for shelter maintenance and construction services with NGOs paying at least Rwf 600 per day for such services. In this regard, refugee men have more opportunities of being employed in shelter work compared with women.

In theory, recruitment selection processes are equally open to women and men. However, predominantly men are selected. Men are hired as skilled and unskilled labourers in different phases of shelter construction while only a few women are hired as labourers, mainly to fetch water for construction (KII, 2016). In rare examples, a few women were hired as skilled labour in ongoing construction work in Gihembe and Mahama. Across all six camps, women are minimally included in tasks relating to the construction of shelter due to the perception that it is 'men's work'.

⁹ The Sphere Project, Humanitarian Charter and Minimum Standards in Humanitarian Response.

“The construction of houses requires a lot force and the refugee women are not able to do it.... Most men are already in construction and they are familiar with this type of work and do not need additional training.” Key informant interview [Kiziba, 2016]

7.3 Sanitary materials insufficient and irregularly supplied

Sanitary materials are often insufficient and irregularly supplied to refugee girls and women. In key informant interviews and focus group discussions, respondents identified some conflicts as being caused by using cash meant for food to buy sanitary materials, among other items. In addition, when compelled to buy such items on credit, the conflict is merely postponed. This gap needs immediate response through providing opportunities that enable refugee women and men to sufficiently meet their basic needs, especially sanitary pads/materials.

“When sanitary pads, soaps and underwear are not available disputes arise.... Some rely on [selling their bodies] in order to find some money to resolve the hygiene issues.” - Refugee man, FGD, Kigeme, 2016

“When there is a disruption of the distribution, women buy sanitary pads and clothes to their children, and they do that on credit. The following month, first they have to pay the credit, so they run out of money in the middle of the month and men accuse the women of not managing well the money received.” - Refugee man, FGD, Gihembe, 2016

In 2017, UNHCR aims to gradually phase out from in-kind NFIs distributions and transition towards cash-based assistance in the camps. During focus group discussions, women aged 21 to 49 say they prefer to continue receiving NFIs in-kind instead of receiving money due to their concerns that the given cash would not correspond with the prices in the market (FGDs, refugee women, Gihembe, 2016). Another issue raised in focus group discussions affects older women. Currently, sanitary pads distribution targets girls and women aged 12 to 49. During discussions in all of the camps, however, women voice concerns about the need to receive sanitary pads after 49 years old. Women 50 years and above who need sanitary pads should be able to benefit from their distribution.

7.4 Firewood shortages increase the risk of GBV for refugee girls and women.

When firewood is insufficient the responsibility of providing is transferred mainly to women and girls; so are its attendant risks of conflict with host communities, heightening the risk to women and girls of rape and sexual assault. Refugees in Rwanda remain highly dependent upon firewood for their cooking energy needs (UNHCR, 2016). Firewood is supplied on monthly basis to all households, however, the quantity distributed does not meet the need of 0.8 kg per refugee per day as per UNHCR standards. Firewood distributed to houses without cooking stoves lasts for two weeks while in those with fuel-saving stoves it lasts three weeks, according to focus group discussions. Women (and especially girls) are expected to ensure the availability of firewood in refugee households, respondents say. This assigned gender role comes with the risk of physical and sexual assault when girls and women search for firewood in forests outside the camps.

“When firewood is finished we go to the forest to find firewood and some men run after us to beat us and one woman was raped from there.” - Refugee girl, Kiziba, 2016

The unmet need for firewood leads to refugee girls and women leaving the camps in search for firewood and alternative cooking energy in the neighbourhoods surrounding the camps. While in search for firewood, girls and women in all camps often meet with hostility from the host community, according to individual interviews. The most frequent challenge that refugee girls and women encounter while searching for firewood is sexual assault. Individual interviews suggest that it is primarily girls, not adult women, who are raped when they go outside the camp to collect firewood. To reduce demand for firewood, UNHCR in cooperation with Inyeyeri piloted a programme in Kigeme in which energy saving stoves were distributed to 100 households in the course of 2016 (UNHCR, 2016).

7.5 Shifts in gender roles in provision of shelter and NFIs are a source of family tension.

In focus group discussions, refugee men highlight the social tensions in partnered households, saying each time a tension arises women remind their husbands that he does not provide for her needs; rather, UNHCR fills that role.

“Women say that their husband is UNHCR. The shelter and all the things a man should provide are being given to her by UNHCR.” - Older refugee men, FGD, Mugombwa, 2016

In the above statement, the shift in the assigned role for constructing shelter from refugee men to UNHCR is perceived as posing a challenge. Refugee men say that their traditional role and respect as head of household has diminished in the camp setting where they lack the necessary resources to provide shelter for their wives. They say that despite their refugee situation placing them in a situation of want, this should not be a reason for their wives to disrespect them.

Another household-level source of conflict is control over resources that enter the house. Women refugees say that they have no authority and decision-making power about the NFIs once the items come into the household. In all camps, there are frequent instances when women collect NFIs, but soon after, they lose control over high value NFI at household level.

“The husband will just come and take oil or grains and go to the market. You start quarrelling because he took the family ration and he will just go to buy alcohol with it.” - Refugee women, FGD, Kiziba, May 2016

The statement above exemplifies the shifts in control over high-value items from the hands of women to men in partnered households. Both women and men confirm that the sale of NFIs by either partner creates tensions and in some cases conflicts in partnered households.

There is need to take a programmatic approach to exploring with both women and men what they think are the barriers at personal levels, within their households and in the community; what resources and capabilities they have to overcome the barriers; and how they can be supported. This should be explored within a larger programme aimed at changing the mindsets of both female and male refugees to positively adapt to the changing gender roles. The links between shelter and livelihoods would need to be established, as the inability of not only men but also women to earn an income limits their abilities to afford shelter or NFIs.

7.6 Barriers to gender equality - Shelter and NFIs

Among the barriers to gender equality regarding shelter are the small size of shelters, which leads some families to send teenagers to sleep away from their family's shelter. Traditional gender roles perpetuate the segregation and concentration of knowledge on shelter construction into men's sphere of work. Further, prevailing gender stereotypes may be perpetuated at refugee household level and by actors intervening at camp level. Overall, refugee women's unequal social status to refugee men in the camps is a persistent barrier to gender equality regarding shelter and NFIs.

7.7 Recommendations - Shelter and non-food items

1. Strengthen shelter and NFI staff capacities on gender analysis, programming for and implementation of gender aware Shelter and NFI programmes.
2. Target female and male adolescents living in formal and informal shelters for youth initiatives and livelihood projects.
3. Implement community services mechanisms to cover the needs of sanitary pads from women aged 50 years old and above.
4. Mobilize and channel start-up capital for a sanitary materials production enterprise run by refugees.
5. Review the procedures for identification of vulnerable households in need of shelter repair, maintenance or expansion to allow for women's direct and unmediated access to shelter partners.
6. Review the functions and composition of shelter and NFI distribution committees with a view of reducing inherent gender stereotypes and inequalities.



Hon. Seraphine Mukantabana supporting construction efforts in Gihembe camp (2016)

8. Water, sanitation and hygiene

Introduction

Access to water, sanitation and hygiene (WASH) are closely intertwined with the realisation of gender equality. The lack of, or access to limited WASH services may increase gender inequality gaps. On the other hand, the availability of adequate WASH services may reduce gender inequality gaps by for example reducing the time spent by girls and women in fetching water and gender based violence which may occur as girls and women collect water. Construction of sanitation facilities within close proximity to residential areas may help to prevent reproductive health ailments in girls and women which are associated with prolonged retention of body waste where latrines and bathrooms are lacking.

The refugee WASH sector aims to ensure that refugees in Rwanda have access to safe, sufficient, equitable and sustainable water for drinking, personal and domestic use; that refugees have access to safe, adequate and appropriate sanitation facilities; and that WASH-related diseases are prevented or addressed. UNHCR and implementing partners collaborate to ensure that refugees have safe access to an adequate quantity and quality of water as well as to adequate sanitation and hygiene conditions.



Girls and boys washing their clothes in Gihembe camp

Findings

8.1 Gender stereotypes are reproduced in hiring and in WASH activities.

Refugee girls and women collect water from the camp taps for domestic use. They are also responsible for washing utensils and clothes used by family members. The culture of Congolese and Burundian refugees does not allow men to wash clothes for their families, clean the kitchen or wash utensils (FGDs, refugee men and women, 2016). Some changes to the culture were observed, for example, FGDs with women and girls showed that when men collect water it is

more for their individual use than for the entire family's use; equally so in washing clothes. The hiring of hygiene promoters in the camps reflects gender stereotypes. For instance, in all Congolese camps, men are hired to guard and discharge latrines while women are mostly hired for cleaning services and fetching/handling water (KII, 2016).

8.2 Some latrines and showers are segregated by gender and have light, doors and locks; others don't.



Figure 25: Status of latrines and showers, by camp

Only Mahama and Mugombwa meet Sphere standards.

Figure 25 shows that only Mahama and Mugombwa meet Sphere standards on gender sensitive latrines. Mugombwa has solar lamps in all of latrine compounds and Mahama has light in most of them (368 latrines out of 489 latrines). The remaining four camps only partially or not meet the standards. Most latrines and showers have no lighting, doors or locks. Neither are most of the facilities adapted to the needs of people with disabilities (the exception are Kigeme and Mugombwa). The situation in Gihembe and Kigeme is particularly dire, with the latrines and showers having no lights, and no doors and locks (figure 25). Lighting is essential in and around WASH facilities to prevent gender-based violence from occurring. Lack of lighting in latrines and showers increases risks of gender-based violence in most refugee camps including Gihembe, Kigeme, Kiziba and Nyabiheke. Doors and locks are essential in latrines and showers to enhance the safety and privacy of users. They are also essential in guaranteeing a sense of dignity for both female and male users, which may be compromised without them.

Insufficient sanitation facilities were observed mainly in Gihembe, Kiziba and Nyabiheke camps where pit latrines are still in use and pose hygiene concerns owing to difficulties in keeping them clean. Replacement of pit latrines by dischargeable latrines is underway in all the camps.

Box 1: Mahama: A gender-sensitive WASH model

Source: UNHCR

The Mahama refugee camp was established in April 2015 in order to respond to the influx of Burundians fleeing their country due to political turmoil. As an emergency response, temporary sanitation facilities (latrines and showers) were constructed in order to meet the immediate needs of the persons of concern. UNHCR experience has shown that where temporary latrines and bathrooms are lacking or limited in displacement sites and camps, girls and women suffer the most as they are then forced to retain contingent for prolonged hours, leading to reproductive health complications with life-long effects. In early 2016 the temporary latrines and bathrooms were gender segregated to allow for access based on the gender of refugees. Starting mid 2016 UNHCR Rwanda, in line with its WASH strategy, gradually started to replace pit latrines with more permanent facilities constructed with durable materials. The new facilities have doors, locks and lighting in line with standards aimed at preventing gender based violence around sanitation facilities in refugee camps.

The comprehensive need in terms of sanitation facilities in Mahama camp is 750 blocks of four doors each, in order to meet the UNHCR standard of 20 persons per drop/hole. By 2016, 372 blocks were constructed, leaving a gap of 378, i.e. the needs for about half of the camp population. In addition to those sanitation facilities, there are plans, though not funded yet, to ensure that there is at least a ratio of one hygiene promoter per 500 persons of concern.

There are also plans to decommission old latrines. The priority will be to ensure that pit latrines are gradually decommissioned and replaced by dischargeable latrines built with durable materials, and to sensitize refugees on taking responsibility for cleaning and taking care of their WASH facilities.

Recognising that scarcity of water affects refugee women and men differently with girls and women bearing the brunt of water shortage, in the beginning of the influx in April 2015, as an emergency response, water was supplied to all of the locations (Mahama, Bugesera and Nyanza) sheltering Burundian refugees through water trucking. However, this being a temporary solution, a WASH strategy was developed with Akagera River water treatment proposed as a more sustainable solution in Mahama. A temporary water treatment plant was therefore constructed and Mahama was supplied with water from that plant about three months after its establishment. The construction of a permanent (and more conventional) treatment plant began in the first quarter of 2016 and is ongoing. Continual operation and maintenance of the supply system remains a gap that needs support.

8.3 The water supply does not meet standards in four of six refugee camps; girls and women top-up.

The water supply in all refugee camps is less than the required standard of 20 litres per person per day, with the exception of Mahama and Kiziba refugee camps, during the time of the assessment in 2016. Top-up is responsibility of refugee girls and women.

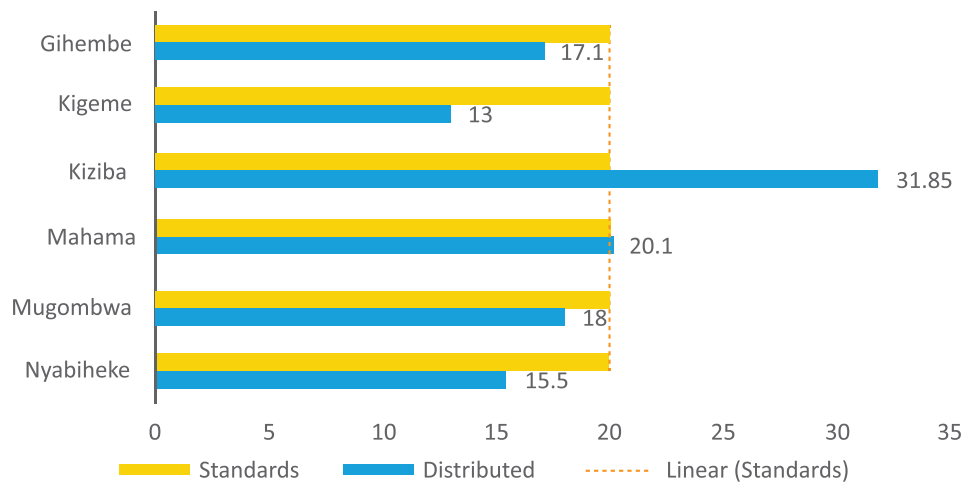


Figure 26: Water distributed per person per day, in litres

Source: UNHCR, 2016

Water supply is between 13 and 18 litres per person per day, which is below the required standard (20 litres/person/day), in four of the six camps, the exceptions being Kiziba and Mahama (Figure 26). Kiziba and Mahama camps had the highest water supply (31.85 and 20.1 litres per person per day, respectively). Mugombwa has 18 litres per person per day. Gihembe, Nyabiheke and Kigeme have significant differences between water distributed and the standards. Respondents in focus group discussions note that the responsibility of topping up the gap in water is a burden placed on girls and women. Based on traditional gender roles, they are responsible for the collection and management of water in refugee households. There is no systematic monitoring of gender-based violence incidents linked to collection of water. Collection and analysis of data on gender-based violence at points of water collection is essential for designing preventive and response measures.

8.4 Barriers to gender equality - WASH

Gender stereotypes perpetuated at refugee household-level and by some actors intervening at camp level create barriers to gender equality in matters of water, sanitation and hygiene. Women's unequal social status to men in the camp also creates barriers overall.

8.5 Recommendations - WASH

1. Strengthen WASH partner staff capacities on gender analysis, programming for and implementation of gender equality.
2. Continuously monitor changes in gender stereotypes and gender inequalities in WASH.
3. Replace missing doors and locks on sanitation facilities to prevent gender-based violence and enhance the dignity of female and male users and strengthen ownership by refugees of latrines and showers to prevent vandalism.
4. Install lighting in sanitation facilities in all the camps.
5. Increase water supply to meet the required standards.
6. Reduce time spent by women collecting water by increasing access to water.
7. Increase access to latrines and showers in line with Spheres standards, while ensuring that in each gender-segregated latrine and shower block there is a latrine and shower adapted to meet the needs of persons with disabilities.



Refugee Woman in Mahama camp enter her tent with a jerrican of water

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APPENDICES

Appendix 1: Methodology

Comprehensive Gender Needs Assessment in Refugee Settings

1. Context and Overall Objective

The Comprehensive Gender Needs Assessment aims at providing a sound baseline to UNHCR, the Ministry of Disaster Management and Refugees Affairs (MIDIMAR), UN agencies, governmental institutions and non-governmental partners working in the area of promoting gender equality and refugee settings in order to ensure gender sensitive programming of humanitarian interventions. The Comprehensive Gender Needs Assessment will result in detailed recommendations for future project design, planning and implementation and will also guide humanitarian actors in ensuring equal access to rights and services irrespective of gender.

The present methodology is based on the recommendation made during the Refugee Coordination Meeting to extend the Comprehensive Gender Needs Assessment in Mahama camp to Congolese refugee camps. Instead of remaining an isolated initiative, the approach followed in Mahama will become a continuous planning tool benefitting UNHCR, MIDIMAR and partners in identifying gender related gaps and presenting possible solutions in a structured manner, in order to adjust humanitarian interventions in refugee settings. The overall objective of the Comprehensive Gender Needs Assessment is to assess gender-specific vulnerabilities and identify specific protection concerns; to assess the extent to which specific gender and age groups are accessing existing services; to identify measures mitigating potential risks faced by specific gender and age groups.

2. Thematic Areas

The Comprehensive Gender Needs Assessment will contribute to measure the gender sensitiveness of the humanitarian response in different areas impacting on the life of refugee populations and host communities. Thematic areas to be covered include but are not limited to:

- Community coordination and involvement in decision-making instances in the camps;
- General protection including access to justice, sexual and gender-based violence prevention and response;
- Access to education at pre-primary, primary, secondary and tertiary level;
- Access to basic services, in the areas of health, food security, shelter and non-food items;
- Access to water, sanitation and hygiene, as well as access to energy and a safe environment;
- Access to livelihoods, income generating activities and vocational training opportunities.

3. Technical Gender Working Group

A Technical Gender Working Group will be established to provide a forum to discuss and evaluate the results of the Comprehensive Gender Needs Assessment. The Technical Gender Working Group will provide space, to discuss and outline possible responses to identified needs, where experts could provide guidance to participating agencies in their respective areas of intervention. The Technical Gender Working Group will be co-chaired by MIDIMAR and UNHCR. The special technical advisory function will be provided by the Ministry of

Gender and Family Promotion (MIGEPROF), the Gender Monitoring Office (GMO), UN Women and Rwandan Women Network (RWN). The membership of the Gender Working Group will be extended to UN agencies: international and Rwandan NGOs intervening in refugee settings. The Technical Gender Working Group will meet on a monthly basis. A secretariat will prepare sessions, share minutes and monitor follow-up on recommendations.

UNHCR's Gender Expert will assure the daily coordination of the Technical Working Group and assist the implementation of the recommendations under the overall guidance provided by UNHCR and MIDIMAR, and the technical guidance by MIGIPROF, GMO, UN Women and RWN. The Technical Gender Working Group, will serve as a consultative body to provide substantive and technical inputs throughout the assessment process.

The Technical Gender Working Group will meet on a monthly basis. Members of the Technical Gender Working Group will commit to actively participate and attend regular sessions, and advocate for gender initiatives discussed and agreed upon by the group. A preparatory meeting will take place on 5 April 2016 and the first session of the Technical Gender Working Group is scheduled for 5 May 2016. The methodology and the tools used for the assessment will be presented, discussed and validated during the first session. Follow-up sessions will be scheduled after completion of the assessment in each site (in accordance with the timeline proposed below). A briefing note outlining identified gaps and recommendations will be prepared ahead of the working group meeting. These periodic sessions will provide a forum to debrief all actors on specific findings and allow for adjustments. Once validated by the members of the Technical Gender Working Group the note will become part of the final report, which will be published, upon completion of the exercise.

4. **Scope and Timeline for Implementation**

The Comprehensive Gender Needs Assessment will be conducted in consonance with relevant national policies, in particular the *National Strategic Plan for the Fight Against Gender-based Violence 2011-2016*, as well as the *National Gender Policy* issued in 2010. The assessment will be a community-based intervention involving the participation of various population profiles, including youth, women and men through discussions with separate groups based on age, gender and diversity. UNHCR's Gender and Diversity Mainstreaming (AGDM) approach will be followed throughout the implementation of the assessment. The implementation phase comprises four stages: 1) a preparatory phase during which a questionnaire and other assessment tools will be developed, followed by 2) assessments to be conducted in all six refugee camps and both urban settings, 3) presentation of findings at the Technical Gender Working Group, the identification of an adequate response to identified gaps, as well as 4) the drafting of a final report, which will be presented at a workshop jointly hosted by MIDIMAR and UNHCR.

▪ **Preparatory Phase: Development of Work Plan and Tools (February - May 2016)**

During the preparatory phase UNHCR's Gender Expert will take the lead in reviewing the findings of the assessment conducted in Mahama in 2015, and other reports as sexual and gender-based violence on adolescent in Kigeme refugee camp, 2015, WFP UNHCR joint assessment mission, Rwanda 2014 and child protection survey in Rwandan refugee camps in 2013. The Gender Expert will draft a questionnaire and other assessment tools to be used in each location and establishing the Technical Gender Working Group. In order to achieve this objective, consultations with stakeholders at national and local level will be done. UNHCR's Gender Expert will draft a work plan guiding the implementation of the assessments in refugee settings. Trainings on gender and humanitarian action targeting field staff will be conducted.

▪ **Data Collection and Analysis Phase: Assessments Conducted in Camps (May - October 2016)**

Assessments will be conducted in all locations starting from May 2016. The assessment cycle will comprise: 1) the deployment of trained assessors tasked to interview a representative sample of the refugee community, based on a questionnaire validated by the Technical Gender Working Group; 2) Key informant interviews with professionals of different sectors and safety audit; as well as 3) Knowledge, Attitudes, Practices and Behaviour (KAPB) Survey to be conducted anonymously amongst UNHCR, partner and government staff, which will provide information on the knowledge, attitudes, practices and behaviours of humanitarian staff; 4) Focus Group Discussions; 5) the presentation of site-specific findings to stakeholders and counterparts ahead of the Technical Gender Working Group; 6) the discussion and validation of findings by the Working Group.

▪ **Reporting Phase: Presentation of Conclusions at Restitution Workshop (December 2016)**

Upon completion of the exercise a final report will be drafted, which will outline identified gaps, proposed solutions, and document best practices which starting from 2017 will result in specific projects and activities aiming at ensuring gender-sensitive access to services by refugees, including health, education, livelihoods and income generating opportunities. The final report will be presented at a restitution workshop before being presented in a wider validation workshop.

5. **Data Collection and Analysis**

A mixed approach will be used throughout the assessment, incorporating both quantitative and qualitative research methods of collecting and analysing information relating to gender sensitive access to services. A questionnaire will be used to interview a representative sample of the population in each site, followed by key informant interviews, a KAPB Survey, as well as Focus Group Discussions. Consent forms and permission to interview young people will be taken into consideration.

- **Questionnaire:** The questions developed by UNHCR's Gender Expert in close cooperation with stakeholders intervening at camp level will provide a detailed baseline of gender inequalities observed at camp level. The questionnaire will be used to interview a representative sample of targeted age and gender groups for each location, in order to identify whether discrepancies or perceived discrepancies vary from an age and gender group to another, or eventually from a refugee setting to another. Different population groups will be identified and involved in the assessment, including individuals with specific needs.
- **Key Informant Interviews (KIIs):** In addition to the information obtained through the questionnaires, in-depth interviews will be conducted with key informants, who play a particular role in the refugee community, as a result of their functional position (health workers, teachers, police, camp management, refugee leaders) or their social position (elders and refugees whose action for gender equality is recognized within the community). During the interviews we will visit the structures to assess and address risk factors regarding protection of women and girls from gender-based violence.
- **KAPB Survey:** The KAPB Survey will be conducted simultaneously with key informant interviews and aims at collecting anonymous information amongst humanitarian workers and other actors relating to their perception of gender based violence and related difficulties vis-a-vis equal access to services, including education and health, as well as livelihoods and income generating opportunities.

- **Focus Group Discussions (FGDs):** This tool will be developed based on the analysis of the results obtained through the questionnaires, key informant interviews and the KAPB survey. FGDs will assist in obtaining a better insight into the situation faced by different population groups. Twenty FGDs are initially planned, comprising: six FGDs with adolescent/teenagers girls and boys (aged 15-20); six with women and men (aged 21-49) and six with women and men over 49. One with refugee Representatives of Executive/Quartier/Village committees.
- **Presentation of Results at Gender Working Group:** The results obtained through 1) questionnaires, 2) key informant interviews, and 3) the KAPB survey 4) FGDs will be analyzed and structured before being presented and discussed at the Technical Gender Working Group. As a result of this discussion, detailed recommendations will be drafted for each camp.

6. Ethical considerations

Based on World Health Organization (WHO) ethical considerations for data collection, we will ensure the respect, safety and confidentiality of participants throughout the assessment period. Consent will be obtain from refugees before participating in questionnaire or group discussions. Confidentiality and respect for any decisions not to answer specific questions will be honoured throughout the process. We will not collect any identifying information about the participants, including names, locations and contact numbers.

Appendix 2: Key Informant Interview Guide

People to meet	Topics/subjects of discussions & questions	
1. COORDINATION AND CAMP MANAGEMENT		
<ul style="list-style-type: none"> ▪ MIDIMAR ▪ UNHCR ▪ ARC ▪ Police ▪ Refugee Executive Committee/ Community Leaders 	Site Design	How is allocation of living spaces done? Probe if by family, clan or if single men and women are assigned to the same shelters, if most vulnerable refugees are assigned shelters close to available services.
		Are toilets for men and women separated? If so, are there any signs to indicate this separation? Can toilets be locked by their users?
		What are the security measures and protection of vulnerable groups put in place?
	Access	What services are provided for the camp community?
		How are men, women, boys and girls accessing these services (information on opening and closing of the camp, awareness on the management, security, etc.)?
		Are services available in the camp equally accessible to men, women, boys and girls (e.g. health, education, food, fuel, family tracing and restoring links, etc.)? Do men, women, boys or girls face challenges in accessing certain services?
		Are facilities in the camp (e.g. shelters, WASH, etc.) constructed in a way that systemically take into consideration specific needs, including those of women and girls, persons with disabilities, elderly, etc.?
		We know that there is scarcity of local land and natural resources (such as firewood). What do you think would be the solution for the families living in the camp? (shelter/firewood)
		Are reporting mechanisms in the camp for preventing and responding to sexual exploitation and abuse? What are these mechanisms?
	Participation	What is the governance structure (camp management agencies and partners) in the management of the camp and composition (especially in terms of age, gender and diversity)?
		What is the division of labour between men and women representatives at the level of decision making within this structure?
		What are different levels of camp coordination (different structures in the refugee population) among the refugee population? What is the composition of men, women, boys and girls in decision making?
		How many men, women, boys and girls have benefited from capacity building relating to site management/decision making?
		Are there any joint gender-balanced spaces for the host community and camp committee to establish cooperation, resolve individual problems and foster camp/host community relations?
	Data	What disaggregated data is available in relation to the refugee population in the camp (e.g. sex, age, disability and other specific needs, marital status, etc.)?
		Who manages gender-based violence (GBV) data and what is done with it?
		What vulnerability assessments have recently been undertaken and/or are regularly carried out (e.g. assessments relating to elderly, pregnant women, unaccompanied children, people with special needs, children headed households, female headed households etc.)?
	Security	What are the security arrangements in the camp? Does the Rwandan National Police (RNP) have a permanent presence in the camp? If so, are there female police officers among the RNP staff? Is there judicial police in the camp/ how do you report crimes?
		Are there security patrols? If so, where and when do they patrol? What is the composition of security patrols?
		Are incidents recorded? Are there mechanisms for managing incidents and ensuring coordinated responses? What are the prevailing types of incidents occurring in the camp and its surroundings? Are there certain types of incidents that women and girls are more likely to experience than men and boys (and vice versa)?

2. PROTECTION		
<ul style="list-style-type: none"> ▪ UNHCR ▪ Plan International ▪ Save the Children ▪ Legal Aid Forum ▪ Police ▪ Refugee Executive Committee/Community Leaders ▪ Women/Child Committees ▪ Community Mobilizers ▪ Host Community Authorities/Leaders ▪ One Stop Centres ▪ ICRC/Rwanda Red Cross 		What measures are taken to address the needs of vulnerable groups (survivors of GBV, people living with HIV, people with disabilities, unaccompanied children, child-headed household, etc.)?
		Are there certain types of protection incidents that women and girls are more likely to experience than men and boys (and vice versa)?
		What is the general security situation for women and girls in the camp, including in terms of lighting, distance to bathroom and toilets, location of water points, privacy in bathrooms, toilet friendly for young people and elderly? Do they face any specific protection issues?
		What measures are taken to prevent the risk of gender-based violence?
		How do refugees, including men, women, boys and girls, participate in their own protection?
		What are the prevailing types of GBV and how are cases managed and coordinated?
		Who is providing GBV services (security, justice/legal systems, medical and psychosocial support) and are men, women, boys and girls aware of the availability of these services?
		What is the applicable justice system for GBV? Does the affected population rely on traditional justice or other dispute resolution mechanisms?
		Are there safe spaces for GBV survivors, including for women and girls?
		Are women, adolescent girls and other at-risk groups actively involved in community-based activities related to protection (e.g. community mobilizers)? What are their roles?
		Are there existing community-based security patrols/groups to facilitate monitoring of GBV issues?
		Do protection-related community outreach activities raise awareness within the community about general safety and GBV risk reduction?
		Are men and boys engaged to prevent violence against women and girls? If so, how?
		What are the preventive strategies in place for GBV? Are their GBV Standard Operating Procedures (SOPs) and referral pathways in place?
	What is the relationship of refugees with the host community? Are there protection issues arising from this relationship?	

3. EDUCATION		
<ul style="list-style-type: none"> ▪ UNHCR ▪ UNICEF ▪ ADRA ▪ Care International ▪ Plan International ▪ Save the Children ▪ Kepler University ▪ School Headmasters/ Teachers ▪ Refugee Executive Committee ▪ Sector and District Education Officers ▪ Education Committee <p>If possible, at national level:</p> <ul style="list-style-type: none"> ▪ Rwanda Education Board ▪ Ministry of Education 		Are there separate schools for refugees or do they attend the host community schools?
		What is the total number of children and adolescents of school-going age?
		What is the ratio of girls and boys enrolled in schools and attendance rates disaggregated by gender?
		How many girls and boys have dropped-out of school this year? Are there strategies in place for reintegration and re-enrolment for those who have dropped out?
		Are there reported cases of GBV either within or outside school settings? If so, what are the prevailing types of cases that are reported?
		Are the distances and routes to be travelled to school safe for all students, particularly girls? Are there GBV incidents for girls going to school - on the way to school, in school and/or by the host community)?
		Are learning environments physically secure? Lighting? Latrines? Sanitary supplies?
		What school safety strategies are advocated for or implemented?
		Are there barriers to accessing school for boys or girls?
		School public spaces are used equally by boys and girls?
	Participation	Is there an Education Committee? How often do its members meet? How many men, women and youth participate in it?
		How are gender concerns taken into consideration in the education sector?
		Do parent-teacher associations (PTAs) or similar structures exist?
		Is there an educational plan for the community? If so, how many women, men and youth are involved in its implementation?
		Is there sensitization to communities to the importance of girls' and boy's access to education?
		What is the number of male and female teachers within the refugee community and what are their qualifications?
		What is the number of men and women principals or chief of teams (education planners)?
		What coordination measures are in place with other sectors (e.g. protection, nutrition & WASH)?
	Non-formal education	Are vocational training or functional literacy programme available?

4. FOOD SECURITY, NUTRITION & SUPPORT DISTRIBUTION		
<ul style="list-style-type: none"> ▪ WFP ▪ ADRA ▪ ARC ▪ AHA ▪ World Vision ▪ MIDIMAR (with regard to firewood distribution) ▪ Refugee Executive Committee ▪ Traders (within and outside the camps) 	Elements of analysis	Has the culturally accepted role of women and men in food supply been taken into consideration?
		What are the cultural barriers, and security issues that women and young people may face in accessing food?
		What is the average # of persons living in a woman-headed household?
		What is the average # of persons living in a child-headed household?
		What is the average # of persons living in a man-headed household?
		How the cash distribution system is distributed per household (male headed, female headed and child headed)?
	Access	Are there measure put in place to prevent sexual exploitation and other risks in cash distribution? If so, what kind of measures?
		What special measures are taken to ensure that child headed households (including unaccompanied and separated children) and other vulnerable groups access food?
		Does the timing of cash distribution take into account the regular activities of men, women, boys and girls (for example cooking or school times)?
		Which problems do you identify in the current cash distribution process?
		Is any special nutritional diet distributed to children and other vulnerable groups?
		Is the amount of cash distributed enough? If not, how is the balance provided?
		Which risks do you think cash distribution brings to refugees? How could they be mitigated?
		Safety risks en route to and from or at the market?
		What type(s) of cooking appliance are provided to cook food?
		Do refugees access adequate cooking fuel? Do they receive for instance enough firewood?
		Are there protection risks for men, women, boys and girls when looking for means to cook (e.g. firewood) and/or when cooking?
		How is unused food stored? Does any food theft occur?
		Do women and men participate actively and equally in registration and distribution committees?
		Is there a sectoral action plan for food security and nutrition? If so, was it development inclusive and participatory?
Is there a linkage with other sector plans - e.g. health, education, etc.?		

5. LIVELIHOODS		
<ul style="list-style-type: none"> ▪ UNHCR ▪ MIDIMAR ▪ ARC ▪ Plan International ▪ Save the Children ▪ Tearfund ▪ Refugee Executive Committee/ Community Leaders ▪ Economic cooperatives/ Savings and Credit Cooperatives (SACCOs) <p>If possible at national level:</p> <ul style="list-style-type: none"> ▪ Private Sector Federation (PSF) 	<p>Kigeme Camp ARC Community Leaders Income-generating activities</p>	What types of skills exist among women? Among men? What are their respective skills training needs?
		What are the main sources of livelihoods in camps for men, women and young people?
		Which kinds of activities, tasks and work are forbidden to women and/or men by local customs?
		What are the main income-generating activities of men, women and youth living in the camp? Are some of these activities leading to GBV and other protection risks?
		Are there marketing opportunities for livelihoods (what goods have a market and how can these goods be marketed?)?
		What vocational skills are available among women and girls to be used as income generation?
		Who has decision-making power with regard to productive assets and household expenditures?
		What physical, logistical, legal or educational issues prevent women, adolescent girls and other at-risk groups from accessing livelihoods opportunities and/or sustain gendered divisions in income-generating activities?
		Are there unequal gender norms that livelihoods programmes risk perpetuating?

6. HEALTH & NUTRITION		
<ul style="list-style-type: none"> ▪ WHO ▪ UNFPA ▪ UNHCR ▪ AHA ▪ ARC ▪ Plan International ▪ Save the Children ▪ District Hospitals ▪ One Stop Centres ▪ Community Health Workers If possible at national level: <ul style="list-style-type: none"> ▪ Ministry of Health ▪ Rwanda Biomedical Center (RBC) 	Service Design	Are the location of health services easily accessible to men, women, boys and girls as well as people with special needs?
		Do the health facilities provide an integrated health service?
		Is there a health committee in the camp? If so, what is the number of men and women part of it? What is the level of decision making of women and men in the health committee?
		Is healthcare for women and adolescent available (reproductive health including maternal care)?
		Are their health facilities providing care to victims of sexual violence (guidelines of the IASC)?
		What are the categories of health workers (by gender)?
		Is psychosocial support available?
		Do specialized health staff (e.g. doctors and nurses who conduct medical examinations of survivors; psychiatrists, psychologists and social workers; etc.) receive ongoing supervision, and have they been trained on GBV?
		Are there referral mechanisms? If so, what referral mechanisms have been put in place?
		Have community health workers (including traditional health providers) been trained on GBV?
	Access	Are regular sanitary materials and dignity kits available?
		Are condoms and PEP kits available?
		Is 24 hour access to maternal health care available?
		Are there barriers to women's access to health services? If so, what are these?
	Coordination	How supply requirements for health services are determined - e.g. breakdown and analyses of treatment records (illnesses)? Does the breakdown determine regular supplies?
		Are health workers aware of SOPs on GBV?
		Is there a reporting system for GBV? What is the documentation process for GBV reports and referrals?
		What do you do when you see or manage a GBV case?
		Is gender-specific data on medical issues (including GBV and HIV cases) available?
		What are the methods of information sharing, coordination, feedback, and system improvements among health actors, as well as between health actors and other multi-sectoral service providers?

7. SHELTER AND NON-FOOD ITEMS (NFIs)		
<ul style="list-style-type: none"> ▪ UNHCR ▪ ARC ▪ ADRA ▪ World Vision ▪ MIDIMAR ▪ Refugee Executive Committee ▪ Refugee Executive Committee/ Shelter Committee 	Elements of Analysis	What is the composition of NFIs (e.g. buckets, cooking stove, utensils etc.)?
		Is distribution of the NFI supplies done in a participatory manner (to meet the needs of elderly, children, disabled, etc.)?
		Does allocation of NFIs take into consideration family size and composition?
		Is the distribution of certain essential NFIs sometimes limited or delayed (e.g. firewood, sanitary pads)? If so, does this lead to protection risks for men, women, boys and girls?
	Program Design	What type of cooking appliances are provided?
		Are the fuel components regularly provided?
		Are they environmentally-friendly and are the fuel components easily accessible?
		Are they refugees living in temporary shelters?
		Do singles, children (including unaccompanied children and child-headed household), elderly and people with disabilities have access to shelter close to services? Are they being cared for and supported by the community? Are their living situations being monitored in a satisfactory manner by the community to assess their safety?
		Are family circumstances and marital status taken into consideration in shelter allocation and location?
	Does shelter material allow for privacy, especially for women and girls?	
	Are women and other at-risk groups actively involved in community activities related to shelter and NFIs?	
8. WASH (Water, Sanitation and Hygiene)		
<ul style="list-style-type: none"> ▪ UNICEF ▪ UNHCR ▪ ARC ▪ World Vision ▪ Oxfam ▪ PAJER ▪ Refugee Executive Committee/ WASH Committee <p>If possible at national level:</p> <ul style="list-style-type: none"> ▪ Water and Sanitation Corporation (WASAC) 	Service Design	What are cultural beliefs and practices regarding the use of water and latrines/hygienic habits?
		Who determines the design of the hand pump? Are the designs women and girl friendly? Are they easy to use by women and girls?
		What is the average distance of each water supply site from the community served?
	Access	Are communal latrines and bathing cabins tailored for all ages and people with special needs?
		Is training in the use and maintenance of facilities provided and, if so, for whom?
		Is awareness and training done on the protection of surface and ground water and, if so, for whom?
		Are GBV issues taken into consideration in the construction, (e.g. materials used for latrines and bathrooms, female and male signs, lockers, etc.)?
		Is there availability for proper disposal of sanitary towels, placenta and household waste?
		Who ensures the maintenance of clean toilets/water points?

Appendix 3: FGD TOOLS

Comprehensive Gender Needs Assessment

Focus Group Discussions (FGDs): This tool has been developed based on the analysis of the results obtained through the questionnaires, key informant interviews. FGDs will assist in obtaining a better insight into the situation faced by different population groups and to compare and/or gather more information across all of the sectors through FGDs in Kigeme.

Sector: Camp Management and Protection

1. Camp governance: Leadership structures

Target group	FGDs by gender
Representatives Executive/Quartier/ Village Committees	Men
	Women

Proposed questions:

1. What is the Governance structure in terms of camp management in the Executive/ Quartier/ Village Committee?
2. What positions, roles and responsibilities do women hold within governance structures and the committees?
3. Are young women and men represented?
4. How are elections conducted?
5. How are decisions taken? Who takes decisions?
6. Are women recognized in decision-making? What are the challenges you faced?
7. Provide an example of a situation where you (or a women in the committee) successfully influenced decision making.
8. What are your recommendations on the function of different committees?
9. Have you ever benefited from capacity building trainings related to leadership and camp management?
10. What are the traditional gender roles in DRC? How have they been changed in Rwanda after your displacement?
11. What issues are resolved by the committees? How are they resolved?
12. What are the security structures in the camp and how are they managed? Are women involved?
13. Are there community-based security patrols/existing groups to facilitate monitoring of GBV issues (24 hours/day, 7 days/week)? Are women involved? Are they trained to respectfully and supportively engage with survivors and provide immediate referrals in an ethical, safe and confidential manner?
14. What are your recommendations for improving the security in the camp?

Sector: Camp Management and Protection

2. Safety and Security/ Sexual and gender-based violence (SGBV)

Target group	Age group		FGDs by gender
Older	>49		Men
			Women
Adults	21-49		Men
	21-49		Women
Teenagers	15-20		Boys
	15-20		Girls

Proposed questions:

1. What are the security structures in the camp and how are they managed? Are women involved?
2. Are there existing community-based security groups who arrange security patrols on regular basis? Do they deal with SGBV cases?
3. What issues are resolved through the elders? How are they resolved?
4. What type of conflicts occur among couples and what are the reasons? How are they resolved?
5. Who in the community resolves cases of domestic violence? If the nominated person cannot resolve the case, who takes further actions?
6. Provide an example of a situation where a women is beaten by her husband. Where would she go to seek help? Who would be the best person to help her in the community?
7. Comparing the in-kind assistance of food with the CBI, do you think that the cases of domestic violence have increased in the families?
8. Have you come across any domestic violence case due to the cash issues? Where are these cases reported? What will be the best way to avoid domestic violence related to cash?
9. Who in the community resolves cases of rape? If the nominated person cannot resolve the case, who takes further actions?
10. Provide an example of a situation where a women has been raped. Where would she go to seek help? Who would be the best person to help her in the community?
11. During the individual interviews we asked about what are the places in the camp where cases of sexual violence including rape mostly occur. We were told that the cases occur mostly at home. Do you agree? Can would you like to explain?
12. During the assessment we were told by most of the respondents that refugees are at risk of sexual violence while travelling to or from local market. Have you ever heard of any case? How far is the market from the camp?
13. Do you think that latrines/ showers are not safe to use specially at night? Are there cases that happen in the surroundings of these areas? If yes, why?
14. Do you face any problems when you bring firewood? Do you go alone?
15. Respondents are concerning about safety and security in shelters where living singles/ young people at their own are. Would you like to elaborate?
16. Are there young women who agree to have sex in exchange for food or goods in the camp? If yes, how do you recognize them? Do you think that are they discriminated-in the camp?

17. Have you ever heard about somebody recruiting girls for sex in the school?
18. What are your recommendations for improving the security in the camp?

Sector: CBI, NFIs and Livelihoods

Target group	Age group	FGDs by Gender
Older	>49	Men
		Women
Adults	21-49	Men
	21-49	Women
Teenagers	15-20	Boys
	15-20	Girls

Proposed questions:

1. Who among the family members used to work or earn money in DRC? Who used to handle the cash? How has it changed in Rwanda?
2. How is the family income divided into family members?
3. Does it create problems within the family, when women receive the cash? If yes, what kind of problems?
4. Who in the family spends additional money? How should it be spent?
5. Rank six monthly expenditures/consumptions you incurred in the last month starting with the highest number.
6. How would you spend the money if you receive cash for NFI? Rank six priority expenditures.
7. What do you do if you don't receive sanitary pads/ dignity kits? What do you think would be the best way to receive this assistance?
8. Do you use underwear? Where do you buy it? Is there any problem associated with underwear?
9. What do you think about the future of the girls? What do you expect? (What kind of jobs/ profession are good for girls?)
10. What can families and society do to help girls to be competitive to boys in terms of education?
11. Do women and men have an equal opportunity to find a job beyond the district/ outside the camp? What are the barriers women and men face to access the labour market?
12. What are the products that you are purchasing within the camp?
13. What are the products that are not provided in the camp? Do you think that bringing those products and selling them in the camp would be a good business?
14. What are the products that you are purchasing in the host community?
15. What are the products that are not provided in the markets of host community? Do you think that bringing those products and selling them in the camp would be a good business?
16. Are you involved in village saving and loan association (VSLA). If yes, why/ if not, why?
17. What would you do if the assistance is stopped?
18. Why are young women choosing sex in exchange for basic necessities to generate income? Is this transaction the only option to generate income or obtain food and other needed resources? Are there any other alternatives to have income?

Sector: Health, WASH and Shelter

Target group	Age group	FGDs by Gender
Older	>49	Men
		Women
Adults	21-49	Men
	21-49	Women
Teenagers	15-20	Boys
	15-20	Girls

Proposed questions:

1. What do you do if your shelter needs maintenance? Who is responsible?
2. Do you think that the shelters are accessible for people with disabilities?
3. What is the relationship of the people who normally live together in one shelter?
4. How do you separate yourself (number of people living in the shelter) if your shelter is not enough for everyone to sleep at night?
5. Who is normally sleeping outside? Where does the person go to sleep?
6. How do you separate yourself for sleeping? How is the privacy managed between spouses or partners?
7. Do you participate in cleaning of your surroundings if it is not clean? Have you ever received any hygiene session?
8. What are the services related to WASH that you wish to be improved?
9. Do you frequently visit the health centre for sexual and reproductive health services? If not why?
10. During the individual interviews we asked about the reasons for not going to the health centre. Most of the respondents said that they don't want to go to the health centre because of low quality of services and inappropriate behaviour of doctors and nurses. What do you think they mean by low quality of service? Any inappropriate behaviour by doctors and nurses?
11. Do you know someone in the camp who has more than one wife/partner in the camp? Do the wives/partners know about each other? How do they organize themselves? If yes, do men ask for cash from all of them?
12. We have the impression that the number of distributed condoms is very high but people don't want to use them. Do you know why not? What will be the best way to promote the use of the condoms in the camp?
13. Do you know someone who is living with HIV? Explain what your relationship with her/him is. How is he/her interacting with her/him family? Do you think that are discriminated in the community? Do they have spouses, friends? Do they work/have jobs?
14. Do you know any problem that HIV-positive people may have because their illness?
15. If somebody tells you that she/he has been raped last night by someone in the camp. What would you advise her/him?
16. If somebody tells you that she/he has been raped last night by somebody outside the camp. What would you advise her/him?
17. When women are pregnant in this community, do they usually go to the health centre? Do you know pregnant teenagers who don't go to the health centre? Why they don't want to go to health centre?
18. What kind of problems do young/unmarried mothers have?
19. What do women do if they are pregnant but they don't want?
20. Have you heard about the cases of forced pregnancies (to get more cash)? If yes, can you explain?
21. What are the things that you want the health centre to improve?

Appendix 4: Individual Interview Questionnaire

QUESTIONNAIRE

INTRODUCTION

Good morning/afternoon,

My name is: I am assisting UNHCR in completing a survey in XXXX Camp. UNHCR would like to know what the community thinks about the quality of existing services and the different needs and access to services of women, girls, boys and men. This survey is anonymous and through the following questions we would like to capture your honest opinion about challenges faced by the community, in particular women and children. Areas of interest are access to education and health, but we also know that a number of persons have become victims of gender-based violence. The information you provide will help UNHCR to improve the quality of services provided in the camp. Your participation in this anonymous survey is completely voluntary and you have the right to refrain from answering any question or decide not to continue with the questionnaire at any time. You will need around 40 minutes to respond to the questions and I will help you to go through the questionnaire. Your opinion really matters to us and we would be very grateful if we could capture your opinion in order to improve UNHCR's programme in the future. You can direct any questions about this survey to UNHCR staff. Two UNHCR colleagues are currently working in the camp (indicate location) and you can approach them in case you have additional question.

1. Do you agree to participate in this survey and UNHCR saving your answers anonymously to improve future programmes?

- Yes
- No
- I don't want to continue with the questionnaire.

2. Can you please tell me why you don't want to continue with the questionnaire? The following options only appear if the responded answered "I don't want to continue with the questionnaire" under Q1.

- I don't want to talk to UNHCR.
- I don't like the subject.
- I don't understand why you want me to complete a questionnaire.
- I don't have time.
- I don't want to respond to this question.

3. Name of interviewer _____

4. Location

- Kigeme
- Mugombwa
- Mahama
- Gihembe
- Nyabiheke
- Kiziba

5. Nationality

- Congolese
- Burundian
- Other, please specify

Basic Bio - Data

6. Gender identity

- Female
- Male
- Other (please specify)_____

7. How old are you?_____**8. What is your marital status?**

- Single
- Married - Partnered
- Divorced or separated
- Widowed

9. Do you have any disability?

- Yes
- No

10. If yes, what kind of disability?

- Physical
- Mental
- Intellectual
- Sensory impairments

11. Are you head of household?

- Yes
- No
- Unaccompanied children

12. What is the size of your household?_____**13. Have you ever been to school?**

- Yes
- No

14. What is the highest level of education you completed?

- I started primary school but didn't finalize it.
- I completed primary school.
- I started secondary school but didn't finalize it.
- I completed secondary school.
- I started university but didn't finalize it.
- I completed university.
- I enrolled in technical or vocational training.
- Informal education

15. When did you arrive in Rwanda? (month/year)_____

Camp Coordination and Camp Management

16. Are you involved in community groups in the camp? (Check all that apply)

- Health committee
- Security committee
- Leadership's committees/leaders camp management
- Parent-teacher associations (PTA)
- Food committee/distributions
- Loan and saving groups
- Shelter committee
- Disability committee
- Community mobilizer
- None
- Other, please, specify

17. Do you think women influence decision making in the leadership committees?

- Yes
- No
- Sometimes

18. If no or sometimes, why? _____

19. What are the type of problems that you would ask help from elders for? (Check all that apply)

- Resolve disputes between neighbours within the village/quarter
- Referring vulnerable cases to the Executive Committee
- Resolve cases of domestic violence
- Resolve cases of rape
- Settle disputes and minor criminal violations within the camp or violations of the camp's by-laws (e.g. thefts)
- Medical constraints
- Access to services offered by UNHCR and its partners
- Other, please specify

20. What are the type of problems that you would ask help from community leaders for? (Check all that apply)

- Resolve disputes between neighbours within the village/quarter
- Referring vulnerable cases to the Executive Committee
- Resolve cases of domestic violence
- Resolve cases of rape
- Settle disputes and minor criminal violations within the camp or violations of the camp's by-laws (e.g. thefts)
- Medical constraints
- Access to services offered by UNHCR and its partners
- Other, please specify

21. What services are needed, which are currently not available in the camp? (Check all that apply)

- Food distributions or cash interventions
- Health care services
- Reproductive health, including maternal, pre- and post-natal care

- Family planning/condoms and contraception
- Primary school
- Child care/older persons care facilities
- Women-friendly spaces
- Clean water
- Enough latrines/showers
- Enough firewood
- Sanitary pads
- Soaps
- Clothes
- Electricity/torches/solar lamps
- All the services are available in the camp
- Other, please specify

22. Who are currently the most vulnerable people in your community? (Check all that apply)

- Single women
- Pregnant or lactating women and girls
- Children
- Youth girls
- Youth boys
- Women who work outside the camp
- Men who work outside the camp
- Old men
- Old women
- Unaccompanied/separated children
- Persons with disabilities
- Chronically ill persons
- Homosexuals/lesbians
- Young men/women living in make shift living space
- Sex workers
- Albinos
- No one

23. What are the most significant safety and security concerns faced by women and girls in this community? (Check all that apply)

- Sexual violence/abuse within the camp
- Violence in the home
- Being asked to get married at a young age (early/forced marriage)
- Risk of sexual assault when traveling outside the community
- Conditional pregnancy
- Asked for sexual favours in return of services, privileges or protection by persons working in the camp
- Women and girls are unable to access services and resources
- Living in make shift living space for youth
- Teenagers being picked up from the camp in the night
- Trading in persons
- Sex in exchange for basic necessities
- None
- Other, please specify

24. What are the most significant safety and security concerns faced by men and boys in your community? (Check all that apply)

- Sexual violence/abuse within the camp
- Violence in the home
- Being asked to get married at a young age (early/forced marriage)
- Risk of sexual assault when traveling outside the community
- Asked for sexual favours in return of services, privileges or protection by persons working in the camp
- Men and boys unable to access services and resources
- Living in make shift living spaces for youth
- Teenagers being picked up from the camp in the night
- Trading in persons
- Alcohol/drugs
- Sex in exchange for basic necessities
- None
- Other, please specify

25. Do you face any obstacles in collecting sufficient safe water for both drinking and domestic use? (Check all that apply)

- Not enough water in water tabs
- Water is not clean to drink
- Family lacks enough jerry cans
- Jerry cans are not clean enough
- Water tabs are too far from the house
- I don't face any obstacles

Education**26. Are there children and adolescents in the camp who are not going to school?**

- No
- Yes

27. If "Yes" is selected, then the question "Why aren't they going to school?" should be prompted.

- School is too far from the camp.
- They don't feel safe at school.
- They lack motivation due to lack of upper secondary education, vocational training and employment opportunities.
- They cannot afford school fees or other costs (scholastic materials and uniform).
- They struggle to follow the curriculum.
- Children need to stay at home to help the family.
- Children are asked to work and support their family.
- Being over-age
- Pregnancy
- Lack of sanitary pads during menstrual period
- Fearing punishments or corporal punishment by teachers
- I don't want to answer.
- Other

28. Are you facing economic difficulties to send children to school?

- No

- Yes
- No applicable

29. In case of economic difficulties do you prioritize boys or girls education?

- Yes
- No

30. Which are the main security issues in the school? (Check all that apply)

- No sufficient lighting
- No toilets accessible
- No toilets locked
- No toilets sex-segregated
- Health risks from unsanitary conditions
- Being sexually abused or exploited
- Schools are a potential site for recruitment or abduction of children.
- There are not security issues in the camp.
- Other

Food Security/ Non NFI items

31. Have you had any problem to access food?

- Yes
- No

32. If yes, what are the main problems that you have had in accessing food?

- Non-availability of food at shops
- Shops/distribution sites are unsafe or/and far
- Problems with trader agents
- Bank system doesn't work on time/network issues
- Lost mobile/SIMcard
- Prices are high
- Insecurity
- Money is used for other purposes
- Quantity of food distributed is not sufficient
- Food distribution is not organized on time
- No one to look after children/older persons at home
- Other, please specify

33. What do households do to cope when there is a food shortage?

- Limit the size of portion per meal
- Reduce number of meals per day
- Borrow food or rely on help from friends or relatives
- Rely on less expensive or less preferred foods
- Purchase food on credit
- Sell or exchange NFIs for food
- Selling the houses
- Reduce adult women's consumption so children can eat
- Reduce adult men's consumption so children can eat
- Skip meals for several consecutive days
- Send household members to beg
- Sometimes exchanging sexual favours for food

- Sell food received to diversify options
- Other, please specify

34. Who in the family takes the decisions on how to spend cash?

- Men
- Women
- Older members of the family
- The family usually decides collectively
- Unaccompanied children

35. What are the risks relating to the cash-based intervention system? (Check all that apply) - only camps with cash

- Substance abuse and resulting crime
- Physical attacks to steal mobile phones
- Safety risks on the way to and return from or the market
- Undignified treatment, such as verbal abuse, from traders or banking agents
- Cash spent irresponsibly
- Risks of not being able to access local markets due to inadequate refugee identification
- Domestic violence
- Use of phones and transactions are difficult
- Tensions between refugees and traders caused by debts
- Separation of families to obtain cash
- None of the above
- Other, please specify

36. Who in the family collects NFIs at the distribution point?

- Men
- Women
- Older members
- Boys
- Girls
- Friends
- Neighbours
- Others, please specify

37. If you receive (more) cash what do you think would be important to purchase? (Check all that apply)

- Household items
- Food
- Sanitary pads
- Firewood
- Alcohol
- Soap
- Clothes
- Body lotion
- Other (please specify)_____

Health and sexual and reproductive health**38. Have you visited a health facility or other place to seek sexual and reproductive health services in the last 6 months?**

- No
- Yes
- I wanted to, but services or facility are not available/accessible.
- I wanted to, but I was not well received.
- No response

39. What was the reason for your most recent visit to a health facility for sexual or reproductive health services? (Check all that apply)

- Education and counselling regarding SRH
- HIV treatment
- Family planning services
- Treatment for sexually transmitted infections
- Pregnancy test/care/delivery
- Vaccination
- To receive condoms
- To receive mental health and psychosocial support
- No response
- Not applicable
- Other, please specify

40. What do you think are some of the reasons why adolescent girls or women would not go to health centres? (Check all that apply)

- Absence of female staff providing services
- Long waiting hours
- Low quality of service
- Inappropriate behaviour of doctors, nurses
- It's not safe for girls/women to go to the service sites
- There is not enough privacy
- Opening hours are not convenient for girls/women
- I was asked to do something sexual in exchange for services or money
- I don't know
- Other, please specify

41. What do you think are some of the reasons why pregnant adolescent girls would not go to health centres?**42. What do you think are some of the reasons why adolescent boys or men would not go to health centres? (Check all that apply)**

- Absence of male staff providing services
- Long waiting hours
- Low quality of service
- Inappropriate behaviour of service providers
- It's not safe for girls/women to go to the service sites
- There is not enough privacy
- Opening hours are not convenient for boys/men
- I was asked to do something sexual in exchange for services or money
- I don't know

- Other, please specify

Family planning

43. Have you had access to family planning? (Access to counselling, contraceptives and information)

- Yes
- No
- I don't want to answer
- No applicable

44. Do you and your partner(s) frequently use condoms?

- Always - I use condoms every time
- Sometimes - I use condoms half of the time
- From time to time - I use condoms from time to time, but usually not
- Never - I do not use condoms at all
- I do not want to answer
- No applicable

45. If sometimes, from time to time or never, why?

- I use other contraceptives methods
- My partner doesn't want to use condoms
- I don't want to use condoms
- There are not available in the camp
- Religious reason
- I want to have a babies
- Fidelity
- I do not want to answer
- Other, please specify

Sexual and gender-based violence (SGBV)

46. At what age did you get married/partnered?

47. What did you receive as a dowry? (women and girls)

48. What did you pay as a dowry? (men and boys)

49. Is domestic violence prevalent in your community?

- Yes
- No
- I don't want to answer

50. If yes, how often domestic violence happens in your community?

- Every day
- 1-4 times a week
- 1-3 times a month
- 1-3 times a year
- I don't know
- I don't want to answer

51. What are the main causes of domestic violence in your community? (Check all that

apply)

- Consumption of alcohol
- Consumption of drugs
- Frustration relating to the lack of space
- Desire for power and control in the relationships
- Male control over decision-making and assets
- Unemployment (economic stress)
- Men not able to fulfil their traditional roles
- Household disputes over use of resources (cash distribution system)
- Control of food or NFI assistance
- Impunity
- It's not an issue in the community
- Other, please specify

52. In what places do you think the risk of sexual violence, including rape, is more prevalent? (Check all that apply)

- At home
- At school
- When traveling to or from the local market
- At latrines/showers
- When collecting firewood
- When collecting water
- When going to food distribution
- When walking alone at night
- Sexual violence is not happening
- Don't know
- Other, please specify

53. To whom do (women/men/girls/boys) often go to seek help, when they have been victims of domestic violence?

- Family member
- Community leader
- Police
- Health clinic
- Plan staff
- UNHCR staff
- Friends
- No one
- Other (please specify)_____

54. To whom do (women/men/girls/boys) often go to seek help, when they have been victims of rape?

- Family member
- Community leader
- Police
- Health clinic
- Plan staff
- UNHCR staff
- Friends
- No one
- Other (please specify)_____

55. What are some of the reasons that victims of rape may not be able to access health services?

- Fear of being identified
- Feeling shame
- Distance to health facility
- Absence of staff of the same sex
- No availability of treatment
- Lack of trained staff
- Don't know of existing services
- Asking to disclose the perpetrator
- I don't know
- Other, please specify

56. What safety measures would you put in place to minimize any potential for risk to girls and women on SGBV? (Check all that apply)

- Police patrols around the community at night
- Community safety groups
- Educating girls/women on how to report incidents
- Increased number of female staff
- Sensitization meetings
- Availability of emergency numbers
- Serious punishments to perpetrators
- Not allow enter people from outside the camp
- Don't know
- None
- Other (please specify)_____

57. Do you think that homosexuals and lesbians are at risk of being subject to sexual violence as a result of their sexual orientation?

- No
- Yes
- I don't know
- I don't want to answer
- There are not homosexuals and lesbians in this community

58. If yes, are you aware of any incident(s) that have occurred in the community?

- No
- Yes

59. If answer "yes", then a follow-up question "Please describe in a few words" should be prompted.**60. Do you think that homosexuals/lesbians have difficulties to access services?**

- Yes
- No

Sexual abuse and exploitation**61. What is your opinion on the following: Having sex in exchange for money, food, goods, services or any other advantages in the camp or outside is not wrong as long as**

both agree to do it.

- I agree
- I disagree
- I don't know

62. What do you think about someone who agrees to have sex in exchange for money, food, goods, services or any other advantages? (Check all that apply)

- It's her/his own choice
- She/he is a bad influence for our community
- She/he agreed to it so she can't blame the man who asked for it
- I don't want any contact with her/him
- I would try to console and support her/him
- I can understand, she/he has no choice
- Other, please specify

63. What do you think of people who use their power to have sex with refugees? (Check all that apply)

- It's her/his own choice
- If the refugee agreed to it, it's fine
- It's a bad action
- Other, please specify

64. Do you think sex in exchange for money, food, goods, services or any other advantages is happening in this camp?

- Yes
- No
- I don't know
- I don't want to answer

65. If yes, someone I know has been asked to do something sexual in exchange for money, food, goods, services or any other advantages by:

- Community mobilizers
- Executive committee leaders
- Village/quartier leaders
- Bus/truck drivers
- Trade agents
- UNHCR staff
- UNHCR worker
- Plan staff
- Plan worker
- Save staff
- Save worker
- ADRA staff
- ADRA worker
- ARC staff
- ARC worker
- PAJER staff
- PAJER worker
- Teachers
- MIDIMAR staff
- MIDIMAR worker

- Police officer
- AHA staff
- Health officer
- AHA worker
- Villagers from the host community
- Family members
- Refuse to answer
- No one
- Other, please specify

66. I know where to report sexual abuse and exploitation of a refugee.

- Yes
- No

67. For me the best way to report sexual abuse and exploitation is by:

- Speaking with someone from the Camp Committee
- Speaking with someone from an NGO
- At the health centre
- Speaking with the GBV officer from Plan
- Writing what happened on a piece of paper and putting it in a complaint box
- Speaking with UNHCR staff
- Going to the Legal assistance in the camp
- Speaking to a family/community member and her/him to report the case
- Going to the police
- Other, please specify

68. Are there reporting mechanisms in the camp if someone is missing for a few days?

- There is a system in place that accounts for the number of residents
- The community will know if somebody is missing
- There is no real way of telling if someone is missing
- I don't know

Livelihoods

69. Among the family members, who is currently earning income? (Check all that apply)

- Father
- Mother
- Son
- Daughter
- Relatives
- Other (specify) _____

70. Do girls and women leave the camp to seek work outside?

- Yes
- No

71. What activities do young women do to generate income? (Check all that apply)

- Hairdressing
- Collecting firewood
- Collecting straw

Having sex in exchange for money or goods, **money, food, goods, services or any other advantages**

- Domestic work
- Selling vegetables
- Raising chicken
- Shop keepers
- Tailoring
- Begging
- Other - If "other," please specify: _____

72. Do boys and men leave the camp to seek work outside?

- Yes
- No

73. What activities do young men do to generate income? (Check all that apply)

Hairdressing

Collecting firewood

Collecting straw

Having sex in exchange for money or goods, **money, food, goods, services or any other advantages**

- Domestic work
- Selling vegetables
- Raising chicken
- Shop keepers
- Tailoring
- Begging
- Other - If "other," please specify: _____

CLOSING

That is all of my questions for now. Do you have anything you would like to add? Do you have any questions for us?

As I told you in the beginning, our discussion today is meant to help us learn about the concerns that you have for women, men and children in your community.

Please remember that you agreed to keep this discussion to yourself. If anyone would like to speak to a colleague in private we are happy to talk to you. GIVE THE LEAFLET

THANK YOU FOR YOUR HELP

(Footnotes)

1 In Gihembe the pilot programme of Cash assistance started in January 2014 and was scaled up in August the same year.

