



2017

WFP-UNHCR JOINT ASSESSMENT MISSION RWANDA



WFP UNHCR Joint Assessment Mission
Rwanda 2017

Data collected in July/August 2017

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List of acronyms

AFR	Access to Finance Rwanda	MIYCN	Maternal, Infant and Young Child Nutrition
AHA	African Humanitarian Action	MUAC	Middle and Upper Arm Circumference
ANC	Ante Natal Care	NEC	Nutrition Education Counselling
ARC	American Refugee Committee	NFI	Non-Food Item
ARV	Anti-Retroviral	NGO	Non-Governmental Organisation
BSFP	Blanket Supplementary Feeding Programme	OTP	Outpatient Therapeutic Programme
CBT	Cash-Based Transfer	PDM	Post-Distribution Monitoring
CHW	Community Health Worker	PLHIV/TB	People Living with HIV/Tuberculosis
CSB	Corn Soy Blend	PLW	Pregnant and Lactating Women
DRC	Democratic Republic of Congo	PLWD	People Living with Disabilities
ECD	Early Childhood Development	REC	Refugee Executive Committee
FCS	Food Consumption Score	SACCO	Savings and Credit Cooperative
FDP	Food Distribution Point	SAM	Severe Acute Malnutrition
FGD	Focus Group Discussion	SCI	Save the Children International
FO	Field Office	SENS	Standardised Expanded Nutrition Survey
FSDA	Financial Sector Deepening Africa	SFP	Supplementary Feeding Programme
FSOM	Food Security Outcome Monitoring	SGBV	Sexual and Gender Based Violence
GAM	Global Acute Malnutrition	SOP	Standard Operating Procedure
GFD	General Food Distribution	STI	Sexually Transmitted Disease
IGA	Income-Generating Activity	TSFP	Therapeutic Supplementary Feeding Programme
IP	Implementing Partner	TVET	Technical Vocational Education Training
IYCF	Infant and Young Child Feeding Practice	VSLA	Voluntary Savings and Loans Scheme
JAM	Joint Assessment Mission		
KII	Key Informant Interview		
LAF	Legal Aid Forum		
MAM	Moderate Acute Malnutrition		
MIDIMAR	Ministry of Disaster Management and Refugee Affairs		

WFP World Food Programme
WHZ Weight for Height
UAM Unaccompanied Minor
UCKH University Central Hospital
Kigali
UNICEF **United Nations Children's
Fund**

UNHCR High Commissioner for
Refugees
WASAC Water and Sanitation
Corporation
WASH Water Sanitation and Hygiene

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Data collection at field level would not have been possible without the dedication and hard work of personnel from all three partners, field-based implementing partners, local authorities and organisations on the ground.

The JAM also extends immense gratitude to the many refugees and refugee leaders who took the time to discuss with the team various issues that impact on food security, nutrition and livelihoods in the camps.

Executive Summary

Rwanda hosts almost 170,000 refugees and asylum seekers,¹ the majority of whom (79%) reside in six camps provided by the Government of Rwanda. Since the last Joint Assessment Mission (JAM) in February 2014, the refugee population in Rwanda has increased significantly, with the arrival of 86,154² Burundian refugees fleeing their home country since 2015. Burundian refugees now constitute 53.5% of all refugees in Rwanda and the 74,302 Congolese refugees constitute 46.2% of refugees.³ Just under half (49%) of the refugees in Rwanda are under the age of 18 years while 15% are under the age of 5 years.⁴ Almost 9,000 Congolese asylum seekers reside in Rwanda, their refugee status pending until the next verification exercise.

Refugees from Burundi continue to flow into Rwanda at a rate of about 10-20 per day; there is no evidence to suggest that this flow will slow down in the near future, and the interagency planning scenario predicts a total of 114,000 Burundian refugees in Rwanda by the end of 2017.⁵ The volatile political and security situations in the DRC and Burundi continue to compromise the opportunity for refugees and asylum seekers to return home.

In line with the Global Agreement between WFP and UNHCR, Joint Assessment Missions (JAM) are carried out roughly every two years to assess the food security and nutrition situation among refugees and to make recommendations for programme review and/or adjustment. While the main focus of the joint assessment is to understand the situation, needs, risks, capacities and vulnerabilities of refugees with regards to food security and nutrition, the 2017 JAM sought to assess in particular issues of refugee dependence on food assistance, issues of vulnerability, the capacity of refugees to meet their own food needs through livelihood opportunities and the suitability of cash based transfers to meet refugees' food needs.

Five camps have now transitioned to the cash-based transfer assistance modality, as a means of ensuring greater autonomy and a more diversified diet. The JAM found refugees to still be highly dependent on humanitarian assistance, with refugees in cash based transfers camps being slightly more dependent on WFP for their food requirements (92.43%) than those in in-kind food assistance camps (87.02%). The remaining balance is sourced from gifts and own production mostly. Reliance on WFP assistance is still high among the refugees with responses showing the range from 89% in Kiziba to 95% in Kigeme.⁶ The greatest source of income for most refugees continues to be the WFP food or cash assistance.

¹ Figures correct as of 31st July, 2017 (UNHCR ProGress data).

² Ibid.

³ The remaining 0.3% is comprised of refugees from Angola, Belgium, Central African Republic, Chad, Eritrea, Ethiopia, Guinea, Haiti, Kenya, Somalia, South Sudan, Tanzania and Uganda.

⁴ Standardized Expanded Nutrition Survey (SENS) Draft Report, Rwanda, 2017, p.10

⁵ Ibid.

⁶ May 2017 PDM

Refugees interviewed indicated that the markets in and around the camps sold most items they need. While Gihembe, Kigeme and Nyabiheke camps have good access to markets, with daily markets in the camps as well as weekly markets at walking distance, Kiziba is far from a market and food prices are higher, impacting on refugees' access to equal quantities with the same value as the cash transfer. Access to a nearby market is especially an issue for vulnerable refugees such as the elderly or physically challenged, who rely on either the goodwill of their family and neighbours or have to pay someone to do their shopping.

Close to 9,000 asylum seekers reside in the camps and have access only to in-kind food assistance and do not receive shelter or any NFIs; in order to purchase items beyond their food needs, asylum seekers must sell part of their ration to cater for NFIs, thus further jeopardising their food security. Asylum seekers live outside the camp, where they pay rent, or share living space with refugees, leading to increased overcrowding in already congested camps. In addition to asylum seekers, the camps are home to many unregistered refugees, who receive no assistance whatsoever and rely on refugees for their shelter and food needs. The exact number of unregistered refugees residing in the camps is unknown, but it is clear that they are a burden to refugee households by further compromising the food security of refugees in addition to causing more pressure on already overcrowded living conditions in the shelters.

Dietary diversity has improved among refugees since last year, with 73% achieving medium diet diversity⁷. However, despite this improvement, refugees continue to prefer consuming starches, pulses, oil and vegetables and rarely consume milk, meat and fruits and low diet diversity continues to be a lingering issue in the refugee context in Rwanda. The differences between cash and food camps in terms of diet diversity in May 2017 were minimal. The JAM concludes that it is a lack of cash that hinders access to diversified foods for refugees in Rwanda, as FGDs and observations at markets throughout the camps indicate that markets are well-stocked and offer diversity for those who can afford the price.

An estimated 92% of households in food camps and 85% of households in cash camps had acceptable FCS in May 2017, the lowest being in Kigeme (73% households with acceptable FCS) and the highest in Mahama (97% of households with acceptable FCS). This is a marked improvement since the 2014 JAM, where only 63% of households had acceptable FCS. Refugees adopt various coping strategies when food is limited at the household level and when they have used their cash/exchanged their resources to procure sufficient food. On the whole, cash camps resort to more coping strategies than food camps, suggesting that there is less food available towards the end of the month in cash camps than food camps. Of the negative coping strategies reported during the JAM, transactional sex, begging, and taking out high interest loans were among the most detrimental to refugee well-being and directly impacts on food security.

The Global Acute Malnutrition (GAM) prevalence across the camps have generally reduced since the last JAM, ranging from 2.8% in Nyabiheke to 4.5% in Mahama - every camp is now within the WHO 'acceptable' range of GAM prevalence <5%. The most significant reduction in GAM prevalence is seen in Mahama, where there has been a reduction in GAM from 10.3% in 2015 to 4.5% in 2017. However, despite the overall positive trend in the prevalence of GAM, more than half of children (53%) under 5 years were affected by at least one form

⁷ Ibid

of malnutrition, and 14% were affected by two or more forms of malnutrition.⁸ Stunting and anaemia continue to be a problem among the refugee population in Rwanda, especially in Mahama where anaemia prevalence is above the WHO 'critical' levels (46.1%). The persistent anaemia prevalence rates in the camps could be multifactorial and extend beyond just food intake to include health-related ailments, malaria (especially in Mahama), low consumption of heme-iron foods and poor IYCF practices.

Currently, only two thirds of the refugee camps in Rwanda meet the SPHERE adequate clean water standards of 15 litres per person per day (Mahama, Kiziba and Mugombwa). Since the last JAM, the water ratio per person per day has diminished in all camps established prior to 2014, except for in Gihembe where refugees are now receiving 18.5 litres which are 8.5 litres more per day than in 2014. Insufficient access to treated water in most camps causes refugees to source water from rivers in the nearby valleys where there is a heightened risk of waterborne diseases. Due to insufficient firewood, households cannot always boil their water before consuming it, this will typically affect the most vulnerable households in the camps. With the exception of Gihembe and Mahama, the latrine situation in the camps is inadequate and needs prioritisation. Despite improvements on the ratio of users to latrines since the 2014 JAM, half of the camps have at least 50% too many users per drop hole. Similarly, the shower situation is inadequate in four out of the six camps and requires improvement.

The insufficient provision of firewood for refugees has possibly led in part to widespread deforestation in and surrounding the refugee camps. Many refugees sell some of their GFD or use some of the CBT in cash transfers camps to purchase firewood or charcoal – the consequences are reduced caloric intake at the household level. Firewood is one of the main expenditures for households in the refugee camps, this has remained the case since the last JAM in 2014; for refugees in Mahama, 28.1% of their expenses are on fuel.⁹ For refugees receiving food in-kind, this would mean that of the 2100 kcal basket, 590.5 are sold to purchase fuel energy to cook the remaining food and that the maximum value of the basket is now 1,509.5 kcal. Gathering firewood illegally in neighbouring communities is the only option for some refugee households; this coping strategy endangers women, who often go out alone and after dark, putting them at risk of harassment and sexual violence. There is urgent need to actively promote alternative cooking energy sources as a way not only to prevent the sale of the GFD and increase household consumption of WFP assistance, but also to the protection of women and children in the community.

Almost half (49%) of all refugees in the camps are under the age of 18; many have undertaken their schooling in the camps and will soon be seeking for ways to earn an income. However, lack of employment, vocational and social opportunities in the camps especially affects the youth, many of whom resort to idleness and delinquency. The very limited job prospects for camp-based youth is a disincentive for schooling. Failure to address the needs of the youth will negatively impact on efforts to enhance self-reliance among refugees.

Over the past 20 years, refugees in Rwanda have mostly relied on WFP, UNHCR and other partners' assistance for survival. Livelihood opportunities continue to be limited. Despite the favourable refugee policy in Rwanda,

⁸ Most notably anaemia, stunting and acute malnutrition, SENS 2017.

⁹ PDM, May 2017

all refugees interviewed cited several challenges to increasing their self-reliance, most notably a lack of appropriate skills, lack of access to loans/start-up capital to begin or expand a small business, lack of refugee ID cards and unequal opportunities and wages between refugees and host community members on the labour market. Overall, the JAM found that the livelihoods situation has not improved since 2014 JAM – in 2014, 9% of households earned no income;¹⁰ a 2016 study revealed that between 38-48% of the refugee population in all six camps earned no income.¹¹ Efforts are being made (through the MIDIMAR/UNHCR Strategy for Economic Inclusion of Refugees) to engage refugees in the local economies through the provision of skills training, access to loans and jobs. As more refugees become involved in these initiatives and their self-sustainability through their income generation capacity grows, the possibility of reducing assistance will become viable. The scaling down of food assistance is a reality that needs to be addressed immediately; this should be accompanied by re-thinking on how to provide further robust and wide-ranging livelihood support, focusing on the long-term goal of transitioning refugees successfully from assistance to independence. Hence, the need to develop a livelihood strategy to guide the necessary interventions for the refugees.

¹⁰ 2014 JAM.

¹¹ Inter-Agency Gender Assessment in Refugee Camps in Rwanda, 2016, p. 52.

1. Background and refugee demographics

1.1 Background

Rwanda hosts almost 170,000 refugees and asylum seekers,¹² the majority of whom (79%) reside in six camps provided by the Government of Rwanda, with the remainder classified as urban refugees. Congolese and Burundian refugees entering Rwanda are granted *prima facie* refugee status and Rwanda's generous asylum policy continues to attract refugees to the country as a safe haven. Since the last Joint Assessment Mission (JAM) in February 2014, the refugee population in Rwanda has increased significantly, with the arrival of 86,154¹³ Burundian refugees fleeing their home country since 2015. Burundian refugees now constitute 53.5% of all refugees in Rwanda and the 74,302 Congolese refugees constitute 46.2% of refugees.¹⁴ Just under half (49%) of the refugees in Rwanda are under the age of 18 years while 15% are under the age of 5 years.¹⁵ Almost 9000 Congolese asylum seekers reside in Rwanda, their refugee status pending until the next verification exercise.

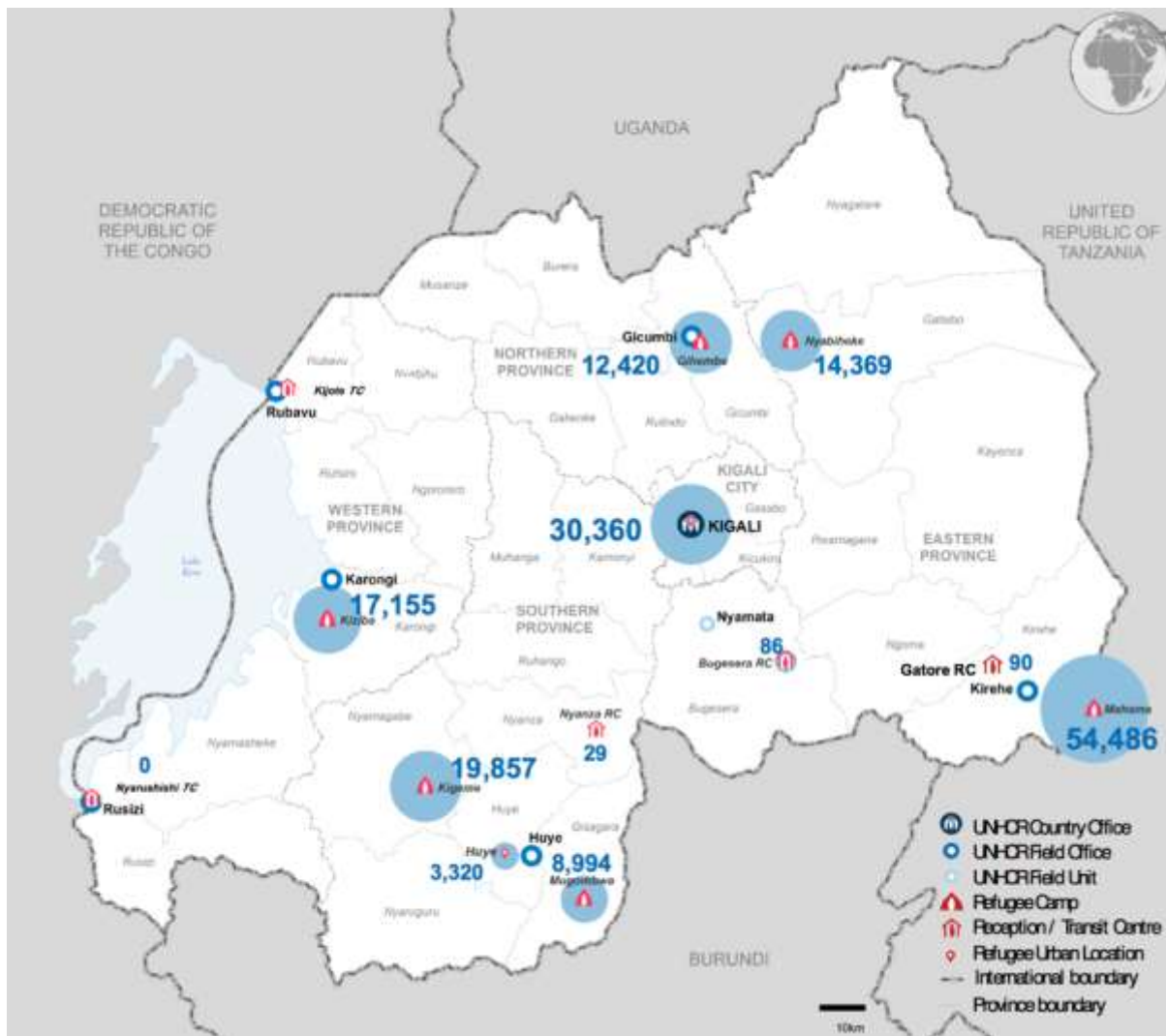
Political and ethnic conflicts in the Great Lakes Region have been the main causes of the refugee crisis in Rwanda. Congolese refugees have been fleeing to Rwanda since 1996, with another influx of over 35,000 refugees into Rwanda in 2012 following a resurgence of conflict in the north-east of the country. The majority of Congolese refugees in Rwanda come from North Kivu (86.1%). From 1997 and prior to the arrival of Burundian refugees in April 2015, five camps, namely Gihembe, Nyabiheke, Kiziba, Kigeme and Mugombwa, accommodated the majority of refugees in Rwanda. Following the election-related conflicts in Burundi in April 2015, the influx of refugees necessitated opening a sixth camp, Mahama camp in Kirehe district. Mahama camp is now by far Rwanda's largest refugee camp, currently home to over 54,000 Burundian refugees, coming mostly from Kirundo Province (43.5%) and Bujumbura (36.2%). The distribution of refugee populations in Rwanda is shown in Figure 1

¹² Figures correct as of 31st July, 2017.

¹³ Ibid.

¹⁴ The remaining 0.3% is comprised of refugees from Angola, Belgium, Central African Republic, Chad, Eritrea, Ethiopia, Guinea, Haiti, Kenya, Somalia, South Sudan, Tanzania and Uganda.

¹⁵ Standardized Expanded Nutrition Survey (SENS) Draft Report, Rwanda, 2017, p.10

Figure 1: Population of concern to UNHCR as of 31st July 2017

Source: UNHCR

Refugees from Burundi continue to flow into Rwanda at a rate of about 10-20 per day; there is no evidence to suggest that this flow will slow down in the near future and the interagency planning scenario predicts a total of 114,000 Burundian refugees in Rwanda by the end of 2017.¹⁶ The volatile political and security situations in the DRC and Burundi continue to compromise the opportunity for refugees and asylum seekers to return back home. Resettlement in another country has been the most favourable durable solution, although at the time of the assessment changing admissions policies in the United States have led to a slowing down of resettlement departures this year.

The previous JAM was conducted in February 2014, when there were less than half the numbers of camp-based refugees in Rwanda than there are now, and found that camp-based refugees were still highly dependent on humanitarian assistance to cover their basic needs, despite some refugees having resided in the camps for over 15 years. Just over half of the refugees in 2014 had inadequate food consumption, with the elderly, disabled, child headed households and unaccompanied minors (UAMs) being particularly

¹⁶ Ibid.

vulnerable to food insecurity. In 2014, food aid was the main source of food for refugees and self-reliance and income generation continued to be a major challenge to refugee food security and well-being. The main recommendation from the 2014 JAM was to develop a strategy to increase income-generation in the camps while continuing the provision of food and non-food assistance to refugees.

At the time of the 2014 JAM, food assistance was provided to refugees in kind, except for in Gihembe camp where cash-based transfers (CBT) were just being introduced. At the time of the 2017 JAM, CBT are being rolled out in all camps except for Mahama, where refugees continue to receive in-kind food assistance. However, following a market study conducted in April 2017, the plan is to expand the use of CBT for food assistance for refugees in Mahama camp following a feasibility study.¹⁷

1.2 Refugee Demographics and Food Security

Table 1: Characteristics of refugee camps in Rwanda

	GIHEMBE	KIGEME	KIZIBA	MUGOMBWA	NYABIHEKE	MAHAMA
Location (District)	Gicumbi	Nyamagabe	Karongi	Gisagara	Gatsibo	Kirehe
Total Population (as of 31 July 2017)	12,420	19,837	17,155	8,994	14,369	54,486
Date of Establishment	1997	2012	1996	2014	2005	2015
Number of Years Old	20	5	21	3	12	2
Type of Food Assistance	Cash	Cash	Cash since July 2017	Food	Cash	Food
Mean Household Dietary Diversity Score	4.56	4.01	4.56	4.66	4.76	4.34
Proportion of Households with Acceptable Food Consumption Score	89.1%	73.3%	93.4%	84.6%	92.5%	97.3%
Proportion of Households consuming heme iron daily or sometimes (FCS-N Heme Iron)	23.7%	12.8%	21.9%	22.8%	30.2%	29.2%
Proportion of Households consuming protein daily or sometimes (FCS N Protein)	98.1%	94.1%	98.7%	97.1%	99.6%	100%
Proportion of Households consuming Vitamin A rich foods daily or sometimes (FCS-N Vit. A Rich)	90.7%	81.8%	81.6%	96.5%	96.4%	96.2%
Primary partners for health and nutrition	ARC	AHA	AHA	AHA	ARC	ARC, SCI
Number of CHWs	26	24	22	10	24	151

¹⁷ Recommendation 1: Cash Based Transfer is recommended as food assistance modality for Mahama refugee camp, on condition that: existing infrastructural challenges are addressed; and consideration of switching to in-kind assistance during times of atypically low agricultural outputs resulting in subsequently high prices. WFP Market Assessment 2017, Determining the Feasibility of Cash Based Transfers in Mahama Refugee Camp, April 2017.

Ratio of Camp Population: 1 CHW	1:489	1:818	1:782	1:886	1:597	1:351
Date of Last Vitamin A Supplementation Campaign	Jan 2017	Mar 2017	Mar 2017	Dec 2016	Jan 2017	Dec 2016
Date of Last Deworming Campaign	Mar 2017	Mar 2017	Mar 2017	Dec 2016	Mar 2017	Mar 2017

Source: SENS 2017, Population figures correct as of 31st July 2017.

2. Objectives

In line with the Global Agreement between WFP and UNHCR, Joint Assessment Missions (JAM) are carried out roughly every two years to assess the food security and nutrition situation among refugees and to make recommendations for programme review and/or adjustment. While the main focus of the joint assessment is to understand the situation, needs, risks, capacities and vulnerabilities of refugees with regards to food security and nutrition.

The 2017 JAM sought to assess in particular issues of refugee dependence on food assistance, issues of targeting and vulnerability, the capacity of refugees to meet their own food needs through livelihood opportunities and the suitability of cash based transfers to meet refugees' food needs. The JAM sought also to answer the following specific objectives:

- a. **Assess the food security status of refugees in relation to current food assistance (in-kind food and cash based transfers):** adequacy of the transfer, appropriateness of this modality, logistics (transport, storage and handling) system and management, the losses incurred, the levels and condition of operational reserve stocks, risks, and possibilities to reduce risks and increase performance and efficiency;
- b. **Assess key protection issues related to food security and nutrition including:** shelter status, gender inequality, access to support/services for persons with special needs; registration and documentation; and negative coping strategies resulting from food insecurity.
- c. **Assess the health, WASH and nutritional status of refugees:** chronic illness and infections impacting nutrition status; adequacy of sanitation and hygiene conditions; interventions such as selective feeding programs (IYCF, SFP, TSFP, and TFP, school feeding, etc.), and their impact upon vulnerable groups (e.g. persons with chronic illness).
- d. **Assess current approaches and determine the best livelihoods interventions that help refugees to meet their food and nutrition needs:** assess refugee skills and capacities, and elaborate a strategy for income-generation to mitigate challenges in food security, nutrition, and GBV.
- e. **Assess the existing coordination mechanism among actors and examine the policy change opportunities and synergies with host community:** Assess the coordination mechanism exists among UNHCR, WFP, Government, Partners in relation to the areas relevant to food assistance and food security. Also, examine the synergies with host community and policy implications for food security.
- f. **Assess the possible ways for supporting prioritization exercise:** In case of resource limitations, suggest on appropriate strategies to follow for plan for prioritization exercise

3. Methodology

This report is based on a comprehensive secondary data review and primary data collected during the JAM field mission. Key secondary sources include: Standardized Expanded Nutrition Survey (SENS), Post-Distribution Monitoring/Food Security Outcome Monitoring reports (PDM/FSOM), Inter-agency Gender Assessment of Refugee Camps in Rwanda 2016 and the Economic Inclusion of Refugees in Rwanda MIDIMAR/UNHCR Joint Strategy report.

A planning meeting was organised on 28th June with all partners and donors to finalise the methods, objectives and timelines for the JAM exercise. A one-day workshop was held in Kigali on 13th July 2017 prior to the start of the field work, 59 JAM participants attended. During the workshop, an overview of the JAM process and an introduction to the various data collection tools was provided. A core team of experts was created (comprised of WFP and UNHCR staff) and 5 thematic groups were formed, each team headed by a core team member with sector expertise to lead on the data collection for that specific thematic area (see Annex 3 for list of team members).

During the workshop, a break-off session was held to enable the teams to go through a previously-developed checklist to be used at field level to guide the data collection. Checklists were developed to be used as prompts to key issues for discussion during the JAM, based on the terms of reference, and not intended to be a strict questionnaire. Teams worked through the checklists to ensure relevance of the issues to be discussed and to ensure collective understanding of the questions and data collection methods. The checklists were refined and finalised during this workshop and teams proposed the focus group discussions (FGDs) and key informant interviews (KIIs) their teams would need at field level. This enabled field staff at camps level to facilitate in advance the grouping of refugees and other key informants for discussion. For FGDs, these included but were not limited to mothers of reproductive age, community health workers, people with disabilities and chronic diseases, community leaders, refugee adults, refugee youth, refugee adolescents, refugee children and asylum seekers. For KIIs, camp-based health and nutrition staff, school teachers, camp-based WASH staff, livelihoods partners, MIDIMAR, local administration, financial institutions, refugees in business, cooperatives, protection partners, food distribution committees, warehouse staff and refugee committees.

Five thematic groups were formed to cover the following areas of data collection:

Group	Main Areas of Coverage
Group 1	Health, nutrition, WASH, school feeding, eating practices
Group 2	Livelihoods, income generation, self-reliance, environment
Group 3	Protection, targeting and vulnerability, shelter, quality of life
Group 4	Food/Cash/NFI distribution, logistics and warehousing
Group 5	Coordination, policy environment, synergy with host community, contingency planning

Gender was mainstreamed throughout the JAM data collection and analysis.

Fieldwork took place across the six refugee camps in Rwanda from 17th July to 3rd August 2017 and included:

- Visits to the six refugee camps (2 days in each of the following camps: Gihembe, Nyabiheke, Mahama,

Kiziba, Kigeme and Mugombwa), including visits to health facilities, WASH facilities, schools, markets, warehouses, food distribution points, child and youth spaces and income generating projects;

- Interviews with camp authorities, local authorities and refugee leaders;
- Interviews with teachers, health practitioners, specialists from the water sector, traders and money lenders;
- Focus group discussions with refugees on food assistance and coping strategies, coexistence with host community, quality of life, environment, livelihood opportunities and income generation (among others);
- Market and camp infrastructure visits;
- Interviews with NGO representatives and partners;
- Observation and transect walks throughout the camps.

Daily debriefs were held in the field to share information collected each day among the core team, to begin the triangulation and validation process of the information gathered. At the end of the 2 days of data collection in each camp, a complete debrief was held to share with refugee leaders, camp leadership and field staff including Heads of Field Offices the information collected in their respective locations. As Congolese and Burundian refugees speak Kinyarwanda, the language also spoken in Rwanda, JAM team members were able to translate.

The JAM report brings together the main findings that came out of the interviews and observations across the six camps, as well as information from secondary data sources that relate to the issues raised during the JAM.

Recommendations from the JAM will be used to draft the next Joint Plan of Action for WFP and UNHCR Rwanda refugee programmes.

4. Food security

This section covers issues relating to the food security of refugees across the six refugee camps, including issues of food access, availability and use, as well as touching upon other issues identified during the JAM as impacting on household food security. The information presented is a summary and analysis of the main findings from the entire Joint Assessment Mission at the countrywide level. The May 2017 WFP Post-Distribution Monitoring report provides the most recent information on the use of WFP assistance at the household level among refugees. The food security information presented below is drawn largely from the May 2017 PDM, (when 3 out of 6 camps had transitioned to cash transfers from food rations). At the time of writing, 5 out of 6 camps were receiving cash transfers) as well as findings from the JAM field work.

4.1 Food access and availability

All registered refugees and asylum seekers, irrespective of age or length of stay in the camps, receive monthly food assistance from WFP, either in kind food (through the general food distribution or GFD), or a cash-based transfer (CBT). The daily food ration basket is based on the recommended 2100kcal per person per day in form of in-kind food and cash based transfers (currently the cash part is RWF 7600/~USD 9). Maize forms the bulk

of the caloric intake of the GFD. In addition, all Burundian refugees receive a ration of corn-soy blend plus (CSB+), aimed at prevention, control and reducing the micro-nutrient deficiency specifically anaemia which has been identified among Burundian refugees during the SENS 2015 and 2016. Furthermore, under the Blanket Supplementary Feeding Programme (BSFP) all children aged 6-23 months in Congolese camps receive a daily 200g ration of CSB++ as take home dry ration, while children aged 6-23 months in Mahama receive 100g CSB++ in the morning and 50g CSB++ in afternoon as hot meal at 11 community kitchens operated by BSFP assistants. At the time of the JAM fieldwork, children 36-72 months in Mahama receive 100g CSB++ from 2 ECDs in the morning and 100g CSB++ from 2 mega kitchens in the afternoon. Pregnant and lactating women (PLW) and people living with HIV and TB (PLHIV/TB) receive a daily 200g ration of CSB+, 25g oil and 15g sugar. Information gathered after the fieldwork indicates that ECD feeding is taking place in Kigeme and Mugombwa too, where children aged 3-5 years are receiving Sosoma high protein and energy porridge through ADRA with UNHCR funding. This will be extended to Gihembe, Nyabiheke and Kiziba in the coming weeks to include all children enrolled at the ECDs across the camps.

Table 2: Food rations per refugee caseload

Commodity	Refugees - GFD			
	Congolese caseload		Burundian caseload	
	100% ration (grams)	Kcal value	100% ration (grams)	Kcal value
Maize grain	410	1,497	360	1,314
Dried beans	120	408	120	408
CSB +	N/A	N/A	50	188
Veg oil	30	265	30	265
Salt (iodised)	5	0	5	0
Total	565	2,170	565	2,175
Protein contribution	12.4%			
Fat contribution	20.5%			

Source: WFP NutVal

Overall, refugees in the refugee camps in Rwanda depend on WFP food assistance for 87.22% of their food requirements; this figure is higher in cash camps (92.43%) than in-kind food camps (87.02%).¹⁸ The remaining balance is sourced from gifts and own production mostly. Refugees in Kigeme camp depend most on WFP assistance (94.51%) and refugees in Kiziba rely the least on WFP assistance (88.95%).¹⁹ The level of dependence on assistance may vary based on the following:

- Access to land for own cultivation
- Opportunities for income generation in and around the camps

¹⁸ 94.51% of refugees depend on WFP assistance for their food needs, followed by 92.55% in Gihembe, 90.21% in Nyabiheke, 89.07% in Mahama, 88.95% in Mugombwa and 83.05% in Kiziba.

¹⁹ May 2017 PDM

- General condition and topography of the land in and around the camps
- Proximity of the camps to markets
- Age and physical capacity of the refugee
- Length of stay in Rwanda as a refugee
-

Although the GFD provide the recommended daily caloric needs, it does not offer variety; refugees must sell or exchange part of their food ration in order to diversify the diet beyond maize, beans, oil and salt. In in-kind food assistance camps as a whole (comprising Mahama, Kiziba and Mugombwa in the PDM data presented in this report²⁰), an average of 18.2% of food assistance was sold or exchanged to acquire diversified foods, with 3.95% used to repay loans, thus leaving between 80.83% in Kiziba and 73.91% in Mahama of the GFD for household consumption.²¹ In addition to selling/exchanging part of the GFD for other foods, refugees buy non-food items such as firewood, medicine, personal hygiene products and clothes. This reduces the amount of food available at the household and reduces the calories consumed per day to below the minimum requirements.

With the switch to cash in Gihembe, Nyabiheke and Kigeme, beneficiaries have more control over how their cash is spent and can choose which foods and what quantities and quality they consume. From the PDMs, it appears that more beneficiaries in cash camps use the WFP assistance for non-food purposes than beneficiaries in food camps. The May 2017 PDM indicates that cash camps use 71.21% of their cash transfer to purchase food for consumption, with the highest figure being in Kigeme (where 73.35% of the CBT is used to buy food) and the lowest in Nyabiheke (67.79%). The majority of refugees are happy with the switch to cash. The JAM noted concerns in Kiziba which had just made the transition to cash the month of the JAM, with women concerned about the change from planning for the month in quantities, to planning in cash – there is a need for on-going sensitisation to a cash-based system, even in camps where the CBT has been implemented for several cycles. Just over 15% of the CBT is used to repay loans.²² The vicious cycle of loans and debt was highlighted during the JAM and more can be found about that in section 11.8 (Protection).

In all camps a small number of refugees are engaged in farming activities and are able to consume their own produce, however this is on a very small scale and is mostly limited to vegetables produced in kitchen gardens. The higher level of reliance on WFP assistance in Kigeme may be in part a direct result of the poor soil productivity in the area with relatively poor agricultural production for refugees to be engaged in, coupled with the remoteness of the camp and the limited employment opportunities in the surrounding communities. Among food camps, gifts represent the second greatest source of food after WFP assistance, however, the relatively low figure suggests poor social networks or lack of wealth in existing networks.

²⁰ The PDM/FSOM data presented in this report predates the transition to cash in Kiziba and Mugombwa. At the time of the JAM field work, Kiziba and Mugombwa had transitioned to the cash-based transfer, but being such a new mode of assistance, data has not yet been collected on its impacts and usage in these camps.

²¹ Ibid.

²² The JAM was not able to find out the extent to which the switch to cash over food has affected loan patterns and whether access to cash has translated into easier access to loans for refugees. It is also unclear how asylum seekers, who receive in-kind assistance, access loans – whether it is in-kind or also on a cash basis. When considering the impact of cash transfers on food security, these issues should be included.

As a result of the CBT, market purchases have increased among cash-receiving households. Refugees interviewed were satisfied that the markets in and around the camps sold everything they need. Transect walks through the markets showed many different pulses, starches and vegetables on offer. However, issues of market access were noted in Kiziba camp during the JAM. Gihembe, Kigeme and Nyabiheke camps have good access to markets, with daily markets in the camps as well as weekly markets at walking distance. Kiziba is far from a market and prices were found to be higher, impacting on refugees' access to equal quantities with the same value as the cash transfer. Access to a nearby market is especially an issue for vulnerable refugees such as the elderly or physically challenged, who rely on either the goodwill of their family and neighbours or have to resort to paying someone to do their shopping – the JAM heard several issues of theft on such errands. Refugees interviewed identified the elderly, disabled and chronically ill as the most food insecure in the camps.



Figure 2: A market stall at the Gihembe camp market, July 2017

WFP conducts monthly price monitoring of many commodities sold in the camps as well as in the markets surrounding the camps. Markets in Rwanda are well-integrated and the prices are relatively similar, however, small price difference across the camp locations, as well as buying on markets in the camp compared to markets outside the camp, can have comparatively large financial implications for refugees when buying their food. The below table is a compilation of WFP market prices per camp for the cost of the food basket, based on the quantities and commodities in the GFD – it is based on these prices that WFP revises the value of the CBT on a quarterly basis, to ensure that refugees are able to access the same quantity of food as refugees receiving in-kind assistance. The figures show that until July 2017, refugees have been rarely able to purchase equal amounts to the GFD, with the exception of refugees in Mugombwa where the prices are the lowest of all camps and Nyabiheke. However, the difference in the cost of the food basket across the markets does not necessarily correlate with the level of dependence on food assistance. As noted above, Kigeme has the highest level of dependence on food assistance and Kiziba the least, although food prices in Kiziba are among the highest across the camps. This suggests that dependence is linked also to factors beyond just food prices in the markets. Despite varied access to the same food basket due to price difference across the markets, all refugees interviewed during the JAM preferred the CBT to the in-kind assistance for reasons of choice of food

and the ability to purchase non-food items if they so wished, indicating that choice is more important than quantity.

Table 3: Cost of monthly food basket across all 5 cash based transfers camps in Rwanda

	Gihembe	Kigeme	Kiziba	Mugombwa	Nyabiheke	WFP CBT value
Nov 16	7,803	8,339	7,521	8,067	8,022	6,300
Dec 16	8,233	8,186	8,904	8,549	8,216	6,300
Jan 17	7,680	7,935	7,395	6,296	7,223	6,300
Feb 17	7,137	7,752	7,613	6,120	6,818	7,000
March 17	7,332	7,699	7,514	5,957	6,683	7,000
April 17	7,590	8,177	8,260	6,537	7,734	7,000
May 17	8,250	7,446	8,025	6,470	7,637	7,000
June 17	7,742	7,672	8,795	7,140	7,112	7,600
July 17	7,292	7,320	8,031	6,228	6,780	7,600

Source: WFP

The JAM noted that not all refugees have equal access to food. As outlined above, some refugees are more physically disadvantaged than others, and this came out strongly in the JAM with refugees interviewed across the camps identifying the elderly, physically and mentally disabled, single-parent headed households, one-person households and unaccompanied minors as being among the most vulnerable in the camps. For many of the most vulnerable in the camps, food distribution or accessing their cash and subsequent shopping can be a challenge. As noted above, many physically-challenged refugees have to use money or food meant for consumption to facilitate their food purchases/collection (and some is sometimes lost through theft). Furthermore, vulnerable/disabled refugees reported that they often have to shop in the camp markets rather than the larger markets outside the camps, knowing they were more expensive, due to their limited mobility or limited means to pay transport for the more distant markets.

It was reported during the JAM that at the household level not everyone has equal access to food. When food is scarce, parents reported prioritising feeding their children over themselves and in some cases, women will prioritise the men in the house over themselves (this is especially worrying for PLW). The JAM tried to ascertain whether any cultural practices affected the order of eating in the household or the size of the portions but the information gathered was very conflicting and appears to differ from home to home. What did come out strongly however was that in some households, family members may sell off part of the ration to buy alcohol, thus reducing the amount available at the HH level.

It was raised during the JAM findings presentations (September 2017) that there were cases of children with disabilities such as cerebral palsy who were unable to masticate the maize in the general food distribution, thus compromising their access to food. While this may still apply in Mahama and among asylum seekers who receive the GFD, all other refugees have now transitioned to cash transfers. Efforts should be made to sensitise caregivers on the relevant and appropriate foods for disabled children and adults as well as for the elderly, to ensure optimal and appropriate caloric intake.

4.2 Asylum seekers and unregistered refugees

Asylum seekers are persons who came to the camp on individual basis without the knowledge that they are supposed to register with the Immigration, those who missed the registration by the fact that they were away from camps seeking livelihoods and had not been registered at border of entry, others are children born without proper birth registration process or children born to refugees outside the camp and later returned without appropriate documentation. Asylum seekers in the camps receive the full GFD, even in camps where registered refugees are receiving cash transfers. However, apart from in Mahama where asylum seekers can access the same assistance as registered refugees, asylum seekers do not receive shelter or any NFIs, therefore in order to purchase items beyond their food needs such as firewood, soap and clothes, asylum seekers must sell more of their ration to provide for NFIs, thus further jeopardising their food security. Asylum seekers must either live outside the camp, where they pay rent, or share living space with refugees, leading to more overcrowding.

Asylum seekers are not able to work legally- this is a right granted by the government to recognized registered refugees who hold a refugee ID card; opportunities for self-sustainability among asylum seekers are extremely limited. Furthermore, the JAM heard of cases of unregistered refugees (these are both closed refugee cases from the last verification exercise and unregistered refugees) in the camps who are not receiving any form of assistance. Gihembe holds 1900 asylum seekers and maybe as many as 2000 unregistered refugees;²³ 1500 in Kigeme, 1632 in Mugombwa, 1205 in Nyabiheke and 1653 in Kiziba.²⁴ Unregistered individuals reside mostly with refugees in the camps. Their food source is linked entirely to the social support mechanisms they have and rely on other refugees' CBT or GFD, which are already strained. The JAM learned that children of unregistered families are not admitted to the nutrition programme as they are not in the UNHCR database; asylum seekers who are in the database have access to these services however. The exact number of unregistered refugees residing in the camps is unknown, but it is clear that they are a burden to refugee households by further compromising the food security of refugees in addition to causing more pressure on already very overcrowded living conditions in the shelters.

4.3 Food consumption

Refugees across the camps consume over 80% of the total GFD ration; salt is the most consumed commodity in the ration and is almost entirely consumed at the household level. 92% of pulses (dried beans) are consumed and 77% of cereals, with the balance sold or exchanged to cover other food and non-food needs. As reported during the JAM, maize is the preferred food sold/exchanged from the ration after oil, however, it is also the most frequently borrowed commodity and most used in repayment of food loans. Oil is the least consumed food commodity in the ration (59%, on average across the food camps), most likely as a result of its higher retail price. Information gathered during the JAM in Mahama suggested that WFP cooking oil was considered the man's entitlement, that part of the oil ration may be reserved for him to sell in exchange for beer if he so wishes. However, at 66.08% consumption rate for oil, Mahama residents consume more of their oil ration

²³ Information from team debriefing in Gihembe, 18th July, 2017.

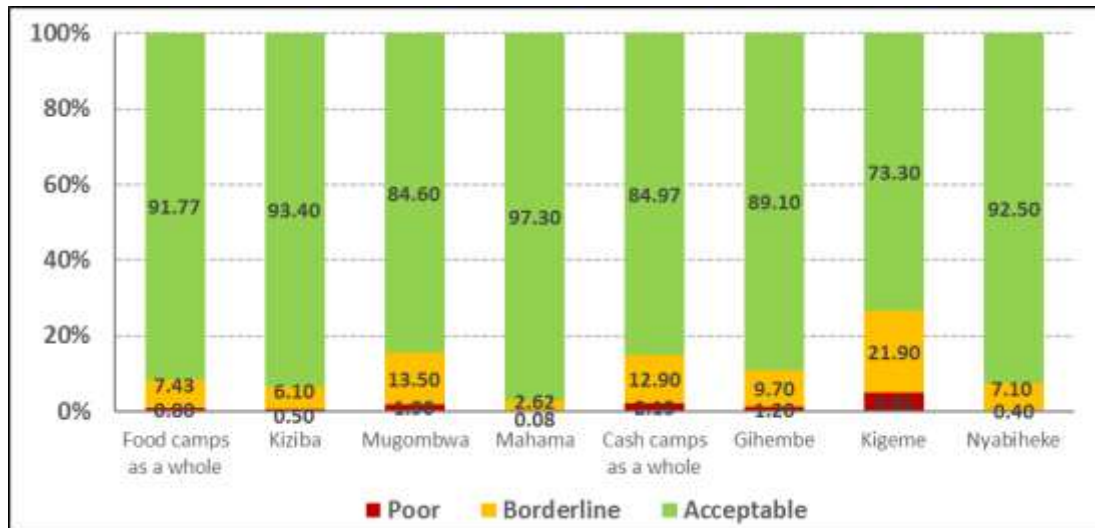
²⁴ Figures from WFP September 2017 Monthly Food Requirements

than other food-receiving beneficiaries. In general, the part of food received is sold to buy essential non-food items and to diversify the diet.

4.4 Food consumption score

The food consumption score (FCS) is used as a proxy indicator for access to food, using a weighted score system based on dietary diversity, food frequency and the nutritional importance of food groups consumed.

Figure 3: Food Consumption Scores across the six camps



Source: PDM May 2017

About 92% of households in in-kind food camps and 85% of households in cash transfers camps had acceptable FCS in May 2017, the lowest being in Kigeme (73% households with acceptable FCS) and the highest in Mahama (97% of households with acceptable FCS). This is a marked improvement since the 2014 JAM, where only 63% of households had acceptable FCS (the different assistance modalities are not factored into this figure).²⁵ The poor food consumption score in Kigeme corresponds also to the high level of dependence on WFP assistance of the refugees, where refugees depend on WFP for 94.51% their total food consumption.²⁶

4.5 Dietary diversity and own production

Poor dietary diversity, which is linked to under-nutrition (anaemia and micronutrient deficiency), is a result of weak dietary practices and lack of access to diversified foodstuffs in the markets. The JAM concludes that it is a lack of cash that hinders access to diversified foods for refugees in Rwanda, as FGDs and observations at markets throughout the camps indicate that markets are well-stocked and offer diversity for those who can afford it. Land is not readily available to refugees in Rwanda and own production of food is limited largely to refugees engaged in vegetable back-yard gardening – the limited uptake of own production is compounding the inadequate dietary diversity. Refugees in Rwanda are not permitted to raise cattle (ruminants and shoats) in the camps, thus further hindering their access to animal proteins, although some refugees have been

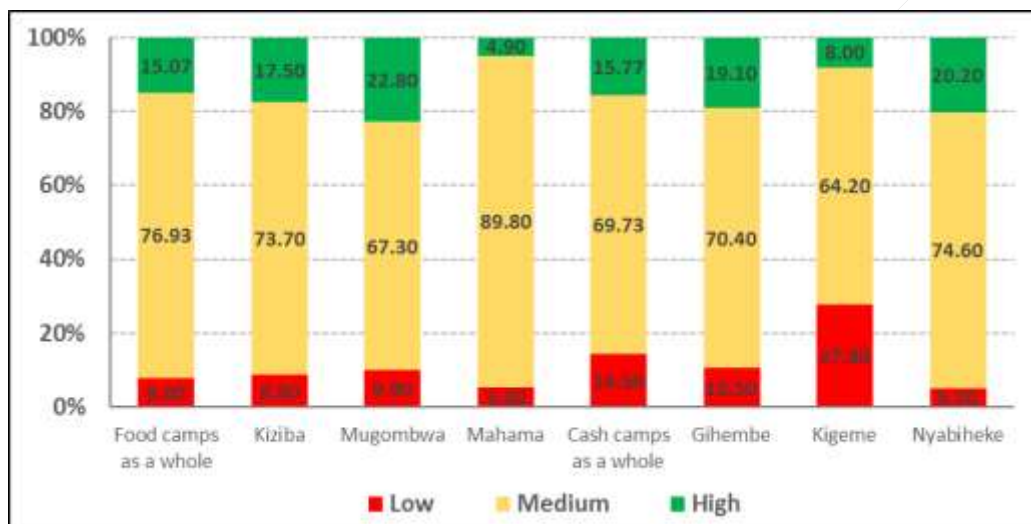
²⁵ JAM 2014, p. 13

²⁶ May 2017 PDM, Dependence slide

keeping rabbits as part of the NEC programme, as well as kitchen gardens where refugees can grow vegetables for consumption/sale.

Following the JAM 2014 recommendation to scale up the use of cash transfers, refugees in five camps now purchase their own food and make their own choices about dietary diversity through the CBT. However, as reported in the November 2016 PDM, low diet diversity is still a lingering issue in the refugee context in Rwanda. The differences between cash and food camps in terms of diet diversity in May 2017 were minimal (see graph below). Of the food camps, Mahama has by far the worst diet diversity, with only 4.9% of refugees achieving high diet diversity. Of the cash camps, Kigeme has the worst diet diversity, with only 8% achieving high diet diversity. Kigeme also has the highest percentage of low diet diversity of all the camps (27.8%), which may be attributed to poor food production in the area, as specified above.

Figure 4: Dietary diversity among refugees in Rwandan refugee camps



Source: PDM Round 10, May 2017

Dietary diversity has improved among refugees since last year, with 73% achieving medium diet diversity. However, despite this improvement, refugees continue to prefer consuming starches, pulses, oil and vegetables and rarely consume milk, meat and fruits. Indicators such as the Heme Fe consumption (animal-source iron) do show a positive link between cash as an assistance modality and increased consumption of meat, where 4.33% of beneficiaries consume meat daily, compared with only 2.97% of beneficiaries in food camps.²⁷ The Nutrition Education Counselling (NEC) project has worked in 5 Congolese camps on promoting a more balanced diet, using back yard gardens as a means to promote the consumption of vegetables. The phase I of the project started by December 1st 2014. At the time of the JAM, phase II of the project had ended by March 2016 and there was still evidence across the camps of leafy greens being grown. Phase III of the NEC will start soon and will be extended to Mahama also. Lack of available land was mentioned across the camps as an impediment to the NEC project touching upon more households.

²⁷ May 2017 PDM

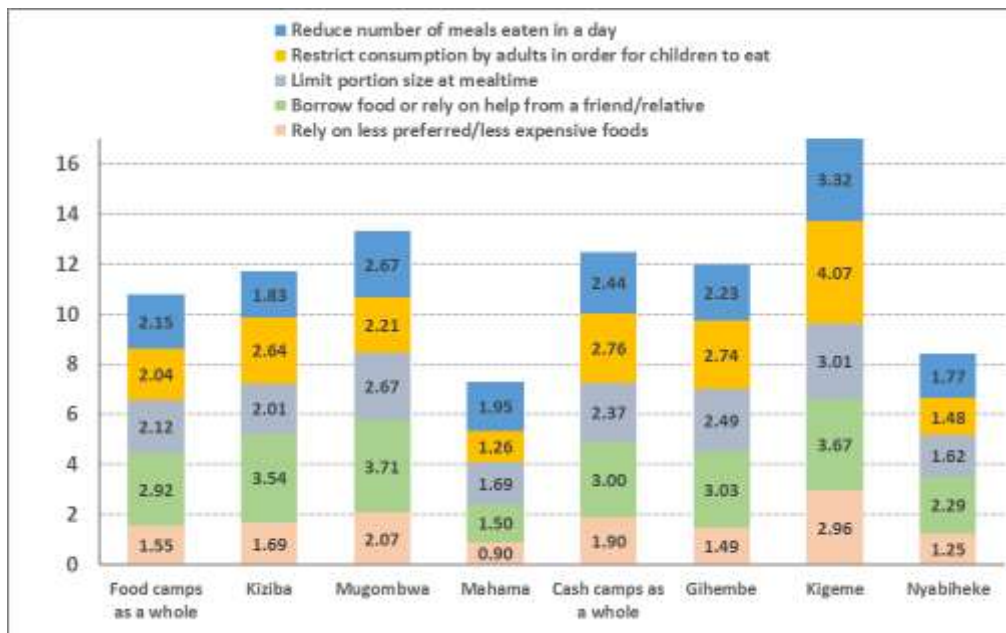


Figure 5: An example of back yard gardening in Gihembe camp, July 2017

4.6 Coping strategies

Refugees adopt various coping strategies when faced with limited food at household level. On the whole, cash camps resort to more coping strategies than food camps, suggesting that there is less food available towards the end of the month in cash camps than food camps. The most commonly-used coping strategy among refugees in Rwanda is to borrow food or rely on help from friends and relatives as shown in Figure 6 (employed 2.92 times a week in food camps and 3 times a week in cash camps).²⁸ Adults skipping meals so that small children can eat (2.4) and limiting portion sizes (2.24) were the second and third most commonly used coping strategies. Refugees in Kigeme use more coping strategies a week than in other camps and this runs parallel to other findings about the food security situation in Kigeme, most notably the poorer dietary diversity and food consumption score.

²⁸ But as seen in the Protection section (11), ‘borrowing’ food can accrue interest.

Figure 6: Number of coping strategies used each week by camp

Source: May 2017 PDM

It was highlighted throughout the JAM, in many different FGDs, that refugees feel unable to manage their monthly budgets as an entirely cash-economy is something relatively new to them. The JAM noted complaints of poor-budgeting in Gihembe, where children (13-16 years) interviewed claimed to take their entitlement from their parents as they felt their parents could not manage the cash properly. Negative coping strategies are also resorted to by refugees and these are documented under section 11 (Protection).

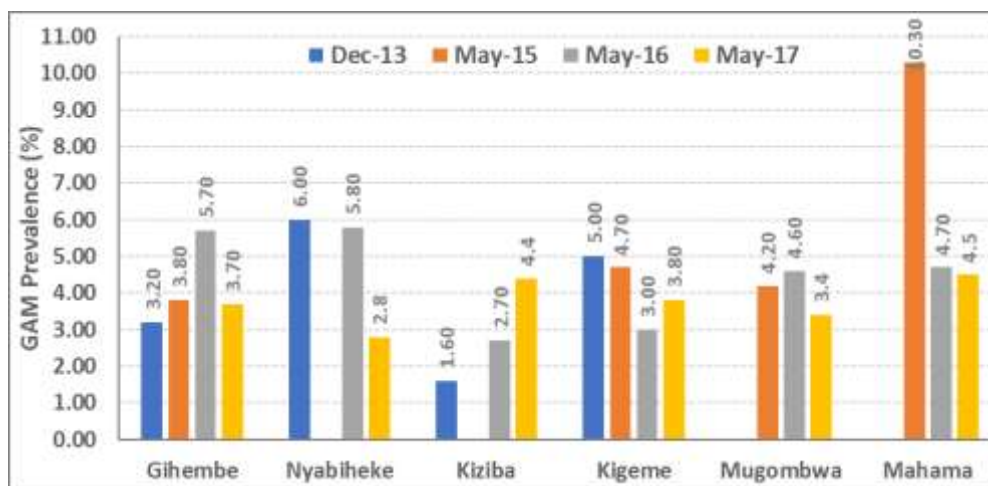
5. Nutrition and health

5.1 Nutrition

Global Acute Malnutrition (GAM) prevalence across the camps in the May 2017 SENS ranged from 2.8% in Nyabiheke to 4.5% in Mahama and every camp is now within the WHO 'acceptable' range of GAM prevalence <5% (Figure 7). This marks an overall improvement on the 2013 GAM prevalence presented in the 2014 JAM. The most significant improvement in GAM prevalence is seen in Mahama, where there has been a reduction in GAM from 10.3% in 2015 to 4.5% in 2017 – this can be attributed to several things; possibly the additions of CSB+ in the GFD for all refugees in the camp and the blanket supplementary feeding programme, as well as the fact that the 10.3% GAM was the nutritional status of refugees at a time of fleeing, during which their food security was highly compromised, and that naturally this figure would reduce after 2 years of relative stability. The situation in Nyabiheke has also improved, from 5.8% to 2.8%, in Gihembe from 5.7% to 3.7% during the same period, and in Mugombwa from 4.6% to 3.4% between May 2016 and May 2017 respectively. GAM prevalence has slightly increased in Kigeme from 3.0% in May 2016 to 3.8% in May 2017 and in Kiziba from 2.7% to 4.4% in the same period, however, both camps are still within WHO acceptable standards. Despite the overall positive trend, malnutrition continues to be a very serious issue in the camps in Rwanda- not wasting,

but stunting and micronutrient deficiencies. In fact, more than half of children (53%) under 5 years were affected by at least one form of malnutrition, and 14% were affected by 2 or more forms of malnutrition.²⁹

Figure 7: Prevalence of GAM in Rwandan Refugee Camps, 2013-2017



Source: JAM 2014, SENS 2015, SENS 2016 and draft SENS 2017

Nutrition programming in the camps is carried out by African Humanitarian Action (AHA), the American Refugee Committee (ARC), Save the children (SCI), Caritas and PLAN international for Nutrition Education and Counselling (NEC), under the overall supervision of WFP and UNHCR. Nutrition community screening is done by community health workers, who refer cases of MAM among children aged 6-59 months to the SFP and, in Gihembe, Nyabiheke, Kiziba and Mahama, refer uncomplicated cases of SAM to the outpatient therapeutic programme (OTP) – in Kigeme and Mugombwa they are referred to the nearby government health centres.

Several nutrition interventions are currently being implemented by various partners across the refugee camps to prevent malnutrition, stunting and anaemia. The interventions include the following and vary across camps:

Table 4: Preventive and Curative Nutrition Programmes in Refugee Camps in Rwanda

Objective	Programme	Eligibility / Age Range	Description
Prevention	Nutrition Education Counselling (NEC)	The whole refugee community, aiming to improve nutrition knowledge and behaviour change in throughout the refugee community.	Until March 2017, the programme supported mother to mother support groups on Maternal, Infant and Young Child Nutrition (MIYCN), evening parents, theatre, sports events, kitchen garden and cooking demonstrations. From May 2017, Phase II of the programme lapsed due to funding constraints, but at the time of writing NEC Phase III is in the process of being resumed as funds are now available to cover the period from July to December 2017 with possibility to cover the whole year.
	Blanket Supplementary Feeding Programme (BSFP)	Pregnant mothers (with ANC card verification), lactating mothers (admitted after giving birth) and PLHV/TB	Daily ration of CSB+ 200g / 25g oil/ 15g sugar distributed every 15 days.
		6-23 months	In Congolese camps: daily dry ration of 200g CSB++ distributed

²⁹ Most notably anaemia, stunting and acute malnutrition, SENS 2017.

		(6-72 months in Mahama)	every 15 days In Mahama: children 6-23 months receive wet feeding of porridge made from 100g CSB++ in morning and 50g CSB++ in afternoon at 11 community kitchens operated by BSFP assistants. Children 36-72m receive porridge made from 60g CSB++ from 2 ECDs in the morning and 60g CSB++ from 2 mega kitchens in the afternoon.
	"Week of mother and child"	Various	Twice a year, the Ministry of Health implements the "week of mother and child" including deworming for children aged 1-15 years. Children aged 6 to 59 months receive Vitamin A and pregnant woman receive iron as routine activities.
Treatment	Outpatient Therapeutic Programme (OTP)	SAM children 6-59m	SAM children without complications receive Plumpy'Nut from OTP centres twice weekly. SAM children with complications are referred to district hospitals.
	Therapeutic Supplementary Feeding Programme (TSFP)	MAM children 6-59m	MAM children received CSB++ 200g/day as porridge twice per day at the feeding centre (some camps had take-home rations) but the product was changed to Plumpy'sup as of 1st April 2017.
	Anaemia	PLW and sick children 6-59m seeking treatment at health facility with severe or moderate anaemia	Receive iron supplements, iron rich vegetables and education on iron rich foods and anaemia prevention.
	Fresh food distribution	PLHIV on ARVs and TB patients, diabetics and special medical cases	Receive fresh food on a weekly basis including green vegetables, Vitamin C rich fruits, etc.

Source: SENS 2017

In addition to the above-mentioned nutritional programmes rolled out across the six camps, the JAM team noted that the following best practices that have also helped in reducing and keeping GAM rates at an all-time low in the camps:

- Monthly general food distribution/cash transfer (with inclusion of fortified corn soy blend (CSB+) in Mahama)
- Active case finding through mass screening house-to-house exercises, using both MUAC and weight for height (WHZ)³⁰
- WFP Nutrition Education and Counselling project, through PLAN and implemented by ARC
- Bi-annual deworming
- Nutrition education by CHWs

Furthermore, the following challenges were noted as some of the underlying and persistent causes of malnutrition in the camps:

- High rates of infectious diseases (such as malaria and diarrhoea)
- Misuse of the GFD or CBT, leading to shortages of food at household level

³⁰ Weight for height (WHZ) identified 4 times more acutely malnourished children than MUAC, source: SENS 2017.

- Cultural beliefs that the livelihood opportunities most available to refugees (such as petty trade) are reserved for women, leaving men at home who are not culturally responsible for the nutrition of children in the home
- Poor IYCF practices

The JAM noted with concern that unregistered refugees living within the camps cannot be admitted to the BSFP/TSFP programmes.

The exact use of CSB+ and CSB++ at the household level did not come out clearly during the JAM and this needs to be better understood in order to assess whether the targeted individuals are indeed consuming the full ration intended for them and subsequently whether it is having the desired impact. In Mahama, the JAM team noted that refugees sell some of their CSB+ from the GFD to buy firewood as it fetches a higher price on the market than maize meal, thus compromising the micro-nutrient intake at the household level. All the while, CSB+ appears to also be a desired commodity with many refugees believing it to be a panacea to their nutritional problems – the JAM team had many requests for more CSB+. Defaulters at the SFP were said to be those whose mothers/caregivers had left the camp in search of work, or those who live outside the camp and may not be in a position to come regularly to receive their CSB++ ration. Sharing is a potential problem – parents interviewed said that the CSB+ provided to eligible children in the BSFP was shared with children aged 2-5 and that in some families the CSB+ was mixed with soya and maize flour to make a porridge for everyone.

The elderly and those with chronic diseases were identified by many focus groups interviewed during the JAM research as being among the most vulnerable in the camps. Their vulnerability to food insecurity often begins at the food distribution point where many elderly refugees pay someone to bring them their food (selling part of their ration to pay, or using part of their food as payment) – in cash camps, the elderly interviewed reported relying on others to help them shop, often at a cost. With the CBT elderly refugees can also now decide what to eat, but those receiving in-kind assistance referred to the inappropriateness of the ration for their age, citing difficulties in digesting maize and difficulties chewing whole grains if they could not mill the maize. Elderly refugees interviewed in Kigeme reported feeling that they do not have as much social support in the camps as they had in DR Congo – this might be an indication of broken social safety nets in the camp setting. The JAM also heard of issues with mentally-ill patients who were said to have problems digesting their ration or who may not be of sound mind to purchase food stuffs that their bodies require. This was cited as having impacts on their capacity to absorb their medication, with requests for WFP to provide CSB+ to help them cope with their strong medication.

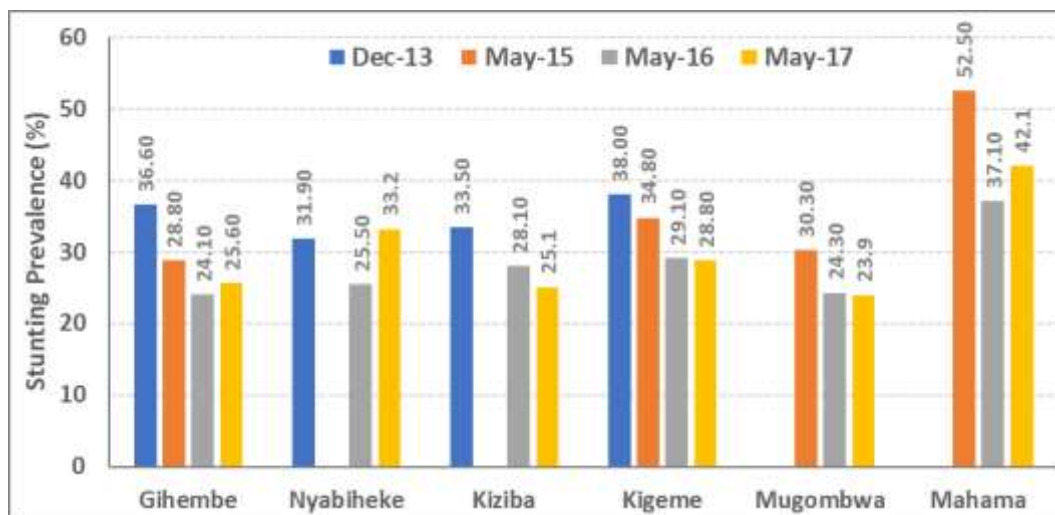
5.2 Stunting

Stunting is an indicator of chronic malnutrition that can affect a child's potential growth. Stunting is a cumulative process that can begin in utero and continue up to the age of about 2, with life-long implications. Malnourished mothers have a higher chance of delivering under-weight babies who, if not raised in optimal conditions that allow for weight regain, have a higher chance of being stunted throughout their life with a higher likelihood of getting sick or dying. Stunting can affect a child's mental capacity, its earning potential as an adult and it can increase its risks of chronic disease later in life; stunting is therefore considered to be intergenerational.³¹ In response to the high stunting levels among refugees in Rwanda, WFP and partners provide a blanket supplementary feeding programme to pregnant and lactating women and refugee children

³¹ SENS 2017, page 96.

aged 6-23 months in all camps and in Mahama children aged 24-59 months receive feeding through the ECD programme as part of the BSFP.

Figure 8: Stunting Prevalence in Rwandan Refugee Camps, 2013-2017



Source: JAM 2014, SENS 2015, SENS 2016 and SENS 2017

A stunting prevalence above 30% is considered by WHO to be ‘serious’ and above 40% is ‘critical’. At the time of the 2014 JAM, all camps had stunting levels above 30%, ranging from 31.9% to 38.0%. These figures improved in all camps between 2013 and 2016 (all camps except for the newly-constructed Mahama camp were below ‘serious’) but the SENS 2017 indicates a stagnation in the reduction of stunting prevalence among children of 6-59 months. While the figures remain below ‘serious’ in 4 Congolese camps, it is ‘serious’ in Nyabiheke and ‘critical’ (above 40%) in Mahama. Outside the camps, at the national level, stunting remains high (40% in rural areas), with the Districts of Nyamagabe and Karongi (housing Kigeme and Kiziba camps) especially affected by rates of stunting above 40%.³² The JAM identified the following main causes of stunting among refugees in Rwanda:

- Poor IYCF practices, such as delayed initiation of solid foods;
- Poor family planning and poor spacing, leading to early cessation of breastfeeding and underweight births
- Repeated bouts of infection;
- Poor BSFP attendance or children attending with siblings who share ration;
- Poor hygiene practices;
- Poor attendance of PLW in the BSFP;
- Poor dietary diversity, with special reference to a deficit of animal protein; PLW sharing the BSFP ration with other household members.

Furthermore, the SENS 2017 highlights that stunting was higher among children of 6-11 months compared with results from 2016, thus underscoring the need to promote maternal nutrition and IYCF.

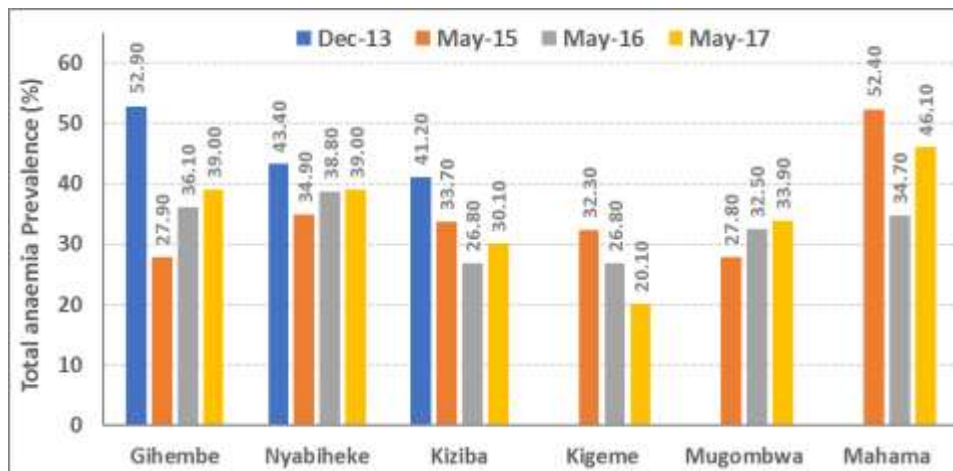
³² CFSVA 2015, p.68.

In addition, the JAM heard cases in all camps of mothers leaving children unattended while they left the camp to search for work, thus contributing to poor IYCF practices. The JAM team collecting nutrition data identified this as another reason for chronic malnutrition and stunting among young children. This was not mentioned in the 2014 JAM and it is uncertain whether this is a recent phenomenon.

5.3 Anaemia

Anaemia is a proxy indicator for underlying micro-nutrient deficiencies and is linked, among other things, to poor diet diversification. Anaemia is currently the most prevalent form of malnutrition for the refugee population in Rwanda, with one third of children under five affected, especially children aged 6-23 months. Causes of anaemia among Rwandan refugees identified by the SENS 2017 include limited access to animal proteins, fruits and vegetables. Furthermore, the high malaria prevalence in Mahama might be linked to the very high rates in that camp and the JAM noted that in Mugombwa, where the anaemia prevalence has increased over the past 12 months, there is no anaemia screening done at camp level. Dietary diversity is poor among refugees, as noted above in section 4.5, and there is almost no difference in prevalence of anemia between cash or food camps. Heme iron (animal-source) consumption, the most bio-available form of iron, is very rare among refugees in Rwanda.

Figure 9: Total anaemia prevalence in Rwandan refugee camps for children aged 6-59 months



Source: JAM 2014, SENS 2015, SENS 2016 and SENS 2017

Cash transfers offer refugees more choice in the food they consume and it is interesting to note that more refugees in cash camps consume heme iron on a daily basis (4.33%) compared with food camps (2.97%), however, more refugees in food camps consumed heme iron sometimes (21.76%) compared with refugees in cash camps (17.90%). Overall, it is refugees in Nyabiheke (30.2%) and Mahama (29.2%) who most consume heme iron daily or sometimes, and yet anaemia rates are highest in Mahama (46.1% - WHO critical) and Nyabiheke (39% - WHO serious). This would indicate that the persistent anaemia rates in the camps could be multifactorial and extend beyond just food intake to include health-related ailments, malaria (especially noted by the JAM to be an issue in Mahama) and IYCF practices. It would be important to know who in the family consumes the heme-source iron (meat)-given that anemia rates are only measured in young children and adult women who might (or might not) have equal access to the meat purchased. Furthermore, the SENS 2017

noted that anaemia levels were not significantly lower among children enrolled at the BSFP compared with non-enrolled children, indicating that perhaps the CSB++ provided in the BSFP may not be sufficient to prevent iron-deficiency anaemia in the Rwandan refugee context. The JAM also queries whether all the CBS++ provided is consumed in its entirety by the intended recipients.

Refugees interviewed cited the success of the Nutrition Education and Counselling project that, among other activities, promoted kitchen gardening and the use of iron-rich foods in cooking demonstrations. At the time of writing, Phase III of the NEC programme is set to resume for at least the next 6 months. UNICEF informed the JAM that they will soon be providing micro-nutrient powders for children aged 6-23 months – this will first be rolled out in Mahama.

6. Health

6.1 Access to health services

Overall, refugees interviewed greatly appreciated and felt satisfied with the level of health care provision in the camps during weekdays. However, FGDs revealed complaints of poor service at the health facilities (centres/posts) during evening hours and at the weekend, linked to the late start of staff in the morning as well as the reduced service in the evening and weekends. This was largely attributed to the remoteness of the camps and the distance of partners' accommodation from the camps. Furthermore, refugees reported poor customer service by clinicians and medical staff. The lack of medical personnel against the high load of the patients was highlighted in Mahama interviews, where the standard of 50 patients to a health care provider is far exceeded, reaching 60-100 at times, particularly during the peak of the malaria season. KIIs explained that when health centres have high number of patients, they prioritise emergency cases. The reported extended waiting times and delays in treatment is attributed to this limited number of staff, and the stress and volume of patients on a daily basis is likely to be contributing the poor customer service reported.

Across the camps maternity facilities were considered inadequate by the JAM, with too few delivery tables and a lack of modern obstetric equipment - in Mugombwa it was reported that due to insufficient maternity rooms, women awaiting delivery are mixed with post-partum cases. In Kiziba the JAM received complaints that the small size of the health centre had required men and women to share rooms, which cause discomfort on both sides. A lack of dentistry and ophthalmology equipment in the health centres was also reported and many referrals from the camp centres are dentistry and ophthalmology-related. Furthermore, the JAM noted insufficient laboratory equipment in some health centres, especially haematology, biochemistry and centrifuge machines limiting what the health centre can provide to refugees. The health facilities in Kigeme and Mugombwa have a health post status as opposed to health centre status in the other camps, limiting the services they can provide from the centres (such as HIV and TB services, dental services, immunization, limited maternity services, hospitalization) However, refugees have access to these services through referral to the nearest Government health facilities. The JAM learned that applications have already been made for the upgrade to health centres. KIIs revealed that the infra structure of Health Centre in Nyabiheke is not up to the national standards, that the building is old with too few beds, whereas the nutrition programme is still under plastic sheeting, which is no longer used to build houses within the camps.

In Mahama, the JAM learned that refugees are able to seek medical services from either Mahama 1 or Mahama 2, no matter which part of the camp they reside in. This has led to reported cases of patients seeking consultations in both medical centres and double prescriptions, which can then be sold on the local markets.

Respiratory tract infections, malaria, diarrhoea, intestinal worms and gastritis were the five most reported cases of morbidity across the camps. Malaria, pneumonia and non-communicable diseases were the leading causes of mortality in the camps. As per SENS 2017, diarrhoea in the last two weeks of SENS reported between 22.1%-40.7% in the camps. This is possibly linked with health and hygiene status and behaviour, and water and sanitation conditions in the camps. Most commonly-prescribed medication was available at the clinics in the camp. However, issues were raised regarding the availability of special medication prescribed at outside consultations that sometimes reach patients 2-4 months later. Special medications are not part of the essential medicine supply in the health centres and need a prescription for purchases.

6.2 Community Health Workers

CHWs are supervised by health partners in the camp (except in Kiziba, where the District staff supervises CHWs). CHWs work in the following areas, carrying house-to-house visits, community sensitisation, mass communications and through community meetings:

- Maternal health – ANC promotion, reproductive health promotion, reporting births, facilitating post-natal consultations
- General health promotion and awareness – disease prevention (health education, malaria screening), hygiene promotion, TB screening
- Nutrition – Nutrition and anaemia screening for children and expectant women, IYCF promotion, follow-up of MAM and SAM cases, nutrition education focused on balanced diets
- HIV - Voluntary counselling and testing, circumcision, PLHIV rendez-vous reminders

The CHW to population ratios vary greatly across the camps, ranging from the best in Mahama with a ratio of 1:351 to the worst in Mugombwa at 1:886.³³ Key informants interviewed cited challenges in the health sector as a result of insufficient CHW numbers in Mugombwa and challenges of high CHW turn-over in Nyabiheke as a result of limited budgets. Insufficient budgets for CHWs was also raised by key informants as an issue in Gihembe. In some camps like Nyabiheke and Gihembe, CHWs are integrated in the national health system and receive trainings and Performance Based Financing, however, this is not the case in other camps and the JAM noted a lack of harmonisation of the CHW activities across all camps.

6.3 Transfers and referrals

The JAM felt that there was a general lack of understanding by refugees with regards to the referral and transfer system. If a medical issue cannot be dealt with at camp-level, it is taken to the District level, and if it cannot be dealt with there, it is passed to Kigali level or, especially for Mugombwa and Kigeme, to Huye University Hospital. However, many refugees expressed frustration at the time it takes to get a referral appointment outside the camp. Asylum seekers and unregistered refugees living in the camps have access to

³³ SENS 2017. These figures meet the standards (1:1000) <http://www.refworld.org/pdfid/3dee456c4.pdf> however, the disparity between the camps indicates significantly different workloads between CHWs across the camps.

health care at the health centres/health posts, but are not eligible for transfers to District or Kigali level hospitals without prior verification from the UNHCR Public Health Officer and UNHCR Protection/Field Officer. This procedure is to verify the status and need for medical referral as well as to support the expenses related to referral. For all patients requiring transfers, Kigali (The University Central Hospital of Kigali (UCHK) and the Kanombe Military Hospital) is the highest level. For medical cases that are beyond the capacity of these hospitals to treat there are no options for refugees. Discrepancies were noted during the JAM over the process of transporting refugees to the District or Kigali level for appointments, with some camps having designated vehicles and others reporting to use their own means of transport that is reimbursed by the partner upon return.³⁴

It was highlighted during the JAM that refugees admitted to hospital at the time of distribution often missed their ration, unless specific plans had been put in place with IPs to enable the ration to be collected by another person.

6.4 Malaria

High rates of malaria in Mahama especially are linked, in part, to the high anaemia rates in the camp. The JAM noted different distribution systems across the camps, with some camps distributing nets based on family size, others according to the number of beds. Furthermore, refugees interviewed told the JAM that their mosquito nets were very old, yet health staff interviewed suggested that they had been recently distributed. The distribution cycle of mosquito nets appears to not be standard across all camps.

6.5 HIV

HIV infection rates were not raised as an issue during the JAM, however, it was noted in certain camps that there was limited service/education on reproductive health and HIV prevention, especially among adolescents. The JAM noted issues of stigmatisation in Gihembe, where HIV/ART patients go to the SFP on specific days, thus alerting everyone to their HIV status. It was documented in Gihembe that there are about 136 known PLHIV but only 99 are receiving food supplements, the low figure was attributed to the stigma of the programme.

7. WASH

The SPHERE recommended minimum amount of water is 15 litres per person per day, while UNHCR recommended 20 litres per person per day. Currently, 50% of the refugee camps in Rwanda meet the standards (Mahama, Kiziba and Mugombwa). Since the last JAM, the water ratio per person per day has diminished in all camps established prior to 2014, except for in Gihembe where refugees are now receiving 8.5 litres more per day than in 2014. Mahama, being a new camp, was not included in the last JAM. Water quality provided in the camp taps was generally perceived as good, however, insufficient access to treated

³⁴ In Mugombwa UNHCR has a vehicle positioned for transferring patients to the health centre. In Gihembe, refugees cited having to make their own way and being reimbursed the travel expenses by the health partner at a later date (delays in reimbursements were an issue).

water in most camps causes refugees to source water from rivers in the nearby valleys where there is a heightened risk of waterborne diseases that can have a significant impact on a person's nutritional status. In addition, and as noted elsewhere in this report, the worrying situation with regards to insufficient firewood means that households cannot always afford to boil their water before consuming it, this will typically affect the most vulnerable households in the camps. It is of paramount importance therefore that households have access to the recommended minimum allowance of treated water to prevent exposure to waterborne diseases that can impact upon the health and nutritional status, particularly of children.

Table 5 : Litres of treated water available per person per day in the refugee camps in Rwanda.

	Litres/person/day in 2013	Litres/person/day in 2017	Change since 2014	Additional information on water source
SPHERE standards	15	15		
Gihembe	9.5	18	Increase of 8.5lt a day	Receives water from WASAC on a separate pipeline
Nyabiheke	15.3	14.96	Decrease of 0.34lt a day	Water plant using drilling system. Not much seasonal variation
Mahama		20		Camp has its own water purification system. FGD had different views about the sufficiency and quality of the water supply in the camp, claiming not enough and sometimes poor quality
Kigeme	13	11.79	Decrease of 1.21lt a day	Water supplied by WASAC but not on a separate pipeline. Camp management has submitted a request to have a separate pipeline from WASAC.
Kiziba	34	27.7	Decrease of 6.3lt a day	Pipeline is very old (more than 15 years) and the water flow is decreasing over the years
Mugombwa		20.77		Modern water plant

Source: JAM 2017 findings

Tap stands were reported to be over-crowded during the JAM, mostly as a result of taps flowing only twice a day. Informants in Gihembe cited water flow at 6am and 6pm for only 15 minutes at a time. Refugees interviewed in Mugombwa however felt that they received adequate water and were happy with the hours and duration of water flow. The JAM noted reports of insufficient water containers to collect water from the tap stands, which may also be reducing the daily access to water for some households to below the reported daily allocation. Due to the cost of acquiring additional containers, the poorest and most vulnerable households are likely to be the ones most affected by insufficient containers and insufficient volumes of water. Efforts should continue to be made to ensure that refugees in all camps have access to the minimum standard of 20 litres per day.

Table 6: People per latrine (drop hole) and shower in the refugee camps in Rwanda

	People/latrine 2013	People/latrine 2017	Change since 2014	People/shower 2017
SPHERE standards	15	15		50
Gihembe	27	18	Improvement and within standards	89
Nyabiheke	37	30	Improvement but still 10 people per latrine too many	71
Mahama		17	Within standards	17
Kigeme	40	37	Improvement but still 17 people per latrine too many	79
Kiziba	26	38	Deterioration – addition of 12 people per latrine	71
Mugombwa		22	Not quite meeting standards	41

Source: JAM 2017 findings

With the exception of Gihembe and Mahama, the latrine situation in the camps is inadequate and needs prioritisation. Despite improvements on the ratio of users to latrines since the 2014 JAM, half of the camps have at least 50% too many users per drop hole. Similarly, the shower situation needs improvement, with inadequate numbers in 4 out of the 6 camps. Transect walks around the camps identified latrines and shower rooms with no lights, no locks, some in a state of disrepair and with poor hygienic conditions. In Nyabiheke and Gihembe the JAM learned of theft of latrine and shower doors; lack of privacy and poor lighting can lead to insecurity around the toilet and shower blocks at night and may pose a risk to women. Given that some toilet cubicles are over 100 meters away from homes in some *quartiers* in the camps, lighting is of paramount important for camp residents. FGDs with disabled refugees highlighted the lack of suitable latrines for wheelchair users and people with limited mobility as well as the topography of the camp making it very hard to access latrines where steps are needed to reach them. Furthermore, it was noted in Kigeme that the disposal of waste from latrines is open, and needs to be addressed.



Figure 10: Older shower blocks in Mugombwa camp, August 2017

Ownership over latrines and showers is improving in the camps, but it is a slow process. Previously, WASH partners had been cleaning and maintaining the toilets but due to budgetary constraints this responsibility has now been passed on to the users, except for the hangar toilets in Mahama and Mugombwa that are still cleaned by agencies hired personnel. Toilets visited in the camps were, at times, very dirty. In Kiziba the JAM learned that the responsibility of cleaning school toilets was handed over to the refugees, who organised for this to be done by paying someone with a cup of maize flour. Now that the camp has moved over to the CBT system, there are concerns that people will not be prepared to part with money instead of food. It was noted that there is more accountability towards agencies than towards fellow refugees. The JAM found the hygiene situation to be best in Mugombwa, where partners are still paying for casual labourers to maintain the services, but as of September the process of handing this responsibility over to the users will begin.

Due to lack of privacy in the older shower blocks, some camp residents have taken to bathing in the latrines, compromising their basic hygiene. In Mahama, where toilets and showers are closer to homes and one toilet is shared between two homes, households have agreed on hygiene maintenance and share locks. However, in the older camps this is not the case. Lack of sufficient water at household level is also compounding the hygiene levels in the toilets. Toilets visited in public spaces, including schools, had no handwashing facilities. Environmental/WASH committees were found to be lacking/non-existent in most camps.

Community health workers promote good hygiene practice but the JAM noted a lack of handwashing facilities across the camps to facilitate this. While some camps have made efforts to promote handwashing after visiting the toilet (such as in Mahama, where liquid soap is provided at the tap stands near latrines), others lack basic access to water for handwashing near latrines. Infrequent distribution of soap was also noted as a problem by informants of the JAM, with soap being used not only for washing hands, but also for clothes washing, bathing and washing of pots and pans. (see section 13 with more information on distribution of NFIs)

The JAM noted that rainwater collection is not occurring in all camps. Some camps have promoted this practice and refugees are able to use this water for cleaning latrines, showers and offices, however more work needs to be done to promote this at the household and school level.



Figure 11: An open rubbish pit in Gihembe camp, July 2017

Rubbish collection appears to vary from camp to camp – some have rubbish bins in strategic place, other camps rely on open rubbish pits and in Mugombwa new closed-roof rubbish structures have just been opened which should help avoid the foul smell of the open pits that refugees mentioned to the JAM team. Few of the pits in the older camps are fenced, causing a potential risk to children generally, and all residents at night time. Furthermore, the JAM noted complaints of theft of rubbish bins, indicating once again poor ownership and understanding of the need for camp hygiene. In Mugombwa, casual labourers are hired to collect waste from the community to the rubbish collection site.

8. Education

Education was not priority of the 2017 JAM terms of reference. However, important education information was collected during the JAM field work and presented below are the main findings relating to education in the camps.

All refugees aged 6-14 years have access to free primary and lower secondary education, just like Rwandan nationals; indeed, refugee children are expected to be fully integrated into the national education system in the primary and secondary schools in the vicinity of the camps.³⁵ As a result of the somewhat remote location

³⁵ Inter-Agency Gender Assessment of Refugee Camps in Rwanda, 2016, p. 36. Furthermore, the Government of Rwanda pledged at the 2016 Leaders' Summit on Refugees to "Integrate into the national education system 35,000 refugee students in secondary schools and 18,000 in primary schools by 2018. Currently only half of refugee students are

of the camps, schools have been opened in the camps, however, where schools are not available in the camps, refugee children attend Rwandan public schools outside the camps. Education for refugee children is an integral part of refugee protection and food security and contributes to their durable solutions too. Asylum seeker children are able to receive the same education as registered refugee children, however the JAM noted that they are not entitled to sit for national exams.

Post-secondary education is available to refugees as for nationals, but fees also apply as for nationals. Most tertiary education institutions are far from the camps and require students to board; many refugee families cannot afford this. Lack of post-secondary/tertiary/vocational education was highlighted by the students interviewed during the JAM as a demotivating factor for schooling. Many students, once completing their secondary education, experience that there are no jobs for them.

WFP provides school meals in all primary schools (porridge) and secondary schools (a meal) to enhance attendance and performance of school-goers. Refugee children interviewed during the JAM felt that the porridge/meals served were sufficient and served at the right time. When food stocks deplete at the household level, the access to a meal a day is vitally important for the school children as this ensures that most receive at least two meals a day – one at school and one at home.

The JAM WASH team held interviews in the schools and conducted transect walks. Classes were found to be clean in most schools, but the latrine hygiene standards were very poor. School children:latrine ratios were below standards in all schools visited – the worst being in Nyabiheke Primary and Secondary where the boy:latrine ratio is 100.4:1, and 82.6:1 for girls. Kiziba Primary School was 57 and 63 respectively. With the exception of Kigeme, none of the schools visited had handwashing facilities near the toilets. School children at the primary school in Gihembe claimed to ask for water in the school kitchen for their ablutions as there is no water point near the latrines. Furthermore, toilet paper is not provided.

In accordance with the Ministry of Education's standards, each school should be equipped with a girl's safe room – a friendly space for rest and recuperation for girls experiencing menstruation-related issues. At the time of the JAM, only the secondary school in Nyabiheke was equipped with a fully-functional safe room. Furthermore, the issue of sanitary pad reserves in the schools was raised as an issue as most schools had no pads to offer girls who started menstruating during school hours. The JAM found a general lack of sanitary pad distribution and unclear protocol on dealing with sick children or girls who start menstruating at school due to lack of pads, who often have to leave school. The lack of sanitary pad distribution in the camps sometimes contributes to girls missing school.³⁶ Furthermore, not all schools visited during the JAM were in possession of first aid kits.

integrated into the national school system. This will eliminate the need for most parallel camp-based education structures and boost secondary school enrolment", <http://www.unhcr.org/rw/12219-commitments-rwanda-leaders-summit-refugees.html>

³⁶ Inter-Agency Gender Assessment of Refugee Camps in Rwanda, 2016, p. 38.

Children aged 3-5 are encouraged to attend the Early Childhood Development (ECD) centres present in all the camps. At the ECD centres children receive a porridge meal as part of the school feeding programme. At the time of the JAM field work, school feeding had not yet begun in Kiziba, Gihembe and Nyabiheke and the team heard that the lack of school feeding was a disincentive for parents to send their young children. However, ECD feeding started in September and in Nyabiheke 680 children will receive a porridge meal each day at the ECD, 844 children in Kiziba and 7200 in Gihembe. In Mahama, children receive 60g of CSB++ a day and in the other five camps, Sosoma (60g plus 15g of sugar) is provided for the children aged 36-72 months.

9. Environment and fuel

The refugee camps in Rwanda are located on hilly and, in many cases, very sparsely forested terrain. During the heavy rains, water run-off and soil erosion are common as a result of poor drainage systems. It was noted in some of the JAM interviews that this has led to some tensions between the host and refugee populations as the construction of the camps above host communities has intensified the situation for those living downhill, where crops, animals and homes have been aggravated by placement of the camps. As was the case during the 2014 JAM, this was particularly noted in Gihembe and Nyabiheke.

As highlighted throughout different sections of this report, the insufficient provision of firewood for refugees has led in part to widespread deforestation in and surrounding the refugee camps. Refugees are allocated 0.8kg of firewood per person per day. It was noted in different interviews during the JAM that this never lasts for the whole month and refugees are forced to find alternative solutions in order to be able to cook their food.³⁷ Many refugees sell some of their GFD or use some of the CBT in cash camps in order to purchase firewood or charcoal – the consequences are reduced caloric intake at the household level. Some refugees interviewed in Mahama claimed that the main problem they encountered in the camp was access to firewood and that it was the main cause of the GFD finishing prematurely. Firewood is one of the main expenditures for households in the refugee camps, this has remained the case since the last JAM in 2014. May 2017 PDM shows that refugees in Mahama, 28.12% of their expenses are on fuel, compared with Kigeme where just 3.65% of expenses are made on fuel.³⁸ According to a 2016 study on fuel and energy in the camps, a household that purchase fuel spend on average \$6.10 USD a month on cooking fuel. Furthermore, the same study attributes insufficient firewood to 61% of households skipping at least 1 meal in the 7 days prior to the study, with the average of 2.4 meals skipped in the week prior, equating to a maximum of 7 meals skipped in a single household.³⁹

³⁷ “On average, a household’s firewood ration lasts for 13 days [...]. For the remaining 17 days, households must procure their own firewood through purchase, illegal collection from forests, or the exchange of food or NFIs for fuel.” Fuel and Energy Assessment in Rwanda’s Refugee Camps, p.20, Global Alliance for Green Cookstoves/UNHCR, March 2016.

³⁸ It should however be noted that the expenditure data in the PDM is difficult to compare as cash camps naturally have a greater cash income than food camps, making any other income less significant.

³⁹ Fuel and Energy Assessment in Rwanda’s Refugee Camps, p.22, Global Alliance for Green Cookstoves/UNHCR, March 2016.

Another coping strategy is to (illegally) gather firewood in neighbouring communities; as firewood collection is culturally a woman's responsibility, this coping strategy endangers women, who often go out alone and after dark, putting them at risk of harassment and sexual violence. Furthermore, it is noted in the 2016 study on fuel and energy that on average, those that collect firewood illegally have to travel >5km round trip and lose approximately 5 hours on average of their day doing so. The illegal collection of firewood by refugees on host community land is also igniting conflict with host communities. One FGD in Mahama reported that the poorest households were those with many young children that needed feeding at least twice a day, as this increased the burden of insufficient firewood as children were too young help parents collect firewood. As a result, the parents had to sell more of their ration to buy firewood. The same FGD reported that the better off households were those with more adults or children of a certain age that could help in the collection of firewood and therefore allow for more frequent cooking, less selling of the GFD for firewood and a potential source of income from firewood sales.

The JAM 2014 recommended the timely delivery and sufficient quantity and quality⁴⁰ provision of firewood as well as clear communication of the quantity and how long it is supposed to last. However, even outside the camps, Rwanda is feeling the pinch of diminishing wood lots and the Government of Rwanda is embarking on a policy to migrate from biomass to alternative cooking energy such as gas. The refugee camps should be included in this migration to non-wood cooking sources and there is an urgent need to actively promoting alternative cooking practices as a way not only to prevent the sale of the GFD and increase household consumption of WFP assistance, but also to improve the physical security of women and children in the community.

In a bid to relieve the fuel pressure for refugees, fuel-efficient stoves have been distributed to most refugees. However, the 2016 FSOM/PDM indicates that beneficiaries were most likely to use a mud (30.5%) or 3 stone stove (29.0%) over a fuel-efficient stove. The proportion of HHs using fuel-efficient stoves dwindled between rounds 3 and 7, possibly indicating that the stoves were sold or not preferred by camp beneficiaries. By round 7, almost half of beneficiaries were using metal stoves (47.3%).⁴¹ Firewood was identified as the most popular source of fuel for all stove types (76.4%) followed by charcoal (22.8%). Charcoal was used most among beneficiaries with metal stoves. Furthermore, it is possible that refugees use different types of cooking stoves for different foods, based on the length of cooking required and the corresponding use of fuel. Refugees in Kigeme cited the 'save80' cooking stove as a favourite distributed in the past.

A UNHCR pilot project has been running in Kigeme since September 2016 as part of the wider Livelihoods Strategy and also to tackle the issue of changing cooking practices as a result of insufficient firewood, to limit the protection issues linked to the illegal collection of firewood by women, and to help reduce the toxic fumes from cooking (often indoors) using firewood. Inyenyeri has enrolled 300 households to pilot the project, providing them with energy-efficient stoves (mimi-moto) and switching their firewood allocation to cash on their WFP cash card to be used for the purchase of pellets. A FGD in Kigeme with households involved in the pilot noted that the stoves were more convenient for the larger household sizes but they felt that the cost of cooking with pellets was higher than charcoal or wood.

⁴⁰ The JAM heard complaints in Kiziba of wet firewood being provided

⁴¹ FSOM/PDM rounds 1-7 Trend Report, June 2016

10. Livelihoods, income generation and self-reliance

Over the past 20 years, refugees in Rwanda have been almost entirely reliant on WFP, UNHCR and other partners' assistance for all basic assistance. Livelihood opportunities continue to be limited for refugees in Rwanda. Despite the favourable refugee policy in Rwanda allowing refugees to work, move freely within the country, establish companies, pay taxes and create jobs, all refugees interviewed cited several challenges to increasing their self-reliance, most notably a lack of appropriate skills among refugees, lack of access to loans/start-up capital to begin or expand a small business, lack of refugee ID cards and unequal opportunities and wages between refugees and host community members on the labour market. Other challenges gathered during the JAM are highlighted below.

Selling part of the WFP food assistance continues to be the most widespread source of income for refugees in Rwanda and dependence on WFP food assistance for survival remains high, with 87% of refugees in food camps and 92.43% in cash camps dependent upon WFP for their food and income. Refugees in the Congolese camps rely slightly less on WFP for their food than Burundian refugees in Mahama (86% compared to 89%). When comparing 2017 data on main source of income with that presented in the 2014 JAM, the sale of WFP aid/percentage of income derived from the CBT has increased across the years, significantly so in cash camps. Conversely, the percentage of income derived from non-farm casual labour has decreased from 17% in 2014 to a high of 6% in food camps in 2017. Refugees with access to casual labour and the physical capacity to carry out these jobs were considered in all-male FGDs to be the most food secure in the camps.

Table 7: Main income sources for refugees in the Rwandan camps

	Averages for all camps in 2014 (Kiziba, Gihembe, Nyabiheke, Kigeme)	Food camps 2017 (Mahama, Kiziba and Mugombwa)	Cash camps 2017 (Kigeme, Nyabiheke and Gihembe)
CBT or sale of WFP food assistance	60%	67.83%	85.86%
Formal employment	5%	8.09%	4.08%
Non-farm casual labour	17%	5.97%	3.20%
Farm-based casual labour	7%	4.46%	1.02%
Petty trade	5%	5.79%	1.99%
Remittances	5%	3.04%	1.82%
Loans	-	3.55%	2.03%

Source: JAM 2014 and May 2017 PDM

The 2014 JAM recommended that, in light of the scarce opportunities for income generation and high rates of food and NFI sales, UNHCR, MIDIMAR and partners should develop an income-generation strategy – the MIDIMAR and UNHCR Economic Inclusion of Refugees in Rwanda of 2016 lays the plans for enabling refugees and neighbouring communities to fulfil their productive potential and transition to self-reliant members of society by 2020 and to move away from assistance. The strategy emphasises non-agricultural activities owing

to the limited land available in Rwanda and recognises the need for a differentiated approach to each camp based on the skills and needs profiles in the area. The 3-pillared approach focuses on wage-earning employment, self-employment and advocacy as a way of transforming the refugee camps from places of prevailing aid-dependency to vibrant market-based economic hubs where refugees can be self-reliant.

In line with the strategy, UNHCR has engaged 18 livelihoods partners, coming from the private sector and social enterprises to support the economic inclusion of refugees through entrepreneurship development, providing financial services, creating market linkages, market-oriented education and vocational skills training to name a few. The Government of Rwanda has pledged for 18,000 camp-based refugees to graduate out of food or cash assistance programmes by mid-2018, with 60,000 refugees to have formal employment opportunities and for 58,000 refugees to use banking services by mid-2018.⁴² With the shift to cash-based transfers in 5 of the camps, the 58,000 target has already been reached and UNHCR is currently working with Financial Sector Deepening Africa (FSDA) to increase the number of financial services available to refugees to enable business growth and income generation. As evidenced in research on the topic, the economic impact of refugees in Rwanda on host communities is positive,⁴³ and increasing the economic gains of the refugee population in Rwanda can lead to an economic spill-over into the host community. Furthermore, other research into the economic impacts of refugees in Rwanda concludes that the impact of cash assistance has significantly more positive income spill-overs to the host country businesses and households than in-kind assistance.⁴⁴ As noted earlier in this report, five out of six camps in Rwanda have moved to the CBT modality; a market study for Mahama camp was conducted in April 2017 with the conclusion that overall cash-based transfers would be suitable for Mahama camp also.⁴⁵

The JAM livelihoods team conducted many interviews in the camps to understand the full range of livelihood opportunities available to refugees as well as discussing the various impediments to their improved self-reliance. Refugees expressed a strong desire to be more self-reliant but felt that their skills from back home were not applicable in Rwanda (mainly farming) and that their opportunities for skills training in sectors more appropriate to generating income in Rwanda were greatly limited. Furthermore, cultural gendered barriers to certain jobs were discussed. Overall, the JAM did not find the livelihoods situation to have improved since 2014 JAM – in 2014, 9% of households earned no income,⁴⁶ a 2016 study revealed that between 38-48% of the refugee population in all six camps earned no income.⁴⁷ This section presents an overview of the opportunities, challenges and desires of the refugees to increase their self-reliance.

⁴² <http://www.unhcr.org/rw/12219-commitments-rwanda-leaders-summit-refugees.html>

⁴³ Loschmann, C., Bilgili, O. and Siegel, M., The Local Economic Impact of Hosting Refugees: The Case of Congolese Refugees in Rwanda, November 2016.

⁴⁴ The research claims that an additional adult refugee receiving cash aid increases the annual real income in the local economy by \$205 to \$253. J. Edward Taylor, Mateusz J. Filipowski, Mohamad Alloush, Anubhab Gupta, Ruben Irvin Rojas Valdes, and Ernesto Gonzalez-Estrada, Economic Impacts of Refugees, May 2016.

⁴⁵ WFP, Determining the Feasibility of Cash Based Transfers in Mahama Refugee Camp, April 2017.

⁴⁶ 2014 JAM.

⁴⁷ Inter-Agency Gender Assessment in Refugee Camps in Rwanda, 2016, p. 52.

10.1 Opportunities

Agricultural income generation

Subsistence agriculture is the main livelihood strategy for Rwandans in areas surrounding the camps and the majority of Congolese refugees lived agricultural lifestyles prior to their arrival in Rwanda. Male refugees in particular identified with this as their former livelihood. However, due to extreme land pressure in Rwanda, refugees are not provided land in or around the camps to continue their agricultural livelihoods, therefore making self-reliance through farming a very unlikely option for refugees. Access to farmland for refugees depends largely on the availability of land in the surrounding host community, the amount of available cash for the refugee to lease the land, and the negotiating power to get a fair price. Working as a casual labourer of host community land, leasing host community land to grow own crops and working host community land and splitting the harvest with the land owner were the main ways for refugees to access land that came up in the JAM.

Approximately 5% of refugees are involved in casual farm labour as an IGA⁴⁸ and this income represents 4.46% of total monthly income in food camps and 1.02% in cash camps,⁴⁹ second to selling WFP food assistance. For the refugees who are able to earn an income from agriculture outside the camps, they felt that compared with their Rwandan counterparts, they lack technical skills, entrepreneurship and agricultural knowledge and believe that this is why their host-community counterparts are better-off. It was said that refugees farming outside the camps do not qualify for government support to improve farming (such as agri-inputs).

Agriculture in the camps is greatly limited, although there was evidence of kitchen gardening on the camps (the NEC project). Some refugees, mostly women, have continued to successfully grow a surplus of leafy greens and sell them on the camp markets for income generation. There is a strong desire by refugees interviewed for this type of project to resume. In Mugombwa, the District provided 5 hectares of marshland for exploitation by an association of refugees supported by UNHCR and ARC; this was cited in a JAM interview in the camp as being instrumental to income generation.

Livestock keeping is forbidden in the camps due to space pressure. Keeping livestock outside the camp is an option for some of the wealthier refugees, but for many this is unaffordable as it requires renting land, paying someone to watch over the cattle and possibly paying for fencing. It was noted that some refugees still have their livestock in DRC and take the risk of going back into DRC every so often to check on them.

Off-farm income generation

Many refugees in the camps are involved in some sort of non-agricultural income generation in the informal sector. Petty trade is the main IGA reported during the JAM and this is generally the reserve of women as it is

⁴⁸ SENS 2017

⁴⁹ As noted above, the PDM presentation of this data makes it hard to compare cash and food camps as cash camps naturally have a great cash income each month, thereby reducing the percentage of other incomes due to volume of the WFP cash transfer.

dealing in food (culturally this is a woman's role). Women buy from satellite markets and resell the produce in the camps at a profit, others make beer for sale and some sell charcoal. Women are also involved in the restauration business, selling tea and mandazi. Some women leave the camp to become domestic workers.⁵⁰ In the non-agricultural informal sector, men are mostly involved in casual labour in and out of the camp. In the formal sector, refugees are working as nurses, teachers, security guards, volunteers with IPs, in restaurants, as domestic workers and as tailors, to name but a few. It was noted during the JAM that households with access to casual or regular labour are more food secure – disabled and elderly households without the human capital to carry out these jobs were identified in FGDs as the least food secure and most vulnerable.

Many refugees work alone in their income generation endeavours. However, with the help of livelihoods partners, cooperatives have formed in the camps, whereby refugees can work as part of a larger group for saving purposes. It was noted however that most of these so-called cooperatives are not recognised by the Rwanda Cooperative Agency and that their coverage and competitiveness is limited to within the camps. In addition, refugees in these groups felt that they were not prioritised in the camps for tenders and a general lack of market for their goods.⁵¹ As part of the MIDIMAR and UNHCR Economic Inclusion of Refugees in Rwanda strategy, MIDIMAR and UNHCR Partners for Livelihoods have started a process of formalisation of existing cooperatives that have a solid chance of success, including, for instance, Akeza Karigura in Mahama that exports baskets to the USA.

10.2 Challenges

This section focuses on the many hindrances to more wide-spread and greater economic self-reliance among refugees, as raised in the JAM interviews:

Access to start-up capital – FGDs mentioned the lack of start-up capital as challenge to earning an income. Many refugees said they had skills and ideas, some even acquired through skills trainings provided in the camp, but they lack the foundation capital to make a start. Some partners have provided micro-grants to individuals or groups with feasible business plans, but these have been limited in number and their sustainability is questionable. The provision of a guarantee fund that refugees can use to facilitate loans would be a more sustainable approach to start-up capital funding and the promotion of micro-loan agents in and around the camps should be considered to enable refugees to access small loans more easily.

Access to loans – was cited as one of the major impediments to refugees improving their income generation potential. Many refugees interviewed have formal bank accounts where they deposit some of the money they earn, but due to their refugee status and lack of guarantee, the banks will not lend them money to start a new business or expand their existing business. While the extent to which refugee status is the issue remains unclear, certainly the lack of collateral is an issue for the banks. Steps have been made in the camps to formally

⁵⁰ It was reported in one FGD that often these women come back pregnant.

⁵¹ The JAM learned that the tender for school uniforms in Kigeme this year had been given to a Kigali-based tailor, when there is capacity within the camp to do this

register cooperative groups under the Rwanda Cooperatives Agency, but the number of cooperatives remains few. Access to bank loans is possible for cooperatives however.

Other (informal) options do exist to enable refugees to access loans, and these include tontines (which incur c.10% interest per month), Volunteer Saving and Lending schemes (VSLAs)/*ikimina* and loans from traders. The JAM learned that there are no refugee/host community tontines as it is believed that refugees do not have money (this was heard in Nyabiheke). The former livelihood partner, ARC, was supporting VSLA groups and providing small grants (in Nyabiheke, through 81 groups around 3000 people were involved). With the change in livelihoods partner in the camps, refugees mentioned concern over the future functionality of the groups. UNHCR and MIDIMAR have partnered with FSD Africa and Access to Finance Rwanda (AFR) to help refugees access formal loans by creating a market intelligence for financial institutions and change their perception of forcedly displaced people, seeing them as profitable clients who can access services like anyone else.⁵²

Refugees reported that loans from traders/money agents are accessed on a trust basis, so the refugee should be a regular at the trader's shop. These accrue high interest and there were reports of the WFP cash card being left as collateral with the trader and the trader ensuring that he is paid back before giving the refugee his/her money. Some respondents mentioned never receiving their full transfer value as the money agents, from whom the loan had been taken, gave them goods amounting to their monthly transfer minus that month's loan repayment. The extensive borrowing among many refugees is leading to a vicious cycle of indebtedness as refugees are often forced to take out another loan to cover for the end-of-the-month food needs before the first loan is paid off in full. Some refugees said that they do not trust this system but seem forced into it as a result of no other means.

Micro-credit institutes such as the Savings and Credit Co-operative (SACCO)⁵³ is another way for refugees to borrow money, usually incurring a 2% interest, and SACCO provides emergency overdraft facilities. Inkomoko, the Rwanda entity of African Entrepreneur Collective, is providing access to small loans for refugees through Kiva.

Lack of refugee ID cards – This was cited as a widespread problem by many refugees; refugee ID cards were out of date or had not been issued yet and this posed a challenge when seeking work outside the camp as employers would need proof of ID. When requested, UNHCR is able to provide a written proof of refugee registration. At the 2016 Leaders' Summit on Refugees, the Government of Rwanda pledged to "promote refugee integration by issuing 100% of Rwanda's 160,000 refugees identity cards [.....] by the end of 2017, which will improve freedom of movement, including in the East African Community, and improve refugees' employability".⁵⁴

⁵² <http://www.unhcr.org/rw/wp-content/uploads/sites/4/2017/07/1-pager-Financial-Inclusion.pdf>

⁵³ Savings and Credit Co-operative (SACCO) is a type of co-operative whose objective is to pool savings for the members and in turn provide them with credit facilities. Other objectives of SACCOs are to encourage thrift amongst the members and also to encourage them on the proper management of money and proper investments practices. Whereas in urban areas salary and wage earners have formed Urban SACCOs, in rural areas, farmers have formed Rural SACCOs. There are also traders, transport, jua-kali and community based SACCO's. Source: <http://www.rca.gov.rw/spip.php?article71>

⁵⁴ <http://www.unhcr.org/rw/12219-commitments-rwanda-leaders-summit-refugees.html>

Unequal salaries/daily wages between refugees and nationals outside the camps was raised as an issue in most camps. Furthermore, refugees interviewed feel unable to compete with nationals on the labour market and perceive there to be a **preference for nationals over refugees for job openings** outside the camps. The JAM noted an evident lack of understanding and knowledge by refugees in terms of their right to work and the positions they are entitled to hold in and out of the camps – for instance, many cited not being chosen for public office job openings, which are clearly reserved for Rwandan nationals. Similarly, it seems that many employers do not know that they can hire refugees. In addition, refugees in many camps felt that there are limited opportunities for casual work in the camps and they felt that most of the work was being done by the host community. Refugees request priority with regards to hiring casual labourers in the camp. However, within the camps, UNHCR has clear SOPs that advise UNHCR and partners to adopt an ‘equal opportunity approach [...] meaning that refugee employees will be considered on equal footing to non-refugees for a job, whenever practically feasible’,⁵⁵ thus encouraging an open and free market approach to labour.

Access to land – as noted above, this affects the potential for many refugees to use the skills they have from their home country and as noted below, the gendered implications of this type of work not being readily available further burdens refugee women as they become the main earners at the household level.

Lack of working space for refugees with skills, such as hairdressers and tailors (this was expressed in Nyabiheke and Mugombwa). In addition, the JAM learned of a handicraft centre in Mugombwa that had been damaged in a storm, leaving the craftsmen and women nowhere to sell their wares.

Vocational/skills training – the lack of skills training opportunities for refugees was cited as one of the biggest obstacles to improving livelihoods among refugees in Rwanda. There have been many initiatives over the years in this area and many refugees the JAM spoke with had acquired their means of earning an income through the courses offered. However, project cycles are short and do not offer enough places for all those who would like them. Refugees in all the camps expressed a strong desire for the vocational trainings to be restarted and expanded. However, they also expressed concern over those who have acquired skills through this avenue who have not been able to make an income generating activity of it due to lack of start-up capital. It is essential that the skills trainings offered are thought out in terms of a) being recognised by Rwandan authorities, preferably by taking the training in government-accredited Technical Vocational Education Training (TVET) centres outside camps, b) what the market surrounding the camps or beyond allows for, c) that graduates of the trainings are linked to employment, and d) that there is access to loans following the successful completion of the course for those who seek self-employment.

In Mahama, as part of the MIDIMAR-UNHCR livelihoods strategy under the wage-earning employment pillar, Indego Africa has been providing vocational training in basket weaving and basic business education to 50 women since September 2016, with the aim of helping female refugees improve their livelihoods by building the skills necessary to participate in the global artisan economy. Through Indego, these women are linked to

⁵⁵ Standard Operating Procedure for Hiring Refugees as Either Staff or Incentive Workers by UNHCR and Partners in Rwanda, 22nd June 2017.

the US market and their sale are secured each month. Under the self-employment pillar of the strategy, the social enterprise Inkomoko⁵⁶ has started its baseline survey to establish which 4000 refugee and host community entrepreneurs they will support with mentorship, technical assistance and access to capital. Interest in supporting vocational training was expressed at the District level during interviews in Mugombwa, with the suggestion of linking graduates of skills training courses to “agakiro”⁵⁷ through the Business Development and Employment Office within the district.

Cultural gender barriers to men engaging in petty trade – this is evident from walking around the camps, where women are seen at the market or working on chores in the home, whereas men who are not working are sitting around, which has been linked to alcohol abuse and cases of domestic abuse. Men interviewed claimed that most of the petty trade opportunities in the camp were related to food, and as this is culturally a woman’s domain, they were not prepared to enter this type of income generation; it was also noted that men do not carry things on their heads, which might be an impediment to this type of work. Furthermore, the mobility of women outside the camp for work may be limited by the amount of household chores she has within the camp.⁵⁸ One of the consequences of this work pattern is that women, who already bear the main workload in the household, are becoming the main bread-winners in the camps. Thus, women being more involved in income generation is changing the dynamics in the camps as culturally men are the bread winners. Many men in the camps feel dispossessed of their productive assets and feel that their role in society has been taken over by humanitarian agencies.⁵⁹

Refugee Youth constitute almost half of all refugees in the camps (49% of refugees are under the age of 18); many have done all their schooling in the camps and will soon be looking for ways to earn their own income. The lack of opportunities in the camps especially affects the youth, many of whom resort to idleness and delinquency linked to alcohol and drug abuse. It was noted during interviews with refugees in Kiziba that the job prospects for camp-based youth is discouraging some refugees from going to school. Furthermore, post-secondary education is financially not available for many refugees, leaving work or idleness as the only real options after finishing school.

Tertiary education is very limited for refugees. University education for refugees is limited to the few who can afford it or who receive scholarships. Scholarships are available to a select few through DAFI (funded by the German Government) and the Kepler University. Through the latter, Rwanda hosts the world’s first American university campus in a refugee camp in Kiziba, where 50 students were admitted in 2016.⁶⁰ Several refugees also have a University degrees from their country of origin, however, this will not automatically translate into work for these young refugees, as the JAM noted in Mahama camp, where several refugees with diplomas from Burundi are finding it hard to find education-appropriate employment, with the added disadvantage of

⁵⁶ The Rwandan entity of African Entrepreneur Collective

⁵⁷ ‘Agakiro’ literally translated means ‘a place where one can get rich’ and comes from the Kinyarwanda word ‘Gukira’, which means ‘getting rich’.

⁵⁸ Inter-Agency Gender Assessment of Refugee Camps in Rwanda, 2016, p. 53.

⁵⁹ Ibid, p. 56.

⁶⁰ Economic Inclusion of Refugees in Rwanda, UNHCR/MIDIMAR, 2016.

some of their qualifications not being recognised in Rwanda. As with vocational training, it is essential that consideration is made about how to ensure that diplomas are recognised in Rwanda and to link graduates to employment opportunities.

Adult illiteracy and language barrier was cited as a constraint to income generation among refugees. Illiteracy is higher among female refugees (over 50%). Limitations were cited by refugees for illiterate people to access job opportunities available in the camp and beyond. While most refugees and nationals speak Kinyarwanda, the main second language in Rwanda is English, which many adult refugees do not speak. There are no functional adult literacy programmes in the camps.

It is apparent that there are many refugees with untapped skills, some that have been gained in their home countries, other in and around the camps. However, the **full extent of their skills potential remains unknown** and this maintains the barrier to their employment. Subsequently, there are **poor linkages between known skills and markets**. For instance, one group of refugees in Kigeme reported making cheese in their home country but that they had not been able to do so in Rwanda because they felt they could not meet national standards.

Refugees living outside the camp are better off according to FGDs, as they have access to camp services and WFP assistance as well as better access to jobs. They are able to pay rent or have jobs which come with accommodation or some have remittances which affords them to pay rent on a house outside the camp⁶¹ – the physical move away from the camp appears to be a step forward that many refugees desire, to return to a normal village life as the context and opportunities inside and outside the camp are very different. However, discussions in Gihembe and Nyabiheke outlined a worrying pattern of refugees who understood that their resettlement cases may be cancelled if they were not physically present in the camps, surviving only from WFP assistance. For many refugees residing in the camps, resettlement (to the USA) is the end goal. Resettlement is based on date of arrival in Rwanda and place of origin, it is not hinged upon physical presence in the camp. The misunderstood resettlement criteria encourage encampment and in parallel act as a disincentive to self-reliance and a sustainable life outside the camps.

As outlined above, income opportunities among the refugees remain low and hence the need to further strengthen the implementation of the joint MIDIMAR-UNHCR Strategy for Economic Inclusion of Refugees. Refugees in Rwanda are long-term residents; even if their end goal is to return home one day, this is not likely to happen in the near future, if ever. All assistance, protection and solutions efforts must reflect this reality through a shift from a humanitarian approach to a more long-term, development-oriented approach, in line with the UNHCR Global Livelihoods Strategy⁶² of providing livelihood programmes that are planned for long-term self-reliance, in a bid to raise the economic standing of most of the refugee community and improve its integration with the Rwandese economy in the long term as an alternative to the camp settings. As is evidenced through the JAM field work and outlined in the UNHCR/MIDIMAR Strategy for Economic Inclusion of Refugees, each camp has its own opportunities based on its location, the population living in and around

⁶¹ Receiving remittances was seen as a way to leave the camp, which is clearly seen as a step towards self-sustainability.

⁶² Global Strategy for Livelihoods, A UNHCR Strategy 2014-2018, p,11.

the camps and the type of interaction between refugees and host community in the area.

The scaling down of food assistance due to funding shortfalls is a reality that needs to be addressed immediately and should be accompanied by further robust and wide-ranging livelihood support- which will also require substantial investment. At the time of writing, WFP is currently assessing different targeting criteria with the view of scaling down its food assistance in a context of shrinking budgets. As outlined throughout this report, most refugees in Rwanda are still dependent upon outside assistance for their food, shelter, health, education, WASH and NFI needs, however, steps are being made (through the MIDIMAR/UNHCR Strategy for Economic Inclusion of Refugees) to engage refugees in the local economies through the provision of skills training, access to loans and jobs. As more refugees become involved in these initiatives and their self-sustainability through their income generation capacity grows, then the possibility of reducing assistance will become viable.

11. Protection

It is recognised that the ‘subsistence mode’⁶³ in which many camp-based refugees have operated for prolonged periods now has heightened the protection risks not only for girls and women, but also for men and boys, and that this is most poignant in the 3 older Congolese camps – Gihembe, Nyabiheke and Kiziba. Protection and gender were mainstreamed throughout the JAM. However, as this year’s JAM had a team focusing on protection issues, this section outlines some of the major findings under this banner, including negative coping strategies, while the rest of the report is interspersed with protection-related issues.

11.1 Registration

Once they have crossed the border into Rwanda and been registered by MIDIMAR and UNHCR, refugees are able to access blanket food and non-food assistance and other services provided in the camps. In addition, all refugees over the age of 16 should be provided with ID cards which affords them certain freedoms in Rwanda based on their proof of refugee status (i.e. opening a bank account, accessing formal employment and paying taxes). However, in all camps visited, the JAM learned of refugees who did not have a valid ID cards due to the delay since the last verification exercise in the camps. This was highlighted by refugees as one of the main impediments to them accessing employment outside the camps. In response to this finding, UNHCR confirmed that they were issuing proof of registration letters to those who needed them – but refugees claimed that these could not open all the doors of a genuine ID card.

There are many cases of unregistered and inactive individuals in the camps, many of whom warrant refugee status and subsequent assistance – unregistered individuals receive no assistance and rely on relatives for shelter, food and other needs; those without relatives to assist them are extremely vulnerable. Some of these unregistered individuals are in this situation due to arriving after the last verification exercise (which in some camps dates back to 2011/12), others did not declare themselves as refugees at the border and came straight to the camp to join family, others were formerly registered refugees but had left the camps to return to DRC

⁶³ The minimal means needed to support life, as outlined in the Inter-Agency Gender Assessment of Refugee Camps in Rwanda, 2016.

for so long that they were de-activated. Children born to one parent of Rwandan nationality and one parent of refugee status have Rwandan nationality and cannot therefore be considered as refugees and access refugee assistance, however not all refugees interviewed during the JAM were aware that this was the case. Those born outside the camp (of both refugee parents) are registered as refugees once a birth certificate is provided (Legal Aid Forum (LAF) is supporting in obtaining birth documents).⁶⁴

In addition to unregistered individuals, the refugee camps in Rwanda host thousands of asylum seekers who are waiting also for the verification exercise to determine their status. Asylum seekers receive only in-kind food assistance – all shelter, firewood and NFIs needs are to be borne by them. Furthermore, as the children of asylum seekers are not registered in ProGres, they are unable to benefit from assistance in the camp such as the nutrition programme. Asylum seekers typically sell more of their GFD ration to cover other needs than refugees; in addition, as loans in the (cash) camps appear to be heavily dependent on the trader keeping the cash card as collateral, asylum seekers are mostly unable to access loans to cover their needs.

11.2 Security

Many of the refugees interviewed expressed gratitude at the sense of security they felt living in the camps. When asked what the best things were about life in the camps, security was high up the list, along with access to services and reduced violence towards women. However, when asked about the greatest risks and drawbacks associated with living in the camps, drug and alcohol abuse, early pregnancies and high rates of theft were cited as the main risks.⁶⁵ Security had been especially concerning in Kiziba where the UNHCR intentions monitoring report of 2016 highlighted major security concerns among the residents, most notably crimes such as physical and sexual violence, theft, harassment and drug dealing and consumption. It has been reported that Kiziba had the highest level of gender-based violence taking place after 7pm.⁶⁶ Refugees reported feeling unable to leave their homes after 6pm due to the heightened risk of these crimes affecting them. Since January 2017, MIDIMAR has ensured the presence of a police post inside the camp and refugees interviewed confirmed that the security in the camp had largely improved and this has been confirmed by Legal Aid Forum (LAF) who reported a reduction in the number of crimes related to violence, especially SGBV and robbery, since the begging of the year.

⁶⁴ Some refugees in FGDs raised the issue of delays in registering new families (when refugees wed) which can negatively affect their access to food. Refugees reported that newly-weds often had to go to their parents' homes to claim their share of the money from the CBT and that this sometimes fuelled conflict. The JAM was unable to quantify the extent of this issue however.

⁶⁵ Other drawbacks included limited durable solutions, limited access to jobs and unequal pay, poor access to latrines and showers for PLWD, expired refugee ID cards, insufficient firewood, limited access to financial services (loans), lack of access to agricultural activities/services, lack of land and lack of entertainment in the camps. The remoteness of the camp was also cited as a drawback in Kiziba, which refugees felt added to their lack of understanding of the opportunities outside the camp.

⁶⁶ Inter-Agency Gender Assessment of Refugees in Camps in Rwanda, 2016

11.3 Shelter/population pressure and ‘Ghettos’

Lack of space in shelters in the camps seems to be a potential cause of sexual exploitation of young women in the camps. Privacy is lacking in most households, and this is especially the case in the 42 hangars in Mahama, where rooms are divided by plastic sheeting. Respondents in FGD linked the high number of SGBV cases in the camps to children witnessing sex at an early age due to lack of separate space for parents. One solution parents are using is to send their children to sleep in another home so they can have privacy and to ease the space pressure in the home, sometimes this decision comes from the youth themselves who also desire space and privacy. Parents interviewed in Kigeme noted that once a child leaves the house, parental control is hard to exercise.

Adolescents may leave the family home to stay with another relative, other times they may go to stay in the so-called ‘ghettoes’ in the camps – these are shelters often inhabited by a single person and frequented by their peers. Refugees interviewed on the matter considered them hot spots for drug and alcohol abuse, unwanted pregnancies and delinquency. Youth perceive these homes as places where they can entertain themselves, study and be together – the lack of entertainment was cited by refugee youth interviewed as one of the negative aspects of camp life. While many refugees interviewed were quick to point the finger of blame at the ghettos for all the early pregnancies in the camps, discussions during the debriefings expanded the root of the problem to also being beyond the confines of camp, where livelihood opportunities are considered better. Early pregnancies, linked to the position of vulnerability that young girls find themselves in, needs to be better understood so that the root causes can be addressed. The JAM identified several root causes – most notably population pressure, insufficient assistance, limited income generation opportunities to access desired commodities, and lack of camp-based entertainment – but there are certainly many other drivers of this problem that need to be understood.

11.4 Sexual and Gender-Based Violence (SGBV)

SGBV is a tangible threat to many women living as refugees in Rwanda. Issues such as poor lighting in the toilets, insufficient access to firewood, women feeling the burden of managing food at the household level and resorting to transactional sex to feed their families are all examples cited already in this report in which women can find themselves in a position of (often, sexual) exploitation. In Kiziba alone, Plan International and LAF receive about 6-8 SGBV cases a month; discussions with refugees during the JAM led the team to believe that many cases go unreported because adolescent refugees are often reluctant to report SGBV incidents, including early pregnancy, to MIDIMAR, health centres and PLAN as they immediately refer them to the police to investigate them as child defilement. A 2016 gender assessment identifies the main triggers of domestic violence as being alcohol, conflict between married partners over the use of cash in the household and over the care of children⁶⁷ – the 2017 JAM findings echoes these.

Household-level conflicts were mentioned as being common during the JAM FGDs by both adults and children/adolescents and these are understood to increase whenever there is a distribution.⁶⁸ A higher percentage of women are registered as the head of household for the cash/food and assistance, however this does not translate into gender equality and actually challenges pre-existing cultural gender norms in DRC and

⁶⁷ Inter-Agency Gender Assessment in Refugee Camps in Rwanda, 2016.

⁶⁸ Ibid.

Burundi. Women reported feeling empowered by receiving the cash transfers, but the flip side is that men feel disempowered and anxious as men traditionally have a provider-responsibility; the change in provider roles among refugees in the camps often results in conflict,⁶⁹ which can often-times be further aggravated by men drinking. Some female FGDs reported that they give their men a little of the CBT as beer money so that they will not harass them for it at a later date.

Decision-making within the household is collected by WFP in the PDM. The May 2017 PDM indicates about 51% of women make the decisions on food use in the home, and 48% of decisions are made jointly by the head man and woman in the household. Just over 1% of decisions were made solely by men. This is in line with findings from the JAM and women reported feeling the stress of reduced food/cash in the house as it was mainly their responsibility. It was also reported that many men felt that the cash/food was to be used solely for the purpose of feeding the family and some women interviewed reported having to argue the case to buy sanitary pad or underwear for themselves or their teenage daughters from the CBT. In addition, the JAM learned of conflicts arising between parents and teenage children who felt that their parents were not providing them what they needed (from lotions to mobile phones) and one solution noted with concern is that some adolescent girls are going to men to provide them for them.

11.5 Un-accompanied Minors (UAM)

The JAM learned that unaccompanied minors in Mahama often share a room in a shelter and a guardian is appointed to ensure their wellbeing. Interviews with children in Mahama indicated that UAMs in foster care are not always fully integrated in to their foster families and are not engaged in different activities in the family. Furthermore, the JAM heard of cases in Mahama of UAMs selling off their GFD ration in order to eat in the camp's restaurants, as noted below.

11.6 Transactional sex

In all camps, focus groups mentioned transactional sex as a negative coping mechanism. The proximity and large size of the market/trading centre outside the camp, as in Mahama for instance, play a great role in increasing the vulnerability of girls and women to transactional sex. This can often lead to unwanted and/or early pregnancies, which have social and economic implication as young/child mothers were cited as bringing shame on the family and the young woman might be ostracised from her family and her social safety net. FGDs highlighted that pregnancy is seen as a turning point in a young woman's life, as she will likely never go back to school and potentially continue down a negative path,⁷⁰ leaving the children to be cared for by others. Early pregnancies are a cause for concern in all the camps visited. The below points were all cited by interviewees as contributing to this issue:

- Shelters are overcrowded and parents need privacy so they send their children to sleep elsewhere
- Youth opt to live out of the family home due to overcrowding
- Shelter set-ups in the hangars are not as secure as in the semi-permanent homes, it is easier for a woman to be exploited – this was especially cited as a problem in Mahama
- Distance from the home to the latrines/showers

⁶⁹ Ibid.

⁷⁰ 32 adolescent girls dropped out of school in Mahama in the first 3 months of the 2017 school year due to pregnancy, the JAM was told in Mahama.

- Lights in public services at night time
- Women go to work in the cities as domestic workers to send money home to the camps and often return to the camps pregnant
- Youth idleness due to lack of jobs or post-secondary education
- Insufficient NFIs (such as skin-care products) and youth needing money to buy these items

Furthermore, FGDs with women in Kigeme uncovered that if they did not follow their daughters to school, they would be tempted instead to seek other negative livelihood opportunities like engaging in transactional sex to fund the things they would like, such as body lotion.

The Inter-Agency Gender Assessment highlights that confidentiality and reporting systems on gender based violence cases needs to be improved in all camps to ensure that victims/survivors are able to seek timely health and psychosocial support. Furthermore, the pre-requisite of an accompanying male partner by some service providers for adolescent girls to get access to reproductive health services is limiting their access.⁷¹

Whereas transactional sex was mentioned by adolescent girls as a means of survival in the camps, adolescent boys cited theft being their main way of surviving. Both of these negative coping strategies can put a strain on the good host-community/refugee relations when the host community.

11.7 Conditional Pregnancy

The JAM team heard of a different form of survival sex in Kigeme – conditional pregnancy - whereby mothers look for ‘rich’ men to get them pregnant in/outside the camp, who will then have to support the child and provide them regular financial support. In addition to this, the Inter-Agency Gender Assessment also highlights conditional pregnancy as a mean for refugees to increase the family size and thereby qualify for more assistance in the camps.

11.8 Cycle of debt

When food is limited in the home, some families take out loans with money agents who double up as traders in the camp markets. It was reported widely that refugees are obliged to leave their cash cards with the agent as collateral and that when the refugees receive their CBT, the agents will first take out their share before giving the refugee their card. In some cases, refugees do not see their card for several months and have no idea how much money they have on their account. Refugee leaders in Kiziba mentioned that it is often better for a refugee to get further into debt with one trader than to take out several debts with different people.

Borrowing food between households and traders is common in all camps. However, the JAM noted the extremely exploitative repayment arrangements with refugees interviewed reporting having to pay up to 100% interest (in Mahama) or up to 50% in Kiziba. The excessive interest on food loans means that some households are forced to take out a loan to pay back another loan. As women feel the overall responsibility

⁷¹ Inter-agency Gender Assessment of Refugee Camps in Rwanda. This finding is specific to Gihembe, Mugombwa, Kigeme and Mahama camps.

for ensuring sufficient food at the household level, it was raised during some FGDs that some women find no alternatives but to enter into transactional sex – the JAM also heard instances of teenage girls opting to do the same to provide for their families.

11.9 Begging/‘Going to Dubai’ and child neglect

‘Going to Dubai’ was mentioned as a well-known pseudonym in many of the camps for a woman going to Kigali (or outside the camp) to beg – begging could be as a consequence of unmet needs and being accustomed to prolonged reliance on handouts.⁷² The consequences mentioned during the JAM were that often these women will leave children behind, generally with older siblings – prolonged child neglect may lead to drug abuse, criminality, sexual abuse, exploitation, early pregnancy and a heightened risk of STIs and HIV.⁷³ This was raised in different types of FGDs across all camps, although to a higher extent in Nyabiheke, and seems to be a recent and widespread phenomenon. In Mahama, the protection team heard of children also going out to beg, therefore missing out on school and the meal provided there, and increasing their risk of being exploited. The JAM also heard reports of children who were abandoned while their mothers left the camp to search for work. Child abandonment has a direct correlation to childhood nutrition levels. While there are surely many reasons for a woman feeling that she must leave her children alone, the pressure on women in refugee camps in Rwanda to feed their families appears to be very great, to the point that some women feel they must leave and put themselves in a risky position.

The issue of children being left unattended as mothers search for work needs further and urgent research to understand exactly what the causes of this are.⁷⁴ Social safety nets need to be explored to be put in place to avoid such widespread neglect.

In April 2017, a crime scene court/mobile court hearing took place in Mahama camp. Cases related to drug trafficking/consumption and one child abuse case were presented before the court. Legal Aid Forum arranged for a judge and prosecution to be brought to the camp and a sound system allowed refugees in different corners in the camp to hear the proceedings. In May 2017, the verdict was announced in similar settings. The event contributed in reducing the crimes in the camp. LAF affirmed that the mobile court served as a prevention and deterrent tool. Save the Children reported 5-10 cases/month of children neglect in June compared to 4 cases/week in the beginning of the year.

11.10 Selling the food ration to eat in restaurants

This finding was mostly restricted to Mahama where the number of unaccompanied minors and family size ones (40%) are significantly higher than in other camps. Due to the insufficient firewood distribution, refugees claimed that UAMs and FS1s often resort to selling out their food ration in order to eat in restaurants. However, it is unlikely that the money obtained from selling the ration can sustain a person for a whole month in a restaurant.

⁷² Ibid. p.33.

⁷³ Ibid.

⁷⁴ In Kiziba it was noted that 2 weeks after the introduction of the CBT, Plan International had received 4 cases of children left unattended due to the mothers spending the cash on alcohol. Plan International is working with UNHCR and WFP to ensure that children receive their monthly entitlement.

11.11 Lack of electricity

In several interviews held during the JAM, the issue of lack of power came up as the refugee camps are off the electricity grid. From a protection perspective, this is important in relation to the poor lighting in the camp at night, when women and girls fear leaving their homes and when most crimes occur in the camps. Furthermore, the lack of electricity is linked to low academic performance of school-going children, which can in turn lead to big gaps in income generating possibilities.⁷⁵

11.12 People living with disabilities (PLWD)

PLWD are among the most vulnerable in the camps as they are generally unable to top up their cash or food income through IGAs. In addition, PLWD often have to pay for transportation when collecting their GFD (in Mahama specifically) and are more reliant on the more expensive markets in the camps. In Mahama, ramps have been included in the camp design, but disabled refugees explained that many of the ramps are too high for them. Moreover, some of the shelters were also reported as being inaccessible to PLWD and that they were forced to sit on the floor in the shelters. In Kigeme, the disabled persons interviewed expressed appreciation of the access to latrines for them in quarters 1,3 and 6, whereas refugees in other camps complained of the difficulty in using latrines with no handles for support. Mobility of PLWD was reported to be a major challenge, particularly in camps like Mugombwa – as of April 2017, less than 2% of latrines in the camps were suitable for PLWD.⁷⁶ Efforts should be made to improve the dignity of PLWD in the camps by improving their access to basic services such as toilets and showers across the camps.

12. Shelter

Refugees are allocated a 3 x 4 metres shelter for family sizes 2-6 and 6 x 8 metres for family sizes 7 and above. Many shelters in the older camps are in a considerable state of disrepair and many leak during the rainy season. Shelters in the newer camps were in a better condition. Refugee committees (comprised of UNHCR, MIDIMAR, IPs and community leaders) are responsible for the allocation and rehabilitation of shelters. In the absence of sufficient rehabilitation and to accommodate for growing families, refugees have themselves extended their shelters where space permits. The JAM learned that in some camps, IPs are providing refugees with poles and iron sheeting to facilitate their extensions and kitchen constructions, but in other camps this is at the refugees' own expense. Issues were raised due to the iron sheeting provision being based on 3 x 4 metre structures rather than the self-expanded size.

A lack of transparency over who is allocated plots vacated by resettlement cases was raised during the JAM. It was mentioned in Nyabiheke that resettlement cases used to avail space in the camps, but due to the stalling of resettlement to the US, there are no vacant plots. In Kiziba, refugees expressed concern that shelter distribution was not done based on a clear set of rules, but rather through favouritism and friendship and that the shelters of some resettlement cases were passed on or sold on. Adding to congestion in the camps are inter-camp transfers and the fact that in many camps, birth rates are over-taking mortality rates, so the camps

⁷⁵ MIDIMAR presentation given at the UNHCR Musanze COP retreat and in the Kigali-level Refugee Coordination Meeting on the resolutions of the Government of Rwanda Leadership Retreat

⁷⁶ UNHCR, Population of Concern, 30th April 2017.

are growing and children are becoming adults and will need their own spaces to live. Space in the camps is a big issue which impacts on safety, protection, health and WASH. Pressure on space was especially noted as a problem in the older camps (Kiziba, Gihembe, Nyabiheke) where there are expanding populations within. New couples were reported to be having trouble finding shelters in the camps and were in some cases forced to move out of the camp in order to live as a new family. However, during the debriefing in Mugombwa MIDIMAR highlighted that these were perhaps not officially-married couples (marriages conducted in the camp are not legalised) and were therefore not eligible for a camp shelter.

Kitchens pose a problem to many refugees in the camps as their allocated houses are generally just 4 walls – transect walks through the camps identified various alterations to homes to accommodate for a designated kitchen space, however, many of the poorer and more vulnerable households still cook in the house and this is a big health concern. Furthermore, in Mahama where communal kitchens have been factored in to the design of the camp, many households prefer to cook near the home or even in the home during the rainy season.

Persons with disabilities mentioned to the JAM team that their shelters are not always in the optimal location given their challenges with mobility and the difficult terrain in many of the camps. They requested priority when shelters are allocated so that they can access services more easily.

Population pressure and privacy are serious issues for refugees in all the camps visited. While this has been outlined in more detail in the Protection section, it is important to note the correlation between lack of space and privacy, the rise of the so-called ‘Ghettos’ in the camps and the increased risk of early pregnancies.⁷⁷ These are usually vacant shelters which are occupied by adolescents due to lack of space and need for privacy (on the part of the youths and their parents) in the family shelters. The JAM heard reports of these in all six camps, along with concerns of the use of drugs and alcohol and the rise of early pregnancies. Health partners confirmed that confirmed that early pregnancies had been on the rise in several camps.

The newest refugee camp in Rwanda, Mahama, is the most organised in terms of how the homes are set up (e.g. toilets and showers very close to houses, garbage system more organised etc.), but as there are still so many new arrivals, temporary accommodation is still used for the new arrivals. 29% of camp population is living in hangars where plastic sheets divide the hangar into rooms. Protection issues were raised during FGDs in Mahama, especially in relation to theft and minors witnessing acts of sex.

UNHCR and IPs provide construction materials for shelters and until recently plastic sheeting has been used. However, the Government of Rwanda policy on plastic bans the use of these sheets and alternative, more costly, alternatives are being used such as iron sheeting. In the event of a sudden influx, it is uncertain what the shelter arrangements would be.

⁷⁷ Inter-Agency gender Assessment in Refugee Camps in Rwanda, 2016, p. 68.

13. Food, cash and NFI distribution

At the time of the JAM (July/August 2017), five out of six camps have transitioned to cash from in-kind food assistance. There are plans to monetise the NFI ration soon. The findings below summarise of the main findings from the team, based on FGD and KII as well as observations throughout the six camps.

13.1 Food distribution

Mahama is the only camp to still receive in-kind food assistance for all registered refugees. In the 5 cash camps, food is provided only for asylum seekers. The standards applied to in-kind food distribution for refugees should be the same for asylum seekers.

With regards to access to food at distribution points, the JAM 2014 recommended the set-up of a food distribution system that prioritises persons with special needs to facilitate their access to food. The JAM in 2017 learned that this has not been fully rolled out in all camps, with many vulnerable refugees still feeling unassisted in this regard. In Mahama Save the Children is providing food transport assistance to some refugees who need it, but the JAM FGDs with vulnerable/disabled refugees indicated that not all who need it are provided this assistance due to insufficient numbers of casual workers employed for this purpose. With the CBT prioritisation is not required as cash is sent directly to the refugee's cash card but it still applies to NFI distributions in cash camps.

The JAM noted a **lack of complaint mechanism** in Gihembe for asylum seekers who receive food entitlements.

Delays in food distribution in Mahama towards the end of 2016 were reported to be communicated to the refugee population by camp management (MIDIMAR and agencies) through mass meetings with all refugees and this was seen as a positive way to reach all refugees on this sensitive matter. The Red Cross of Rwanda has been using mobile cinemas in Mahama to sensitise the population and the JAM felt that this could be used more widely to help in passing the message on delays in distributions as well as *ad hoc* distributions, reminding people of various camp-based activities and sensitisation on health and nutrition practices. However, the food distribution committee in Mahama was interviewed and they felt that they were not always aware of when distributions were taking place, feeling that they were not given full recognition by partners and that they had nowhere to complain about this.

The JAM team noted **non-standardised scooping** in Mahama, which may lead to refugees not be getting their full entitlement.

The JAM found **no lavatories at the food distribution point** in Mahama, where refugees sometimes have to queue for a very long time. In addition, refugees interviewed complained about the muddiness of the FDP during the rainy season.

13.2 NFI distribution

The majority of refugees interviewed aired complaints of the NFI ration not being sufficient for their needs and not being regular. Firewood, sanitary pads and soap were especially problematic to refugees, who often resort to selling part of their ration or using part of their CBT to purchase these items. In addition, refugees complained that there was no provision for toothbrushes and tooth paste in the NFI package.

Refugees across the camps almost unanimously requested for the NFI ration to be monetised, except for firewood, indicating the difficulty with which they are able to procure it.

For refugees living outside the camp who are entitled to assistance within the camp, there was concern over them not knowing exactly when distributions would take place (ie. when the family size 5 distribution would be) and were not always aware of ad hoc distributions such as clothes and shoes.

The irregular distribution of NFIs was a major concern among refugees, who feel unable to plan as a result. This was especially noted with regards to the longer-life commodities such as blankets and kitchen sets. Furthermore, refugees in Kigeme reported that kitchen set distributions for small households had to be shared between two individuals who did not necessarily cook together – the outcome being that the pans were sold as money was deemed more useful. Refugees interviewed cited examples of not receiving sanitary pads for several months, then when they were finally distributed, the months without were not factored into their allowance. In other camps, refugees claimed to have received 3 months-worth of pads in one distribution, with no guidance on when the next distribution would be – refugees sold these pads to buy other household items. Refugees argued that if food distribution could be on time, then NFI distributions ought to be too. It is imperative that changes to the NFI distribution schedule be shared with refugees for their household planning purposes.

On the issue of collecting the SFP ration, the team was alerted to the difficulty some caregivers face when trying to obtain the ration for a child in their care who is in the BSFP. Although this might be representative of only a few isolated cases, young mothers should be encouraged to go back to school and caregivers need to be able to access the BSFP on their behalf without interrupting their school days.

13.3 Warehouse/storage

As five of the six camps have transitioned to cash transfers, the need for extensive warehousing for food has lessened. However, until the verification exercise is conducted and current asylum seeker numbers decline, camps such as Gihembe and Nyabiheke will continue requiring storage space for at least 2000 individuals' food rations and the school feeding programme. Furthermore, consumable commodities for the BSFP and SFP as well as NFIs are stored in warehouses in the camps. The JAM team visited all warehouses and rubhalls in the camps and discovered a few issues that need attention:

- Lack of NFI storage facility in Gihembe and Mahama;
- The warehouse capacity for the nutrition programme in Kigeme is insufficient and stacking of food is not following standards due to space limitations;
- Insufficient containers for the nutrition and school feeding programme in Nyabiheke;
- Insufficient weighing scales in Nyabiheke;

- Issue raised of needing separate waybills for food for different programmes to enable clearer separation of stocks and better record-keeping in Nyabiheke.

14. Partnership and Coordination

Each camp has several meetings and avenues for sharing information, discussing challenges and coming up with a way forward. The biggest of these meetings is the monthly camp coordination meeting, which brings together MIDIMAR, UNHCR, WFP, other IPs and NGOs. In some camps, these meetings are strictly agency/partner meetings, but in Mugombwa and Kigeme, refugee representation in these meetings is ensured through the participation of the Refugee Executive Committee. Gihembe and Nyabiheke share a field office in Gicumbi. Due to the poor road linking the FO to Nyabiheke, the camp coordination meetings take place on alternate months in these camps. The more closed meeting held in the camps include the refugee coordination meetings and sector-specific meetings, but mass population meetings were held in all camps, to enable refugees to raise concerns directly with camp management.

14.1 Refugee Executive Committee

The REC is an elected board of refugee representatives which serves as the main channel of communication between refugees and camp management. Their roles and responsibilities which include:

- advocacy on behalf of refugees,
- coordinating refugees and collecting issues of concern for discussion during meetings,
- maintaining security in the camp in collaboration with MIDIMAR and the police,
- conflict resolution at camp level,
- intermediary between partners and refugees,
- organising leisure activities such as sport,
- Preparing for communal Umuganda day.

The REC is engaged on a monthly basis, normally through the camp coordination meetings. The engagement of the committees in other meetings was variable, and just the focal person/REC chair might attend in lesser meetings. In camps where the REC is not involved in the monthly camp coordination meetings (most notably in Gihembe and Nyabiheke) the board members felt uninvolved in camp coordination (Nyabiheke) and not involved in decision making (Mahama); they expressed that their views are not always taken on board by camp management. The practice in Mugombwa and Kigeme of including the REC in these meetings was seen as a positive step by the REC, however, in other camps the sensitive nature of some of the discussions held at the monthly coordination meeting considered justification for not including refugee representatives. The JAM felt that some members of the RECs did not fully understand their roles and how far the involvement in camp management extended.

The RECs do a lot of work in the camps, but they also have to live and earn a living – balancing responsibilities is sometimes to the detriment of their role in the REC, especially as their participation in voluntary and unremunerated. The issue of lack of incentives for the REC came up in every camp. Often, when faced with

income generation or attending a meeting, the former presides and the JAM heard reports of the RECs not fulfilling their responsibilities.

REC members have a 3-year tenure, with the possibility of re-election. A recommendation in Mugombwa was to reduce this to one year so that non-performing members could be changed. Women's participation in all the REC was within the 30% quota, however, women's active participation in the committees needs to be encouraged – cultural expectations of a man having a leading role were given for the shyness of some female REC members. Furthermore, the REC noted in some camps that implementing partners wanted to work only with the refugee president and that, at times, the president did not involve the other committee members.

14.2 Information flow

The JAM heard many complaints about the flow of information in the camps. Delays in the flow of information were experienced from Kigali to the field, as well as from the field/camp management level to REC, and from the REC to the refugees. Refugees interviewed felt that they did not always know what partners were doing, which could be impacting on their accessing services fully in the camps. Furthermore, refugees often felt that decisions were made for them in meetings they could not attend.

Below is a summary of the main information channels applied in the camps from coordination/camp management to refugees:

- Coordination meetings
- Through refugee leadership, i.e. REC who passes information on to various levels beneath it (quarters/villages) to inform refugees
- Mass population meetings
- Megaphone
- Billboards (rarely used)
- Mobile cinema, in Mahama

In Mugombwa and Mahama complaints and suggestions boxes have been installed where refugees can raise awareness among camp management on issues of concern to them – this was deemed by the JAM as a best practice that could be exported to other camps, to ensure that the information flow works in both directions.

14.3 Barriers to smooth relations in coordination

The following summarises the main barriers to coordination gathered during the JAM discussions. They however vary across camps:

- Budgetary and technical constraints affecting implementation (e.g. pipeline breaks)
- Lack of transparency during meetings
- Slow information flow from Kigali level to the field for some partners
- Unavailability of REC members due to their (private) workload/lack of incentives
- General lack of clear guidelines for coordination mechanism
- Insufficient time during coordination to discuss issues not on the agenda (and therefore not camp coordination-led)

- Delays in reporting due to some partners having to go through their head offices
- Less frequent camp coordination meetings in Nyabiheke and Gihembe

14.4 Women's representation in coordination

The 2015 constitution of Rwanda and attendant laws enshrine the principles of gender equality and women's rights, with a minimum 30% quota for women's representation at all levels of decision making. This is extended to the refugee setting, where women should constitute 30% of all committees. The JAM noted that many refugee committees have indeed satisfied the 30% quota (60% for the REC in Gihembe), but it was highlighted that participation from women was not at 30% - cultural barriers in some cases prevent women from assuming positions of power (this was especially the case in Mahama with the Burundian caseload). Furthermore, as the RECs are not remunerated positions, and similarly for men, meetings often come second to household duties and/or paid work, and as women culturally have more domestic chores, they may not be able to participate as fully as their male counterparts. Taking into account the gendered work schedules could improve women's participation in refugee committees.

15. Host community relations

The JAM noted that generally there was a harmonious relationship between refugees and their host communities, based on the fact that they share the same language, some of the same cultural practices, have interacted for many years and because their children share the same learning environments. It was also noted that many of the host communities had themselves been refugees in the past and were fully aware of the plight of the Congolese and Burundians among them and could sympathise with their situation.

Interactions between the two groups exist on many levels – most notably on an economic level, where refugees buy and exchange goods from the host communities. The introduction of the CBT was perceived as both positive in the sense that refugees now had (more) money to spend in the host community, but also negative in the sense that host communities felt there had been price rises on the market in response to the CBT. However, the host communities are also cognisant of the added advantage of having the refugee camps in their vicinity, with the access to health care, education and improved transportation links that have emerged as a result of the camps' presence. Markets have also come closer to previously-remote villages as a result of the food needs of refugees, bringing with them job opportunities for locals, in and out of the camps, and cheaper food for all.

Some members of the refugee community are fully integrated into Rwandan communities, living and working side by side, inter-marrying, sharing the same religious activities and generally just being friends. However, despite favourable interaction between the two groups, incidences do arise that risk the good relations. Most importantly the issue of firewood collection in the host community as this is also a precious resource to non-refugees in rural areas. Issue of theft and fights borne out of drunkenness were also mentioned as breaking the peace from time to time. Friction between the two communities was also reported over the issue of transactional sex involving refugee girls in the host community. Lastly, as the refugee camps are set among generally poor agricultural host communities, some felt that refugees were actually better off in terms of food

security and nutrition than they were and felt excluded from the projects in the camp that could serve to their betterment too.

16. Policy environment

The Government of Rwanda offers a policy environment to protect and advance the rights of refugees to enable them a dignified path to self-reliance. The following section presents the main policies that facilitate this as well as the main policies that impact upon the refugee operation in Rwanda.

16.1 Movement

Refugees have freedom of movement within Rwanda in order to travel for work or for private matters. Written permission should be sought from camp authorities (MIDIMAR) to facilitate this. However, the reality is that many refugees leave unauthorised. A movement pass can be granted for one to three months but renewing it was cited as a problem for many refugees as it requires the refugee to return to the camp. Most refugees who leave the camps do so for employment purposes – returning to renew the authorisation is challenging financially and can become a contractual problem with their employment. The process of movement authorisations may actually serve as a disincentive to leave the camp for work, although its inception was to do facilitate quite the opposite. Furthermore, it was reported in Mahama that refugees fear losing their refugee status if they leave the camp, thus indicating that not all refugees understand their rights (and entitlements for camp services), which may impact on their income generation opportunities.

16.2 Employment, business and land

Refugees in Rwanda can enjoy the right to work, the right to own land and other property and enter into land-leasing agreements. Refugees also have the right to establish companies, create jobs, pay taxes and become part of Rwanda's growing economy. Despite these rights, there are significant impediments to many refugees taking advantage of their rights in this regard.

16.3 Plastic sheeting

Since 2008 Rwanda has imposed a ban on plastic bags. UNHCR and shelter partners have been under increasing pressure to put an end to the use of polythene sheeting in the refugee camp context. This is now being implemented, with the only other viable solution being iron sheeting. This will have financial implications both for UNHCR and for refugees who cover the costs of their shelter maintenance.

17. Contingency planning and durable solutions

17.1 Contingency planning

Most of the refugee camps in Rwanda have almost reached their space capacity. Capacity planning is done at the national level and was therefore not discussed so much during the JAM. In light of the prolonged unsettled political situation in DRC and Burundi, it is very likely that Rwanda will experience more arrivals. In Mahama,

where refugees are still arriving each day, there is a 1500-person buffer stock in case of an unexpected influx of refugees. Any sudden influxes to the camps would certainly compromise already-strained resources such as water provision, shelter and health care.

17.2 Durable solutions

For many refugees, the only durable solution they can envisage after so long in the refugee camps is resettlement to another country. The USA has been the main country in which camp-based refugees from mostly Gihembe, Nyabiheke and Kiziba have been resettled. The table below provides a breakdown of the numbers resettled since 2014:

Table 8: Number of refugees resettled per camp from 2014 to 2017, as of 22nd August 2017

Year	Gihembe	Nyabiheke	Kiziba	Mugombwa*	Kigeme	Mahama**	Total number of individuals resettled
2014	2002	107	368	N/A	1	N/A	2478
2015	1058	94	150	0	9	N/A	1311
2016	2011	165	365	0	2	8	2551
2017	470	17	219	0	4	0	710
Grand Total	5541	383	1102	0	16	8	7050

Source: UNHCR.

Due to a recent change in the US policy on admissions, resettlement departures processing has been at slower pace this year. The USA is tentatively scheduled to resume selection missions in Rwanda in October 2017 but it is too early to tell how many cases might be considered.

During the JAM, it was highlighted in Nyabiheke that refugees with resettlement applications being considered are disinclined to leave the camp in search of work for fear that they might miss their chance of resettlement, underlining the value attributed to resettlement over income generation and increased self-reliance. Furthermore, it was noted that refugees with resettlement cases pending may find it harder to access loans with traders in the camp as the traders feared their departure before the debt was paid off.

18. Main conclusions

Refugees' dependence on food and non-food assistance in the camps dominated the JAM findings and continues to impact upon food security. Despite many refugees having lived in Rwanda for the past 20 years, the JAM found no correlation between a refugee's length of stay in Rwanda and a refugee's capacity for self-reliance – rather, it is access to productive land, the various income-generating opportunities around the camp and the proximity to a large market that increases a refugee's ability to generate an income. The level of

dependence appears to be higher in Kigeme (where refugees rely on WFP assistance for 94.5% of their food needs). In parallel, refugees in Kigeme have the lowest food consumption score, the lowest dietary diversity of the cash camps and the highest use of coping strategies.

Dependence was found to extend beyond food, and can be attributed to break down of the social safety nets that existed in the refugees' place of origin. Faced with limited access to jobs, negative coping strategies such as transactional sex and begging, as well as taking out loans with exorbitant interest rates, seem to be the only means of survival for some refugees. The subsistence mode in which many of the longer-term refugees have operated for the past 2 decades has heightened protection risks and food insecurity. Refugees living outside the camps are deemed better off by those living in the camps and a move out of the camp is seen as a positive thing by many, affording a refugee greater access to jobs, better housing and service and a return to normal village life. Resettlement is the end goal for many Congolese refugees in Rwanda but the resettlement policy is misunderstood and many refugees in Gihembe, Nyabiheke and Kiziba are reluctant to leave the camp through fear of missing their chance of resettlement to the USA. This is impacting negatively on their opportunities for self-reliance.

Among the most vulnerable to food insecurity in the camps are the 9,000 asylum seekers who have been waiting for the verification exercise to determine their status since 2013. As asylum seekers have access only to food, anything additional that they must purchase is as a result of selling part of their food ration, which compromises their access to food. Asylum seekers' opportunities for self-reliance are limited by the lack of refugee ID card which provides work rights outside the camp. The extended delay since the last verification exercise poses a major challenge to their food security and general well-being. The JAM recommends that a verification exercise be carried out as soon as possible to determine the status of the 9,000 asylum seekers and unregistered refugees living in the camps and burdening an already-strained refugee population.

Cash transfers have been rolled out in five of the six refugee camps and overall refugees are happy with the transition, although concerns were raised by women refugees about how they could manage cash budgets. The purchase of non-food items is higher in cash-receiving camps, resulting in less food at the household level, and the percentage of monthly expenses spent on loan repayments in cash camps is considerably higher than in food camps (15% vs. 4%). The correlation between receipt of cash assistance and access to loans, which come with sometime debilitating repayment models, needs to be better understood to ensure the protection of refugees and their access to as much food as possible. Furthermore, for the elderly, disabled and chronically ill, the shift to cash has led to greater reliance on the more expensive camp markets, which provides them less access to food than those who can get to the cheaper markets in the host communities.

Although the overall GAM rates have dropped to within WHO 'acceptable' levels, however, the exact causes of the persistent under-nutrition, especially anaemia, among refugees remain unclear. Given the high and widespread prevalence of anaemia, it is highly recommended to develop a strategy to fight against micro-nutrient deficiencies. The JAM identified poor IYCF practices, such as delayed initiation of solid foods, poor family planning and poor spacing, poor attendance in the BSFP and the sharing of CSB+ and CSB++ rations with other household members among the main causes of continued stunting among refugees. A study looking specifically at mother and IYCF practices should be conducted to help improve the SFP and BSFP system and encourage optimal intake of the ration and improve attendance.

Overall the JAM did not find the livelihoods situation to have improved since the 2014 JAM. In 2014, 9% of refugees earned no income, in 2016 38-40% of refugees across the six camps earned no income, indicating that access to income generation opportunities has dwindled. There have been many livelihood programmes over the years focusing on skills trainings, saving and loans schemes and access to small grants, but these have been short-term in nature with limited sustainability. Refugees in Rwanda are long-term residents; even if their end goal is to return home one day, this is not likely to happen in the near future, if at all. Assistance to refugees must reflect this reality, shifting to a more long-term, development-oriented approach, in line with the UNHCR Global Livelihoods Strategy. It is vital to strengthen the self-reliance of refugees in order to decrease their dependence on humanitarian assistance over time and to enable a successful transition off food and cash assistance and to promote integration into Rwandese society.

While many refugees throughout the camps are engaged in small-scale income generating activities, the full extent and regularity of this income was not possible to document in the short time of the JAM fieldwork. The Inter-Agency Gender Assessment of 2016 claims that between 38-48% of the refugee population in all six camps earn no income.⁷⁸ While the percentage of income derived from non-farm casual labour has decreased from 17% in 2014 to a high of 6% in food camps in 2017, the amount of income represented by WFP food assistance (in-kind or cash) has increased during the same period. Refugees with access to casual labour and the physical capacity to carry out these jobs were considered by refugees interviewed to be the most food secure in the camps, while those unable to engage in physical labour, most notable the elderly, the disabled and the chronically ill, are the most food insecure in the camps.

In a context of shrinking budgets and budget shortfalls, a system needs to be developed to prioritise refugees and identify which can afford to receive less or no assistance, should the need arise. Indeed, as noted earlier in the report, the government of Rwanda for 18,000 camp-based refugees to graduate out of food or cash assistance programmes by mid-2018. The JAM was not able to gather enough information to conclude how to facilitate this effectively and in a way that will not impact negatively on household food security. It is therefore recommended that a separate prioritisation exercise be conducted, in consultation and conjunction with refugees and partners working within the camps. As outlined in this report, each camp is so different in terms of its opportunities for income generation, its topography and capacity to engage refugees in farming and its proximity to local markets, that prioritisation may have to be considered on a camp-by-camp basis and the level of assessment might have to reach as far as individual households. A household economy approach⁷⁹ to assessing refugee capacity to graduate from assistance is therefore required.

⁷⁸ Inter-Agency Gender Assessment in Refugee Camps in Rwanda, 2016, p. 52.

⁷⁹ To assess 1. how people in different social and economic circumstances get the food and cash they need; 2. their assets, the opportunities open to them and the constraints they face; and 3. the options open to them at times of crisis. Source: <http://www.heawebsite.org/about-household-economy-approach>

It is recommended that the following information be considered when a prioritisation assessment exercise is carried out, as part of a wider household economy assessment:

- Access to land for own cultivation
- Opportunities for on-farm and off-farm income generation in and around the camps
- General condition and topography of the land in and around the camps
- Proximity of the camps to markets
- Age and physical capacity of the refugee
- Length of stay in Rwanda as a refugee

19. Annexes

Annex 1. Detailed findings and recommendations

	FINDINGS	RECOMMENDATIONS	STAKEHOLDER
FOOD SECURITY			
1	It was highlighted throughout the JAM, in many different FGDs, that refugees feel unable to manage their monthly budgets as an entirely cash-economy is something relatively new to them.	Provide refugees with budget management training (which should include all household members so that the responsibility does not fall on just one person) to promote more responsible spending of the CBT and better management of resources in the home	WFP, UNHCR and partners
2	Gihembe, Kigeme and Nyabiheke camps have good access to markets, with daily markets in the camps as well as weekly markets at walking distance. Kiziba is far from a market and prices were found to be higher, impacting on refugees' access to equal quantities with the same value cash transfer. Furthermore, refugees have been rarely able to purchase equal amounts to the GFD, with the exception of refugees in Mugombwa and Nyabiheke, where market prices are generally lower.	Increase the frequency of commodity market monitoring and to consider revising the CBT value, to ensure parity between the cash transfer and the commodities received in the GFD	WFP
3	Asylum seekers in the Congolese camps receive in-kind food assistance but no NFIs or shelter support. In addition, they are not able to work legitimately as they do not possess refugee ID card; Asylum seekers are among the most vulnerable in the camps, and large in numbers (Gihembe holds 1900 asylum seekers, 1500 in Kigeme, 1632 in Mugombwa, 1205 in Nyabiheke and 1653 in Kiziba). The last verification exercise was done in 2011/2012 and many have been waiting since then to know if they can transition to refugee status.	Consider the possibility of including asylum seekers in programme budgets, given the length of time they have been in the camp waiting for the next verification exercise	WFP, UNHCR and partners

4	Dietary diversity has improved among refugees since last year, with 73% achieving medium diet diversity. However, despite this improvement, refugees continue to prefer consuming starches, pulses, oil and vegetables and rarely consume milk, meat and fruits	Continue sensitisation on diet diversity, attitudes and practices among refugees through the NEC.	WFP and partners
5	It is mostly lack of cash that hinders access to diversified foods for refugees in Rwanda, as FGDs and observations at markets throughout the camps indicate that markets are well-stocked and offer diversity for those who can afford it.	Promote income-generating opportunities to increase the capacity at household level to purchase varied foodstuff with the aim of improving dietary diversity.	WFP, UNHCR and partners
6	Lack of available land was mentioned across the camps as an impediment to the NEC project touching upon more households.	Camp management to negotiate more land from host community to expand the potential for vegetable growing by refugees.	MIDIMAR and UNHCR
NUTRITION			
8	The use of CSB+ and CSB++ at the household level did not come out clearly during the JAM and needs to be better understood in order to assess whether the targeted individuals are indeed consuming the ration intended for them and subsequently whether it is having the desired impact	In order to get a better understanding of the use of CSB+ at the household level, WFP should start collecting data on the use of CSB+ in Mahama and, where possible, gather market information relating to CSB+ on markets in or near the refugee camps.	WFP
9	The JAM identified poor IYCF practices, such as delayed initiation of solid foods, poor family planning and poor spacing, leading to early cessation of breastfeeding and underweight births, poor attendance of PLW in the BSFP and PLW sharing the BSFP ration with other household members among the main causes of continued stunting among refugees. Furthermore, defaulters at the SFP were said to be those whose mothers/caregivers had left the camp in search of work, or those who live outside the camp and may not be in a position to come regularly to receive their CSB++ ration.	Commission a study to look specifically at mother and IYCF practices and how to improve the SFP and BSFP system to encourage optimal intake of the ration and improve attendance. The study should also cover the issue of mothers leaving camp for work, leaving children in the camps	UNHCR, UNICEF
10	The elderly are among the most vulnerable in the camps. The elderly interviewed reported relying on others to help them shop, often at a cost. With the CBT elderly refugees can also now decide what to eat, but those receiving in-kind assistance referred to the inappropriateness of the ration for their age. Elderly refugees in Kigeme reported feeling that they do not have as much support in the camps as they had in DR Congo – this might be an indication of broken social safety nets in the camp setting	Consider setting up a social safety net for the elderly, with a nutrition education component specifically targeted for the elderly dietary requirements.	UNHCR, WFP, partners
11	Stunting persists across the refugee camps, in spite of the many initiatives aimed at reducing it. Identifying and tracking the most vulnerable cases needs to be considered	Using nutritional information gathered in the camps, analyse for growth monitoring to track stunting and to identify the most vulnerable	UNHCR, UNICEF

		households, and promotion of optimal MIYCN interventions	
12	Poor family planning and poor spacing, leading to early cessation of breastfeeding and underweight births was linked to persistent stunting rates in the camps	Increased sensitisation on family planning and the need for better child spacing	UNHCR, UNFPA, partners
13	Poor IYCF practices, such as delayed initiation of solid foods, were identified as being linked to stunting among children. With more women involved in paid employment, there is a need to include men in IYCF promotion.	Increased promotion of maternal nutrition and IYCF, including men in the sessions	UNHCR, UNICEF, partners
14	Anaemia continues to be a problem among refugees in the camps. In a context of strained household budgets, household production of iron-rich foods such as leafy vegetables should be promoted as part of the combat against micro-nutrient deficiencies in all the camps	Promote household production of iron-rich foods such as leafy vegetables as part of the combat against micro-nutrient deficiencies in all the camps. Expand the national home fortification programme using micronutrient powders to reach all children aged between 6-23 months as per the national programme	WFP, UNHCR, UNICEF, partners
15	The JAM noticed that kitchen gardens were not set up in schools, where children can learn from an early age the importance of a balanced diet	Extend the promotion of kitchen gardens to schools in the camps to teach children from an early age how to grow vegetables and the importance of a balanced diet	WFP, partners
16	Anaemia prevalence continues to be high and widespread among camp residents. While many initiatives have been established to reduce the prevalence, the problem persists.	Given the high and widespread prevalence of anaemia, it is highly recommended to develop a strategy to fight against micro-nutrient deficiencies	UNHCR, UNICEF, Ministry of Health
17	GAM rates have greatly improved since the 2014 JAM and are now generally acceptable. However, stunting rates and anaemia rates among children and mothers remain high and need to be identified	Maintain regular anaemia screening exercises and refer anaemia cases to health facilities for treatment. Maintaining the targeted SFP until a suitable anaemia strategy is implemented	UNHCR, partners
HEALTH			
18	The JAM found that not all refugees (in Mahama, especially) were aware of what the health centres could provide for them in terms of medical care. Furthermore, as refugees can freely access health care in either HC in Mahama, double prescribing of medication is easily done.	All new arrivals and refugees newly-allocated a semi-permanent home in the camps should be given information relating to the medical system and treatment available. Access to health centre services in Mahama should be based on where the refugees stay.	UNHCR, partners
19	Health Centres visited were not all up to the national standards – some structures were old with too few beds in inadequate space for all patients using the centres, in Nyabiheke the nutrition programme is under	As the health centres are used both by refugees and nationals, rehabilitation and provision of necessary equipment needs to be carried out to ensure that	UNHCR

	plastic sheeting, in other camps the JAM found insufficient modern equipment.	the HCs meet national standards (the Government of Rwanda Master Plan for Health Facilities).	
20	The lack of medical personnel was highlighted in Mahama interviews, where the standard of 50 patients to a health care provider is far exceeded, reaching 60-100 at times during peak seasons of malaria. Reported extended waiting times and delays in treatment is attributed to staff shortages. When health centres have reduced staff numbers they prioritise emergency cases.	Ensure continuous evaluation of the state of the health centres and ensure timely action on issues of staff shortages by hiring more staff for peak periods	UNHCR, MIDIMAR
21	Most commonly prescribed medication was available at the clinics in the camp. However, issues were raised regarding the availability of special medication prescribed at outside consultations from referral facilities that were sometimes not available in the camps for 2-4 months sometimes.	Better stocking systems for special medicines needs to be put in place to either ensure reserves of specialised medication at camp level or to facilitate the movement of required medication faster from Kigali level to the camps	UNHCR, partners
22	Maternity facilities are inadequate across the camps, lacking sufficient delivery tables and modern obstetric equipment. Insufficient maternity rooms were reported in Mugombwa leading to women awaiting delivery being mixed with post-partum cases	Increase the number of maternity room and the number of beds for pregnant women in the health centres.	UNHCR
23	Many referrals from the camp centres are dentistry and ophthalmology-related cases, due mostly to a lack of dentistry and ophthalmology equipment in the health centres. The JAM also noted insufficient laboratory equipment in some health centres, especially haematology, biochemistry and centrifuge machines, limiting what services the health centre can provide	Upgrade health centre equipment as per the need and following standard requirement according to the level of health facility.	UNHCR
24	In some camps CHWs are integrated in the national health system and receive trainings and Performance Based Financing, while this is not the case in other camps. The JAM noted a lack of harmonisation of the CHW activities across all camps as well as issues of insufficient CHWs and high CHW turn-over as a result of limited budgets	Harmonise the CHW system across the camps, with regards to trainings, remuneration and workload. Where possible, CHWs should be integrated into the national health system.	UNHCR, partners
25	The JAM felt that there was a general lack of understanding by refugees with regards to the referral and transfer system	Sensitise refugees on the transfer process, expected waiting times for appointments and shortage of specialists in government hospitals which cause the delay of having appointments	UNHCR, partners
26	Many refugees were not aware of what the health centres could provide for them in terms of medical care and about the transfer process and length of time it might take to meet a specialist at District or Kigali level. This resulted in frustration at the medical system provided in the camp.	Provide information to refugees about what they can expect to have handled at the health facility in the camps and what cannot be dealt with in the camp as well as how the transfer system	UNHCR, partners

		works (including length of time it can take to be referred)	
27	It was highlighted during the JAM that refugees admitted to hospital at the time of distribution often missed their ration, unless specific plans had been put in place with IPs to enable the ration to be collected by another person.	Sensitise refugees admitted on how to access their food assistance to ensure that they do not lose their ration and jeopardise their food security once they are discharged.	UNHCR, WFP, partners
28	Discrepancies were noted during the JAM over the process of transporting refugees to the District or Kigali level for appointments, with some camps having designated vehicles and others reporting to use their own means of transport that is reimbursed by the partner upon return	UNHCR and health partners to consider a standardised system for transport for referrals. If this is not possible, it needs to be made clear to refugees what the transport system is for getting to health appointments outside the camp.	UNHCR, partners
29	The JAM noted different distribution systems across the camps, with some camps distributing nets based on family size, others according to the number of beds. Distribution of nets per number of beds in the house is a more efficient method to ensure proper use of the nets	Standardise the mosquito net distribution across all camps based on distribution standards and set the distribution periodically.	UNHCR
30	Issues of stigmatisation were raised in Gihembe, where HIV/ART patients go to the SFP on specific days, thus alerting everyone to their HIV status. In Gihembe there are about 136 known PLHIV but only 99 are receiving food supplements, the low figure is attributed to the stigma of the programme.	Develop a strategy to reach beneficiaries living with HIV who are not receiving supplementary food based on their fear of stigmatization as ensure ways to supply this assistance confidentially. Furthermore, support should be provided to HIV+ beneficiaries in the form of support groups and advocacy against stigmatisation throughout the camps. This support should be provided through cash transfer which could less stigmatising.	UNHCR
WASH			
31	Since 2014, the water ratio per person per day has diminished in all camps established prior to 2014, except for Gihembe. Water supply is still below SPHERE standards in Gihembe, Nyabiheke and Kigeme	Efforts should continue to be made to ensure that refugees in all camps have access to the minimum standard of 20 litres per day.	UNHCR
32	Many households have insufficient water containers to collect water from the tap stands, which may reduce daily access to water for some households. Due to the cost of acquiring additional containers, the poorest and most vulnerable households are likely to be the ones most affected by insufficient containers and insufficient volumes of water.	Distribution of jerricans to be used as water containers at HH level	UNHCR
33	Tap stands were reported to be over-crowded during the JAM, mostly as a result of taps flowing only twice a	Increase water flow from twice to three times daily, thereby ensuring that all	MIDIMAR

	day. Informants in Gihembe cited water flow at 6am and 6pm for only 15 minutes at a time.	households have sufficient time to collect their water quota.	
34	Disabled refugees highlighted the lack of suitable latrines for wheelchair users and people with limited mobility as well as the topography of the camp making it very hard to access latrines where steps are needed to reach them.	Accessibility accommodation should be considered in the construction of any new latrines and showers to facilitate use by disabled and reduced-mobility camp residents, ensuring dignity and ease of use.	UNHCR, partners
35	With the exception of Gihembe and Mahama, the latrine situation in the camps is inadequate and needs prioritisation. Despite improvements since the 2014 JAM, half of the camps have at least 50% too many users per drop hole	Increase the number of showers and latrines in the camps, prioritising first the oldest camps, to meet Sphere standards	UNHCR, MIDIMAR
36	Toilets visited in the camps were, at times, very dirty. Ownership over latrines and showers is improving in the camps, but it is a slow process. The transition from WASH partners to refugees cleaning and maintaining the toilets is slow and resulting in poor sanitary conditions in many latrines and showers.	Sensitisation on the proper use of latrines and the need for cleaning toilets and showers; the responsibility of the end user needs to be promoted	Partners, UNHCR
37	Environmental/WASH committees were found to be lacking/non-existent in most camps. On the subject of latrine and shower hygiene, it was noted that there is more accountability towards agencies than towards fellow refugees.	Initiate or reignite WASH committees to help address issues of ownership of toilets and showers and to promote basic toilet hygiene. Advocate for and support self-reliance in managing hygiene in the camp i.e. cleaning and emptying latrines and regular emptying of the garbage pits.	UNHCR, partners
38	In Nyabiheke and Gihembe the JAM learned of theft of latrine and shower doors; lack of privacy and poor lighting can lead to insecurity around the toilet and shower blocks at night and may pose a risk to women. Given that some toilet cubicles are over 100 meters away from homes in some <i>quartiers</i> in the camps, lighting is of paramount important for camp residents.	Ensure that sufficient lighting and doors are installed at the latrine and shower stands to create a safer and more dignified place for refugees, especially women and girls.	UNHCR, MIDIMAR, partners
39	Rainwater collection is not occurring in all camps. Some camps have promoted this practice and refugees are able to use this water for cleaning latrines, showers and offices, however more work needs to be done to promote this at the household and school level.	Promote the practice of household-level rain water harvesting along with sensitisation on the need for boiling non-treated water for household consumption. Promote the use of water collected from rainwater harvesting for cleaning shared latrines and showers in the camps and schools as well as irrigating kitchen gardens.	UNHCR, WFP, partners
40	Rubbish collection varies from camp to camp, with some pits in precarious locations. The JAM noted complaints of theft of rubbish bins, indicating poor	Increase the number of rubbish collection sites in consultation with the refugee community in a way that	UNHCR, partners, MIDIMAR

	ownership and understanding of the need for camp hygiene.	ensures ownership, safety and proper use.	
41	Few of the pits in the older camps are fenced, causing a potential risk to children generally, and all residents at night time.	Fence any unfenced pits to avoid risks to children and where necessary add chemicals to prevent foul smells, particularly during the rainy season	UNHCR, partners, MIDIMAR
42	General lack of understanding of waste management and general camp hygiene.	Create or strengthen existing environmental committees as a way to reach out to the camp population on issues of waste management and general camp hygiene.	UNHCR, partners, MIDIMAR
EDUCATION			
43	Latrine hygiene standards in schools are very poor. School children:latrine ratios are below standards in all schools visited during the JAM. With the exception of Kigeme, none of the schools visited had handwashing facilities near the toilets.	Latrine construction in schools must meet standards, where hygiene best practice ought to be promoted and adequate handwashing facilities, with water, should be provided next to the latrines for ease of use	UNHCR, partners, MIDIMAR
44	At the time of the JAM, only the secondary school in Nyabiheke was equipped with a fully-functional safe room	Ensure the construction of girls' safe rooms in all schools, to meet the Ministry of Education's standards	UNHCR, partners, MIDIMAR
45	The JAM found a general lack of sanitary pad distribution in the camp schools. Girls often have to leave school when the start menstruation at school due to lack of pads in the establishment.	Ensure that schools have a regular and constant stock of sanitary pads to prevent girls missing school due to their periods	UNHCR
46	First aid kits were not found in the majority of schools and the protocols for dealing with sick children was unclear	Provide first aid kits in each school as well as training on how to carry out basic first aid to teachers	UNHCR
47	Teenage pregnancies were reported in most camps, often causing a young woman to drop out of the education system.	Provide reproductive health education in secondary schools as a way of curbing the rise in teenage pregnancies. Consider also the having a stock of condoms in the girls' safe rooms	UNHCR, UNFPA, partners
48	University education for refugees is limited to the few who can afford it or who receive scholarships.	Advocate for camp management to pursue more opportunities for post-secondary education in universities in the country and abroad. Advocate for the Kepler University or other to expand their programmes to other camps beyond Kiziba and to consider increasing its numbers of students	MIDIMAR, UNHCR
ENVIRONMENT AND FUEL			
49	The widespread dependence on firewood by refugees is expensive, causing most households to use some of	There is an urgent need to explore viable and cost-effective alternative	UNHCR, partners

	their assistance on fuel instead of food, is contributing severely to widespread deforestation in and around the refugee camps, which is fuelling conflict with host communities, and puts women and girls at risk.	cooking practices as a way not only to prevent the sale of the GFD and increase household consumption of WFP assistance, but also to improve the physical security of women and children in the community. The promotion of alternative cooking practices should also be extended to the host community who is also largely dependent on firewood for cooking.	
50	In-kind fuel distribution is insufficient and, as a result of sourcing firewood from elsewhere, puts refugees at risk of food insecurity and SGBV as well as conflict with the host community and severe damaging the environment.	Monetisation of the firewood allowance should be considered a priority by UNHCR and partners, provided that alternative fuels and alternative cooking practices are offered and promoted in and around the camps for refugees and host communities as a way of not only phasing out of the dependence on firewood/charcoal and preventing associated risks of collecting firewood that women often incur, but also as a way of creating jobs in the energy sector for refugees and host communities.	UNHCR
LIVELIHOODS, INCOME-GENERATION AND SELF-RELIANCE			
51	Research on the economic impact of refugees in Rwanda suggest that cash-based assistance has greater economic spill-over in the host community. Furthermore, a recent feasibility study in Mahama camp concludes that CBT would be suitable for Mahama camp.	Shift to cash instead of in-kind support to stimulate markets in and around camps and to create more jobs for refugees and host communities	WFP, UNHCR
52	Refugees in FGDs claimed that refugees living outside the camp are better off, as they have access to camp services and WFP assistance as well as better access to jobs.	Initiate targeted assistance based on individual needs and not on camp residence	UNHCR, WFP, MIDIMAR
53	Lack of skills training opportunities for refugees is one of the biggest obstacles to improving livelihoods among refugees in Rwanda.	Advocate for and support the inclusion of refugees into existing development and national support programmes, including Technical Vocational Education Training, Education, and Entrepreneurship Development.	MIDIMAR, UNHCR, WFP
54	The misunderstanding that resettlement is hinged upon camp presence encourages encampment and in parallel acts as a disincentive to self-reliance and a sustainable life outside the camps	Sensitise refugees on resettlement criteria to incentivise out of camp dwelling	MIDIMAR, UNHCR

55	Lack of refugee ID cards or ID cards that are out of date is a major challenge to refugees gaining meaningful employment in Rwanda. Furthermore, a lack of refugee status impacts on services in the camps.	Expedite the verification process and distribution of refugee ID cards for all refugees so that they are more able to access the job market and financial institutions as well as in-camp services.	MIDIMAR, UNHCR
56	The JAM noted an evident lack of understanding and knowledge by refugees in terms of their right to work and the positions they are entitled to hold in and out of the camps. Similarly, it seems that many employers do not know that they can hire refugees	Raise awareness among refugees on their work rights and the jobs they can hold as refugees in Rwanda whilst simultaneously educating employers surrounding the camps on the legality of employing refugees	MIDIMAR, UNHCR, partners
57	Poor access to loans was cited as one of the major impediments to refugees improving their income generation potential.	Explore and consider opportunities for a guarantee fund that refugees can use in order to facilitate loans	MIDIMAR, UNHCR, partners
58	Many refugees in the camps already have skills that could be used outside the camps, but the level of their skills and capacity is not fully known to agencies working in the camps or to employers in the vicinity.	During the verification exercise, further data on refugee skills should be collected and this could be used as an advocacy tool to link refugees to markets and get them into the formal and informal sectors.	MIDIMAR, UNHCR
59	Refugee cooperatives are not prioritised in the camps for tenders and there is a general lack of market for their goods.	Camp management should promote the businesses within the camps and any camp-based tenders should first consider refugee businesses, where possible.	MIDIMAR, UNHCR
60	Women are more involved in petty trade than men and this is changing the dynamics in the camps as culturally men are the bread winners. Many men in the camps feel dispossessed of their productive assets and feel that their role in society is being taken over by humanitarian agencies.	Cultural and gendered barriers to work need to be better understood to ensure that any trainings and employment opportunities are accepted and seized by both men and women in the camps. Efforts should be made to consult refugee men and women on the income generation avenues that they see as appropriate and that can promote equality at the household level, thus ensuring that no unintentional exclusion or discrimination in the work sphere can spill over into the household	UNHCR, WFP, partners
61	The lack of opportunities in the camps especially affects the youth, many of whom resort to idleness and delinquency linked to alcohol and drug abuse.	It is imperative that refugee youth be prioritised for skills/vocational training in order to help put a stop to the cycle of idleness and dependence evident across the camps	UNHCR, MIDIMAR
62	While most refugees and nationals speak Kinyarwanda, the main second language in Rwanda is English, which many adult refugees do not speak. There are no functional adult literacy programmes in the camps.	Explore options for inclusion of refugees into adult literacy and language programmes outside camps	UNHCR, MIDIMAR

63	Agriculture was the main IGA of refugees in their home country and there is a strong desire among refugees to continue working in this sector.	Advocate for government/local authorities to provide land for agriculture to refugees where it is possible	UNHCR, MIDIMAR
PROTECTION			
64	There are many cases of unregistered and inactive individuals in the camps, and thousands of asylum seekers who are not receiving the full extent of the assistance they might be entitled to as a result of delays in verification. Furthermore, unregistered individuals and asylum seekers burden families in the camps due to their limited or lack of assistance.	The JAM urges MIDIMAR and UNHCR to expedite verification exercise for asylum seekers and all eligible unregistered refugees.	MIDIMAR and UNHCR
65	The delay since the last verification exercise has led to increased burden on families hosting asylum seekers and unregistered individuals.	Advocate for annual verification.	UNHCR, MIDIMAR
66	Privacy is lacking in most households, and this is especially the case in the 42 hangars in Mahama, where rooms are divided by plastic sheeting.	Expedite the process of refugees moving from the hangars in Mahama and Mugombwa to semi-permanent shelters	UNHCR, MIDIMAR
67	The pre-requisite of an accompanying male partner/guardian by some service providers for adolescent girls to get access to reproductive health services is limiting their access	Advocate for service providers to allow adolescent girls to get access to reproductive health services without the need of their partner/guardian in the consultation	UNHCR, UNFPA, MIDIMAR, partners
68	Discussions with refugees during the JAM led the team to believe that many SGBV cases go unreported as partners will refer the case directly to the police.	Strengthen the conflict reporting structures (including domestic violence) to allow cases to directly reach UNHCR, MIDIMAR and their partners.	UNHCR, MIDIMAR, partners
69	The so-called 'ghettoes' are considered hot spots for drug and alcohol abuse, unwanted pregnancies and delinquency. However, the root causes of these homes may be linked to population pressure and lack of adolescent entertainment in the camps. More needs to be understood about these abodes and their root causes in order to address the trend.	Explore further the issue of 'ghettos' in all camps except for Mahama (where it was not mentioned during the JAM) to understand the root causes and consequence in order to provide the necessary support to prevent this trend from escalating. Involvement of all partners in identifying and reducing the number of ghettoes in the camp.	UNHCR, UNICEF, MIDIMAR, partners
70	Begging and mothers leaving the camp to search for work were cited as causes of child neglect	Explore possible safety net options to avoid such widespread child neglect (such as increasing the ECD hours, providing a meal at the ECD)	UNHCR, UNICEF, MIDIMAR
71	Poor lighting in the camp is linked to crime and violence, especially against women and girls. Furthermore, the lack of electricity is linked to low academic performance of school-going children.	Explore options for connecting camps to the electricity grid	UNHCR, MIDIMAR

72	Some families take out loans with money agents who double up as traders in the camp markets. It was reported widely that refugees are obliged to leave their cash cards with the agent as collateral.	Advocate for ATMs close to the camps and scale up monitoring of shops with high interest/increased prices. Local authorities to be involved.	MIDIMAR
73	Not all camps have child-friendly spaces where children can play freely in a safe environment.	Ensure that all camps have child friendly spaces where children can play (<13 years)	UNHCR, MIDIMAR
74	Only Mahama camp has a women-friendly space – this is a positive initiative and should be encouraged in other camps.	Ensure the provision of women-friendly spaces in all camps, which serve as dedicated space for women to meet, discuss, learn and a safe space for them to talk freely about issue affecting them.	UNHCR, MIDIMAR
75	Youth idleness, pregnancy and delinquency were noted throughout the camps. One of the causes cited was a lack of entertainment and recreational space for adolescents.	A multifaceted prevention strategy aimed at curbing these issues should be considered. As part of a prevention strategy on youth idleness, pregnancy and delinquency, consider introducing youth-friendly spaces in all camps – places of entertainment, learning, with power/electricity to do homework, internet access, free family planning, access to social workers/psychologists (for 14 years and above)	UNHCR, MIDIMAR, UNFPA
76	The level of vulnerability of family size ones in Mahama (40% are single headed households) is unknown and the way in which they cope with food shortages is likely to be very different from larger families.	Further investigations need to be made into the coping strategies of single households to understand their level of vulnerability and seek the best ways to assist them.	UNHCR, MIDIMAR
SHELTER			
77	Refugees are not always aware of the criteria for allocation of plots vacated by resettlement cases and PLWD feel that their needs are not taken into account due to the location of their shelters (far from camp amenities)	Allocation of houses should be conducted in a fair and transparent way, according to a set of rules shared with refugees. And where the terrain poses problems, disabled refugees should be considered during the allocation of shelters to enable easier access to camp services	UNHCR, MIDIMAR, REC, partners
78	With increased number of population and the high number of growing age of children, additional space is required	Advocate for more land from the host community to enable the expansion of the camps in conjunction with the expanding population in need for shelter	UNHCR, MIDIMAR
79	Refugees living outside the camps are seen as better off due to proximity to jobs. Encampment restricts refugees' ability to be self-reliant and leads to further population pressure.	Consider ways of supporting refugees to move into the host community as a solution to the overcrowding in the camps	UNHCR, MIDIMAR, WFP, partners

FOOD, CASH AND NFI DISTRIBUTION			
81	The JAM 2014 recommendation to set-up a food distribution system that prioritises persons with special needs has not been fully rolled out in all camps, with many vulnerable refugees still feeling unassisted in this regard.	Prioritise vulnerable people during food and NFI distributions	UNHCR, WFP, MIDIMAR, partners
82		Maintain the provision of food to asylum seekers who are waiting for verification and consider ways of providing them with basic NFIs to lessen their vulnerability	
83	There is no standardised scooping in Mahama, which may lead to refugees not be getting their full entitlement.	Provide standardise scoops to ensure fair distribution is conducted	WFP, Food Committees
84	The FDP in Mahama has no lavatories and the floor gets very muddy during the rainy season.	Ensure the provision of toilets at the FDP and improve floor of distribution centre in Mahama	UNHCR, MIDIMAR
85	Assisting vulnerable and disabled refugees with transporting their food is a positive initiative, although refugees indicated that not all who need it are provided this assistance.	Consider ways of scaling up food transport assistance to refugees who need it in Mahama	UNHCR, partners
86	Refugees across the camps almost unanimously requested for the NFI ration to be monetised, except for firewood.	Implement the monetisation of NFI assistance. UNHCR should give refugees sufficient warning over the transition to cash for NFIs, in addition to full explanation on the value of their NFIs and the corresponding level of cash they will receive as well as a clear distribution schedule.	UNHCR
87	The irregular distribution of NFIs was a major concern among refugees, who feel unable to plan as a result.	Until they are monetised, NFI distributions should be regular and a distribution calendar should be developed in each camp and shared widely with refugees. Furthermore, distribution should be standardised and entitlements communicated clearly with beneficiaries.	UNHCR, partners
88	The JAM heard of difficulties faced by some caregivers when trying to obtain the ration for a child in their care who is in the BSFP.	Agencies and partners should consider ways for caregivers to access the BSFP on behalf of mothers at school or at work	UNHCR, WFP, partners
89	Gihembe and Nyabiheke, although transitioned to cash, still provide in-kind food assistance for over 1500	Construct separate rubhalls for NFIs in Gihembe and Nyabiheke	WFP, MIDIMAR, UNHCR

	asylum seekers each month. Food storage should be freed of NFIs to enable sufficient food space		
PARTNERSHIP AND COODINATION			
90	Some members of the RECs did not feel part of the decision-making processes in the camp and did not fully understand their roles and how far the involvement in camp management extended.	Strengthen dialogue between Camp Management and Partners, and the Refugee Committees (REC). This can be through short and efficient bi-weekly dialogue between the groups, to share challenges and announcements. The roles and responsibilities of REC members should be made explicit, including the level of their participation in camp decisions.	MIDIMAR, UNHCR, WFP, REC
91	Balancing the responsibilities of the REC and livelihoods can be challenging, especially as their participation in voluntary and unremunerated.	Consider revising REC member tenure from 3 to 1 year cycles, to create better accountability to refugees and camp management. Ensure regular provision of airtime to incentivise REC members to facilitate their roles	MIDIMAR, UNHCR
92	Delays in the flow of information were experience from Kigali to the field, as well as from the field/camp management level to REC, and from the REC to the refugees.	Information sharing mechanisms should be strengthened including the regularisation of the general population meeting whereby all refugees have the opportunity to air their views, and minimise resentment.	MIDIMAR, UNHCR
HOST COMMUNITY RELATIONS			
93	There are currently good relations between the host and refugee communities, and each community recognises the importance of the other. There is need to maintain harmony between the refugee and host communities and to raise the economic capacity of the area as a whole, not just the camps.	Agencies and IP should consider the inclusion of host community members in projects that could also serve the host community.	UNHCR, WFP, MDIMAR, partners
POLICY ENVIRONMENT			
94	The process of movement authorisations may actually serve as a disincentive to leave the camp for work	Procedures required to request permission to leave and to live outside the camp are to be explained to refugees	MIDIMAR, UNHCR

Annex 2 – Status of JAM 2014 recommendations

	Findings	Recommendations	Stakeholder	Status as of Nov 2017
FOOD SECURITY AND NUTRITION				
1	Refugees report their original staples in the eastern DRC included a variety of cereals, and that they rarely ate maize grain but rather maize flour.	Provide support to refugees to cover milling cost.	WFP, UNHCR	Implemented – mills were established in Mugombwa and refugees received part of the GFD as whole maize (9kg) and maize flour (3kg). The introduction of CBT allows refugees to buy food commodities of their choice.
2	Kitchen gardens have been successful in many camps as a way to increase consumption of vegetables, but are only serving a small part of the population.	Develop/extend kitchen gardens in camps, employing creative/space-saving techniques (e.g. basin and sack gardens)	UNHCR, FAO	Implemented – through the WFP NEC (Nutrition Education and Counselling) project in partnership with PLAN.
3	In Gihembe: Cash transfer (CBI) seen as a good way to improve diet diversity but mVISA- designated traders do not typically sell vegetables and refugees report paying transaction fees related to multiple cash withdrawals.	In order to promote autonomy and to allow refugees to diversify their diets in accordance with their own wants and needs, barriers to cash withdrawal and utilization (e.g. transaction fees) should be eliminated.	WFP, UNHCR, MIDIMAR	Implemented – beneficiaries are now provided with smart cards that incur no withdrawal fees
4	Certain groups (elderly, children aged 2-6, and chronically ill) are particularly vulnerable to malnutrition given their difficulties digesting maize grain.	Expand supplementary feeding to include children between 2 and 6, elderly persons, and the chronically ill, thereby increasing their utilization of food support.	WFP	Partially implemented – ECD feeding implemented in Mahama and HIV and TB patients are now enrolled in supplementary feeding programme.
5	Refugees have reported occasional delivery of poor quality beans/maize, resulting in prolonged cooking time and increased consumption of firewood	Maintain optimal quality maize and beans for the general food distribution.	WFP	Maize and beans were procured locally and from fresh harvest. Now with the CBT refugees can chose for themselves the quality of food they consume
6	The results from the pre-JAM 2013 reflect complex nutritional data, and lack	UNHCR should carry out methodologically sound nutritional surveys in each camp	UNHCR, WFP	Implemented – SENS 2015, 2016, 2017

	information regarding prevalence of anaemia	on an annual basis – namely, the Standardized Expanded Nutrition Survey (SENS), implemented in coordination with MoH, WFP, and if required, UNICEF		
HEALTH, WASH, ENVIRONMENT AND SHELTER				
7	Recurrent diarrhoea and upper respiratory illnesses compromising nutrition status	Reinforce community based measures for preventive health and hygiene	AHA, ARC	Continuously implemented in all camps through Community Health Workers and health staff
8	Water supply below the standards in all camps except Kiziba and Mahama refugee camp and Nkamira transit centre	Increase the quantity of water supplied to SPHERE standard (20L/pers/day) from 11lts/pers/day in Gihembe and Nyabiheke, and 16lts in Kigeme. Bugesera treatment plant has been completed and Nyanza TC connected to WASAC supply	UNHCR, ARC, GHDF	Continuously implemented in all camps through increased capacity and/or construction of water treatment plants, supply pipeline and construction of new water points
9	Inadequate latrine coverage in all camps, and lack of adaptations for disabled refugees	Increase latrine coverage to SPHERE standard (20 pers/drop hole), preferably via dischargeable latrines, and explore options for disabled refugees' accessibility	ARC, GHDF	Continuously implemented in all camps through construction of new latrines and ensuring adaptations for PWDs
10	Environment not well managed/protected	Establish and train environment committees in all camps, to promote environmental responsibility among refugees.	UNHCR, MIDIMAR, ARC, GHDF, FSIDS, Partners, Refugees	Since January 2016, UNHCR engaged environment partners and environmental considerations are being take into account in various planning process, though budget limitation remains a concern. Environmental committees have been in all camps since then, but again they need more support from UNHCR
11	The camps are situated on hilly terrains with little vegetation which increases the risk of landslides and creation of gullies and ravines.	Develop adequate drainage systems and environmental protection program for refugee camps and the surrounding areas	UNHCR, MIDIMAR, ARC, GHDF, FSIDS	Continuously being implemented
12	Eco-friendly cook-stoves are not available in other refugee camps such as Gihembe, Nyabiheke and Nkamira	Distribution of saving cook- stoves where they are not available.	MIDIMAR, UNHCR	With the exception of Reception/Transit centers, energy saving stoves have been distributed to all camps
13	Limited use of and improper perception of Eco-friendly cook- stoves	Increase sensitization and education regarding cook-stoves in Kigeme	UNHCR, ARC, GHDF	Sensitisation ongoing. A new approach is currently being piloted in that camp, through Inyenyeri project, in which stoves are not freely distributed to

	in Kigeme,			refugees and fuel used is environmental friendly.
14	Shelters are small compared to some large families, and rehabilitation/reallocation procedures are unclear (esp. Gihembe/Nyabiheke)	Provide houses based on the family size, and improve transparency and communication regarding rehab/reallocation procedures.	MIDIMAR, UNHCR, ARC, GHDF	Shelter strategy was developed in Mahama Camp, more shelters are under construction in Mahama, Mugombwa camps and numerous shelters transformed in Gihembe, Nyabiheke, Kigeme and Kiziba Camps. New shelter sizes are allocated according to family size.
PROTECTION/SGBV/COMMUNITY SERVICES				
15	There are some cases of inactive and unregistered individuals who, as a consequence this, do not have access to food.	Facilitate access to refugee status determination (RSD) procedures and review modalities of continuous registration (e.g. additional sessions)	NRC, MIDIMAR, Immigration, UNHCR	WFP is providing in-kind food assistance (GFD) to asylum seekers in Congolese refugee camps
16	There is no prioritization system at the food distributions for persons with special needs, in particular elderly, persons with disabilities, unaccompanied children, child-headed households and pregnant women.	Set up a food distribution mechanism that prioritizes persons with special needs and facilitate their access to food	WFP, UNHCR, Cooperating partners, refugees	Implemented – PSNs have dedicated stands for prioritisation.
17	Many refugees get loans to cover their needs and, as a consequence, fall in a vicious circle of debt and become subject to exploitative practices (this is a particular issue of concern for unaccompanied children and child-headed households).	Sensitize refugees on the risk that lies within taking a loan beyond their capacity of repayment, and remind traders to not exploit the beneficiaries. Conduct regular monitoring of the food distribution mechanism to ensure exploitative practices come to an end.	MIDIMAR, UNHCR, IPs	WFP is conducting PDM twice a year and BCM (beneficiaries contact monitoring checklist) on monthly basis. Sensitisation to refugee community on debts is on-going
18	Women and girls working as domestics outside the camp or engaged in transactional sex are at risk of SGBV.	Prioritize women and girls in all vocational training and income generating activities as well as girls for educational support beyond secondary 3. Advocate for all adolescent girls to seek medical assistance (reproductive health services) as many are/may be engaging in transactional sex and are not seeking out medical	UNHCR, IPs	Women and Girls are equally targeted/rarely prioritised for vocational training and income generating activities. However, Vocational and income generating opportunities are generally too limited.

		assistance		
19	Women and girls that are at risk of SRH/HIV or victims or SGBV are not aware/not using the services that are available	Carry out a sensitization/screening on SRH/HIV issues as well as create and facilitate support groups and safe spaces for women and girls		Sensitisation is regularly done. Safe spaces for women and girls are still lacking.
20	Lack of refugee ID cards results in barriers to employment	Provide refugees with ID cards as soon as possible	NIDA, MIDIMAR, Immigration, UNHCR	This is one of the objectives of the verification exercise which is planned to start before the end of 2017.
21	Refugees report that seeking firewood outside the camp leads to repeated episodes of harassment and physical/sexual assaults.	Ensure timely delivery and sufficient quantity provision of firewood as well as clear communication of the quantity and how long it is supposed to last	MIDIMAR, UNHCR	As of 2018, in line with the Government of Rwanda directions, alternatives to firewood should be pursued.
SELF-RELIANCE, VOCATIONAL TRAINING AND EDUCATION				
22	Opportunities for income generation are scarce and resulting in the sale of food and NFIs.	Elaborate an Income-Generation strategy: analysis of economic environment, survey of marketable skills among beneficiaries, and integration of vocational training efforts for refugees and host community	UNHCR, MIDIMAR, Partners	Implemented – Economic Inclusion of Refugees in Rwanda, UNHCR/MIDIMAR, 2016-2020
23	The number of refugees currently involved in income generating projects is low, because of lack of start-up capital, physical infrastructure, and limited knowledge of financial management	To provide start-up capital and start-up kits for individuals and cooperatives/association, provide physical space (e.g. markets) for business activities, and conduct financial education training specific to small business management	Partners to the Joint MIDIMAR-UNHCR Strategy for Economic Inclusion of Refugees in Rwanda	Implemented – Economic Inclusion of Refugees in Rwanda, UNHCR/MIDIMAR, 2016-2020
24	Different opportunities for saving and credits are available within and outside of the camps, but awareness among beneficiaries is low	Provide guidance (where necessary) for 'Tontines', Voluntary Savings and Lending schemes, and sensitization regarding external micro-credit schemes and projects (e.g. Umurenge SACCO)	Financial Sector Deepening Africa (FSDA) and Access to Finance Rwanda (AFR) and various Financial Service Providers (e.g. Equity Bank, WorldRemit, UseRemit, Kiva, Insurance and pension companies, Etc.)	Through its partner, FSDA, and as part of the Financial Inclusion of Refugees in Rwanda strategy, UNHCR is providing access to affordable financial services such as savings, remittances, loans, pensions, insurances – in line with the Rwandan National Strategy for Financial Inclusion.

25	Refugees perceived their salaries as lower compared with Rwandans.	To increase and (if necessary) harmonize salaries in the camp for refugees and national	UNHCR, partners and private sector	This has been done with the new SOPs on hiring of refugees (signed by UNHCR Rep in June 2017)
26	Many students drop out of school after lower secondary level because of the lack of support	To explore the opportunity to support students after lower secondary level	ADRA, UNHCR	<p>Buffet Fund, through UNHCR, provides scholarships to upper secondary refugee students into national schools of excellence.</p> <p>Some national schools were upgraded to upper secondary level to allow the integration of refugee students into the national education system. Currently, there are four schools that were upgraded to the secondary level.</p> <p>Out of School Assessment is currently on going to profile the need of out of school children for an appropriate intervention.</p> <p>Other partners, i.e. Maison Shalom and Impact Hope, are offering scholarships to refugee students to study in national schools</p>
LOGISTICS AND DISTRIBUTION				
27	Cash and vouchers: There are concerns about commodity price fluctuation and availability/proximity of local markets	Ensure planned survey and assessments of markets and cash transfer pilot are carried out as scheduled	WFP and UNHCR	<p>Roll-out in CBT are informed by market assessments.</p> <p>WFP conducts monthly market price monitoring in and around the camp. The results inform the review of CBT monthly transfer value on regular basis.</p>
28	Other concerns raised by the refugees include the amount distributed, the transfer value and charges incurred	Continue awareness sessions for refugees regarding cash transfers with accompanying financial management education.	WFP, UNHCR	<p>Sensitization meetings are regularly organized.</p> <p>Withdrawal cost are borne by WFP and no charges are incurred by refugees.</p>
29	Beneficiaries in all locations reported generally positive impressions of CBI, as a way to increase dietary diversity and autonomy	Consider expansion of CBI in locations beyond Gihembe, and consider CBI for NFIs	UNHCR, WFP	Implemented in all camps except for Mahama
30	Refugees report dissatisfaction with the quality and capacity of collapsible jerry cans.	For the immediate need, collapsible 10l jerry cans are deemed suitable. However, for the longer term, more durable jerry	UNHCR	20 Litres jerry cans are distributed to refugees in all camps since 2016.

		cans of at least 20 litres capacity should be considered.		
31	Inadequate quantity and quality of sanitary pads.	The quantity and quality of sanitary pads needs to be improved.	UNHCR	To ensure the quality, sanitary pads are being procured from Nairobi from this year.
32	Inadequate quantity of soap for certain groups such as students, mothers.	The quantity of soap should be reviewed, taking into account the needs for specific groups such students, mothers.	UNHCR	Implemented. CRIs distributions scales are currently part of SOPs.
33	The security around the distribution areas and warehouses are not appropriate.	Reinforce security measures for both distribution areas and warehouses particularly fencing.	MIDIMAR, WFP and UNHCR	Implemented
34	Although distribution committees are in place there is a communication gap between the refugee communities and the partners. The food committees were seen as ineffective and the process did not appear to be participatory or inclusive.	Invite refugee participation in all aspects of the process. Invite refugees in all locations to bring their concerns and complaints to monthly coordination meetings.		Monthly pre- and post-distribution meetings are organised for in-kind GFD.
35	Concerns about delays and no clear schedule in the distribution of NFIs.	The amount and schedule for distribution of NFIs needs to be communicated clearly, and channels for feedback to be reinforced on a regular basis	UNHCR, MIDIMAR, Partners	

Annex 3 – List of participants

Name of Participant	Organization
1. Sophie Frilander, JAM Consultant	Independent Consultant
2. Jean-Paul Dushimumuremyi, JAM Coordinator	WFP – Kigali
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9. Sophie Feintuch	WFP – Kigali
10. Liberata Muhorakeye	Plan-Kigeme
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12. Sam Ireri	ADRA - Kigali
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14. David Musonera	ADRA - Kigali
15. Frederic Nshizirungu	ARC - Mahama
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35. Gerald Sserwadda	ADRA - Mahama
36. Jerome Sezibera	World Vision – Kigali
37. Jerome Mutesa	WFP – Kiziba
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39. Elie Antoine Bigirimana	WFP – Karongi
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42. Mahoro Claude	UNHCR – Kibuye
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51. Martin Kaberuka	UNHCR – Byumba
52. Joseph Nkunda Kilongo	UNHCR – Kigeme
53. Winnie Kakumba	UNHCR – Karongi
54. Amir Hirwa	UNHCR - Kiziba
55. Victoria Camara	UNHCR - Kirehe
56. Laurent Nsabimana	WFP - Huye
57. Annet Kasabiiti	WFP - Gihembe
58. Francoise Bukuru	WFP – Kigeme
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