



Save the Children

RWANDA COUNTRY OFFICE ANNUAL REPORT

2017

SAVE THE CHILDREN RWANDA ANNUAL REPORT

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EXECUTIVE SUMMARY!

Save the Children Rwanda Country Office works to contribute to three global breakthroughs by 2030: No child dies from preventable diseases before their 5th birthday; all children are protected and all children have a quality basic education.

In 2017, Save the Children Rwanda contributed to these three global breakthroughs with a national footprint and dozens of active programs in child protection, education, health and nutrition and child rights governance. Contained here within are details of these achievements. Some highlights of the year include:

- Save the Children is a key partner in the response to the influx of Burundian refugees. Save the Children is the implementing partner for child protection, health, nutrition and SGBV. We continued to operate a full health center for Burundian refugees and their host communities. Our clinic provides emergency nutrition support to mothers and young children, a maternity and delivery ward and in 2017 grew to provide HIV/AIDS testing and treatment services.
- The Maternal Child Survival Program (MCSP) project, implemented with JHPIEGO, contributed to the reduction in preventable maternal and new-born deaths in 10 districts of Rwanda. Neonatal mortality rate reduced from 50 to 20 per 1000 live births between 2010 and 2017 translating to a reduced mortality rate from 1.1% to 0.8% (MCSP Report, 2017). MCSP reached 178,594 mothers and new-born dyads with exclusive breastfeeding support.
- Our Child Protection systems strengthening work expanded from three districts to ten districts of the country. This project, implemented with the National Commission for Children, builds the capacity of first-level child protection responders, Inshuti z'Umuryango/ Friends of Family, so that they can appropriately and quickly respond to child protection concerns at the village level.

In total, Save the Children Rwanda reached 522,713 people directly, and 4,692,367 indirectly, of which a total of 1,093,883 children were reached (directly and indirectly). For 2018, as in the preceding years, we remain committed to achieving the mandate entrusted to the Country Office.

INTRODUCTION

Save the Children believes every child deserves a future. In Rwanda and around the world, we work every day to give children a healthy start in life, the opportunity to learn and protection from harm. When crisis strikes, and children are most vulnerable, we are always among the first to respond and the last to leave. We ensure children's unique needs are met and their voices are heard. We deliver lasting results for millions of children, including those hardest to reach. We do whatever it takes for children – every day and in times of crisis – transforming their lives and the future we share.

Save the Children has been working in Rwanda since 1994, helping thousands of separated children to trace family members in the immediate aftermath of genocide against the Tutsi. Since then, we have been working in partnership with the government and local stakeholders to promote a bright future for Rwanda's children, in areas of child rights governance, child protection, education, health and nutrition.

KEY FACTS ABOUT RWANDA

1

Survival

1-in-20 children do not live to celebrate their fifth birthday.
38% of children under the age of five are stunted.

2

Education

Pre-primary enrolment stands at 20%.
97% of children enroll in primary school but only 60% complete primary education.
18% of p3 students could not read a word of a grade-level Kinyarwanda text.

3

Child Protection

5.5% of children aged 6 to 17 are engaged in child labor.
3% of children under age 5 possess a birth certificate.
24% of girls and 28% of boys age 15 to 19 have experienced physical violence.

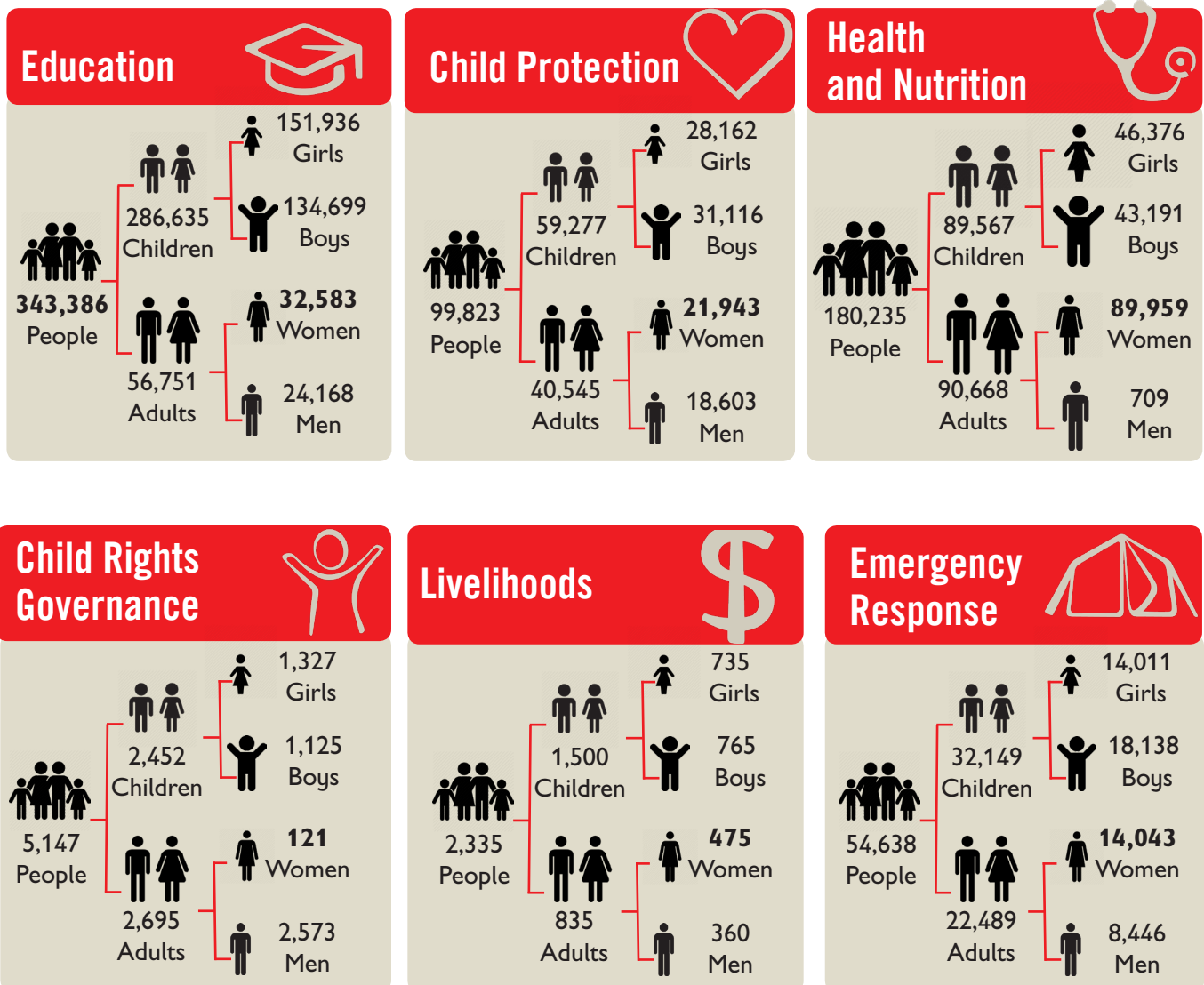


Photo: Elysee Nijigana/Save the Children

Sources: Rwanda Demographic and Health Survey 2015, Integrated Household Living Survey 4, 2015 Education Statistical Yearbook and 2015 EDC Midline Fluency Assessment for Rwandan Schools.

Our Reach in 2017

Direct Reach: 522,713 people including **395,079** children (207,013 girls and 188,067 boys).



Indirect Reach:

4,692,367 people

698,804 Children

Female:
2,395,548

Male:
2,296,819

Girls:
372,926

Boys:
325,878

OUR WORK FOR CHILDREN

1

EDUCATION

In 2017, Education was the biggest sector for Save the Children in Rwanda. Our education programme provides a multi-faced delivery model of services for children aged 0-7 that focuses on beginning early, mastering foundational literacy skills and improving overall learning outcomes.

The programme includes:

a. Early Childhood Development:

Working with parents, children, early childhood teachers has helped to increase confidence of new parents in providing stimulation to young children and supporting early childhood development. Our programme engages parents both female and male adults, children as well as local authorities in programming. In addition, First Steps (0-3) approach has been shown to have a significant positive impact on parent knowledge and beliefs about caregiving practices, health and hygiene practices, and children's development. Children received the Early Literacy and Math Initiative (ELMI) interventions (school-based or at home) had higher scores on literacy and math assessments than children who had not participated in the project.

b. School Aged Literacy Support:

Commencing 2017, Save the Children Project Mureke Dusome began phasing operations into 10 new districts of Rwanda to foster partnerships between schools and the broader community in a bid to improve primary grades children's literacy outcomes. During 2017, Mureke Dusome completed the piloting of the Literacy Champion toolkit and School Leadership and Management modules.

Owing to the learning from the self-study modules, Sector Education Officers, Head Teachers, School General Assembly Committees, Literacy Champions and parents are collaborating in different activities to promote children's literacy. In Rugarama sector of Burera district, Head Teachers certify that there is improvement in collaboration with the community.

The Head Teacher of Gafumba Primary School reported, "Collaboration has improved at different levels. With the help of the Sector Education Officer, we organized sector level reading competitions for children. By working with Literacy Champions, our school lends some storybooks to Literacy Champions for use during the reading clubs because they have few books. Since we mobilized parents during different meetings, parents crafted traditional mats and gave them to Literacy Champions for use during reading clubs as the one provided by Mureke Dusome is not enough. More parents are visiting their children at school, they are more engaged in children's learning outside school through giving them time to revise their lessons at home and attending reading activities in the village."

The project intensified its engagement with key Government of Rwanda institutions charged with literacy promotion. For example, an MOU was signed between Save the Children and Ministry of Culture and Sports (MINISPOC) thus paving the way for strategic engagement in such areas as the National Book Development Policy, the National Literacy Policy, strengthening of the local publishing industry and jointly celebrating both International Literacy Day and National Literacy Month.

The Government of Rwanda made a significant contribution to working with local publishers by approving more than a hundred new locally published titles, in addition to amendments to simplify tender process regarding production of literacy boost supplementary materials.



Photo: Elysee Niyigenga/Save the Children

This resulted in rapid growth of local publishers, increased children's access to books as well as expanded demand for children's books.

Save the Children influenced revival of the process of developing the National Literacy Policy. By the end of 2017, preparations for the presentation of the National Literacy Policy Concept Note to the Ministry of Education had been finalized.

Reading clubs helping to reduce dropout rate in Burera and Musanze Districts.

Four years ago, Emmanuel (name changed), dropped out of school at the age of 10. Emmanuel was living with a caregiver, who unfortunately was no longer able to support him. He was studying at Kabwende Primary School, Kinigi Sector, Musanze District in the Northern Province. According to the director of the school, Emmanuel was one of the top performing students in his class before he dropped out.

One day in January 2018, Emmanuel, now 14, heard other children talking about going to a reading club in the neighborhood and decided to follow them.



“When I attended a reading club for the first time, the Literacy Champion was reading a storybook about a boy named Gahigi,” explains Emmanuel. “The story was so nice that I stayed until the end.” In the story, Gahigi, a hunter, stops hunting beautiful animals so that people can continue to enjoy seeing the animals in the national park. The Park Rangers appreciated Gahigi’s efforts and rewarded him.

“As a reward, rangers enrolled Gahigi in school and he started his studies. After reading the story, the Literacy Champion asked if there were children who wanted to go to school and I immediately raised my hand,” Emmanuel adds, explaining what inspired him to rejoin school.

With the help of the Literacy Champion, Emmanuel found a family willing to support him as he continued his studies at Kabwende Primary School in Musanze District.

Emmanuel’s story is not unique. Across Burera and Musanze districts, USAID Mureke Dusome project’s interventions, implemented by Save the Children and local partners Umuhuza and Urunana DC, are inspiring and motivating children like Emmanuel to return to school. At Kabwende Primary School alone, the school management documents a total of 42 students who have returned to the primary school due to the influence of the literacy messages communicated to the community by the Literacy Champions.

The Literacy Champions’ representative in Kinigi Sector,

Musanze District, quoting official statistics, report that 207 children have rejoined school after dropping out. According to his counterpart in Rugarama sector, Burera District, of the 123 who dropped out of the local school, 93 have rejoined to continue their studies.

In Burera and Musanze districts, parents and teachers are grateful for the efforts of USAID Mureke Dusome’s Literacy Champions and the positive influence the clubs have had on their communities in motivating children to return to school after dropping out.

Literacy Champions are working in their communities across Rwanda to facilitate reading clubs for primary age children and to spread key literacy messages to parents, teachers and local government officials.

c. Ownership and Sustainability by the Government:

About 2,157 community-based book banks that SC helped establish in 21 districts are now under administration of local authorities. The Government of Rwanda adopted a strategy of One Early Childhood Development Center per village and has launched a newly-formed government coordination unit, National Early Childhood Development Coordination Program, to coordinate efforts around early childhood development.



d. Research, Policy and Advocacy:

Engaging in research and using findings for advocacy to influence policy and practice, by engaging government, children, civil society actors, private sector and other stakeholders influenced government to adopt new components in education sector. For instance, the birth of One ECD per village strategy was a result of our influence through research findings about the need.

2 CHILD PROTECTION

Child Protection Systems Strengthening:

Save the Children's positive discipline modules were adapted for use in national training modules for national social workforce Inshuti z'Umuryango/Friends of Family (IZU) as part of strengthening Rwanda's child protection system under National Child Care Reform.

Through advocacy with the Government of Rwanda, positive discipline was included in the key training manuals for IZU and Early Childhood Development. In 2017, Save the Children Scaled up its child protection system's strengthening from 3 to 11 districts.



3

CHILD RIGHTS GOVERNANCE

Save the Children Child Rights Governance in Rwanda is implemented in partnership with the local organization Children's Voice Today (CVT). The project aims to strengthen the capacity of child focused Civil Society Organisations (CSOs) and children's networks to actively hold duty bearers to account for the implementation of children's rights in Rwanda: as a pilot, it is implemented in 2 districts of Rutsiro and Nyarugenge.

The programme has been successful in engaging children in district budget discussions with the local authorities, and in getting children to develop child friendly budget versions in partnership with the district authorities. Children trained have successfully trained their peers as way to transfer knowledge and learning.

In 2017, the programme reached to more than 108 CSOs & grassroots organisations through the child rights coalition Umwana ku Isonga, as well as other organisations that are operating at district level and national levels. These actors have been trained in child right budgeting enabling them to participate in district budgeting processes for the year 2018. CSOs were introduced to a new practical budget analysis tool to interpret different levels of sector investments which they can use for advocacy work towards greater investment in children.

The programme supported child rights' civil society organizations to develop a position paper seeking action on two issues considered to affect children in Rwanda most: sexual violence towards children leading to child pregnancy and child domestic work. Through engagement with the national CSO child rights coalition Umwana Ku Isonga, Save the Children developed a position paper about actions to prevent and respond to child domestic work and violence against children which leads to early pregnancy.



Photo: Emile Ndagambaje/Save the Children

Further, the two advocacy papers on prevention and response to issues of child labor and child sexual abuse were developed by the supported child focused CSOs. The CSOs will further turn concerns of children from historically marginalized groups and children with disabilities into advocacy information to be tabled to competent Government institutions in 2018.

Byiringiro helping children find protection through Child-Led Grassroots Groups.

Photo: Catherine Kukunda/Save the Children



Patient Byiringiro, 14, lives with his parents and two older sisters in Mageragere sector, a remote area of Kigali City. He joined one of a program supported by Save the Children's Accountability for Children's Rights Programme in 2015. The Children Grassroots Groups are child-led. However, children receive training support from designated facilitators to equip them with necessary skills that enable them to influence national child focused policies and programming.

Patient was elected by fellow children to represent them in public meetings and campaigns around the country. He says such experience has made him see many problems children face, which touches him deeply. "I see children my age or even younger being treated as domestic workers. I see many children

"Children grassroots groups are our space to speak about issues concerning children welfare, and our role in finding solutions to problems children face", says Patient. "We look around our communities and identify locations where children are mistreated. We write reports, after we talk to concerned families and authorities".

wandering the streets without food and education, which hurts me deeply". He said that children with disabilities are the most excluded by their families. "Children with disabilities told us that they are not treated like the other children in homes and at school. We hope to change that mentality. I have hope in our groups; they will contribute greatly towards every child's protection in Rwanda", he noted with pride.

"We can't change everything in the life of these children," explains Patient. "But at least we can support them through speaking to their families and authorities to do a little better. Helping children who have lived through extreme experiences is difficult work. That is why we are working with local authorities for more support. That doesn't mean all our problems are solved, though," he adds.

Every morning Patient walks for about 35 minutes to get to his school where he studies in senior two. He loves Entrepreneurship and History subjects. He is also passionate about music, but his dream is to become a district mayor.

4

HEALTH AND NUTRITION



Photo: Elfysee Nijigenda/Save the Children

Through our Maternal Child Survival Program (MCSP) project, we contributed to the reduction in preventable maternal and new-born deaths in 10 districts of Rwanda. Neonatal mortality rate reduced from 50 to 20 per 1000 live births between 2010 and 2017 translating to a reduced mortality rate from 1.1% to 0.8% (MCSP Report, 2017). The MCSP program contributed to the provision of capacity building and Social Behaviour Change Communication (SBCC) to district health providers in 10 districts.

The programme targeted community health workers and communities through SBCC, training, and mentorship. At central level, MCSP supported the Ministry of Health to update strategic documents, protocols, and guidelines on new-borns. The MCSP reached 178,594 mothers and new-born dyads with exclusive breastfeeding support.

5

EMERGENCY RESPONSE

In 2017, our Country Office responded to the influx of Burundi refugees. Over 53,638 refugees, including 32,149 children under 18 years old, are currently hosted in Rwanda's Mahama refugee camp following civil unrest, violence and large scale displacements from Burundi since April 2015.

An average of 200 new Burundians continue to arrive to Rwanda each month through three transit centres (TCs) – Gatore, Nyanza and Bugesera – which are sites for registration and basic health, and protection services prior to transfer to Mahama camp for additional services.



Photo: Mark Kaye/Save the Children

a. Providing Health services in Emergencies:

Save the Children is the primary health care provider for Burundian refugees living in Mahama camp and significantly contributed to the reduction of morbidity and mortality in young children including through treatment of malaria, pneumonia and diarrhoea. We provide direct health program implementation in Mahama refugee camp, serving both refugee and host communities.

Emergency Response

The Health and Nutrition interventions continue to have a direct impact on inpatient and outpatient beneficiaries. Our health and nutrition interventions, provided lifesaving services by minimizing both morbidity and mortality due to common illnesses. Save the Children ensures that essential health care services including referral are provided; disease surveillance is strengthened and households are engaged through social mobilization and health education to avoid preventable diseases and outbreak further; a rapid response team is ready to respond surveillance and provide intervention when epidemic occurs.

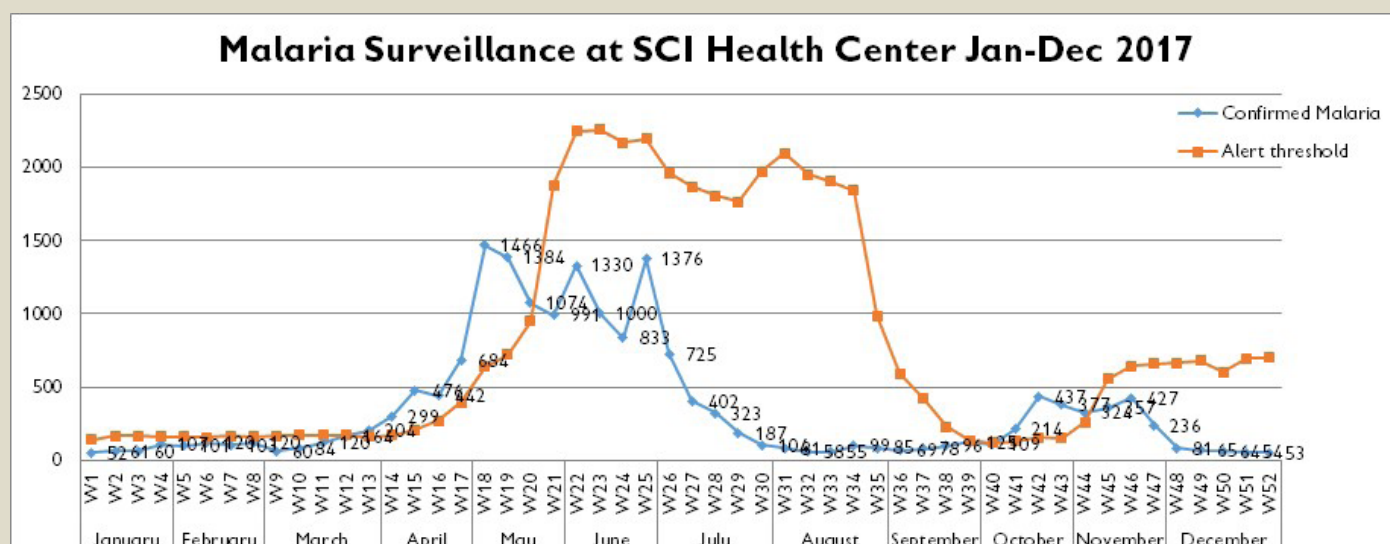
In 2017, SC introduced HIV Voluntary Counselling and Testing (VCT). This was also followed by providing anti-retroviral treatment (ART) to refugees infected by HIV and AIDS. Nurses and doctors have been trained in providing ART and treatment for AIDS. Approximately 200 people living with HIV/AIDS are now enrolled on treatment.

SCI is providing the following health services for refugees living in Mahama II Camp: treatment of common diseases including HIV/AIDS; inpatient care for refugees; on-site lab services; referrals to secondary health care; a pharmacy stocked with drugs; management of acute malnutrition; maternal, reproductive, child and newborn health services; and mental health. The same services are delivered to host community referred to our health centre.

During the reporting period, a total number of 19,175 patients were treated in the outpatient department of whom 1,171 were referred to secondary and tertiary care. The vaccination coverage of Magnitic Resaoance Imaging (MR1) was 92,3% and it has been observed that the number of Severe Acute Malnutrition new admission are 75 cases per month on average, 266 deliveries were assisted with an average of 3 deliveries per day. Overall, there was a decrease in deliveries, which may be a result of improved access to family planning services.¹

Malaria Surveillance.

The Campaigns and door-to-door visits were provided to community to prevent the spreading of malaria. Messages included, the importance of sleeping under mosquito nets. Activities included Indoor Residual Spray (IDRS), distribution of bed nets to the most at risk population (children under five and pregnant women): in total 25,022 people received treated mosquito nets and 7,500 beds were sprayed.



1 Top five morbidity reported.

Upper respiratory infection 4,666 (26%), malaria (14%), gastritis (6%), intestinal worms (5%), lower respiratory infection (5%), and remain top reported cases during reporting period. Among 19,175 consultations between October and December 2017, 2,818 (14%) cases were malaria, 891 (5%) intestinal worms, and 1,249 (6%) cases were gastritis.

b. Nutrition services in Emergencies:

In 2017, SCl implemented Community Based Management of Acute Malnutrition (CMAM) for outpatient whereby supplementary feeding targeted children age (6-59 months), while blanket supplementary feeding targeted children of 6-23 months of age. The implemented program targeted also pregnant and lactating women.

Among them, moderate acute malnutrition (MAM) cases without medical complications were managed and discharged with performance of 97% cure, while 3% were defaulters and 0% deaths.

SCl provided Ready to Use Supplementary Food (RUSF) to children with acute malnutrition as follow: admission: 213, Cured: 160/164 (98%, defaulters 4/164 (2%), death: 0). For children with SAM, SC provided Ready to Use Therapeutic Food (RUTF) and 32 children were admitted, 27/29 discharged, cured representing 93%, 4/29 defaulters representing 7% and 0 death.

On site feeding was provided to 1,488 children twice a day and dry food (take home rations) were provided to 1,692 pregnant and lactating mothers. The nutrition program was also providing anaemia and inpatient feeding, in addition to that fresh food for 39 diabetic patients and 175 patients with other chronic diseases was provided.

c. Child Protection in Emergencies:

The overall aim of SC child protection intervention is to expand protection mechanisms for vulnerable refugees in the camp in order to improve the psychosocial well-being, resilience and coping abilities of refugee children, to improve care and support for unaccompanied children, and to strengthen the quality of SGBV prevention and response activities and services.

In 2017, Save the Children supported a variety of protection mechanisms that included 26 Child Protection Committees comprised of 483 Members, 26 girl's platforms made up of 78 girls, as well as 56 youth clubs and 94 children's clubs. Many of these were initiated by young people themselves who wanted to use and develop their talents. These community based protection mechanisms were central to the achievement of SC objectives, providing identification and referral services, prevention campaigns, sharing protection messages within their communities, and through other community mobilisation and engagement activities. The Child Protection Committees have also worked closely with parents in the camp to set up regular meetings to discuss child protection and parenting related issues.

SC operates 2 Youth Friendly Spaces (YFS) in the camp to meet the specific needs of adolescents as well as 13 Child Friendly Spaces (CFS) for younger children. These spaces delivered structured psychosocial activities aimed at building children and young people's capacity for self-protection, safety and resilience through ongoing sports and recreational activities, play and peer mentoring.

The Child Friendly Space teams coordinated closely with SC case management team to ensure effective and confidential identification and referral of vulnerable children. An average of between 8,000 and 10,000 children and adolescents attend the CFS and YFS activities with slightly more girls than boys attending.

The YFS are designed as a place where adolescents can meet, talk and create their own activities as well as benefit from activities that Save the Children implements for their psychosocial well-being.

SC delivered a Child Resilience Program (CRP) to 416 children (209 girls and 207 boys) who received non-clinical psychosocial support and protection methodologies that focus on strengthening the positive coping skills and resilience of children and youth, their families and communities. During the program, children were supported to develop problem solving skills, cooperation, motivation, positive expectations as well as techniques that reduce aggressive behaviour and risk-taking. There is also emphasis on supporting peers' and skills for parents/caregivers who attend sessions to ensure that families and communities can solve problems and resolve conflict peacefully and constructively.

Through caseworkers and established community mechanisms, SC continued to identify children with protection risks in the community to ensure that children receive adequate support through different stages of case management. About 48 vulnerable children, 560 (399 males, 161 female) unaccompanied children and 687 (397 males, 290 female) separated children were referred to either health, psychosocial, legal. By end of 2017, SC was supporting 210 unaccompanied children in foster care arrangement, 261 children in supervised groups and independent living.

Positive Discipline in Everyday Parenting.

In order to support foster carers and to respond to child protection issues identified through case management, supportive positive parenting training is one of the critical component to ensure the wellbeing of children and violence free home. Through case management, 50 parents from families identified with previous incidents of domestic violence were trained. The positive parenting training provided caregivers with an introduction to parenting and the background of the positive discipline approach; the positive discipline model; and how to apply the model in practice.

Following the training, 100 parents have been attending the parent support program. All parents / caregivers attending are expected to gradually move away from physical and emotional punishment toward solutions that nurture their children's healthy development and learning.

Foster Mom, A Mother's Love!



Gloriose, mother, Baby ½ a month-old Aime Freedom and Father Francois foster family for Niyonkuru.

Gloriose is a volunteer cleaner, she helps out in the Save the Children buildings in the camp and in the school. She has been at the camp, 2 years as of July 2017. She would often noticed Niyonkuru pass by. He was a street child in Burundi. His mother died when he was 6 and after a stay with relatives of his mother he was chased away by the family. He never knew father.

In the camp he was living with eleven children, a group of children on their own in the camp.

After several months of seeing Niyonuru, Gloriose decided to take him in. Gloriose is a Burundi refugee, she was arrested 3 times. Her 3 children were also detained. She fled to Rwanda and her children have secured safety, but are not with her.

Among her children is a son close to the same age as Niyonjuru. She saw her own child in him. "Maybe, if I can take care of him, others would be doing the same for my own children."

The Save the Children Case Management Team has lent support to her and her family. Niyoniuru understands now wat it means to be part of a family, and now attends school regularly.

Gloriose considers Niyonkuru to be her son. When she recently gave birth to her daughter, Niyonkuru stepped up with running things in their home to get everything ready, helping out when her husband wasn't sure what to do. Gloriose says "I never see the face of the street child anymore."

Niyonkuru- " I am very happy and proud to be part of this family, before, I was doing what the other boys did. I copied their behavior. If they decide not to go to school, I did not go to school." Niyonkuru considers this is his forever family.

After school he helps out with family chores, They have a blackboard in their home to practice lessons. He likes to play with his friends, and attend the Save the Children Child Friendly Space near his home. He enjoys football, drumming and the art at the Child Friendly Spaces. He wants to be a photographer when he grows up.

Niyonkuru has a twisted leg that needed medical treatment and Gloriose has advocated for him. Save the Children has supported the family to take him to the hospital for spacial treatment.

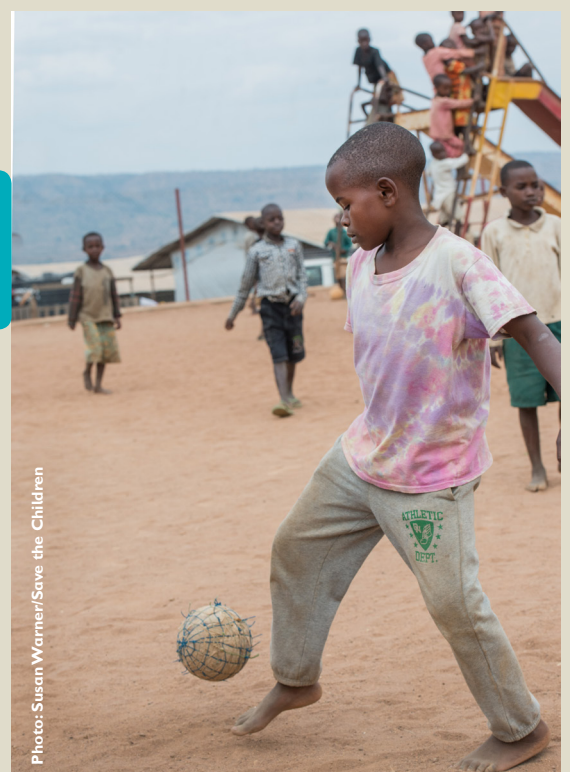


Photo: Susan Warner/Save the Children

SGBV response in Emergencies.

In responding to SGBV (Sexual Gender Based Violence) incidents, SC supported survivors through direct case management support and through the running of 39 committees and SGBV peer support groups. SC provided support to 217 ongoing cases overall.

All SGBV survivors went through registration, intake and assessment process, after which a case plan was developed to ensure the needs of the client are addressed holistically.

SC provided immediate and emergency support including medical and legal referrals to 34 refugees, as well as support to 16 refugees in accessing the police and security services. SC worked closely with legal, medical, nonfood items, food and livelihoods actors to ensure appropriate support to SGBV survivors, and organisations referred to SC Health Centre, the district health Centre: 50 SGBV cases were fully closed by December.

d. Promoting cash transfer for livelihoods:

Save the Children embarked on a livelihoods and youth empowerment project in Mahama Refugee Camp for Burundians. The project aimed to equip refugees with necessary livelihoods skills, and empower them to mobilize resources that enable them to increase their economic security, thereby reduces vulnerability created exacerbated by conflict, pursue goals necessary for their survival and possible return. The project aims to address food insecurity, access to basic needs and protection issues through an integrated child sensitive livelihood intervention that improve children's, parents and caregivers access to food and income to meet other basic needs. We are providing a unique legal and economic enabling environment for refugees to gain productive livelihoods. The project encourages refugees to work and establish businesses, pay taxes, create jobs and in most other ways contribute to Rwanda's economy.

The target groups are primarily those with socio-economic vulnerability parameters, such as:

- Household with breadwinner living with HIV/AIDs and TB who have children;
- Disabled headed households (with children);
- Foster families for unaccompanied and separated children;
- Out-of-school youth who are unable to go to school (enrolled or graduated from literacy education program);
- Have not benefited from cash grant from any other organization;
- Have the capacity to learn, ability to work and motivation.

Selected refugees were trained on entrepreneurship and employability skills training designed to inspire and encourage new ideas in Mahama economic environment. Participants learnt about business skills, innovations and creativity theories as well as other employability skills. Among 425 refugees who successfully completed the training, only 400 were selected to receive business start-up cash grants.

The grant was delivered using cash vouchers where an individual person received 200,000 Frw (250 USD), (two vouchers of 80,000 FRw (94 USD) and one voucher of 40,000 Frw) (47 USD).



Tugishime Deo, 33-year-old came to Mahama camp in 2016. He is married and has two kids aged 3.5 and 1.5 years old. Back in Burundi, he used to be a teacher a primary teacher of Kirundi and French languages. Deo is a beneficiary of Save the Children cash transfer project. "I applied for cash transfer training. Luckily I got selected. After two weeks training, I was given 200,000 RWF (250 USD), grant to support my business.

With the cash voucher I bought 6 bags (of 25kg) rice and 50 kg of sugar, which I sold at my shop. I'm making good profits which help me to expand my shop, and also be able to buy food and clothes for my children and wife. After removing all expenses, I save 7,000 RWF (8.75 USD), every month which a bank with MTN mobile money. I'm a member of the village saving group. The training and cash grant has helped me to grow my business. I have learned to give customer care service, wise use of money and about benefits of savings. If I were not part of the program, I could be suffering and face hard time ahead of me. Thanks to Save the Children for helping me".



Photo: Susan Warner/Save the Children

Claudine has a dream to open up a store.

Claudine, 21, has 2 sons, the oldest is almost 4 and the baby is 3 months-old. As of May 2017 she has been in the camp for two years.

Claudine didn't know how to read and write, nor how to count money. She was approached by a volunteer teacher who told her about classes in the camp where adults go learn reading and writing.

"I was very happy to see people my own age attending the class. I wasn't the only one. I was willing to learn as I couldn't write any letter," she explained.

She immediately enrolled, and she received a certificate after the 5 month course.

"Even my husband is very happy for me because I'm now able to read. I can read sign posts, I can follow directions on my own."

She can now help her oldest son to read at home.

Students who performed better in Claudine's class, were offered training in small business and entrepreneurship, and among them was Claudine. They were trained on book keeping, tips on small business, and how to generate income.

Claudine received training and received a voucher) to purchase goods for her business.

She was taught how to buy goods and work with vendors contracted to take the vouchers in the host community. She had never been to the area, and it was a challenge to find. After her training, she was able to read and she followed sign posts that led her to the vendors.

She sells rice, maize, fruits, sugar, onions, small breads, soaps, body lotions, toothpaste. Her first month, she was able to accumulate profits, which she used to buy a bicycle to cut down on transportation costs, and now has cash to work with.

Claudine "It has increased my happiness in my family. We no longer wait for food distributions in the camp. I no longer feel hopeless, or live in despair, worried about food for my family. I am optimistic that one day I will have a store".

“Humanity owes the child
the best it has to give.”

EGLANTYNE JEBB



Save the Children

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Website: <http://rwanda.savethechildren.net>

Our Address:

Rwanda Country Office
P.O Box 2953, Kigali |Plot 204
KG 9 AV, #23

Nyarutarama-Remera-Gasabo,
Kigali, Rwanda

Office Line: +250788381526

Email: rwanda.info@savethechildren.org