



**Next – Generation:
Kids and Integrations
Project**



Save the Children

**Endline Evaluation Report
Rwanda
April, 2021**



ACKNOWLEDGMENTS

The Next – Generation: Kids and Integrations “*Sustainable success in protecting refugee children lies in integrating their matters into existing national child protection and welfare systems*” endline evaluation is the joint effort and collaboration both individuals and various organizations including local administration/entities (Huye, Gasabo, Kicukiro and Nyarugenge Districts) and UNHCR. Besides, without funding from Svenska Postkod Lotteriet (Swedish Postcode Lottery), the project was not able to bring attention.

Our thanks to the parents/caregiver and children refugees’ “respondents” who took their time to talk with our field team and shared their thoughts and opinions about the Child Protection issues and services available in the urban settings. The research team has got a tremendous support from different people especially Child Protection Programming (field officers) who facilitated our listing of the targeted group and getting contacts of the respondents.

Finally, we would like to acknowledge the Save the Children MEAL and Operations team who, despite the very busy time, given comments and advise to make this study happens. Without the help and valuable contribution of each group of people mentioned here, and several whom we may have missed, it would not have been possible to complete this exercise and the writing of this report.

Authors

Jean de Dieu HARERIMANA
François BISENGIMANA
Charles GASHAJA

PROJECT SUMMARY

Title	Next – Generation: Kids and Integration Project
Date of report	April 2021
Type of report	Project Endline Evaluation
Main Author	Jean de Dieu Harerimana
Email	jeandedieu.harerimana@savethechildren.org
Name of the project	End Line Evaluation Report on Next – Generation: Kids and Integrations “Sustainable success in protecting refugee children lies in integrating their matters into existing national child protection and welfare systems.”
Project Start and End dates	1st June 2019 –31st March 2021
Project locations:	Rwanda- Urban area (Gasabo, Huye, Nyarugenge and Kicukiro Districts)
Thematic areas	Child Protection
Total budget	3,545,859 SEK (~Frw 341,111,636)
Donor	Svenska Postkod Lotteriet (Swedish Postcode Lottery)
Estimated beneficiaries	<ul style="list-style-type: none"> ▪ Burundian children on the move in Rwanda (Urban and reception centers) ▪ At least 1,000 children living in urban areas and in reception centers
Goal (Overall objective of the project)	To see Burundian refugees living in Mahama camp, three reception centers and urban places in Kigali and Huye live in dignity free from any form of violence and health threats.



EXECUTIVE SUMMARY

In 2019, Save the Children, Rwanda got funding from Svenska Postkod Lotteriet (Swedish Postcode Lottery) to carry out activities meant to spur the integration of Burundian refugee children into national child protection welfare systems under the project termed “Next Generation-Kids and Integration”. This project was meant to contribute to establishing strong, quality and comprehensive child protection systems that ensure a safe and resilient environment for Burundian refugee boys and girls in urban refugee, refugee camp and host community settings.

The endline evaluation study of the **Next Generation: Kids and Integration** project used a mixed-method approach where both quantitative and qualitative data were collected to inform the achievement of the project. The project’s accomplishments, regarding the accessibility of child protection and welfare service, were measured based on both quantitative (household survey) and qualitative surveys (e.g., KIIs). The quantitative data were collected from two groups: caregivers/parents and children refugees living in urban areas of Rwanda. On the other hand, a range of qualitative survey methods were utilised, and the survey was conducted among participants from local leaders.

The endline evaluation also assessed the availability of Child Protection Services in urban settings. It provides reliable evidence on the achievements made by the project in line with the inclusion of child protection matters among refugee children in urban areas into existing Child Protection and Welfare systems. This evaluation is proposed to respond to the following questions:

1. What progress has been made in reaching the objectives set for the project?
2. What changes have the project made or brought to the refugee children living in host communities?
3. To what extent have the project interventions been effective and what measures have been put in place for the sustainability of the project interventions?
4. Taking into consideration the COVID-19 related challenges, was project implementation hindered? What could have been done to better adopt the project to meet the required expectation?

Hence, the overall evaluation purpose assessed the effectiveness of the refugee children, parents/caregivers, and service providers like local authorities and volunteers to provide Save the Children and partners with recommendations for corrective actions that can be taken over to improve general implementation modalities for future similar interventions.

Table 1: Key milestone to sustain

Milestone	Rationale	Responsible Stakeholder
Capacity building of friends of family (Inshuti z' Umuryango) on the protection of refugee children and inclusion of the latter into their priorities	All refugee children access community-based national CP and welfare services	NCDA in collaboration with UNICEF, Districts and protection partners
Continued capacity building and awareness-raising of local leaders on refugee children protection issues	Prevention of sexual exploitation and abuse to refugee children	NCDA in collaboration with MINEMA, UNHCR, Districts and other protection partners
Setting the tone for the discussion of refugee children matters in Districts' plans	A commitment of various district authorities to Inclusion of refugee children matters in existing CP and welfare programs and plans	MINEMA in collaboration with NCDA, Districts and other protection actors
Consistently trigger response to refugee children concerns at the community level	Engagement of community structures and local leaders for timely response to refugee children concerns	NCDA, Districts, IZU and other protection actors
Building of synergies and sharing of lessons learnt in responding to child rights' issues for refugee children	Joint coordination of efforts among the child protection actors in advocating and responding to the issues of refugee children	MIGEPROF, NCDA, Districts and protection actors

The individuality of each person's integration process is significant for refugees who arrive in Rwanda, particularly children living in urban settings. The evaluation literature review, consultations and responses from the field confirmed that the specific challenges children refugees face in integration are complex and require some particular measures. For example, 6.25% of children reported not participating in any formal education during the end line evaluation due to a lack of school materials (uniform and stationary). In contrast, others did not want to attend the school. In addition, 13% of girls are not attending schools because they cannot afford school uniform and other required materials, and the two remaining are looking for work.

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ACRONYMS

CP	Child Protection
CoK	City of Kigali
COVID-19	Coronavirus
IZU	Inshuti z' Umuryango (Friends of Family)
MEAL	Monitoring, Evaluation, Accountability and Learning
MINEMA	Ministry in charge of Emergency Management
NCC	National Commission for Children-Rwanda
NFIs	Non-Food Items
NGO	Non-Governmental Organisation
PSS	Psychosocial support
SCI	Save the Children International
SPL	Svenska Postkod Lotteriet (Swedish Postcode Lottery)
UASC	Unaccompanied and Separated Children
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund



CHAPTER 1: INTRODUCTION

Past, and current Burundian refugees live in Rwanda territory has placed integration high on the policy and political agenda particularly for the refugees fled in Rwanda since the mid-2015¹. Different Districts of Rwanda such as **Huye, Gasabo, Kicukiro and Nyarugenge**, accommodated a portion of refugees including children. Living in urban settings have significant definition when it comes to the refugee welfare through different investments and these have been made in programmes and associated support to facilitate refugee's integration and identify good practice. In addition, an increasing awareness has developed of the importance of being able to evaluate refugees' integration.

From the background, most of the Burundians who have been given an asylum in Rwanda live in refugee camp, Mahama, close to the Burundi border under the management of the Ministry in charge of Emergency Management in collaboration with UNHCR. The remaining Burundian refugees fled in Rwanda choose to live and dispersed in and around the capital of Kigali and the city of Huye (called **Urban refugee**) and obliged to rely on their means to survive.

¹Since last two decades, Rwanda has shown a stable political situation in East Africa. Where the region characterized by uncertainty and conflict in many places including Burundi crisis which resulted into a refugee situation in 2015.

Approximately 29,000¹ refugees in Mahama Camp are children, where around 800 are unaccompanied (i.e. separated from their families). Among those dispersed in the city of Kigali and Huye, there are about 4,200 refugee children; 450 of them are unaccompanied or separated from their families. The urban refugees are spread throughout the cities and suburbs, trying to make a living independently. Save the Children, as one of the world's leading child rights organisations, with over 100 years of experience together with UNHCR. They joined efforts to protect refugees and children's rights by creating safety, protection and healthcare for refugee children in Rwanda and at the same time work to increase their integration into society, especially in urban settings.

In 2019, Save the Children, Rwanda got funding from Svenska Postkod Lotteriet (Swedish Postcode Lottery) to carry out activities meant to spur the integration of Burundian refugee children into national child protection and welfare systems under the project termed “**Next Generation-Kids and Integration**”. The project was implemented from June 2019 to March 2021 in Kigali, Huye, Nyanza Reception Center and Gatore Reception Center. The project was meant to contribute to establishing strong, quality and comprehensive child protection systems that ensure a safe and resilient environment for Burundian refugee boys and girls in urban refugee, refugee camp and host community settings.

Considering the need to know precisely extent the project outputs contributed to the above-mentioned outcome. There is a need to sustain the foundation for future planning and programming for refugee children. It is necessary to carry out a joint project evaluation (endline) with UNHCR to document learnings from integrating refugees into national CP and Health systems. The project endline evaluation assesses how the lives of refugee children living in the host communities have positively changed due to strengthened CP and welfare systems and advocacy to relevant institutions and communities.

1.1 The general objective of the project evaluation

The endline evaluation entails assessing how the programme achieved targeted indicators. The findings also evaluated the effectiveness of the refugee children, parents/caregivers, and service providers like local authorities and volunteers to provide Save the Children and partners with recommendations for corrective actions that can be taken to improve general implementation modalities for future similar interventions.

The endline evaluation also assessed the availability of Child Protection Services in urban settings. It provides reliable evidence on the achievements made by the project in line with the inclusion of child protection matters among refugee children in urban areas into existing Child Protection and Welfare systems. The same evaluation has documented some of the lessons learned and suggested practical recommendations to help the project partners and stakeholders improve the design and implementation of future urban refugee projects in urban settings.

1.2 Specific objectives of the Endline evaluation

The end line evaluation was designed to attain the following specific objectives:

1. Assess the achievement of the project outputs and their alignment with project outcome as specified in the Project document (Log frame)
2. Assess the accessibility of Child Protection and Welfare services for refugee children living in host communities
3. Identify project implementation related achievements, success, and challenges and generate recommendations for strengthening refugee children's integration into the national Child Protection and Welfare systems.

¹ UNHCR 2018, Country Operation Plan Rwanda

1.3 Research questions of the Endline evaluation

In line with the specific objectives stated above, this evaluation is proposed to respond to several questions, including:

1. What progress has been made in reaching the objectives set for the project?
2. What changes has the project made or brought to the refugee children living in host communities?
3. To what extent has the project interventions been effective, and what measures in place for the sustainability of the project interventions?
4. Taking into consideration the COVID-19 related challenges, was project implementation hindered?
5. What could have been done to adapt the project better to meet the required expectation?



CHAPTER 2: METHODOLOGY

2.1 Study Design

The endline evaluation study of **Next Generation: Kids and Integration** project used a mixed method approach where both quantitative and qualitative data were collected to inform the achievement of the project. The project's accomplishments, regarding the accessibility of child protection and welfare service, were measured based on both quantitative (household survey) and qualitative surveys (e.g., KIIs). The quantitative data were collected from two groups: caregivers/parents and children refugees living in urban areas of Rwanda. On the other hand, a range of qualitative survey methods were utilised, and the survey was conducted among participants from local leaders.

The data gathered from the project assessed the availability of child protection services in the urban settings with the intention to provide reliable evidence on the achievements made by the project in line with inclusion of child protection matters among refugee children in urban areas into existing child protection and welfare systems. The views and opinions of the targeted beneficiaries regarding the refugee children's protection and quality of welfare services were clearly expressed through the surveys.

2.2 Data Collection

The primary data were collected through quantitative and qualitative data collection methods. A brief discussion on the survey methods is given below: the quantitative survey covered the children and caregivers within the targeted urban cities (Gasabo, Huye, Kicukiro, and Nyarugenge).

The sampling framework for quantitative data collection for the endline evaluation of the SPL project considered the goals and objectives of the project and the evaluation study. To ensure that the appropriate information was obtained based on designed interventions, the sampling strategy considered the intervention strategies, operational structure of the program, and the key research questions of the quantitative survey. The quantitative analysis based on the household survey assessed how the project successfully protected children and welfare services (Kyegombe et al., 2019). For sampling purposes of the quantitative study, the eligible households were categorised into two main groups (parents/caregivers and children refugees).

The joint project end line evaluation for Burundian refugee children in urban areas will exploit the following methods:

- a. **Desk Review:** Undertake a desk review of information sources relevant to the end line on the child protection services and concerns in the context of integration of refugees in national protection systems, available data on Burundian refugee children, especially those living in urban areas, carry out initial analysis, and provide guidance to support additional data collection for the evaluation. The reviews focused on the following literature (i.e. international, regional/national legal, and policy frameworks related to the protection of refugee children) to lay a solid foundation for the interview conducted regarding selecting relevant questions.
- b. **Selection of study participants:** Respondents were identified by using simple random sampling of refugee children, their caregivers and local authorities in Huye, Kicukiro, Gasabo, and Nyarugenge districts.

Criteria for selection included;

1. Recognised parents/caregivers of refugee children or alternative caregivers of refugee children
2. Parents/caregivers living in the host communities at the time of data collection
3. The parents/caregivers living with the child at the time of data collection
4. Refugee children aged 8 to 17 living in the host communities were interviewed (at the age of eight a child can express her/his ideas and respond to different questions based on experience from other research and evaluations conducted).

Table 2: District allocation and a sample of the targeted group

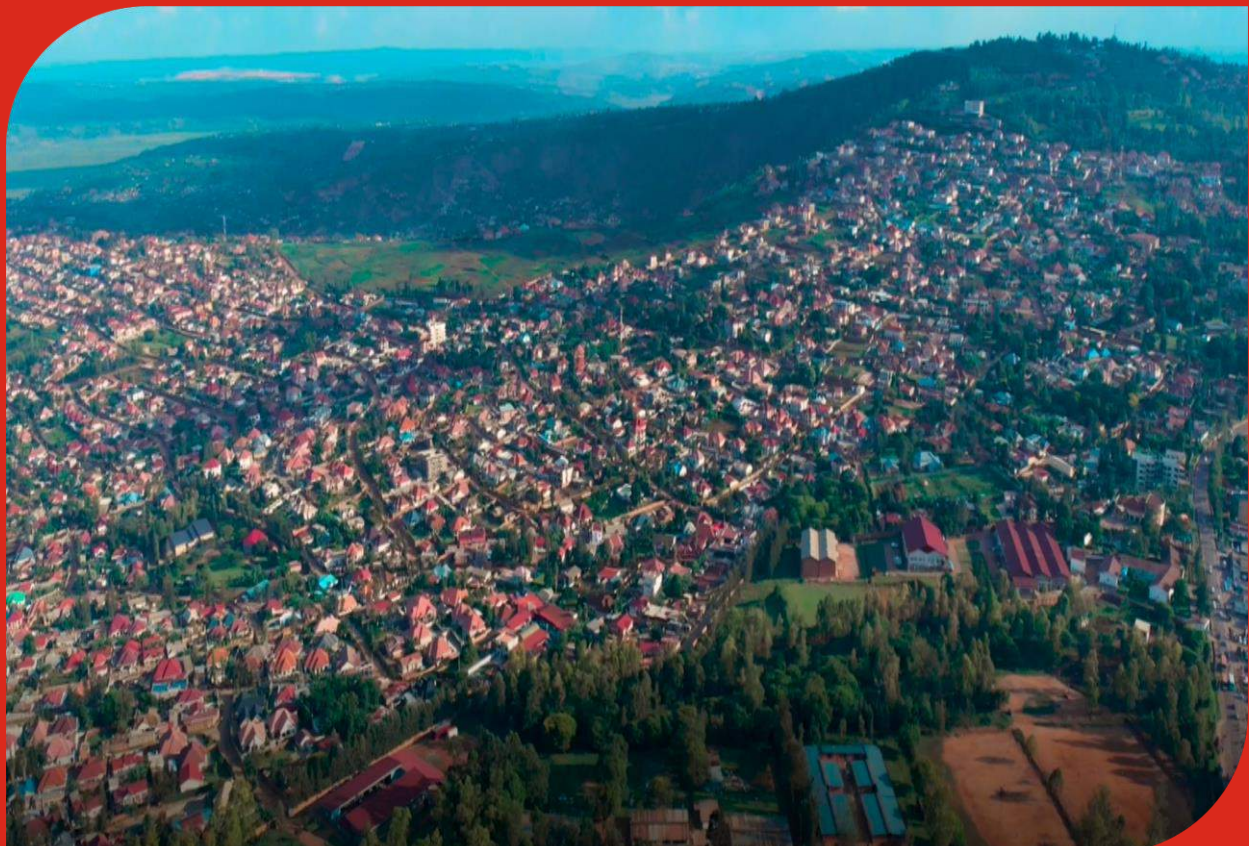
Districts	Sectors	Sample caregivers	Sample children
Huye	Ngoma, Tumba, Mbazi, Mukura	10-15 caregivers/ sector	One child per hh aged 8 to 17/ Sector
Nyarugenge	Nyamirambo Muhima	10-15 caregivers / sector	One child per hh aged 8 to 17/ Sector
Kicukiro	Niboye, Kigarama, Gikondo	10-15 caregivers / sector	One child per hh aged 8 to 17/ Sector
Gasabo	Kacyiru, Kimironko Rusororo	10-15 caregivers / sector	One child per hh aged 8 to 17/ Sector
Sample of the respondents		130 caregivers	115 children

C. Semi-structured interviews: Discussions with local leaders, refugee children, and parents/caregivers were conducted (in person) by qualified data collectors identified and trained by Save the Children MEAL and Research teams. Discussion topics included, but were not limited to, priority issues for evaluation, information required (and in what format) and the evaluation scope, approach and process.

In collaboration with the MEAL and the Research and Evaluation team, the project team developed questionnaires that guided the semi-structured interviews. In addition to the research team, eight data collectors were trained on data collection tools, research ethics, and child safeguarding principles before field-based data collection activities commence. Data collection was conducted face-to-face using an online questionnaire programmed in Kobo Toolbox (www.kobotoolbox.org) to ensure accuracy and reduce data entry errors. To comply with COVID 19 preventive measures, enumerators respected social distancing, hand sanitisers, wearing of face masks etc., during interviews.

2.3 Data analysis and management

The analysis was a review of key project documentation – SPL proposal and routine monitoring activity. This review provided indicative insights that fed into the joint evaluation, literature of contextual factors was reviewed in order to assess the enabling environment in each of the programme outcome areas. The evaluation framework was the basis for selecting the indicators for analysis and the final design of field assessment instruments. Several descriptive statistics have been used to analyse the results of the end-line study. For data management and interpretation, the study used Stata version 16. Several discussion sessions were held among the team to draw on key messages at the beginning of the data analysis. All data was then analysed systematically.



CHAPTER 3: FINDINGS OF THE STUDY

The findings of the endline evaluation entailed to assess how the programme's underlined targets across a range of indicators have been achieved as well as assessing the effectiveness as perceived by the refugee children, parents/caregivers and service providers like local authorities and volunteers to provide SC and partners with recommendations for corrective actions that can be taken over to improve general implementation modalities for the future similar interventions

These findings will help provide insight on the areas which should be focused on if a situation arises where the project may have to be extended; or at the very least, the data from this study can help stakeholders formulate plans of action at the policy level.

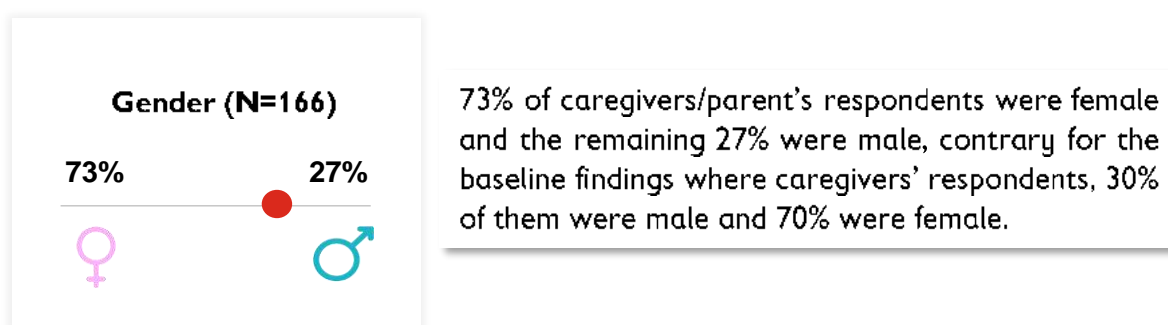
3.1. Background Characteristics of Respondents

A demographic profile of the respondents (children refugees and caregivers/parents) was drawn from the quantitative survey results in terms of gender, age, level of education, and disability. Figure-1 (detailed in Table 1) presents the overall profile of the respondents. The age distribution of the respondents (children) indicates that 85.4% of the respondents belong to the age group of 8-14 years, while only about 14.6% were between 15 and 17 years old.

Figure 1: Age characteristics of the respondents (Children)



Figure 2: Caregiver's and household background



Of the children interviewed, slightly a higher proportion was male (55.21%) than female children (44.79%). Except for Gasabo, other Districts had slightly more children interviewed but with few percentages, Gasabo (19.78%), Nyarugenge (23.96%), Kicukiro and Huye (28.13%, each). Their age disaggregation showed unequal distribution but with a reasonable variance per each parameter (residence, sex). The variation was explained in terms of availability as during the data collection, more children were staying at schools (boarding schools for secondary level of education, as one of the measures taken to reduce the spread of the COVID-19).

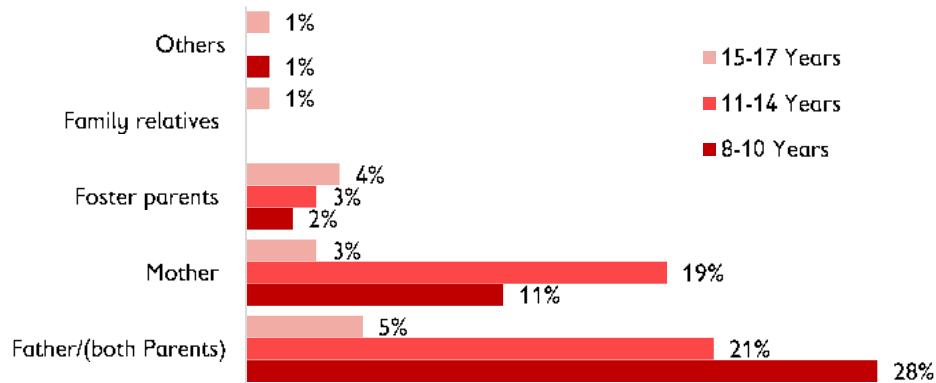
Table 3: Age distribution of children by District and sex

Age	District (%)				Sex (%)		Overall (N)
	Huye	Gasabo	Kicukiro	Nyarugenge	Female	Male	
8-10	59.26	47.37	33.33	30.43	48.84	37.74	41
11-14	33.33	42.1	55.56	39.13	34.88	49.06	41
15-17	7.41	10.53	11.11	30.43	16.28	13.21	14
Total	28.13	19.78	28.13	23.96	44.79	55.21	96

Figure 3 provides a brief description of the characteristics of the children refugees who lived with the caregivers/parents during the endline phase, 54% of them lived with both parents

and father: 8-10 years (28%), 11-14 years (21%), and 15-17 years (5%). While the remaining children were living with their mothers: 8-10 years (11%), 11-14 years (19%), and 15-17 years (3%), and foster parents: 8-10 years (2%), 11-14 years (3%), and 15-17 years (4%), and few children interviewed live alone or other unrelated people.

Figure 3: Relationship with caregivers and children

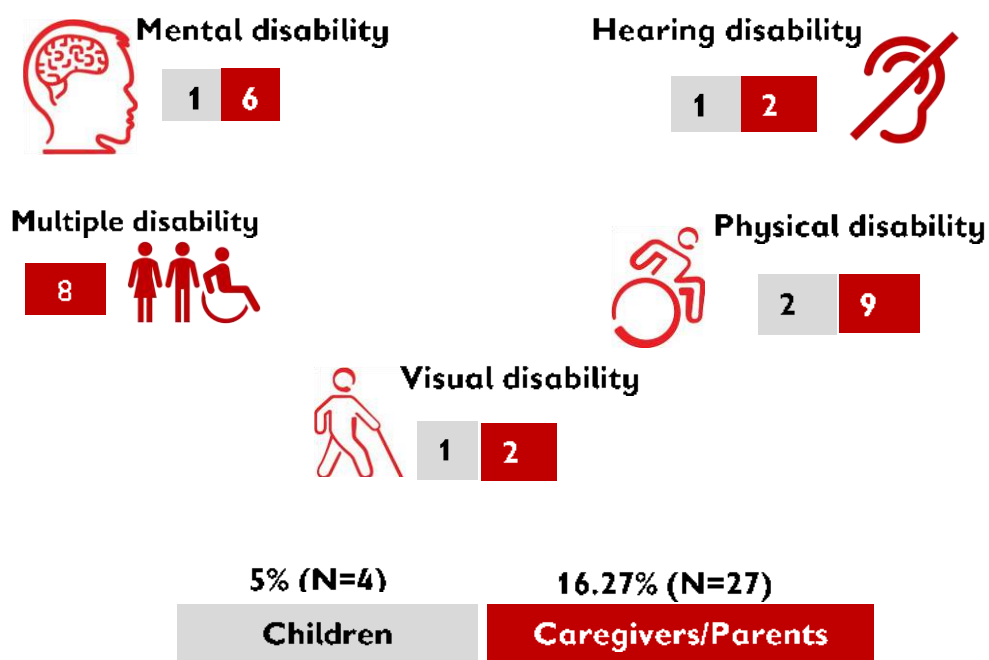


3.2. Caregivers and Household Profile

3.2.1 Children with disability

During the endline, the evaluation field teams found children with disabilities from two different sources from caregivers/parents and children themselves (who participate in the study). From children response: children with disabilities were 5% (N=4), when asked about their detailed disability (2 of them presented physical disability and 1 for visual, and the remaining child has mental/intellectual disability). From parent's reaction, the evaluation team discovered that 16.27% (N=27) of children have a disability dominated by physical disability (n=9), multiple (n=8), and mental disabilities (n=6).

Figure 4: Children with disability from parents and children response

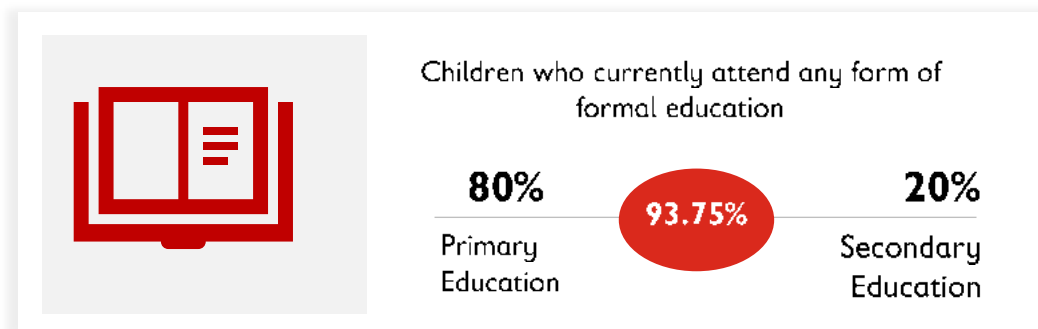


3.2.2 Children attending school

Findings from the endline evaluation indicate that the overwhelming majority of children attended formal education in Rwanda (urban areas). The evaluation found that 93.75% of school-aged refugee children living in urban areas were attending formal education. Of these, 80% were in primary education (lower:28.89%, and upper: 51.11%) and 20% in secondary education (ordinary:28.89%, and advanced: 3.33%). The large number of children (93.75%) attending formal education can be attributed to the support they received from the project which entailed continuous follow up through family visits, working through the community-based child protection committees to ensure that, all refugee children attended and remained in schools within their communities of habitation.

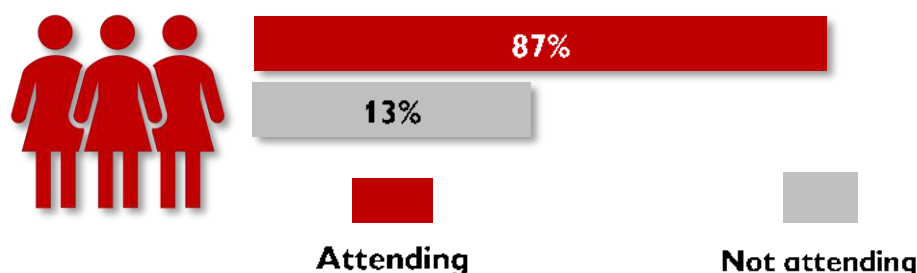
The findings revealed that refugee children in the urban area were attending formal education. Unfortunately, 6.25% of school-going age were not participating in any formal education during the endline evaluation, due to lack of schooling materials (uniform and stationary), and others did not want to attend the school.

Figure 5: Children attending formal education



Some caregivers (13%~ n=19) confirmed that girls do not attend formal education. Only seven girls did not have the required school-going age to attend formal schooling. The remaining girls did not attend for different reasons: 10 girls could not afford school uniform and other required materials, while the two remaining were looking for work.

Figure 6: Education attendance among girls (N=144)



3.3 Violence and referral mechanism

In the lens of the partners and other actors in humanitarian settings, United Nations General Assembly entrusted the UNHCR to provide international protection to refugees and, together with governments, to seek permanent solutions to the challenges of refugees. In the position of Save the Children International and other partners, including UNHCR, refugee children should be able to enjoy a broader range of rights as their association and ties with the host community grow more robust. The findings of the joint evaluation revealed that children had improved their understanding of how to report a child concern by 10.3% through the project which demonstrates an increase in knowledge from the baseline indication of 36.5% (Figure 7).

Figure 7: Child protection referral/reporting mechanism at the community

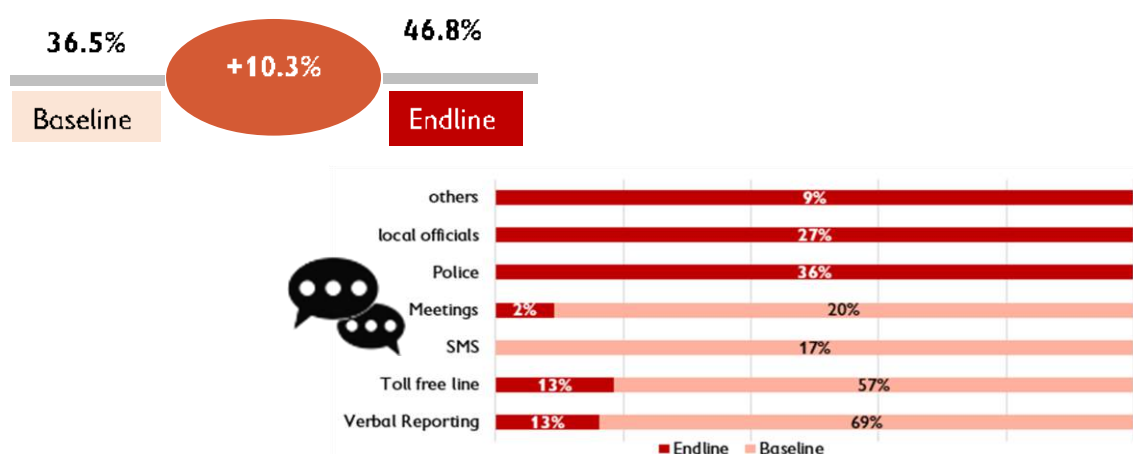


Figure 7 also highlights that majority of reported cases in the endline were made to police (36%), followed by local officials (27%), and through verbal reporting and toll-free line (13%, respectively) as usual but reduced significantly due to the intervention. Refer to the different best practices; referral mechanisms are essential to managing services within sectors (such as health, education or justice systems) and supporting referrals across services. In particular, effective referral systems are necessary to support effective case management by skilled service providers responding to complex individual child or family vulnerabilities (Platt et al., 2020; Rubenstein & Stark, 2017).

The debate on referral mechanisms and case management for children refugee and ensuring positive outcomes is extremely pertinent and timely. Momentum is growing around the need for the responses to vulnerable children to take a system approach rather than relying on fragmented service delivery. Effective referral mechanisms and case management systems are essential in ensuring that children, community and/or households are identified, their needs correctly assessed and that they receive cross-sectoral support, until there has been a positive outcome for that child and/or family.

Figure 8: Violence against children in urban settings

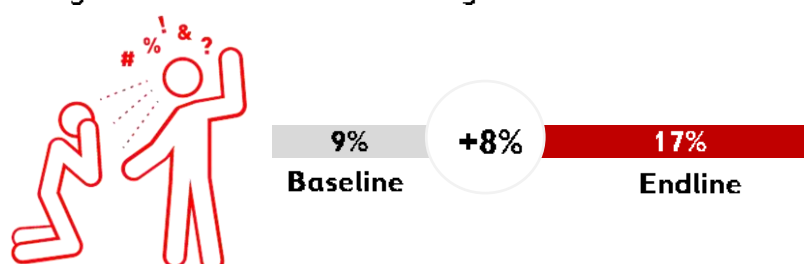


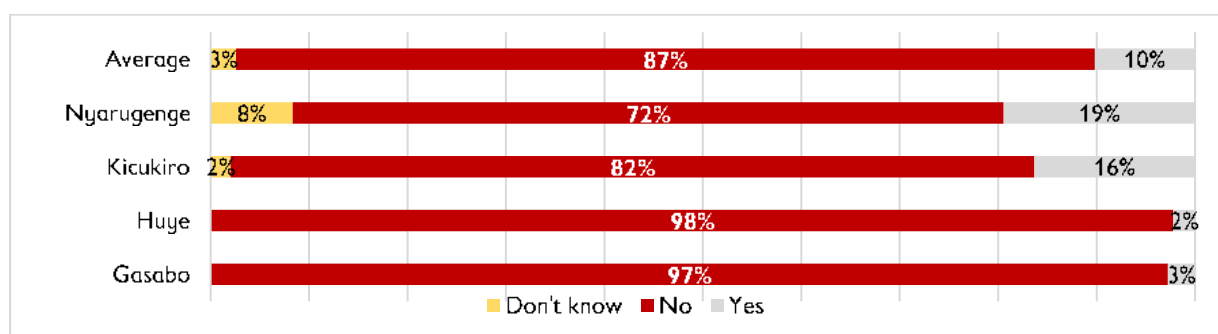
Figure 8 revealed that the violence cases against children increased from the previous records, where only during the endline, children faced 16 cases (14 cases were emotional and 2 physical violence). The increases were due to the improvement in referral mechanism even though among the victim remain reluctant to report certain violence (Figure 7).

The problem of violence against children is a global one. The World Health Organization (2002) outlined a broadly-used typology of the ways in which violence may be inflicted, with abuse (acts of commission) having physical, sexual and emotional sub-types, whereas neglect (acts of omission) is seen as the failure to provide for the development of the child (where one is in a position to do so) the areas of health, education, emotional development, nutrition, shelter and safe living conditions – although there was consensus on the view that physical and emotional (or psychological) violence occurred more frequently within the child protection system than it did outside of it (Bajari & Kuswarno, 2020; Joshi & Fayyad, 2015; Lamothe et al., 2018; Rešetar Čulo, 2019).

Violence to a child at school

The CP programming aimed to advocate for children to attend school free from fear and violence. Caregivers (N=17) represented by 10% confirmed that the children faced a violence at school: Nyarugenge (19%), Kicukiro (16%) and the remaining districts (Huye and Gasabo, 2% and 3%, respectively).

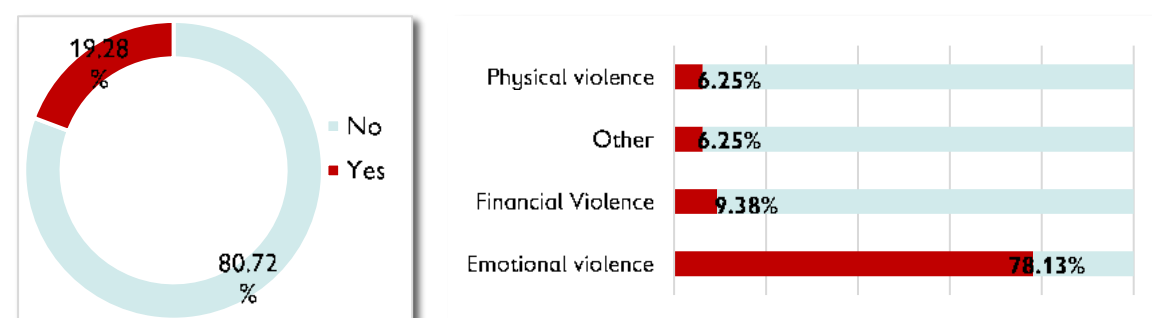
Figure 9: Violence of child at school (N=17)



Violence to caregiver since last 3 months

Figure 10 shows that 19.28% (N=32) of caregivers experienced some kind of violence: emotional (78.13%), financial violence² (6.25%), and physical violence (6.25%) while majority represented by 80.72% revealed that they did not experience any form of violence. Among those that experienced violence, emotional violence was the most experienced as confirmed by 78.13% of respondents.

Figure 10: Violence to caregiver since last 3 months (N=32)



² Form of domestic violence that includes withholding money, stealing money, and restricting the use of finances

3.4 Child protection and child services

3.4.1 Child protection and services accessibility

During the project implementation, some refugees benefited directly through INGO or the government, 26%. Among the services, 36% of the children accessed child friendly spaces, livelihood services (24%), health (20%), case management (16%), education (16%), psychosocial support (8%) and referral by friends of family (8%).

Figure 11: Services accessed by children

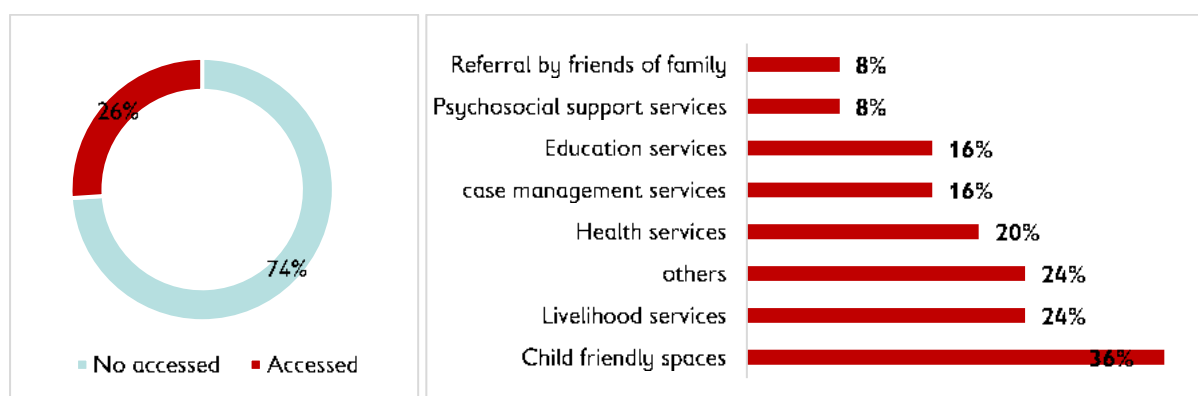
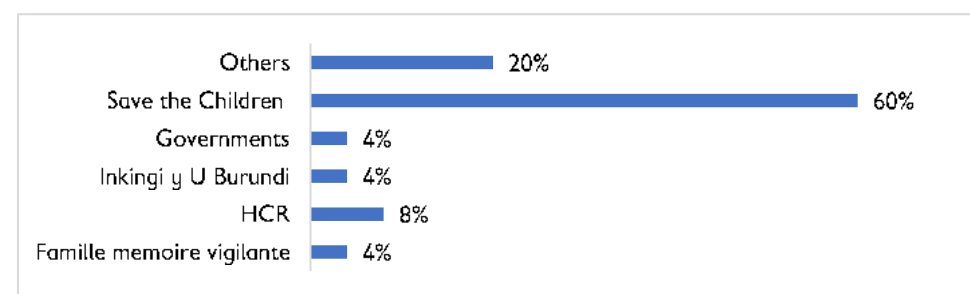


Figure 12 highlighted that Save the Children among other INGO served the children, 60%, the remaining INGO: UNHCR (8%), Inkingi y'u Burundi (4%), Governments (4%), and Famille memoire vigilante (4%).

Figure 12: Institution(s) delivered the services



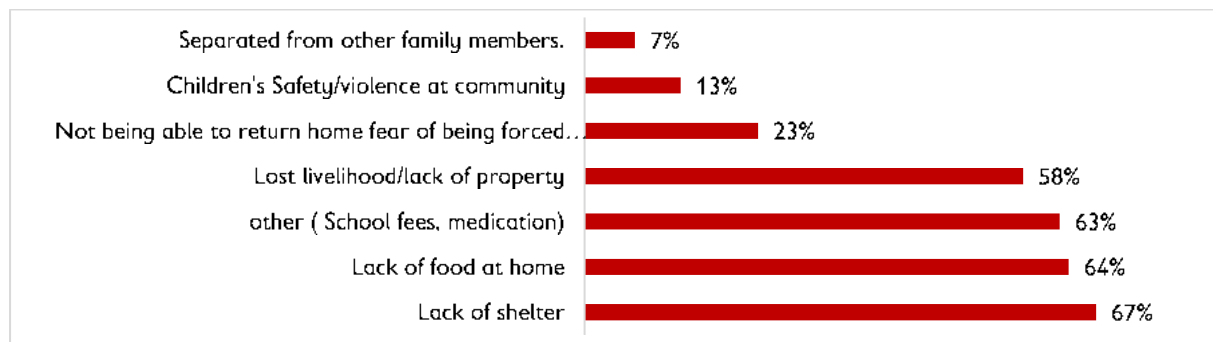
3.4.2 Child protection situation within community

From the perspective of the Save the Children International, community-based child protection systems should be a vitally important part of an effective national response. Different guidelines developed or designed interventions treat communities as a place where children live and where abuse happens. Communities contain structures including local authorities, schools, health centres, police, and civil society members that can be mobilised to keep children safe. Children should always be a part of the mobilisation process.

Stressful situation

Figure 13 revealed that the top three sources of stress for parents/caregivers in the household: lack of shelter (67%), lack of food at home (64%) and lost livelihood (lack of property) (58%). In addition, not being able to return home fear of being forced to return home (23%), children's safety/violence within the community (13%) and separated from other family members (7%), and other sources of stress (63%).

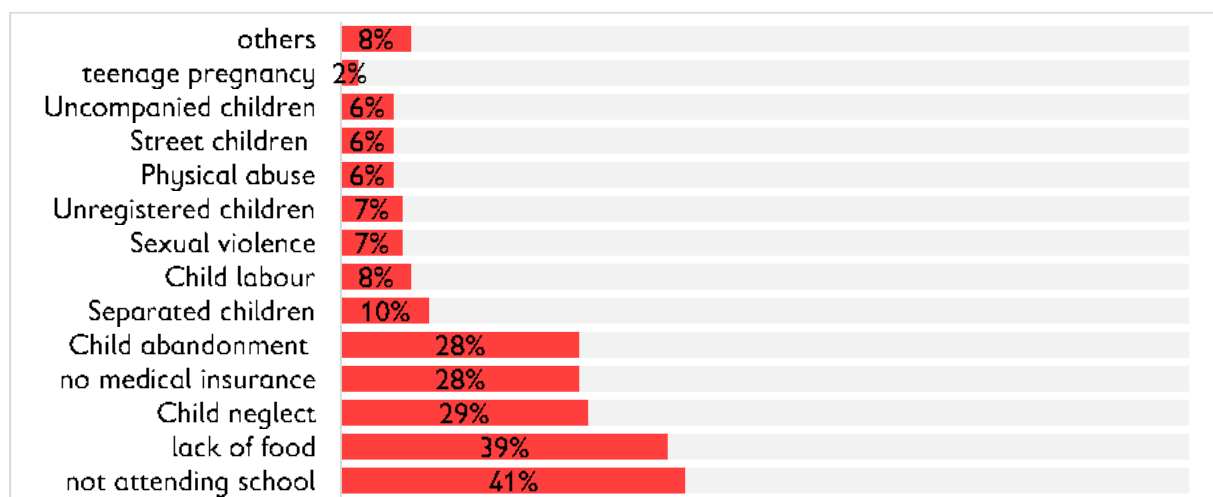
Figure 13: Stressful situation at household



Community based child protection

Children were asked the question “Do you know community-based child protection committees/ groups dedicated to identify, prevent and report child protection issues?”. 9.38% (N=9), children knew the community-based child protection within the area. Figure 14 revealed the identified child protection issues: not attending school (41%) and lack of food (39%) were identified CP issues among others, in addition, other issues were traced as follows: child neglect (29%), no medical insurance (28%), child abandonment (28%).

Figure 14: Identified child protection issues



3.5 Integration of refugee children: Child protection within community

Services provided to refugees in the community

From the point of view of the local officials from Huye and CoK (Gasabo, Kicukiro and Nyarugenge), local government confirmed the provision of the different services to refugees living in the host communities. Among them includes: provision of hygienic materials to some families, support in the registration of children in birth registration books at sector, provision of food in partnership with partners, helping refugees to get medical insurance (Mutual de Santé) and supporting refugee children to access their education, supporting some vulnerable families to get where they live (shelters).

“Those I know and see among them are not in bad conditions; that is why I think they do not join the camps, but there are others who live in difficult life”. Said local official from the City of Kigali.



“Refugees are not in a bad life because they are among our priorities, we provide them with food, support them with small income generating activities which can support their families, help them rejoin schools, pay for them in TVET schools, and for those who do not have shelter we advocate for them through partners”. Said local official from Huye District.

It was noted that some districts do provide some kind of support to refugees to help them meet the basic living needs like food, shelter and provide some non-food items like hygienic materials. Still, there are other districts where refugees seem to live struggling life.

“Refugees in this area live in struggling life because they have no job, they have limited capacities to support them and no gardens for cultivation and so they cannot afford the basic needs in life”. Local official from City of Kigali said.

Refugee issues that requires advocacy to other institutions

However, it was mentioned by local officials that there are some specific issues for refugee children that would require advocacy and these includes; children used to live in the street, they sold what was provided to them, some children choose to live in isolation from their families, they are not free in the community, being chased away from schools, difficulties to find school fees which cause absenteeism in some, lack of accommodation for some children, insufficient food as well as early pregnancy to some refugee girls.

There is a collaboration with other institutions, for example, in schools to advocacy for those who have not paid school fees to ensure they are not chased away for that and where there is violence legal support is provided.

“We advocate for refugees to our partners like Maison Shalom that supports them in small businesses; they are no longer found in the street”. Said a local official from Huye District.

The support provided by Save the Children through the “Next Generation: Kids and Integration project” for the protection of children’s rights was also helpful, including; capacity building to parents/caregivers on the children’s right which helps refugee to know who to contact (referral pathways) if there is any problem affecting their wellbeing, advocating for them and providing them with basic needs like soaps, food etc,



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CHAPTER 4: SNAPSHOT OF THE PROJECT: KEY INDICATORS

Some primary key outcome indicators were selected in both the baseline and end-line evaluation, and routine/monitoring data against which the performance of the project interventions at the study locations and evaluated to compare the outcomes of the baseline and end-line situations.

NEXT GENERATION: KIDS AND INTEGRATION PROJECT - URBAN REFUGEES PROJECT SNAPSHOT

OUR GOAL:

To see Burundian refugees living in **Mahama camp, three Reception Centers and urban places in Kigali and Huye** live in dignity free from any form of violence and health threats.



AT LEAST 3,928

Burundian children on the move in Rwanda (Kigali Urban and reception centers) were reached out of the 1,000 targeted to benefit from this project.



PROJECT KEY ACHIEVEMENTS APRIL 2019 - MARCH 2021

12 Community based child protection structures established and functioning out of the 9 targeted.

10 community-based child protection committees in different reception centers.



OUTCOME:

Strong, Quality and Comprehensive Child Protection Systems contribute to a safe and resilient environment for Burundian refugee boys and girls in urban areas, refugee camp and host community settings.

26 advocacy interventions

to facilitate access for children of concern to social services and child protection in the urban areas of Huye and Kigali and reception centers (Nyanza and Gatore) were conducted.

40 meetings with national entities and other development and humanitarian agencies were held to ensure the voices of children are heard.

175

community awareness raising campaigns on prevention of different child protection issues and SGBV matters were held out of the 42 targeted.



of the identified children with disabilities received direct and indirect support



74 cases

of child abuse, neglect, violence and exploitation have been identified, documented and supported out of the 840 expected cases.



94%

of the targeted 216 registered unaccompanied and separated children in alternative care received regular monitoring visits (including 157 relocated from reception centers and urban areas to Mahama Camp.

Table 4: Project performance vis a vis the goal, outcome and outputs

Output	Indicator	Target	Status	Activities undertaken
Output 1: Community based child protection structures established and functioning	# of community-based committees/groups dedicated to child protection issues	9 (3 in Kigali/1 per district, 3 in Huye/ (Huye, Gisagara and Nyamagabe) and 3 in reception centers	12 (Huye 3, Kigali 5, Nyanza 1 and Gatore 3 before it closed in November 2020)	<ul style="list-style-type: none"> 12 community-based child protection structures were established and empowered They worked as SC partners in the community in identifying, preventing, responding to, and referring children subjected to Child Protection risks. For ex (three vulnerable male children who lost their mother during the COVID-19 pandemic lockdown, were identified by community structures in Nyarugenge District/Kigali. SCI provided PSS to those children and advocated for their protection and living support from UNHCR, the NCC and local government authorities.
Output 2: Advocacy conducted (in urban areas in Kigali and Huye)	# of awareness raising campaigns conducted on child protection.	42	175 awareness raising conducted	The awareness was conducted in the community as well as on media (Radio, TV, Twitter, Facebook) where messages on prevention, reporting and response to child protection issues such as child abuse, neglect, violence, exploitation, inclusion of refugee children in existing CP and welfare systems etc. were delivered/disseminated.
	# of advocacy interventions made to facilitate access of children of concern to national child welfare and social services.	72 (meetings with decisions makers, stakeholders and community	26	SCI advocated for refugee children' needs and rights with national entities including NCC (both formal/informal meetings with government officials) and NGO partners to discuss on the measures to respond to the identified child protection issues
Output 3: Prevention and response services for children at risk	% of identified children with disabilities receiving specific support (including referral).	95%	100% (all the 3 children with disabilities identified received specific support)	SCI Staff provided direct supports and indirect supports including NFI (Non Food Items), Referrals , Follow up visits, NFIs and PSS.
	% of registered unaccompanied children in alternative care who receive regular monitoring visits.	95%	94% (204/216 including 157 relocated from RCs and Urban areas to Mahama camp)	<ul style="list-style-type: none"> Project staff and community volunteers monitored UASC by checking the relationship between them with their alternative family to address any potential psychosocial needs of the child or family or link the family with the service providers. UASC have been provided with PSS, NFIs and referrals

			Currently 89 UASC are still monitored and supported in urban areas	
Output 4: COVID-19 response	# of identified children from families seriously affected by COVID-19 supported with food items (Male and Female)	240	278 (Male 123, Female 155)	<p>Save the Children with the support of SPL under Next Generation: Kids and Integration project provided:</p> <ul style="list-style-type: none"> ▪ Food support to 278 identified children from families seriously affected by COVID-19 ▪ COVID-19 Protective equipment (Face masks and hand sanitisers) to 35 most exposed Community-based refugee volunteers, 321 IZUs and 16 Local leaders <p>It was also an opportunity to raise awareness on inclusion of refugee children matters into existing Community-based CP and welfare systems (especially for refugee children living in communities).</p>
	# of Community-based refugee volunteers who received COVID-19 protective equipment (Male and Female)	35	35 (Male 22, Female 13)	
	# of IZU receiving COVID-19 protective equipment (Male and Female)	321	321 (Male 163, Female 158)	
	# community-based volunteers (IZU+ refugee volunteers) receiving airtime top up for remote monitoring of the welfare of children during COVID-19 lockdown	333	<p>Kigali: 218 (Male 117, Female 101)</p> <p>Huye: 115 (Male 68, Female 47)</p> <p>Total: 333</p>	
				For COVID-19 free case management and continuity of monitoring of the welfare of children including refugee children, airtime was provided to community CP volunteers

Table 5: Limitation: challenges and adaptation measures


Challenge	Solution Tips
The delay in launching the project with local stakeholders rendered Urban staff to work without recognition	Launching SPL project with relevant stakeholders in the early 2020
Due to Covid-19, prevention measures some activities that involved face to face interaction were suspended. (e.g: meetings, trainings, awareness raising)	Project team innovated alternative ways of operating (Meeting on MS Team, awareness on radio and following children through phone calls.....) and use of Radio, TV, Social Media and public sound systems as well as flyers and banners where adopted
Limited communication of community volunteers with beneficiaries during COVID 19.	Provision of communication fees to community-based structures to ease the remote coordination



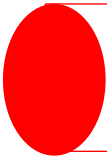
CHAPTER 5: LESSONS LEARNED, CONCLUSIONS AND POLICY RECOMMENDATIONS

5.1. Lessons Learned

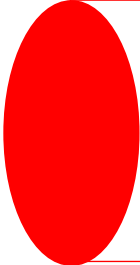
Overall, the study found a solid commitment to identifying children protection services and referral mechanisms to address their needs in urban settings. Nevertheless, active translation into more rigorous mechanisms that meet the multiple needs of most of the children. Moreover, the following points highlighted vital lesson learnt during the period of the intervention:




The engagement of local leaders (District, Sector, Cell and villages) was fruitful in the implementation of the project as a foundation for sustainable inclusion of refugee children into existing CP and Welfare systems.



Strengthened collaboration and communication with other partners and stakeholders speeds up the implementation processes and add extremely high value to the project



Working with the existing community-based child protection structures in the implementation of project activities like awareness and campaigns. Once trained and equipped, have the ability to take the message long miles and helps to cascade the message to other community members and make the voice heard more easily in the prevention, identification and reporting of violence cases.



Engaging local officials and community structures from the early project activity planning and throughout the implementation stage triggers their ownership of the project interventions.

5.2 Conclusion and Policy Recommendation

The endline evaluation evaluated how the programme underlined targeted indicators. The findings also assessed the effectiveness of the refugee children, parents/caregivers, and service providers like local authorities and volunteers to provide Save the Children and partners with recommendations for corrective actions that can be implemented to improve general implementation modalities for future similar interventions.

From the background, Burundians who have been given an asylum in Rwanda live in refugee camp, Mahama, close to the Burundi border under the management of the Ministry in charge of Emergency Management in collaboration with UNHCR. The remaining Burundian refugees who fled in Rwanda choose to live and dispersed in and around the capital of Kigali and the city of Huye (called Urban refugee) and obliged to rely on their means to survive.

The end line evaluation has also assessed the availability of Child Protection Services in urban settings. It provides reliable evidence on the achievements made by the project in line with the inclusion of child protection matters among refugee children in urban areas into existing Child Protection and Welfare systems. The same evaluation has documented some of the lessons learned and suggested practical recommendations to help the project partners and stakeholders improve the design and implementation of future urban refugee projects in urban settings.

The findings revealed that high percentage (93.75%) Refugee children in the urban areas are attending formal education, even though the government of Rwanda has harmonized the education system and for all. Unfortunately, 6.25% of school-aged are not participating in any formal education during the end line evaluation due to lack of schooling materials (uniform and stationary), and others did not want to attend schooling.

In the position of Save the Children International and other partners, including UNHCR, child refugees should be able to enjoy a broader range of rights as their association and ties with the host community grow more robust. The findings of the joint evaluation revealed that children had improved their understanding through the project on how to report a child concern increased by 10.3% to 46.8% from the baseline indication, 36.5%.

During the project implementation, some refugees benefited directly through INGO or the government existing services, 26%. Among the services, 36% of the children accessed child-friendly spaces, livelihood services (24%), health (20%), case management (16%), education (16%), psychosocial support (8%) and referral by friends of family (8%).

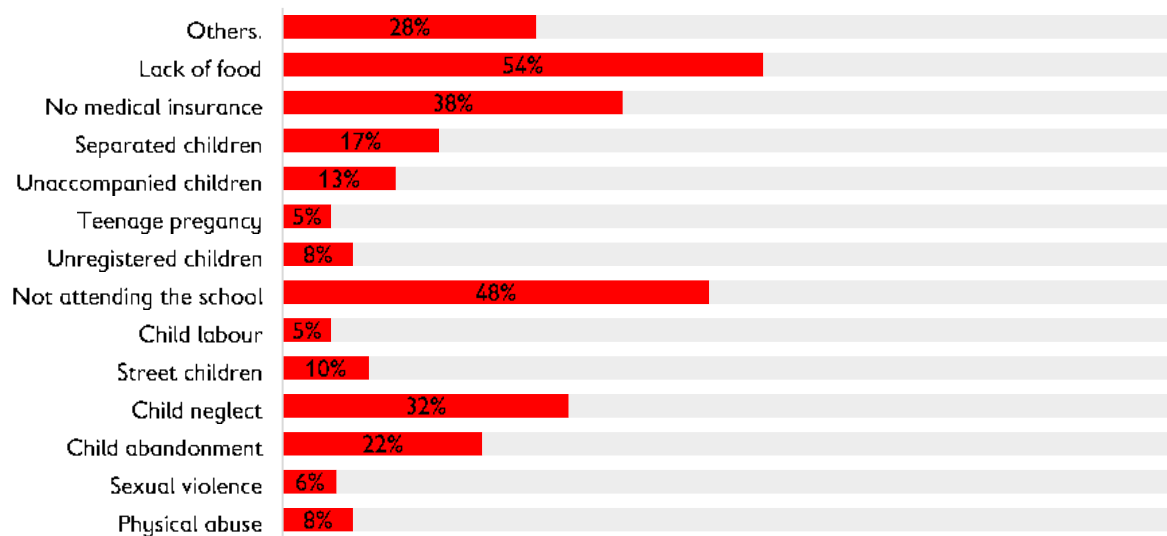
The debate on referral mechanisms and case management for children refugee and ensuring positive outcomes is extremely pertinent and timely. Momentum is growing around the need for the responses to vulnerable children to take a system approach rather than relying on fragmented service delivery. Effective referral mechanisms and case management systems are essential in ensuring that children, community and households are identified, their needs correctly assessed and that they receive cross-sectoral support until there has been a positive outcome for that child and/or family.

Reference

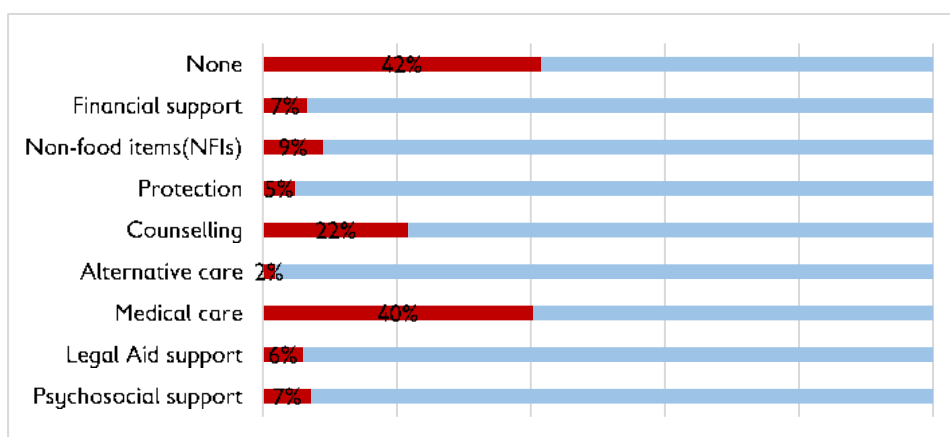
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Annexes

Annex 1: Child protection concerns/issues for refugee children in the community



Annex 2: Child protection services received



Annex 3: Key Government and non-Government CP actors in Urban Settings

Institution (Government, /INGO/Local NGO)	Areas of Intervention (Administrative Sectors/Districts)	Child Protection, GBV, Family Promotion, Social Protection, Child Rights Promotion	Education	Justice	Health & Nutrition	Interventions (List of Services Delivered by the Institution, INGO/Local NGO)
Save the Children	Gasabo, Huye, Kicukiro, Nyarugenge, Nyanza reception centre	Yes	Yes	--	--	Case management, home mentoring visits etc. Provide girl rooms' materials, capacity building on positive discipline to teachers, capacity building to the existing local child protection structures
Hope for Life Ministries	Kicukiro	Yes	--	--	--	Dealing with street children, providing school fees and other school materials to vulnerable children
Humanity and Inclusion	Kicukiro, Gasabo (Rusororo and Kacyiru)	Yes	Yes	--	--	-Capacity building for beneficiaries/stakeholders on disability and inclusion -Fight against discrimination (awareness, trainings) based on age gender and disability, family strengthening, provision of disability related tools, rehabilitation and social integration of victims of child abuse
World Vision - Rwanda	Kicukiro (Nyarugunga), Gasabo (Rusororo)	Yes	Yes	Yes	Yes	-Supports in ECD construction and also some agricultural activities - School infrastructure development, awareness raising on laws, representation of children in courts and reintegration of child laborers into families
Africa New Life Ministries	Kicukiro (Gatenga)	Yes	Yes	--	--	Providing school fees for vulnerable children, family support in livelihood activities
Reach the Children for Rwanda	Kicukiro (Kigarama, Gikondo, Gahanga and Kanombe)	Yes	Yes	--	--	Providing school fees, empowering and supporting family livelihood activities
Young Women Christian Association (YWCA)	Kicukiro (Niboye)	Yes	--	--	Yes	Providing school fees, empowering and supporting family livelihood, HIV Prevention

Institution (Government, /INGO/Local NGO)	Areas of Intervention (Administrative Sectors/Districts)	Child Protection, GBV, Family Promotion, Social Protection, Child Rights Promotion	Education	Justice	Health & Nutrition	Interventions (List of Services Delivered by the Institution, INGO/Local NGO)
Ten Talents	Kicukiro (Gatenga)	Yes	--	---	--	Support with school fees & school materials, care arrangement and Psychosocial support
Association Mwanukundwa	Kicukiro (Kigarama, Gikondo, Gatenga)	Yes	Yes	--	--	Providing school fees & school materials, care arrangements, Psychosocial support, identifying street children, supporting children from poor families
Hope and Homes for Children	Kicukiro, Gasabo (Remera)	Yes	Yes	--	--	Family care arrangement for street children and children with disability, reintegration of children from orphanages and provision of school fees
DUHATIC ADRI	Nyarugenge (Gitega, Rwezamenyo, Nyamirambo, Mageragere, Nyakabanda, Kimisagara, Kanyinya, Kigali, Muhima)	Yes	Yes			Providing teenage mothers with handcraft skills and education support
AJPRODHO	Nyarugenge (Kimisagara, Rwezamenyo, Mageragere, Kigali and Kanyinya)	Yes	--	--	--	Capacity building on positive discipline approaches to parents, Civil Society Organizations members and local leaders
ABADACOGORA	Nyarugenge (all sectors)	Yes	--	--	--	Rehabilitation, reintegration and financial support to street children
COMPASSION INTERNATIONAL	Nyarugenge (All sectors) and Gasabo (All sectors)	--	Yes	--	--	Provides School fees, school materials to vulnerable children
Children's Voice Today	Nyarugenge (All sectors)	Yes	--	--	--	Awareness raising on child protection, child rights & advocacy on issues affecting children
ACROSSAID	Nyarugenge (Kimisagara, Muhima, Gitega)	Yes	Yes	---	--	Literacy (Reading and writing) awareness & Family Reunification for Street Children

Institution (Government, /INGO/Local NGO)	Areas of Intervention (Administrative Sectors/Districts)	Child Protection, GBV, Family Promotion, Social Protection, Child Rights Promotion	Education	Justice	Health & Nutrition	Interventions (List of Services Delivered by the Institution, INGO/Local NGO)
Uyisenga n' Imanzi	Nyarugenge (All sectors)	Yes	Yes	--	--	Provide Psychosocial support to vulnerable children and families, Provides school materials and school fees to children from poor families
CARITAS KIGALI	Nyarugenge (All sectors), Huye (Ngoma, Tumba, Mukura, Mbazi, Huye)	--	Yes	Yes	--	Provides school fees and school materials to children, Training on Peace and Justice, Support refugees in income generating activities
MINDLEAPS RWANDA	Nyarugenge (Rwezamenyo)	Yes	--	---	--	Teach children dances, IT and Provide materials to street children
African Evangelistic Enterprise (AEE)	Nyarugenge (All sectors), Gasabo (All sectors)	Yes	Yes	--	--	Provision of school fees, school materials, Preventions of Malnutrition among children (Support families to have kitchen garden, Provision of ECD materials.
IMBUTO FOUNDATION	Nyarugenge (All sectors)	Yes	Yes	--	--	Awareness raising on preventing drug abuse, providing school materials, Sexual Reproductive Health Education, ECD center construction
DR ALPHRED FOUNDATION	Nyarugenge (All sectors)	--	Yes	--	--	Provides school fees to vulnerable children
ALIGHT	Huye (Ngoma, Tumba, Mukura, Mbazi)	Yes	--	--	--	GBV Training and supports in ISANGE One Stop Centre
MAISON SHALOM INTERNATIONALE	Huye (Ngoma, Tumba, Mukura, Mbazi)	--	Yes	--	--	Business and financial support to Burundians refugees and Rwandans whose businesses are affected by COVID-19, Supports children in education through paying school fees and follow up
United Nations High Commissioner for Refugees	Huye (all sectors)	Yes	--	Yes	--	Supporting refugee children in child protection, justice and supports repatriation processes (For those who want to go back home (country of origin)

Institution (Government, /INGO/Local NGO)	Areas of Intervention (Administrative Sectors/Districts)	Child Protection, GBV, Family Promotion, Social Protection, Child Rights Promotion	Education	Justice	Health & Nutrition	Interventions (List of Services Delivered by the Institution, INGO/Local NGO)
PAROISSE CATHOLIQUE RANGO	Huye (Tumba, Mukura, Ngoma)	--	Yes	---	--	Education and training to youth refugees through sports activities promotion
CONCORDIA INEZA	Huye (Tumba, Mukura, Ngoma, Huye, Mbazi)	--	Yes	Yes	--	School fees, school materials support, health and financial support for those who are in the hospital without other support
REBEJO ORGANIZATION	Gasabo (Rusororo, ndera)	Yes	--	--	--	Supports teen mothers
SHELTER THEM BATARURE RWANDA	Gasabo (Kimironko)	Yes	--	--	--	Dealing with street children and family strengthening
MEG Foundation	Gasabo (Kacyiru)	--	Yes	--	--	Providing school fees, school feeding
CLADHO	Gasabo (All sectors)	Yes	---	Yes	--	Support in providing Justice and reintegration services to teen mothers
Coalition Umwana ku isonga	Gasabo (All sectors)	Yes	--	--	--	Awareness rising on child rights, advocacy for respect of child rights, training of journalists/media on child rights
Umuhuza	Gasabo (Kimihurura)	Yes	Yes	--	--	Awareness, trainings of parents and caregivers on ECD practices, provision of ECD materials
Help Children Image	Gasabo (Gatsata)	Yes	---	---	--	Street children: family tracing, creation of children groups, self help
I WILL STAND INTERNATIONAL	Gasabo (Rusororo)	Yes	Yes	--	--	Family strengthening support, school fees
Love with action	Gasabo (Bumbogo)	--	--	--	Yes	Physiotherapy and disability related activities
CENTRE HUMURA	Gasabo (Ndera)	--	Yes	--	Yes	-Provision of physiotherapy services -Teaching children with mental disabilities for free
CECYDAR	Gasabo (Remera)	Yes	--	--	--	Reintegration of street children, follow up of children reintegration and family strengthening
Les enfant de Dieu	Gasabo (Ndera)	Yes	--	--	--	Reintegration of street children, follow up of children reintegration and family strengthening

Institution (Government, /INGO/Local NGO)	Areas of Intervention (Administrative Sectors/Districts)	Child Protection, GBV, Family Promotion, Social Protection, Child Rights Promotion	Education	Justice	Health & Nutrition	Interventions (List of Services Delivered by the Institution, INGO/Local NGO)
Centre Marembo	Gasabo (Ndera)	Yes	Yes	--	Yes	Provision TVET skills to female victims of GBV and girl street children
SOS-Village d'enfants Kigali	Gasabo (Kacyiru)	Yes	Yes	--	--	Care and integration of vulnerable children

Annex 4: Questionnaire used for the endline evaluation

**QUESTIONNAIRE FOR THE PROJECT EVALUATION IN THE URBAN SETTINGS
(KIGALI & HUYE)**

I. Respondents

Respondents to the questionnaire includes refugee children, parents/caregivers and CP service providers at local and national levels.

Districts	Sectors
Huye	Ngoma, Tumba, Mbazi, Mukura
Kicukiro	Niboye, Kigarama, Gikondo
Gasabo	Kacyiru, Kimironko, Rusororo
Nyarugenge	Nyamirambo, Muhima
Kirehe	Gatore, Mahama

II. Questionnaire for refugee children in urban settings

Questions	Options
District:	Huye, Kicukiro, Gasabo, Nyarugenge, Kirehe
Sector:	
Cell:	
Village:	
Sex:	1 Male 2. Female
Age:	A. 7-10, B. 11-14, C. 15-17
1. Whom do you live with?	1.Father 2. Mother 3. Foster parents 4. Family relatives 5. Others
1.1 If Others specify	
1.2. Do you have any kind of disability/Impairment?	1. Yes 0. No
1.3. If yes, which type of disability/impairment do you have?	1. Physical; 2. Visual; 3. Hearing; 4. Mental /intellectual; 5. Little; 6. Multiple disability; 7. Others (Specify)
If Others specify	
1. Are you currently attending school?	1. Yes 0. No
2.1. If yes, which class level are you in?	Lower Primary, Upper primary, Ordinary secondary level, Advanced secondary level, Others (Specify)
If Others specify	
2.2. If not, why are you not attending school?	

3.0 Have you accessed children's services offered by INGOs or the government in the last month?	1. Yes 0. No
To what extent were you satisfied by these children's services offered by INGO?	
3.1. If yes, what services have you accessed in the last month? (Select multiple)	<ol style="list-style-type: none"> 1. Case management services 2. Child friendly space (CFS) 3. Psychosocial Support services 4. Education Services 5. Life skills 6. Livelihood Services 7. Health services 8. Justice services 9. Referral by friends of family (Inshuti z'Umuryango) 10. Others
Others specify	
Which institution(s) delivered these services?	
3.2. If yes, do you think any of the services you selected need any improvement?	1. Yes 0. No
3.3. If yes, what service(s) that needs an improvement	Text
3.4. What kind of improvement is needed?	Text
4.0. Is there any child protection referral/reporting mechanism at your community?	1. Yes 0. No
4.1. If yes, what are those referral mechanisms at community	<ol style="list-style-type: none"> 1. Verbal reporting 2. Toll free line 3. SMS 4. Suggestion boxes 5. Meetings 6. Others
If Others specify	
5. Have you ever faced/experienced any form of violence at home since last month like beating, slapping, calling you bad names, sexual harassment etc.?	1. Yes, 0. No
5.1. If yes, what types of violence did you face? (Select multiple)	1. Physical assault 2. Sexual assault 3. Emotional harassment 4. Others
5.2. Did you report the incident? (Select multiple)	1. Yes, 0. No
5.3. If yes, did you receive any feedback?	1. Yes, 0. No
5.4 If yes, who provided it?	1. Friends of family 2. Police 3. Local leaders 4. Health workers 5. Others

Do you work with community based child protection committees/groups dedicated to identify, prevent and report child protection issues	1. Yes, 0. No
What do you think done to improve the service delivery by community-based child protection committees?	text
6.0. What are the most prevalent child protection concerns/issues for refugee children in your area?	<ol style="list-style-type: none"> 1. Physical abuse, 2. Sexual violence, 3. child abandonment, 4. child neglect, 5. street children, 6. child labour, 7. not attending school, 8. unregistered children, 9. teenage pregnancy, 10.unaccompanied children, 11.separated children, 12.lack of food, 13.No medical insurance, 14.Others
If Others specify	
8. At what scale are you satisfied with the CP services received from the service providers?	<ol style="list-style-type: none"> 1. Very dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Very satisfied
8.1. If not satisfied with CP services received, please explain why?	
8.2. What are the missing CP services from CP package/services that are supposed to be provided/received?	
8.3. What do you think can be done to improve on the missing CP services specifically for refugee children present in the district?	

III. Questionnaire for caregivers of children (refugee) in urban settings

Questions	Options
District:	Huye, Kicukiro, Gasabo, Nyarugenge, Kirehe
Sector:	
Cell:	
Village:	
Sex:	1. Male 2. Female
1.How many people living in your household at the current time, including the head of HH	
1.1. Do you have child(ren) disability/impairment?	1. Yes 0. No
1.3. If yes, which type of disability/ impairment do you have?	1. Physical, 2. Visual, 3. Hearing, 4. Mental /intellectual, 5. Little 6. Multiple disabilities 7. Others (Specify)
If Others specify	
2.Do all of the girl children living in the household currently attending school?	1. Yes 0. No
2.1. If no, what is the reason? (Select multiple)	School is too far Cannot afford uniform and school materials Family does not want child to attend school Children helping with household chores Child is currently looking for work Child is working Misconduct of teachers Pregnant or has a young child Child does not want to attend Others
If others	Specify
2.2. Do all of the boy children living in the household currently attending schools	1. Yes 0. No
2.3. If no, what is the reason? (Select multiple)	School is too far Cannot afford uniform and stationary Family do not want child to attend school Child is married Children helping with household chores Child is currently looking for work Child is working Misconduct of teachers Child does not attend due to menstrual cycle Pregnant or has a young child Child does not want to attend Others
If others	Specify
3.Have any children attending schools faced any type of violence at school?	Yes No I don't know

3.1. If yes, what type of violence have they experienced? (Select multiple)	1. Physical assault 2. Verbal assault/humiliation 3. Sexual assault 4. Sexual exploitation 5. Other
3.2. If yes, who are the perpetrators of the violence? (please do not give any identifying information on the individual)	1. Teacher 2. Parents/caregivers 3. Foster caregivers 4. Fellow children 5. Others
4. Have you ever faced any form of violence since last month?	1. Yes, 0. No 99. I do not know
4.1. If yes, which form of violence did you face?	1. Physical violence 2. Emotional violence 3. Sexual violence 4. Others
5.0. What are the top 3 sources of stress for you (parents/caregivers) in the household?	1. Lack of shelter/size of shelter 2. Lack of food at home 3. Lost livelihood/loss of property 4. Children's safety/violence within the community 5. Not being able to return home fear of being forced to return home 6. Separated from other family members 7. Other
If others	Specify?
6.0. Have you (in your household) accessed any training or psycho social support services in the last month?	1. Yes 0. No 99. I don't know
6.1. If yes, which training or psychosocial support service did you receive in the last month (select multiple)?	1. General capacity building for parents/carers 2. Child Protection capacity building for parents/carers 3. Positive parenting capacity building for foster cares 4. Referrals 5. Others
If others specify	
6.2 If yes, who provided the services you mentioned above?	District official, Sector Official, Cell Official, Village Chief, Friends of family , Non-governmental organisations, other
If others	Specify
6.2. If yes, do you think any of the services you selected above need any improvement?	1. Yes 0. No
6.3. If yes, what service(s) that need improvements?	1. General capacity building for parents/carers 2. Child Protection capacity building for parents/carers 3. Positive parenting capacity building for foster cares 4. Referrals 5. Others
6.4. What kind of improvement is needed?	

7.What are the child protection concerns/issues for refugee children in your area?	1.Physical abuse, 2. Sexual violence, 3. Child abandonment, 5. Child neglect, 6. Street children, 7. Child labour, 8. Not attending school, 9. Unregistered children, 10. Teenage pregnancy, 11. Unaccompanied children, 12. Separated children, 13. No medical insurance, 14. Lack of food 15. Others
If Others specify	
8.0. What Child Protection services do you receive from service providers in your area?	<ol style="list-style-type: none"> 1. Psychosocial support 2. Legal Aid support 3. Medical care 4. Alternative care 5. Counselling 6. Protection 7. Non-food items (NFIs) 8. Financial support 9. Others
If Others specify	
9. Do you report CP issues to the service providers?	<p>Yes</p> <p>No</p> <p>I don't know</p>
9.1. Once you have reported, Do you receive feedback (s) to the cases reported to CP service providers?	<p>Yes</p> <p>Sometime</p> <p>No</p>
9.2. Were you satisfied with the feedback you received on that report?	<ol style="list-style-type: none"> 1. Very dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Very satisfied
9.3. What are the challenges existing in the CP reporting system at the community level?text
9.4. What are the missing CP services from CP service providers that are supposed to be provided/received?text
10.What do you think can be done to improve on the Child protection service delivery specifically for refugee children?text
11. On this project (Next Generation: Kids and Integration project) specifically, what do you think can be done or improved in future projects to ensure the rights of the refugees are met?text
What positive changes has Save the Children's Next Generation: Kids and Integration project left to you?	text

**Questions to the local authorities (District Gender & Family Promotion Officers/
Sector Social Affairs Officers)**

01. Refer to the current trend, how many refugees do you have in the District?
02. Briefly, how can you describe the welfare of these refugees?
03. Are there any issues that arise? What are the most common cases in your district?
04. Are there any specific cases raised by refugee children? What are they?
05. How do you address these refugee children issues?
06. Do you see the Next Generation: Kids and Integration project as something that has helped them intensify their efforts to protect children, especially refugees? Give an example
07. What do you think should be done on the part of the government and its partners in order to better protect the children of refugees?

the \mathbb{R}^n is a linear space over \mathbb{R} with the usual addition and scalar multiplication. The inner product is defined by

$$\langle x, y \rangle = x_1 y_1 + x_2 y_2 + \dots + x_n y_n \quad (1)$$

where $x = (x_1, x_2, \dots, x_n)$ and $y = (y_1, y_2, \dots, y_n)$ are vectors in \mathbb{R}^n . The norm of a vector x is defined by

$$\|x\| = \sqrt{\langle x, x \rangle} = \sqrt{x_1^2 + x_2^2 + \dots + x_n^2} \quad (2)$$

The distance between two vectors x and y is defined by

$$d(x, y) = \|x - y\| = \sqrt{(x_1 - y_1)^2 + (x_2 - y_2)^2 + \dots + (x_n - y_n)^2} \quad (3)$$

The angle between two vectors x and y is defined by

$$\cos \theta = \frac{\langle x, y \rangle}{\|x\| \|y\|} \quad (4)$$

where θ is the angle between x and y . The orthogonal projection of a vector x onto a vector y is defined by

$$\text{proj}_y x = \frac{\langle x, y \rangle}{\|y\|^2} y \quad (5)$$

The orthogonal distance from a vector x to a vector y is defined by

$$d_{\perp}(x, y) = \|x - \text{proj}_y x\| \quad (6)$$

The orthogonal distance from a vector x to a subspace S is defined by

$$d_{\perp}(x, S) = \inf_{y \in S} \|x - y\| \quad (7)$$

The orthogonal distance from a point x to a line L is defined by

$$d_{\perp}(x, L) = d_{\perp}(x, S) \quad (8)$$

where S is the subspace spanned by the direction vector of the line L . The orthogonal distance from a point x to a plane P is defined by

$$d_{\perp}(x, P) = d_{\perp}(x, S) \quad (9)$$

where S is the subspace spanned by the direction vectors of the plane P . The orthogonal distance from a point x to a hyperplane H is defined by

$$d_{\perp}(x, H) = d_{\perp}(x, S) \quad (10)$$