Results Monitoring Survey

Draft Report

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Submitted by

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Executive Summary

This Rapid Monitoring Survey (RMS) was conducted from 24 March to 4 April 2025, aiming to collect data on the living conditions of refugees and asylum-seekers across both camp and urban settings. The survey covered five refugee camps—Mugombwa, Kigeme, Kiziba, Nyabiheke, and Mahama—as well as urban areas in Kigali, Huye, and Nyamata. A total of 2,424 households were surveyed, comprising 126 asylum-seeker households and 2,298 refugee households. Overall, the survey accounted for 12,676 individuals: 603 asylum-seekers and 12,073 refugees. In terms of age distribution: 47% were aged 18 to 59, 35% were aged 5 to 17, 12.24% were aged 0 to 4 and 5.2% were aged 60 and above. The sample included more female than male participants, which was 53.4% versus 46.6%. Among those aged 18 to 59 (the most represented age group), 55.9% were female and 44.1% male. However, when considering this age group across the total sub-populations, the distribution was more balanced: 49.8% female and 45.0% male. Before analysis, the dataset underwent cleaning and was weighted at both the household and individual levels using weights developed by UNHCR. Refugees residing in Kigali, Huye, and Nyamata were grouped into a single cluster labeled "Urban." The subsequent data analysis yielded the following key findings:

Mobility and Registration: The RMS evaluated key indicators related to mobility and legal identity, with a focus on both personal and household-level official documentation.

- **Birth Registration:** Overall, 95% of children under five had their births registered with civil authorities; 94% among females and 96% among males. Disaggregated by location, registration rates were 98% in urban areas and 95% in refugee camps.

- **Legally Recognized Identity Documents:** A proportion of 99.5% of refugees possess officially recognized identity documents. This figure is consistent in refugee camps and reaches 100% in urban areas. No significant differences were observed across age, gender, or disability status.

- **Type of Document Held:** Among respondents, 57.5% hold civil or government-issued identity cards, followed by 36.2% who possess birth certificates. Less commonly held documents include unspecified identity types (19.5%), residency permits (8.5%), social security cards (5.6%), and household cards (3.2%). Passports are the least accessible, with only 1.4% of refugees holding one.

Energy Sources, WASH, and Housing: This section examines key indicators related to energy access, water and sanitation (WASH), housing, and settlement conditions among refugees and asylum seekers in Rwanda.

- **Clean Cooking Fuels:** 62% of households use clean cooking fuels and technologies. Among them, 68% are located in refugee camps, while 30% are in urban areas.

- **Type of Cookstoves Used:** Traditional, non-manufactured solid fuel stoves are used by 59.4% of households. Liquefied petroleum gas (LPG) or cooking gas stoves are used by 31.0%. Piped natural gas stoves account for 6.5%, while improved cookstoves such as solar and biogas stoves each represent less than 1%. Only 2.0% continue to use three-stone stoves or open fires.

- **Energy for Lighting:** Access to clean energy for lighting is reported by 83.0% of refugees with 95% in urban areas and 80% in camps.

- **Lighting Technologies Used:** Solar home systems are the most common source (55.9%), followed by traditional electricity (22.3%). Portable lighting options include rechargeable

flashlights (5.5%), battery-powered lights (4.9%), and solar lanterns (4.1%). Other sources are minimal.

- **Access to Basic Drinking Water:** 97% of refugees and asylum seekers have access to basic drinking water services with 98% in urban settings and 92% in camps.

- **Distance to Water Sources:** 86.7% of respondents' access drinking water within 30 minutes. A further 9.8% spend between 30 and 60 minutes, while 3.5% take over an hour. By location, 90.6% of camp-based refugees and 62.4% of urban refugees' access water within 30 minutes.

- **Habitable and Affordable Housing:** Only 37% of refugees live in housing that is both habitable and affordable. All refugees in camps (100%) report affordability, compared to 73.8% in urban areas. However, only 47.8% in camps and 35.3% in urban areas consider their housing habitable. Regarding overcrowding, 94.7% of urban and 81.6% of camp-based refugees live in non-overcrowded dwellings.

- **Sanitation Facilities:** Access is high, with 98.1% of refugees having sanitation facilities. However, only 10.7% of households use private (non-shared) toilets, and 75.9% report safely disposing of excreta in situ.

- **Safe and Secure Settlements:** While access to drinking water (97.5%), healthcare (99.7%), and security (96.4%) is strong, gaps remain in electricity access (13%) and adequate shelter (36.7%).

- **Land and Housing Rights:** Only 8.9% of refugees' report having tenure rights to housing and/or land with 10.3% in camps and just 2.4% in urban areas.

Social Protection, Health Access, Education, and Financial Inclusion: This section assesses the extent to which refugees and asylum seekers are integrated into national systems of social protection, education, healthcare, and financial inclusion.

- **Social Protection Coverage:** Overall, 51% of refugees are enrolled in social protection programs. Camp-based refugees report significantly higher coverage (58%) compared to those in urban areas (21%).

- **Participation in Community-Based Child Protection Programs:** Only 17% of refugees participate in these programs. Participation is higher in camps (17%) than in urban areas (9%). Gender-wise, engagement is nearly equal between females (16%) and males (17%). However, participation among males with disabilities is notably lower (8%) compared to males without disabilities (17%). Among females, disability status shows minimal difference (16% vs. 14%).

- **Access to Health Services:** Access is high, with 97% of refugees reporting availability of health services, with 96% among camp residents and 98% among urban dwellers. Individuals without disabilities tend to report higher access across all age groups. Among those with disabilities, disparities emerge, particularly within the 5–17 age group, where 100% of females' report access compared to 89% of males.

- **Barriers to Accessing Health Services:** The leading barrier is the shortage of medical supplies, affecting 44.6% of respondents. Other barriers include long waiting times (20.6%), financial constraints (17.1%), the belief that treatment is unavailable or unnecessary (15.4%), and preference for alternative options (9.1%). Shortages of medical supplies are more acute in refugee camps (52.4%) compared to urban areas (3.6%), whereas urban refugees report higher proportions for other listed barriers.

- **Births Attended by Skilled Personnel:** Skilled health personnel attended 99% of births. Urban refugees report full coverage (100%), while those in camps report 99%.

- **Measles Vaccination Coverage:** Among children aged 9 months to 5 years, 97% received measles vaccinations. Female children had a coverage rate of 98%, and males 97%. Coverage among urban refugees was 100%, while refugees in camps recorded a slightly lower rate (97%).

- **Education Enrollment:** Gross enrollment stands at 112% for primary education and 71% for secondary education. At the primary level, enrollment is consistent across locations and between sexes. However, secondary enrollment reveals gender disparity: 64% for females and 77% for males.

Banking, Employment, and Income: This subsection explores financial inclusion, employment status, and changes in income among refugees and asylum seekers.

- **Possession of an Account:** 50.2% of refugees hold an account with a bank, financial institution, or mobile money service provider. Urban refugees report higher coverage (62%) compared to those in camps (40%). Additionally, 30.5% of refugees use an ATM or debit card.

- **Changes in Income Over One Year:** Only 3% of respondents reported a positive change in income compared to the previous year (4% in urban areas and 3% in camps).

- **Unemployment Among the Working-Age Population:** The overall unemployment rate among working-age refugees is 10%. Refugees in camps face slightly higher unemployment (11%) than their urban counterparts (8%). Gender differences are minimal, with unemployment at 10% among females and 9% among males.

Safety and Gender-Based Violence (GBV): This section explores perceptions of safety, awareness of GBV services, and attitudes toward violence against women among refugees and asylum seekers.

- **Perception of Safety:** Overall, 82% of refugees feel safe walking alone in their neighborhoods after dark (80% in camps and 91% in urban areas). Among individuals aged 18–59, females without disabilities report feeling less safe (81%) compared to their male counterparts (85%). The safety perception gap widens among individuals with disabilities with 68% for females versus 77% for males. Additionally, those aged 60 and above report higher feelings of safety compared to younger adults.

- **Awareness of GBV Services:** 82% of refugees are aware of where to access GBV-related services. Awareness is higher in camps (84%) than in urban areas (75%). Health services are the most widely known (77.9%), followed by safety and security services (77.3%), legal assistance (42.2%), and psychosocial services (38.8%).

- **Tolerance of Violence Against Women:** A proportion of 91% of refugees report not tolerating violence against women. Urban refugees' express higher intolerance (98%) compared to camp-based refugees (90%). Among individuals aged 18–59, a larger gap is observed between females and males with disabilities (73% versus 97%) than among those without disabilities (90% versus 96%). Overall, females demonstrate slightly higher tolerance for violence against women than males.

Recommendations

1. Enhance birth registration processes, especially for refugees in camps, to ensure comprehensive documentation and legal recognition.

2. Improve access to clean cooking fuels for both asylum seekers and refugees, especially for urban refugees.

3. Enhance living conditions of refugees in terms of habitable and affordable houses, by specifically focusing on shelter adequacy and electricity access.

4. Promote awareness and facilitate access to property rights documentation, enabling refugees and asylum seekers to secure land and housing more effectively.

5. Strengthen initiatives that promote the employability of asylum seekers and refugees, supporting their long-term well-being and resilience.

6. Strengthen outreach efforts to sensitise refugees to participate in community-based child protection programs. Special attention should be given to integrating asylum seekers and urban refugees, particularly male children with disabilities to ensure they receive the necessary support and protection.

7. Strengthen the integration of refugees and asylum seekers into national social protection systems, building on the existing practices.

8. Increase enrollment rates in secondary education for refugees and asylum seekers, ensuring greater equal access to learning opportunities for female and male children.

1. Introduction

The United Nations High Commissioner for Refugees (UNHCR) is leading the global development of the Results Monitoring Surveys (RMS) to facilitate streamlined, survey-based data collection. These surveys aim to monitor impact and outcome-level results as part of multi-year country strategies. Designed for implementation in diverse operational contexts, the RMS ensures representation of refugees, asylum seekers, internally displaced persons, returnees, and stateless individuals, as dictated by the country context and programming needs.[1] High-quality data is crucial for UNHCR's mission to safeguard the rights and well-being of persons of concern. By 2025, UNHCR aspires to be a trusted leader in data and information related to refugees and other affected populations.[2]

The RMS, through household-level surveys, tracks changes in the lives of forcibly displaced and stateless persons in terms of rights protection and well-being.[3] These surveys generate reliable data to track progress, measure core impact and outcome indicators within the UNHCR Result-Based Management structure, and pinpoint areas for improvement across various sectors, including education, health, energy and environment, water and sanitation, shelter, Gender Based Violence and financial inclusion.[4] By enabling policymakers to assess program efficiency, enhance service delivery, and allocate resources more effectively, the RMS ensures that development efforts contribute to sustainable economic growth and poverty reduction. In this regard, UNHCR has commissioned the Results Monitoring Survey (RMS) for Rwanda, engaging independent consultants CIBLE & MERQ to collect data and develop the RMS report. The Ministry in Charge of Emergency Management (MINEMA) and other partners supported the process within the camps and urban centers.

1.1 Overview of RMS in Rwanda

The Results Monitoring Survey (RMS) was conducted at the household level, targeting refugees and asylum seekers residing in five refugee camps (Kigeme, Kiziba, Mahama, Mugombwa, and Nyabiheke) as well as those in urban areas in Kigali, Huye, Nyamata. The RMS survey aimed at collecting and gathering information required to assess the socio-economic conditions, access to services, and overall well-being of the targeted populations, and to provide critical data to inform UNHCR and partners' strategies and policies.

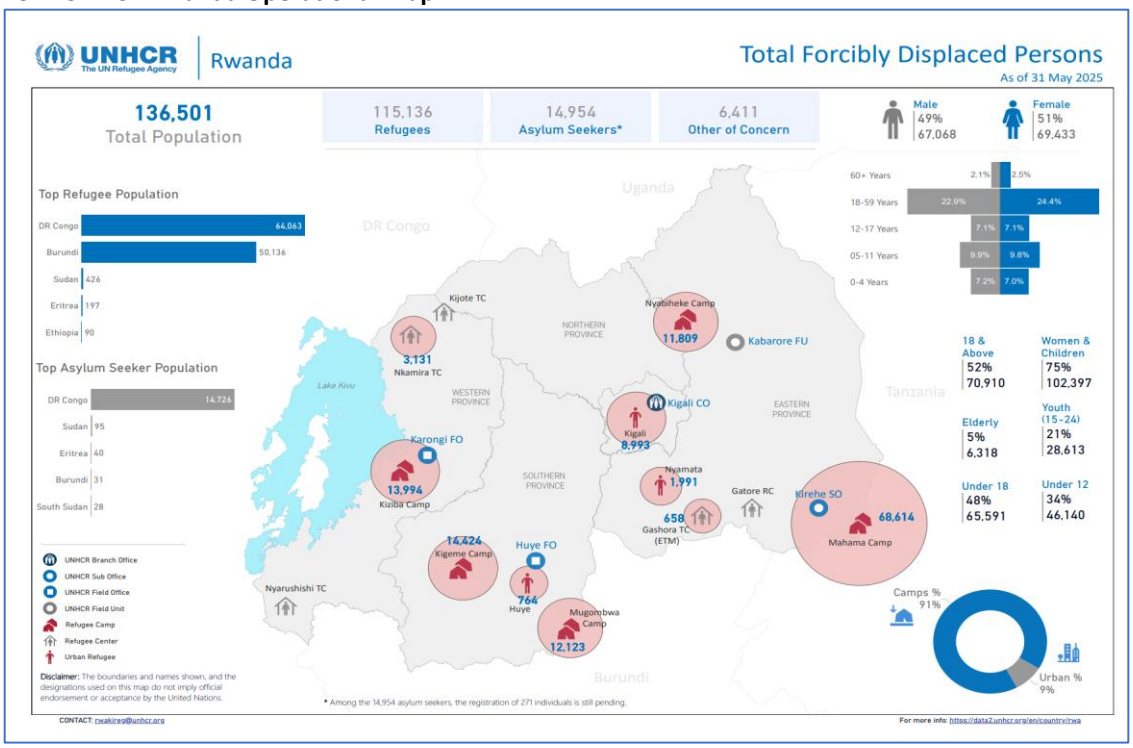
Data were collected primarily through face-to-face household interviews using a standardized questionnaire. These interviews captured the specific socio-economic and humanitarian challenges experienced by refugees and asylum seekers in Rwanda. This RMS was informed by key indicators related to livelihoods, access to education, healthcare, food security and protection, enabling a holistic assessment of refugee and host communities' needs. However, returnee households were excluded in this survey, as UNHCR Rwanda and the Government of Rwanda (GoR), through the Ministry in charge of Emergency Management (MINEMA), will jointly organize specific monitoring and evaluation activities to assess the well-being of returnees in their reintegration areas.

[1] https://www.unhcr.org/handbooks/assessment/collect/results-monitoring-surveys-standard-questionnaire
[2] UNHCR (2025) Result Monitoring Survey Terms of Reference
[3] UNHCR website (2025) Data Catalog https://microdata.unhcr.org/index.php/catalog/RMS/?page=1&ps=15&repo=RMS
[4] https://microdata.unhcr.org/index.php/catalog/RMS/?page=1&ps=15&repo=RMS

1.2 UNHCR Rwanda Operations

According to the 5th Population and Housing Census of August 2022, Rwanda's population is 13,246,394. In comparison to the 2012 Population and Housing Census, there is an annual population growth of 2.3%. Eastern and Southern Provinces host half of the total population of Rwanda.[5] Refugees and asylum-seekers represented 1% (136,501 refugees and asylum seekers) of the total resident population. In Kirehe District, home of Mahama camp, refugees represent 11.7% of the District population. Similarly, refugees make up 3.5% of the population in Karongi (Kiziba camp), 2.6% in Nyamagabe (Kigeme camp), 2.2% in Gisagara (Mugombwa camp), and 1.9% in Gatsibo (Nyabiheke Camp). According to UNHCR, Rwanda, Mahama camp hosts the largest population of refugees (50.3%), followed by Kigeme and Kiziba camps (10.6% and 10.3% respectively) while Bugesera host the lowest population (0.5%) with Huye hosting 0.6% of refugee population the country. The majority of refugees live in rural areas (91%) and only 9% live in urban areas. According to the UNHCR operational update as of 31 March 2025, most of these refugees and asylum seekers are from the Democratic Republic of the Congo (60.8 %) and Burundi (38.3%).[6] The map below (Figure 1) shows the location/areas of refugees and asylum seekers under UNHCR Rwanda operations.

Figure 1: UNHCR Rwanda Operational Map



Source: UNHCR Data Portal, March 2025

[5] NISR (2023) The Rwanda 5th Population and Housing Census
[6] https://data.unhcr.org/en/country/rwa

2. Methodology

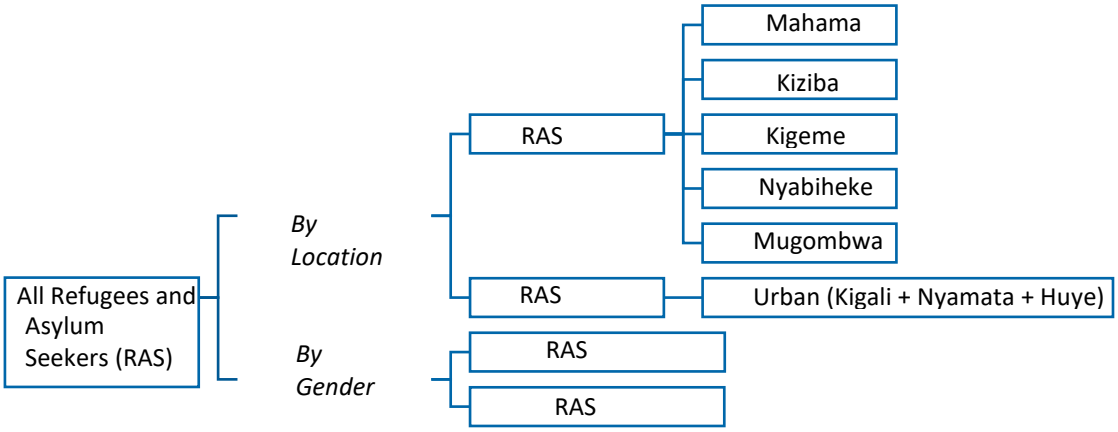
2.1 Methods

Data collection was conducted using computer-assisted personal interviewing (CAPI) via Kobo Toolbox. The RMS standard questionnaire was adapted to the local context, validated by UNHCR, and programmed and tested prior to enumerator training. Primary data was gathered through a household survey questionnaire. The survey followed a participatory process led by a team of consultants, researchers, supervisors, and enumerators, working closely with the UNHCR team. The programmed questionnaire was thoroughly reviewed before being translated into Kinyarwanda. The consultant employed a digital data collection approach using KOBOCOLLECT. Enumerators were deployed to designated survey areas to visit and interview selected households.

2.2 Sample Design

The RMS survey employed a representative sample of refugees and asylum seekers living in Rwanda, utilizing a stratified sampling design aimed at achieving a ±5% margin of error at a 95% confidence level within each stratum. This approach ensured that estimates of comparable precision could be generated for each individual camp as well as the combined urban stratum. The strata consisted of Mahama Camp, Kiziba Camp, Kigeme Camp, Nyabiheke Camp, Mugombwa Camp, and a combined urban stratum encompassing Kigali, Nyamata, and Huye. The total finite population across the five camps and three urban areas amounted to 34,511 registration groups. The defined strata are as follows:

Figure 2: Visualized Selection of Strata



2.2.1 Sampling Procedures

To achieve ±5% margin of error at 95% confidence within each stratum, the standard formula for the sample size of a proportion at p = 0.5 is first calculated as:

$$n_o = \frac{z^2 p(1-p)}{e^2} = \frac{1.96^2 X 0.5(1-05)}{0.05^2} \approx 384$$

where:

- $z \approx 1.96$ for 95% confidence,
- p = 0.5, is the worst-case variability that leads to highest possible value for n_0.
- e = 0.05 (±5% margin of error).

Given that each stratum had a finite number of registration groups N_h, t e finite population correction (FPC) was applied to refine the estimate:

$$n_h = \frac{n_o}{1 + \frac{n_o - 1}{N_h}}$$

2.2.2 Accounting for Non-response

In practical field conditions, non-response and attrition must be accounted based on previous survey experiences in Rwanda:

- Camp locations and conditions created an assumption of 30% attrition rate (i.e., a 70% response rate).
- Urban locations created an assumption of 50% attrition rate (i.e., a 50% response rate).

To ensure that the required sample size (n_h) is achieved after accounting for attrition, the drawn sample ($\acute{n}_h$) was inflated using the following formula:

$$\acute{n}_h = \frac{n_h}{1 - 0.30} = \frac{n_h}{0.70}, or \quad \acute{n}_h = \frac{\acute{n}_h}{1 - 0.50} = \frac{n_h}{0.50}$$

Table 1: Minimum Required Sample and Attrition by Location Strata and Sub-Strata

Location type	Location Name	Required Minimum sample ($\hat{n}_h$)	Sample with attrition ($\acute{n}_h$)	Surveys Administered (S_{adm})
Camps	Mahama Camp	377	539	423
	Kiziba Camp	340	486	367
	Kigeme Camp	336	480	373
	Nyabiheke Camp	331	473	346
	Mugombwa Camp	330	472	353
Urban	Kigali	276	552	325
	Nyamata	100	200	120
	Huye	100	200	117
TOTAL		**2,190**	**3,402**	**2,424**

The above table shows that administered surveys are above the minimum required sample in all enumeration areas. 10.7% additional surveys were conducted.

2.2 Questionnaire Topics and Indicators

The instrument incorporated a wide range of indicators designed to capture the diverse experiences of refugees and asylum seekers. These indicators encompassed the socio-demographic profile of the population, housing and shelter conditions, access to basic services, employment and income generation, and the availability of health and education services. Additionally, the assessment covered aspects such as social protection, perceptions of safety and well-being, and exposure to gender-based violence, providing a comprehensive evaluation of the challenges and needs within the refugee community.

2.3 Ethical approval

Approval for the Results Monitoring Survey (RMS) in Rwanda was granted by the Ministry of Emergency Management (MINEMA) to ensure compliance with ethical standards and the protection of refugees' rights and well-being. The approval process involved a comprehensive review of the study's objectives, methodology, and data collection procedures.

2.4 Limitations and Field Work Challenges

Conducting this survey involved navigating multiple challenges across interview processes, respondent access, data quality, logistics, and overall operations. Sensitive topics required interviewers to exercise strong interpersonal skills and adapt methods to ensure participant comfort and privacy. Accessing respondents was easy specially in mobile urban populations and areas with absenteeism, requiring careful scheduling and replacements without compromising sample integrity. Maintaining data quality demanded real-time monitoring and spot-checks to address inconsistencies and technical issues. Logistical complexities spanned coordinating transport, security, and materials across diverse locations, with unexpected incidents causing temporary suspensions. Throughout, effective management and support for field teams were critical to overcoming technological vulnerabilities and ensuring staff safety and motivation in challenging environments. Key challenges faced and measures taken are summarized below:

Component	Challenges Faced	Reactions
Conducting Interviews	Conducting interviews presented several difficulties, particularly when addressing sensitive topics like gender-based violence, income, or safety perceptions. Enumerators required strong interpersonal skills, sensitivity, and neutrality. In some cases, household interviews were not feasible due to security or privacy concerns, prompting adjustments to the interview model to ensure comfort and participation.	Training emphasized confidentiality and neutrality. In Nyamata, enumerators relocated to neutral venues after community concerns. Interviews were only conducted with adult respondents and not in single-person households, in line with RMS protocol.
Reaching Respondents	Accessing respondents was challenging in areas where selected individuals were absent, relocated, or deceased. Urban areas like Kigali and Huye posed unique difficulties due to population mobility, required additional efforts to schedule interviews. The voluntary nature of participation also meant replacements were needed for refusals or no-shows, without compromising sampling integrity.	Replacement lists were used when households were not available. Urban teams employed alternative scheduling and in-person outreach to find respondents. Despite these efforts, delays were occasionally experienced due to high mobility in urban populations.
Data Quality Issues	Several risks to data quality emerged, including potential duplication, inconsistencies in responses, and technical malfunctions. Real-time reviews were crucial for identifying issues early, and team leaders often conducted spot-checks to ensure protocol adherence. Technical breakdowns, such as damaged tablets, also threatened data completeness.	Duplicate checks in Mugombwa and Kigali prevented data repetition. Spot checks verified interview authenticity. Device damage from lightning required field teams to redistribute working tablets and resume work without data loss.

Component	Challenges Faced	Reactions
Logistical Challenges	Fieldwork was affected by both anticipated and unforeseen logistical issues. Notably, lightning struck the residence of enumerators in Mugombwa, damaging a tablet and chargers. Coordination of transportation, security, and materials across multiple camps and urban sites required extensive planning. Fieldwork was also briefly suspended in Kigali due to local activities.	A lightning incident in Mugombwa destroyed devices and affected a team leader's health. Kigali work was paused due to events at Gikondo UNHCR center. Logistics personnel ensured the continued availability of supplies, transport, and secure work environments.
Other Operational Issues	Coordinating across various locations with different teams required strong management and financial capacity. The dependency on digital tools exposed the process to technological vulnerabilities. Ensuring the safety, motivation, and well-being of field staff was essential, especially in difficult or unpredictable environments.	Hierarchical management structure supported coordination. The Data Quality Manager and Team Leaders provided continuous supervision, while logistics teams addressed safety and access challenges. The team leader affected by lightning recovered and resumed duties after support.

2.5 Field Procedures

These procedures included logistical arrangements to ensure enumerators were equipped with all necessary materials, such as tablets preloaded with the Kobo-programmed survey tool, along with provisions for travel. A training manual outlining data collection guidelines was developed to support field activities, incorporating instructions on ethical considerations, privacy procedures, and operational protocols. Daily supervision and data quality checks were conducted to maintain accuracy. Additionally, regular debriefings were held between field teams and survey coordinators to address challenges as they arose. Of the 40 enumerators, 35 were selected based on their performance during training, while the remaining five served as replacements in case any enumerator left the field. The training took place from March 17 to 21, 2025, with data collection commencing on March 24 and concluding on April 4, 2025.

A rigorous data quality control process was implemented to ensure robust quality assurance at every stage of data collection. Tools were developed using standardized questions, which were then reviewed, translated, and pre-tested for clarity. During fieldwork, Kobo Toolbox captured geospatial data with built-in validation rules, while field supervisors reviewed and submitted data daily to be stored in UNHCR's database system. A central team monitored data quality, conducting checks and spot visits, while coordinators verified data accuracy. The data manager performed daily quality checks and provided feedback to the field team, correcting and validating inconsistencies based on accurate information from the field after consulting households for previous data. Data cleaning was also carried out, enabling the early identification and resolution of missing values, outliers, inconsistencies, and duplicate entries while the team was still on-site, ensuring timely corrections.

2.5.1 Data Collection Model

The survey employed a structured household-based interview model, with enumerators assigned to specific households selected through a systematic sampling frame provided by UNHCR and its field partners. The sampling ensured representation of diverse socio-economic and demographic profiles. Interviews, conducted face-to-face with respondents aged 18 and above, adhered to principles of informed consent and voluntary participation.

In camps like Nyabiheke, Mugombwa, and Mahama, enumerators avoided single-individual households as per RMS protocol. Replacement lists ensured sample integrity when households were unavailable due to relocation, absence, or other reasons. Adaptations were made to local contexts, such as shifting interviews to neutral locations in Nyamata for respondent comfort and employing flexible scheduling in urban areas like Kigali and Huye.

Equipped with tablets for digital data entry, enumerators conducted interviews using a standardized RMS questionnaire. Training emphasized sensitivity, confidentiality, and neutrality, particularly on topics such as income and personal safety.

2.5.2 Enumerator and Facilitator Coordination

Fieldwork success heavily relied on clear coordination between enumerators, team leaders, facilitators, and camp or area managers. Each team started its work with orientation sessions facilitated by UNHCR staff and camp leadership. These sessions provided critical operational guidelines, orientation to the local context, and the opportunity to address community concerns in advance. Team leaders in all sites conducted daily briefing and debriefing sessions. This approach promoted accountability, clarified daily targets, and provided opportunities to share observations or challenges encountered in the field.

2.5.3 Field Team Management Structure

Ensuring the accuracy and reliability of data was a top priority throughout the survey. Several mechanisms were put in place to maintain high standards of data integrity. data was submitted on daily basis, data manager conducted quality control checks to identify potential anomalies, inconsistencies, or incomplete responses. These checks helped flag problematic entries early and allowed for immediate corrective measures, including re-visits where necessary.

2.5.4 Data Cleaning

Data cleaning was carried out after the completion of data collection. This process involved removing duplicate household entries, which resulted from the mixing of household IDs among enumerators during the final days of data collection. Incomplete or partially completed surveys were also excluded from the dataset. A "read and replace" file was created and updated daily with accurate information, following consultations with the field team who remained at the enumeration sites. This document was used as a reference throughout the data cleaning phase. A total of 2,461 surveys were initially submitted to the UNHCR server, and 2,424 remained after the data cleaning process. 12695 individuals were collected and remain 12676 after cleaning. During this phase, weighted variables for both household and individual datasets was designed by UNHCR and applied to the final cleaned datasets. Urban refugees located in Kigali city, Huye city and Nyamata were combined in one cluster called Urban.

2.5.5 Indicator Calculations following UNHCR Script

Indicators were calculated based on the R scripts shared by UNHCR. The scripts highlighted the following outcome and impact variables of the RMS and the information is in Annex 1 of the document:

Core Impact 2.2 Proportion of people residing in physically safe and secure settlements with access to basic facilities.
Core Impact2.3 Proportion of people with access to health services,
Core Impact 3.2a: Proportion of children and young people enrolled in primary education
Core Impact 3.2b: Proportion of children and young people enrolled in secondary education
Core Impact 3.3: Proportion of people that feel safe walking alone in their neighborhood after dark
Outcome1.2: Proportion of children under 5 years of age whose births have been registered with a civil authority
Outcome 1.3: Proportion of people with legally recognized identity documents or credentials
Outcome 4.1 Proportion of people who know where to access available GBV service
Outcome 4.2 Proportion of people who do not accept violence against women
Outcome 5.2 Proportion of children who participate in community-based child protection programmed
Outcome 8.2 Proportion of people with primary reliance on clean (cooking) fuels and technology
Outcome 9.1 Proportion of people living in habitable and affordable housing
Outcome 9.2 Proportion of people that have energy to ensure lighting
Outcome 10.1 Proportion of children aged 9 months to five years who have received measles containing vaccination
Outcome 10.2 Proportion of births attended by skilled health personnel.
Outcome 12.1 Proportion of people using at least basic drinking water services
Outcome 12.2 Proportion of people with access to a safe household toilet
Outcome 13.1 Proportion of people with an account at a bank or other financial institution or with a mobile-money-service provider
Outcome 13.2 Proportion of people who self-report positive changes in their income compared to previous year
Outcome 13.3 Proportion of people (working age) who are unemployed
Outcome 14.1 Proportion of returnees with legally recognized identity documents or credentials
Outcome 16.1 Proportion of people with secure tenure rights to housing and/or land
Outcome 16.2 Proportion of people covered by national social protection systems

2.5.6 Data Analysis

Data analysis was conducted using R, which included data preparation, weighting, and analysis of RMS indicators. The results were presented in the form of tables and charts, with weights applied to ensure that the survey findings accurately represented the entire population of asylum seekers and refugees. The denominators used were 7,729 for asylum seekers and 124,103 for refugees. Disaggregation by age, gender, and disability was applied to highlight trends in key indicators. The sample was weighted based on the total population of six strata, including five camps—Kigeme, Kiziba, Mahama, Mugombwa, and Nyabiheke, as well as urban refugees from Kigali, Huye, and Nyamata.

3. Findings

3.1 Characteristics of the Survey Sample

Tables 3, 4, 5 and 6 provide an overview of refugees interviewed in various locations, highlighting the number of households and individuals, as well as their demographics like age and disability status.

Table 2: Sample Size per Location

Stratum/Location	Households		Individuals	
	Count	%	Count	%
Kigeme Camp	373	15.39	2,475	19.53
Kiziba Camp	367	15.14	2,125	16.76
Mahama Camp	423	17.45	2,158	17.02
Mugombwa Camp	353	14.56	2,125	16.76
Nyabiheke Camp	346	14.27	2,146	16.93
Total camp refugees	**1,862**	**76.82**	**11,029**	**87.01**
Urban refugees	562	23.18	1,647	12.99
Total	**2,424**	**100**	**12,676**	**100**

Source: Rwanda RMS survey 2025

The total survey count included 12,676 individuals across 2,424 households. Refugees' households in camp represent 76.8% while urban refugees' households represent 23.2% of the sample. Furthermore, 87% of individual refugees are located in camps while 13% are located in urban areas. About the distribution per sex, female participants were 53.4%, while male participants were 44.6% (see table 4).

Table 3: Sample size per Age Group

Stratum/Age	All Individuals		Female		Male	
	Count	%	Count	%	Count	%
[0-4]	1,552	12.2	806	11.9	746	12.6
[5-17]	4,442	35.0	2,243	33.2	2,199	37.2
[18-59]	6,024	47.5	3,367	49.8	2,657	45.0
60+	658	5.2	350	5.2	308	5.2
Total	**12,676**	**100**	**6,766**	**100.0**	**5,910**	**100.0**

Source: Rwanda RMS Survey 2025

The age distribution of the sample (**Table 3**) shows that the [18-59] age group is the most represented with 47.5% of participants. Among this age category, females were 49.8% while males were 45.0%. The following age category is the [5-17] group with 35.0%; among them 33.2% being female and 37.2% being male. Other age clusters have lower representation: the [0-4] group counts 12.2% and the 60+ group comprises only 5.2% of the sample. In both these less represented groups, as in other age groups, female participants were more than male.

Table 4: Sample Size per Household's Size

Household's size	All Households	
	Count	%
[1-3]	730	30.1
[4-6]	923	38.1
7+	771	31.8
Total	**2,424**	**100**

Source: Rwanda RMS survey 2025

The distribution of the survey sample by household size (**Table 4**) is relatively balanced, with 38.1% of households comprising 4-6 members, 31.8% consisting of 7 or more members, and 30.1% having 1-3 members.

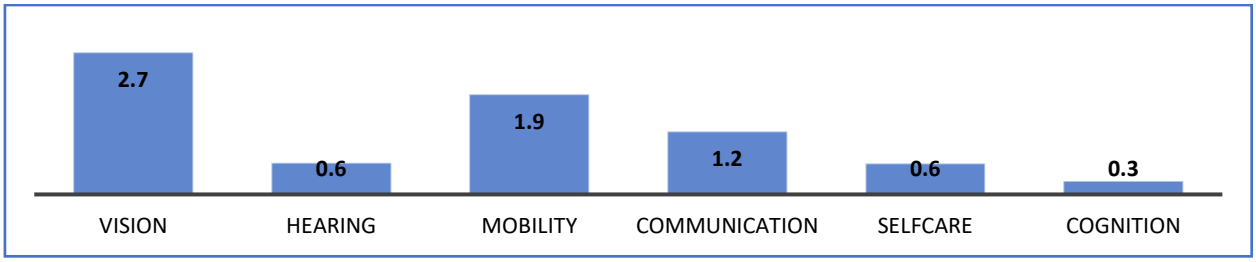
Table 5: Sample Size per Disability Status

Disability status	All Individuals		Female		Male	
	Count	%	Count	%	Count	%
Non-disabled	12,011	94.8	6,390	94.4	5,621	95.1
Disabled	665	5.3	376	5.6	289	4.9
Total	12,676	100	6,766	100.0	5,910	100.0

Source: Rwanda RMS survey 2025

Table 6 highlights that the proportion of 5.3% of the total sample are persons with disabilities. Among them, asylum-seekers population represents 4.5% and refugees are 95.5% of total persons with disability surveyed. In the sample of refugees, persons with disability represent 5.26%, while they are 5.00% among asylum-seekers' sample. When considering the sex, females with disability represented 5.6% of the total female participants, while male participants were 4.9% of the total male participants. More, among participants with disability, females were more represented with 56.5% against 43.5% for male participants. Vision, mobility and communication disability are dominant at 2.7%, 1.9% and 1.2% respectively as shown in **Figure 3.**

Figure 3: Type of Disability



Source: Rwanda RMS survey 2025

3.2 Indicator Findings

The findings are presented according to following indicators: registration and mobility; disability; energy source; WASH and dwelling; socio-protection, health access and education; banking, unemployment and income; safety and GBV; education, health access and vaccination; and land and housing rights.

3.2.1 Mobility and Registration

Table 6: Outcome 1.2- Proportion of Children (-5) with Births Registered with Civil Authority

Statistics	Overall
Counts	1,552
Denominator	15,208
Denominator (se)	14,004
Mean value	0.95
Lower value	0.92
Upper value	0.98
Mean value (se)	0.01
Refugees camps (mean value)	0.95
Urban refugees (mean value)	0.98
Female (mean value)	0.94
Male (mean value)	0.96

Source RMS Survey 2025

Table 6 contrasts the results of the outcome 1.2 about birth registrations. The mean value for the entire sample is 0.95 (95%), indicating more favorable outcomes for refugees on the measured attribute. Confidence intervals further reinforce this distinction, ranging from 0.92 to 0.98. Additionally, the mean value (se) of 0,01 underscore the reliability in both measurements. About the difference between female and male refugees, the results show almost the same proportion 94% and 96% of female and male respectively. Regarding the location of refugees, the proportion of birth registration is 98% and 95% for urban refugees and refugees in camp respectively. In definitive, when considering the location, there is a slight ascendancy of urban over camps' refugees' birth registration (only 3%).

Table 7*:* Outcome 1.3-Proportion of People with Legally Recognized Identity Documents or Credentials

Statistics	Overall
Counts	12,676
Denominator	131,832
Denominator (se)	54,978
Mean value	0.995
Mean value lower	0.992
Mean value upper	0.999
Mean value (se)	0.001
Refugees camps (mean value)	0.995
Urban refugees (mean value)	1.000
Female (mean value)	0.995
Male (mean value)	0.995

Source: RMS Survey 2025

On **Table 7**, the data compares refugees on the outcome 1.3 about the proportion of refugees possessing a legally recognized identity document or credential. The results reveal that there are 99.5% of refugees having recognized identity documents. The confidence intervals further support these findings; they range from 0.999 to 1.0 while the Mean value (se) is well fitted at 0.01 indicating that these results are quite reliable. There is no difference between men and women refugees; while 100% of urban refugees have legally recognized identity documents, while in refugees' camps the proportion was similar to the average 99.5%.

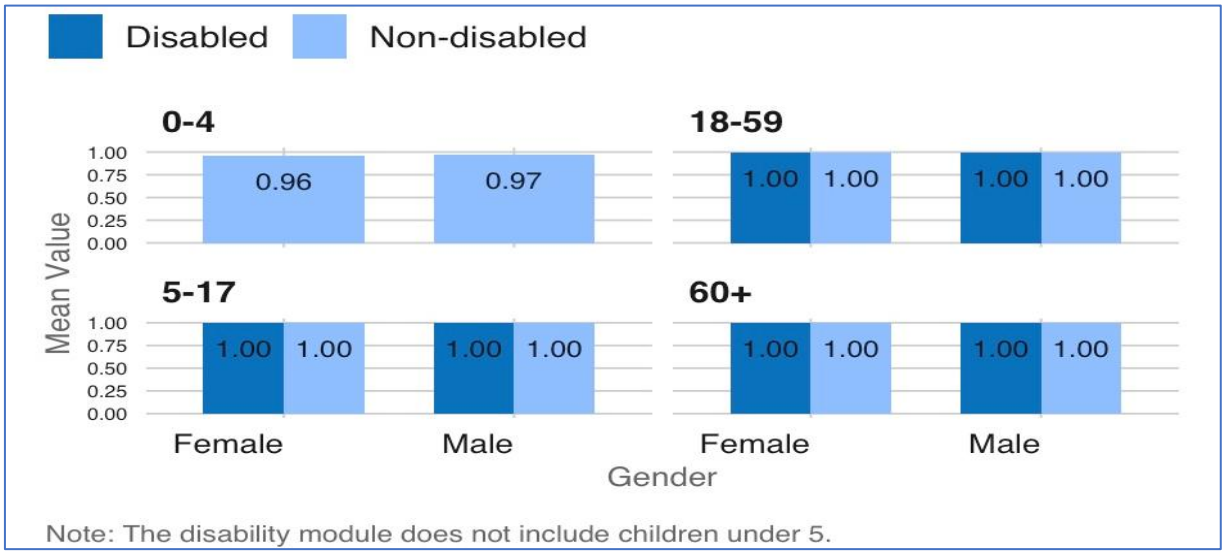
Table 8: Percentage of Individuals Holding Identity Documents per Type of Document

Document	Percentage
Civil/ government issued ID	57.5
Birth certificate	36.2
Any other document	19.5
Residency permit	8.5
Social security card	5.6
Household card of address/family book	3.2
Passport	1.4

Source RMS Survey 2025

Table 8 outlines the types of documents held by individuals. Civil or government-issued IDs are the most commonly possessed, with 57.5% of refugees holding one. Birth certificates follow, held by 36.2% of refugees. Less frequently held documents include unspecified types (19.5%), residency permits (8.5%), social security cards (5.6%), and household cards (3.2%). Passports are the least common, with only 1.4% of refugees possessing one. These findings highlight the widespread availability of civil IDs, while other essential documents, such as passports and residency permit, remain significantly less accessible.

Figure 4: Outcome 1.3 (Proportion of people with legally recognized identity documents or credentials) by age, gender and disability status



Source RMS Survey 2025

Figure 4 provides a comprehensive analysis of the legally recognized identity documents of refugees across various age groups, gender, and disability status. Among younger children (aged 0-4), no disabled individuals were recorded, with non-disabled females (806) achieving a mean value of 0.96 and non-disabled males (746) attaining a mean of 0.97, reflecting generally favorable conditions. In the 5-17 age

group, both genders showed high mean values of 1.00 for non-disabled individuals, while disabled youth (12 females and 13 males), also demonstrating optimal conditions. For adults aged 18-59, outcomes remained high, with non-disabled females (3,115) and males (2,468) both reaching a mean score of 1.00. Among the elderly (aged 60+), non-disabled individuals consistently attained a mean score of 1.00, while disabled individuals reported lower mean values of 1.00. These findings illustrate that both non-disabled and disabled individuals across all demographics report excellent health outcomes. The slight decline in legal recognized identity documents or credentials observed in asylum-seekers is due to the low official identification of children aged 0 to 4: their percentage lies between 96% and 97% for non-disabled female and male respectively.

3.2.2 Energy Sources, WASH, and Dwelling

This sub-section presents evaluation of housing conditions, infrastructure and security.

Table 9: Outcome 8.2: Proportion of People with Primary Reliance on Clean Cooking Fuels and Technology

Statistics	Overall
Counts	2,417
Denominator	34,465
Denominator (se)	22,003
Mean value	0.62
Mean value lower	0.05
Mean value upper	1.18
Mean value (se)	0.22
Refugees camps (mean value)	0.68
Urban refugees (mean value)	0.30

Table 9 provide proportion of refugees with primary reliance on clean fuels and technology. The results show that 62% of households of refugees used clean fuels. Refugees camps represent 68% while urban refugees represent 30%.

Table 10: Distribution of Cookstoves Types

Stove type	Counts	Percent
Traditional solid fuel stove (non-manufactured)	1,414	59.4
Liquefied petroleum gas (LPG)/cooking gas stove	737	31.0
Piped natural gas stove	154	6.5
Three stone stove/open fire	47	2.0
Solar cooker (thermal energy from the sun)	7	0.3
Manufactured solid fuel stove	7	0.3
Biogas stove	6	0.3
Moveable firepan	5	0.2
Electric stove	1	0.0
Liquid fuel stove	1	0.0
Other, specify	1	0.0
Total	**2380**	**100**

Source RMS Survey 2025

Table 10 illustrates the types of cooking stoves used by asylum seekers and refugees, with traditional solid fuel stoves (non-manufactured) being the most prevalent, accounting for 59.4% of the total usage. Liquefied petroleum gas (LPG) or cooking gas stoves are the second most prevalent with 31.0%. This

finding attests that the use of modern and improved cookstoves become progressively possible among refugees and asylum seekers. However, other improved stove types show significantly lower usage, with piped natural gas stoves at 6.5%, and several other improved options, such as solar cookers and biogas stoves, each representing less than 1% of the total. The low percentage of refugees and asylum seekers still using three stone stoves/open fires (only 2.0%) indicates again an important awareness among refugees and asylum seekers about the need for improved cookstoves usage, even if the high prevalence of traditional solid fuel stoves remains problematic.

Table 11 Outcome 9.2 Proportion of People that have Energy to Ensure Lighting

Statistics	Overall
Counts	2,424
Denominator	34,511
Denominator (se)	15,209
Mean value	0.83
Mean value lower	0.69
Mean value upper	0.97
Mean value (se)	0.05
Refugees camps (mean value)	0.80
Urban refugees (mean value)	0.95

Source RMS Survey 2025

Table 11 presents the proportion of refugees having access to clean fuel for lighting. The outcome have the mean value of 0.830. However, the lower and upper values range from 0.69 to 0.97, demonstrating a very important disparity among participants. The mean value of refugees in camps is 0.80 while urban refugees have the mean value of 0.95. Refugees in camps demonstrate a slightly lower average score, indicating their relative lesser access to clean fuel for lighting.

Table 12: Stove Categories Based on the Provided List

Statistics	Counts	%
Solar home system	1,284	55.9
Electricity	511	22.3
Rechargeable flashlight, mobile, torch or lantern	127	5.5
Battery powered flashlight, torch or lantern	112	4.9
Solar-powered lantern or flashlight	95	4.1
Candle	48	2.1
LPG lamp	12	0.5
Oil lamp	2	0.1
Kerosene or paraffin lamp	1	0.0
Other	104	4.5

Source RMS Survey 2025

Table 12 provides a breakdown of the sources of lighting used by a surveyed group, showing that the majority rely on solar home systems, with 55.9% (1,284 respondents) utilizing this renewable energy option. Following this, 22.3% (511 respondents) use traditional electricity, while smaller percentages rely on various portable lighting options such as rechargeable flashlights (5.5%), battery-powered lights (4.9%), and solar-powered lanterns (4.1%). Candles and LPG lamps are used by fewer people, at 2.1% and 0.5%, respectively. Traditional oil and kerosene lamps are almost negligible, with only 0.1% and 0.0%

of respondents using them. A small group (4.53%) also reports using other types of lighting. As overall, solar home systems dominate the lighting sources, this highlights a significant shift toward the use of sustainable energy.

Table 13: Access to Basic Drinking Services

Statistics	Overall
Counts	2,424
Denominator	34,511
denominator (se)	15,209
mean value	0.97
lower value	0.91
upper value	1.02
mean value (se)	0.02
Refugees camps (mean value)	0.98
Urban refugees (mean value)	0.92

Source RMS Survey 2025

Table 13 shows that 97% of refugees have access to the basic drinking services. Comparing camps and urban refugees, 98% and 92% of refugees in camps and urban refugees respectively have access to basic drinking services.

Table 14: Distance to the Source of Drinking Water in Minutes

Time/Distance (min)	Camps		Urban		Total	
	Counts	%	Counts	%	Counts	%
30 min or less	665	90.60	73	62.39	738	86.7
Within [31-60] min	54	7.36	29	24.79	83	9.8
More than 60 min	15	2.04	15	12.82	30	3.5
Total	**734**	**100**	**117**	**100**	**851**	**100**

Source RMS Survey 2025

Table 14 highlights the access to the source of drinking water by refugees' households. Overall, 86.7% of refugees reported accessing the source of drinking water in 30 minutes or less; 9.8% access the source of drinking water within 60 minutes and above 30 minutes, while 3.5% of respondents access the source of drinking water within more than 60 minutes. Considering the location, they are 90.6% of refugees in camps and 62.4% of urban refugees to access the source of drinking water over 30 minutes. Thus, refugees in urban areas experience more difficulties to access the source of drinking water.

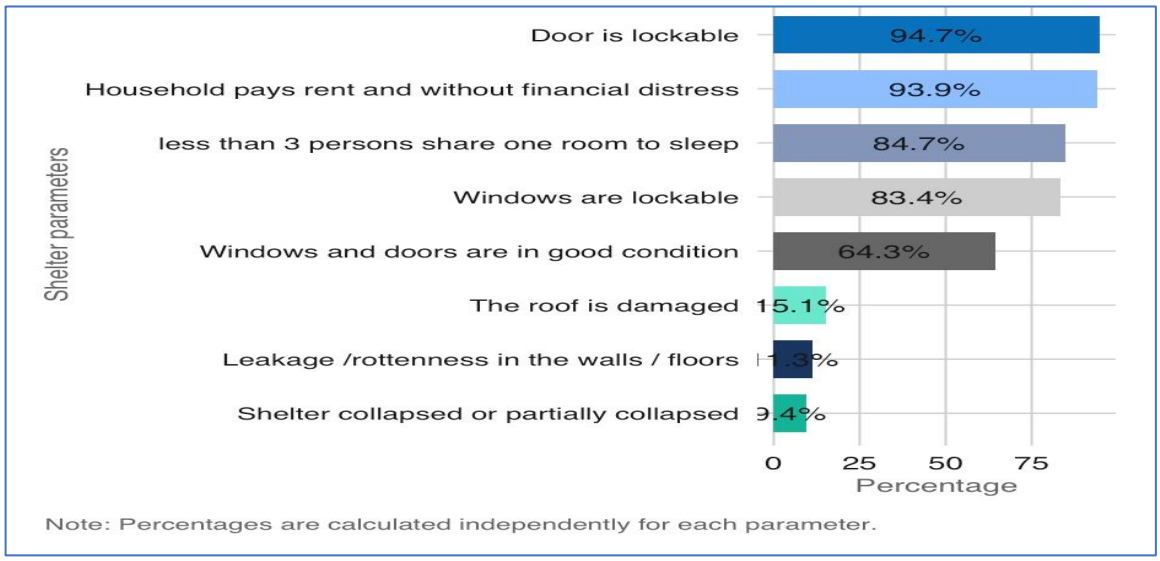
Table 15: Outcome 9.1 Proportion of People Living in Habitable and Affordable Housing

Population groups	Overall
Counts	2,424
Denominator	34,511
Denominator (se)	15,209
Mean value	0.37
Mean value lower	0.19
Mean value upper	0.55
Mean value (se)	0.07

Source RMS Survey 2025

Table 15 presents the proportion of people living in habitable and affordable housing. Only 37% of them live in habitable and affordable house. Additionally, the lower and upper value ranges from 0.19 to 0.55. Indicator has been calculated using the different parameters including shelter quality, crowding index, many separate rooms do the members of the household occupy and financial distress in paying rent.

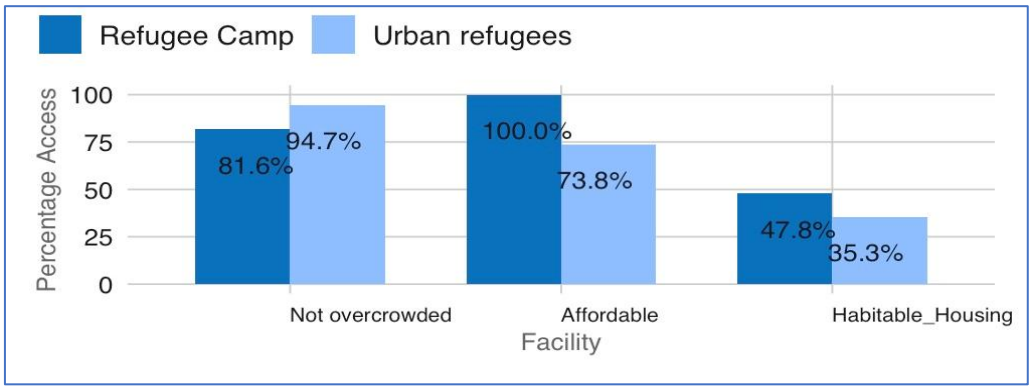
Figure 5: Shelter Quality



Source RMS Survey 2025

Figure 5 shows that 94.7% and 83.4% of doors and windows of main there are well lockable and 93.9% of refugees declared that they have access to the house without financial distress.

Figure 6: Proportion of People Living in Habitable and Affordable Housing by Location



Source RMS Survey 2025

Figure 6 presents comparisons on the housing conditions of refugees in camps and urban refugees across three key categories: overcrowding, affordability, and habitability of housing. Overall 84.7% of refugees reported not ovewrcrowded housing, 93.9% of refugees have affordable house while only 45.0 reported habitable house. Regarding the location of refugees, 100% of refugees in camps reported affordability of the house while 73.8% of urban refugees reported that the house is affordable. Only 47.8% and 35.3% of refugees in camps and urban refugees respectively reported habitable house, while 94.7% of urban refugees and 81.6% of refugees in camps reported living in not overcrowded houses.

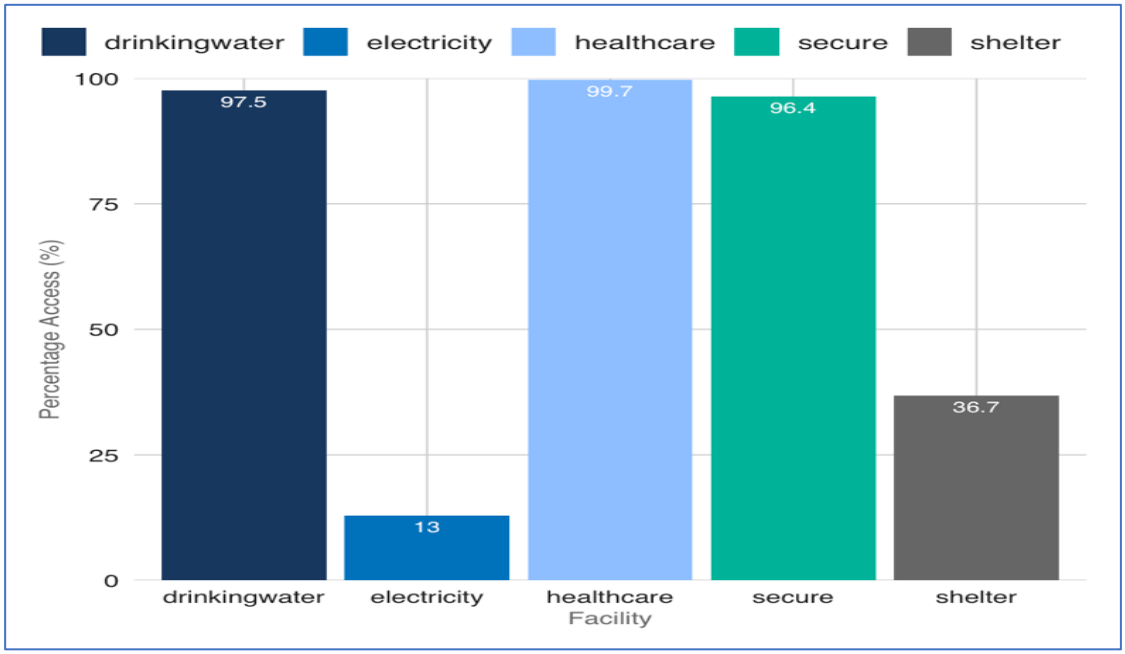
Table 16: Access to Facilities

Facility	Overall
Improved sanitation facility	98.1
Safe disposal in situ of excreta	75.9
Toilet is not shared with other households	10.7

Source RMS Survey 2025

Table 16 shows that refugees have high access to improved sanitation facilities with 98.1%, However, when it comes to the safe disposal of excreta in situ, the percentages drop to 75.9%. A significant issue is also observed in the privacy of toilet facilities: only 10.7% of refugees have access to toilets that are not shared with other households, highlighting a major area where privacy and hygiene could be improved.

Figure 7: Impact 2.2- Proportion of People Residing in Safe and Secure Settlements with Access to Basic Facilities



Source: RMS Survey 2025

Figure 7 presents the availability of essential facilities for refugees. 97.5% of refugees have access to drinking water. Healthcare services are highly accessible, reaching 99.7% of refugees. In contrast, access to electricity remains significantly lower, with only 13.0% of refugees having electricity. Security levels are relatively high at 96.4%. However, shelter availability is moderate, with adequate shelter provided to 36.7% of refugees. This indicates that while basic needs like water and healthcare are well met, electricity and shelter pose challenges for a significant portion of them.

Table 17: Core Outcome 16.1 Proportion of People with Secure Tenure Rights to Housing and/or Land

Statistics	Overall
Count	2,424
denominator	34,511
denominator (se)	22,043
mean value	0.089
lower value	-0.203
upper value	0.380
mean value (se)	0.023
Refugees camps (mean value)	0.103
Urban refugees (mean value)	0.024

Source RMS Survey 2025

With reference to **Table 17**, the proportion of refugees having tenure rights to housing and/or land are only 8.9%. They are 10.3% in refugees' camps and only 2.4% in urban areas. These proportion are still low and question about new strategies to improve the access to tenure rights to land and housing.

3.2.3 Social Protection, Health Access, and Education

This sub section assesses the coverage and effectiveness of social protection programs, the availability and utilization of healthcare services, and the enrolment and attendance rates of children in schools.

Table 18: Core Outcome 16.2 Proportion of People Covered by Social Protection Systems

Statistics	Overall
Counts	2,424
Denominator	34,511
denominator (se)	15,209
mean value	0.51
lower value	0.28
upper value	0.74
mean value (se)	0.09
Refugees camps (mean value)	0.58
Urban refugees (mean value)	0.21

Source RMS Survey 2025

Table 18 shows that 51% of refugees are covered by social protection programs, refugees in camps have higher mean value than urban refugees (58% against 21%). The standard error is 0.09 and the confidence intervals show that the values for range from 0.28 to 0.74. In addition to the low mean value, the confidence interval reveals an important disparity among refugees. Thus, a consequent effort is needed to raise the number of refugees who are covered by social protection programs.

Table 19: Proportion of Children who Participate in Community-Based Child Protection Programs

Statistics	Overall
counts	4,442
Denominator	48,291
Denominator (se)	42,413
Mean value	0.17
Mean value lower	0.07
Mean value upper	0.27
mean value (se)	0.04
Refugees camps (mean value)	0.17
Urban refugees (mean value)	0.09
Female (mean value)	0.16
Male (mean value)	0.17

Source RMS Survey 2025

Table 19 shows the mean values of 0.17, refugees in camps have the higher mean than urban refugees (0.17 against 0.09) indicating that urban refugees are less interested in community-based child protection programs, while female and male have almost the same mean value (0.16 against 0.17). This calls for an urgent action to raise the proportion of children participating in community-based child protection programs.

Table 20: Outcome 5.2 Proportion of Children who Participate in Community-Based Child Protection Programs by Gender and Disability

Disability status	counts	Denominator	Denominator (se)	Mean value	Mean value lower	Mean value upper	Mean value (se)
Female							
Non-disabled	2,231	23,855	21,032	0.16	0.07	0.24	0.03
Disabled	12	112	108	0.14	-0.18	0.46	0.12
Male							
Non-disabled	2,186	24,254	21,203	0.17	0.06	0.29	0.04
Disabled	13	70	70	0.08	-0.08	0.24	0.06
Both sex							
Non-disabled	4,417	48,109	42,235	0.165	0.065	0.265	0.035
Disabled	25	182	178	0.11	-0.13	0.35	0.09
Refugees camps	3,971	45,352	45,352	0.17	0.17	0.17	0.00
Urban refugees	471	2,939	2,939	0.09	0.09	0.09	0.00
Female	2,243	23,967	21,140	0.16	0.02	0.29	0.01
Male	2,199	24,324	21,273	0.17	0.07	0.28	0.01

Source RMS Survey 2025

Table 20 presents the results on participation in community-based child protection program by gender and disability. For refugees with disability and non-disability, both sexes, the results show that only 16.5% of refugees without disability against 11.0% of refugees with disability participate in community-based child protection program. The difference of 5.5% seems enough significant and it indicates the low level of participation for refugees with disability. When considering the sex and disability, male refugees participate more: 17% of people with no disability against 8% of people with disability. There is no significant difference among female refugees: 16% of people with no disability against 14% of people with disability.

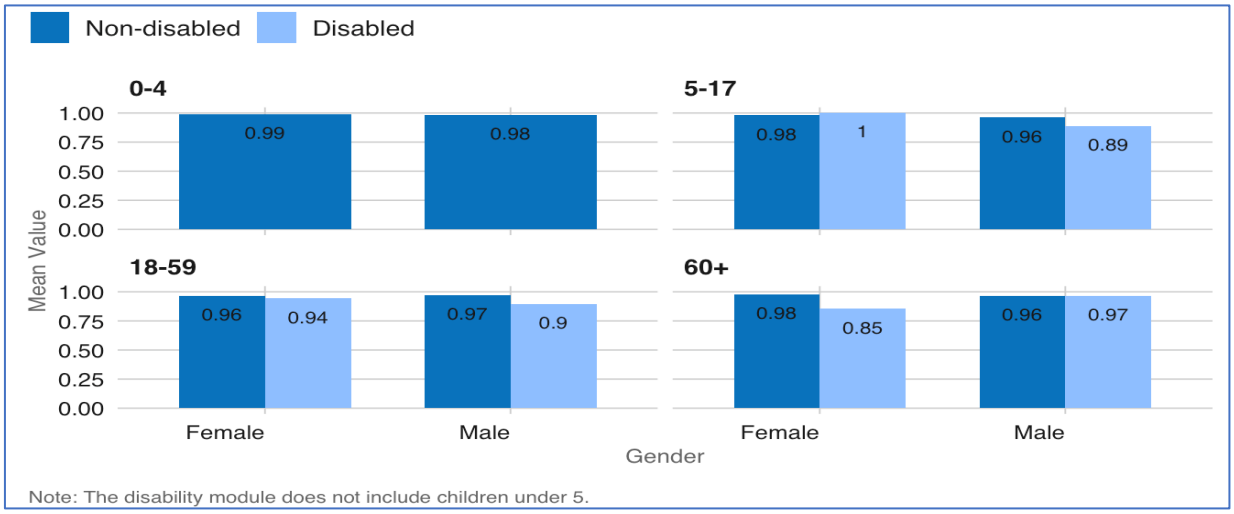
Table 21 Impact 2.3- Proportion of People with Access to Health Services

Statistics	Overall
Counts	4,503
Denominator	44,189
Denominator (se)	36,605
Mean value	0.97
Mean value lower	0.94
Mean value upper	0.99
mean value (se)	0.01
Refugees camps (mean value)	0.96
Urban refugees (mean value)	0.98

Source RMS Survey 2025

Table 21 shows that 97% of refugees' access to health services, and the confidence range between 0.94 and 0.99. This suggests that there is more certainty about the scores for refugees. Overall, both camps and urban refugees show high mean values (0.96 and 0.98 respectively), indicating positive outcomes.

Figure 8: Impact 2.3 Proportion of People with Access to Health Services by Gender, Age and Disability Status



Source RMS Survey 2025

Figure 8 provide insights into the demographics and health status of refugees across different age groups, categorized by gender and disability status. For age group 0-4, both female and male non-disabled children have high mean values around 0.99 and 0.98 respectively, indicating a positive outcome or status. In the 5-17 age group, non-disabled females and males show similar high mean values of approximately 0.98 and 0.96 respectively, while disabled children, females have perfect scores of 1.00 and males have mean scores of 0.89, indicating all of them met a specific criterion. However, the mean value for disabled males is slightly lower (0.89). For adults aged 18-59, non-disabled females also have a high mean value (0.96), while their disabled counterparts have a lower mean value (0.94). Similarly, non-disabled males show a high mean of 0.97, compared to disabled males with a mean of 0.90. In the 60+ age group, both non-disabled females and males have high mean values (0.98 and 0.96), while disabled females and males have slightly lower mean values (0.85 and 0.97). Overall, the results indicate that non-disabled individuals generally have higher mean values across all age groups, while disabled individuals show variability, particularly within the younger age groups. The results suggest a concentration of healthier outcomes among non-disabled persons, with disabled individuals facing more challenges.

Table 22: The Reasons for not being able to Access to Health Services

Reason	Camp	Urban	Overall
Medicine or health facility too expensive	15.0	28.6	17.1
Administrative/documentation issues	2.0	25.0	5.7
Long waiting times	19.7	25.0	20.6
No treatment exists/Not necessary	15.6	14.3	15.4
Prefer other options	8.8	10.7	9.1
No time	0.0	7.1	1.1
Health facility too far	2.0	3.6	2.3
Lack of medical supplies	52.4	3.6	44.6
Don't trust modern medicine	1.4	0.0	1.1
Health facility damaged/destroyed	0.0	0.0	0.0

Source RMS Survey 2025

Table 22 outlines the reasons why individuals may not be able to access healthcare. The most significant barrier is a lack of medical supplies, which affects 44.6% of respondents, followed by long waiting times at 20.6%. Financial concerns are also common reason for inability to access health care, with 17.1% indicating that medicine or health facilities are too expensive. Other notable reasons include a belief that no treatment exists, or it is not necessary (15.4%) and a preference for alternative options (9.1%). Administrative issues, such as documentation problems, account for 5.7% of responses, while geographical barriers, like the health facility being too far away, affect 2.3% of people. Only a small percentage cited concerns about time, trust in modern medicine, or not knowing where to go, and no respondents reported issues related to new patient acceptance, distrust in doctors, or facilities being damaged. Overall, the results highlight the predominant obstacles in accessing healthcare, particularly concerning medical supply availability and cost, and the waiting time.

For the lack of medical supplies, it more concerns refugees in camps than urban refugees (52.4% against 3.6%). For other main barriers, urban refugees represent more proportion than refugees in camps, with proportions above 25% in urban areas and proportions ranging between 15% and 20% for refugees in camps.

Table 23: Results of RMS Core Outcome 10.2- Proportion of Births Attended by Skilled Personnel

Population groups	Camp	Urban	Overall
Counts	1,862	562	164
Denominator	28,277	6,234	3,163
Denominator (se)	16,216	6,234	2,529
Mean value	0.99	1.00	0.99
Mean value lower	0.97	1.00	0.97
Mean value upper	1.00	1.00	1.00
Mean value (se)	0.00	0.00	0.00

Source RMS Survey 2025

Table 23 compares camps and urban refugees based on a specific metric. The urban refugees have a perfect mean score of 1.00, indicating optimal conditions, while refugees in camps have a mean score

of 0.99, which, although slightly lower, still reflects a very positive outcome. The standard error is very small for both groups, suggesting high reliability in these scores.

Table 24: Core Outcome 10.1- Proportion of Children Who Have Received Measles Vaccination

	Overall
Count	222
Denominator	2,180
denominator (se)	2,000
mean value	0.97
lower value	0.93
upper value	1.01
mean value (se)	0.01
Refugees camps (mean value)	0.97
Urban refugees (mean value)	1.00
Female (mean value)	0.98
Male (mean value)	0.97

Source RMS Survey 2025

Table 24 presents that 97% of between 9months and 5 years old received measles vaccination. The mean values reveal that urban refugees have a perfect score of 1.00, while refugees in camps have a slightly lower mean score of 0.97, indicating that urban may be experiencing a marginally better outcome. Females have 0.98 while males have 0.97.

Table 25: Impact 3.2a Proportion of Children and Young People Enrolled in Primary Education

	Camps	Urban	Female	Male	Overall
Counts	30,212	2,038	16,059	16,191	32,250
Countt_(se)	15,015	2,038	7,225	7,093	14,317
denominator	33,877	1,996	17,888	17,985	35,874
Denominator (se)	17,237	1,996	8,339	8,216	16,554
edu_secondary (total)	33,877	1,996	17,888	17,985	35,874
edu_secondary (se)	17,237	1,996	8,339	8,216	16,554
age_secondary (total)	30,212	2,038	16,059	16,191	32,250
age_secondary_(se)	15,015	2,038	7,225	7,093	14,317
mean value	1.121	0.980	1.114	1.111	1.112

Source RMS Survey 2025

Referring to **Table 25**, the estimated Gross Enrollment Rate (GER) is 111.2% overall. These figures indicate that refugees have schools in their neighborhood which can accommodate them for the primary education. The difference among camps and urban areas is not significant as the GER is of 112.1% in camps and of 98.0% in urban areas. It is the same when comparing sexes, because the GER is of 111.4% for female and of 111.1% for male children.

Table 26: Enrollment in Secondary Education

	Camps	Urban	Female	Male	Overall
Counts	24,081	1,537	12636.7	12981.29	25,618
Countt_(se)	10,851	1,537	4794.4	5470.771	10,261
denominator	16,988	1,136	8133.25	9990.121	18,123
Denominator (se)	6,452	1,136	2276.4	3669.11	5,933
edu_secondary (total)	16,988	1,136	8133.25	9990.121	18,123
edu_secondary (se)	6,452	1,136	2276.4	3669.11	5,933
age_secondary (total)	24,081	1,537	12636.7	12981.29	25,618
age_secondary_(se)	10,851	1,537	4794.4	5470.771	10,261
mean value	0.71	0.74	0.64	0.77	0.71

Source RMS Survey 2025

Table 26 indicates that at secondary education level, the GER is 71%. The difference between locations is not significant as GER is 71% in camps and 74% in urban areas. However, the difference seems more important when considering sex: 64% for females and 77% for males. At secondary education level, there is a need to improve the school enrollment of female refugees.

Table 27: Education Level for Randomly Selected Adult

Education	counts	Percent	Denominator	denominator (se)	mean value	mean value (se)
No formal education	528	20.3	528	20.33	0.79	0.02
Informal schooling only	70	8.3	70	8.25	0.77	0.05
Less than primary education	553	20.7	553	20.66	0.84	0.02
Primary school completed	352	17.4	352	17.35	0.83	0.02
Lower secondary school completed	358	17.5	358	17.47	0.87	0.02
Upper secondary school completed	368	17.7	368	17.67	0.88	0.02
Post-secondary non-tertiary education	59	7.6	59	7.59	0.79	0.05
Bachelor/equivalent degree completed	109	10.2	109	10.20	0.85	0.03
Masters/equivalent degree or above	19	4.3	19	4.34	0.95	0.05
Don't know	7	2.6	7	2.64	1.00	0.00
Prefer not to respond	1	1.0	1	1.00	1.00	0.00

Source RMS Survey 2025

Table 27 highlights the various levels of educational attainment among individuals. A significant denominator (20.3%) has no formal education, with the mean value of 0.79 reflecting lower outcomes. Conversely, 20.7% have attained less than primary education, achieving a slightly better mean of 0.84. Those who have completed lower and upper secondary education show improved outcomes, with mean values of 0.87 and 0.88, respectively. Bachelor's degree holders achieve a mean value of 0.85, while individuals with master's degrees have the highest mean value of 0.95, demonstrating the benefits of advanced education. Informal schooling and post-secondary non-tertiary education are less represented and have lower mean values, revealing gaps in these areas. Overall, the Table 28 underlines a clear correlation between higher education levels and improved outcomes, while also reflecting a significant proportion of individuals lacking basic educational qualifications.

3.2.4 Banking, Unemployment, and Income

This subsection evaluates the banking characteristics, employment status and income levels of individual refugees and asylum-seekers.

Table 28: Core Outcome 13.1 - Proportion of People with an Account at a Bank or other Financial Institution or with a Mobile-Money-Service Provider

	Overall
Count	2,424
Denominator	34,511
Denominator (se)	22,043
Mean value	0.502
Lower value	0.111
Upper value	0.893
Mean value (se)	0.152
Refugees camps (mean value)	0.40
Urban refugees (mean value)	0.62

Source: RMS Survey 2025

Table 28 presents key statistical values for refugees on access to financial institution. 50.2% of them have account in bank or use mobile money. Urban refugees have a higher mean value (0.62) compared to those live in camps (0.40). Mobile money is the most financial service used during last 12 months at rate of 67.5%, only 37.9% have account in financial institution. ATM/debit card is used by 30.5% of refugees.

Table 29:Proportion of People with an Account at a Bank or other Financial Institution or with a Mobile-Money-Service Provider by Age, Gender and Disability

Gender	disability	counts	Denominator	Denominator (se)	Mean value	Mean value lower	Mean value upper	mean value (se)
18-59 years								
Female	Non-disabled	17,066	17,066	8,028	0.49	0.14	0.84	0.14
	Disabled	1,673	1,673	745	0.46	0.00	0.92	0.18
Male	Non-disabled	10,668	10,668	5,059	0.58	0.15	1.00	0.17
	Disabled	1,026	1,026	510	0.55	0.19	0.91	0.14
60+ years								
Female	Non-disabled	1,360	1,360	562	0.35	-0.21	0.92	0.22
	Disabled	916	916	536	0.23	-0.24	0.70	0.18
Male	Non-disabled	823	823	303	0.46	0.09	0.84	0.15
	Disabled	210	210	51	0.66	0.45	0.87	0.08

Source RMS Survey 2025

Table 29 shows variations in mean values across gender, disability status, and age groups. Among individuals aged 18–59, non-disabled males have the highest mean value (0.58), while non-disabled females only have the mean value of 0.49. About disabled individuals in this age group, also females are relatively lesser than males (mean values of 0.46 for females and 0.55 for males). In the 60+ age group, non-disabled females and males show similar differences in mean values (0.35 and 0.46 respectively). For disabled individuals, females have the lowest mean value (0.23), while males have a higher mean value (0.66).

Overall, for the age group of [18-59], differences are more important among sexes than they are among disability status; while for the age of 60 and above, differences are evenly important for both sexes and disability status. This context indicates also the difference in terms of economic opportunities. Gender sensitive interventions are required to permit equality of opportunities for both sexes in the age of [18-59], while for the age of 60+, such interventions should focus on both gender and disability status.

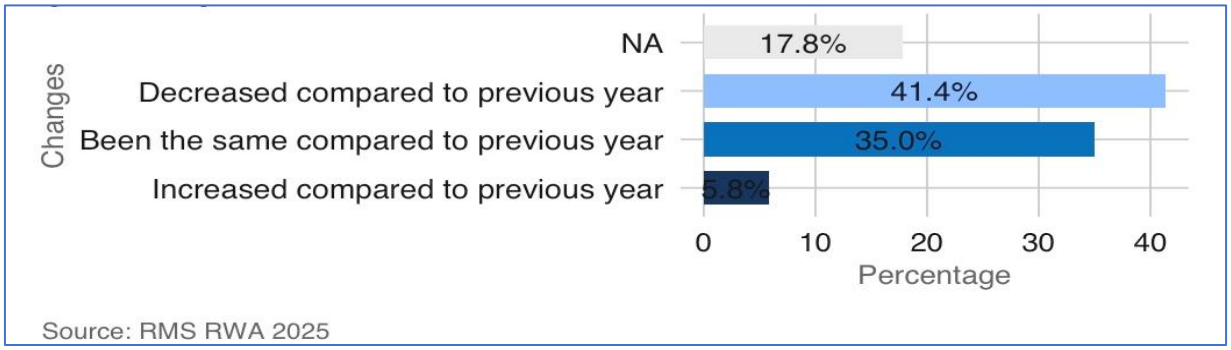
Table 30: Outcome 13.2 - Proportion of People who Self-Report Positive Changes in their Income

	Overall
Count	2,424
Denominator	34,511
Denominator (se)	15,209
Mean value	0.03
Lower value	0.01
Upper value	0.05
Mean value (se)	0.01
Refugees camps (mean value)	0.03
Urban refugees (mean value)	0.04

Source RMS Survey 2025

Table 30 indicates that both camps and urban refugees have low mean values for the measured indicator. Both groups have mean values of 0.03, attesting no significant change in their income of current year compared to the previous year.

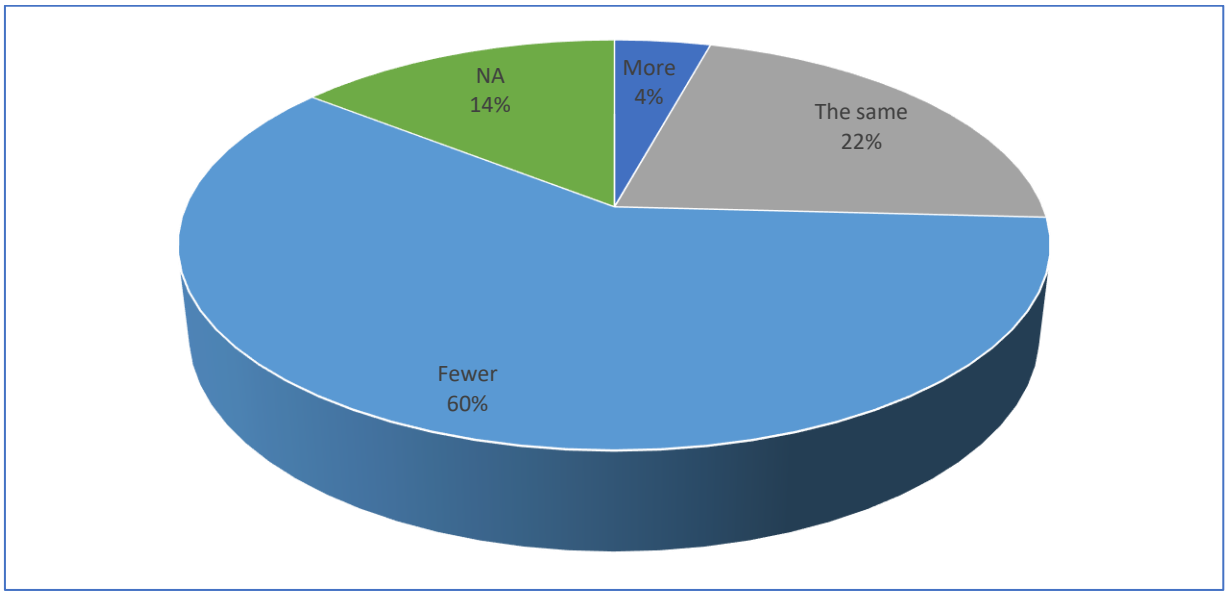
Figure 9: Income Increased or Decreased and Can Afford More



Source RMS Survey 2025

In analyzing the data in **Figure 9**, we find that 5.8% of respondents reported an increase compared to the previous year, while a significant majority, 35.0%, indicated that their situation remained the same. Conversely, 41.4% of respondents experienced a decrease compared to the previous year, and 17.8% did not provide a response (NA). This suggests a notable trend where more individuals experienced a decrease than those who reported an increase, highlighting potential challenges faced in the current year.

Figure 10: Changes in income in the last 12 months (INC01)



Source RMS Survey 2025

Figure 10 shows that only 4% of respondents reported an increase ("more") in their situation, while 22% stated it remained the same. In contrast, a significant majority, 60%, indicated they were experiencing "fewer" in their situation, suggesting a prevailing decline among respondents. Additionally, 14% of respondents chose not to answer (NA), indicating either uncertainty or irrelevance of the question with regard to their economic status. This trend highlights a concern about the overall sentiment of decrease in economic conditions among the majority of asylum-seekers and refugees.

Table 31: Core Outcome 13.3 - Proportion of People (Working Age) who are Unemployed

Population groups	Overall
Count	1,095
Denominator	13,863
Denominator (se)	5294
Mean value	0.10
Mean value lower	0.07
Mean value upper	0.13
Mean value (se)	0.01
Refugees camps (mean value)	0.11
Urban refugees (mean value)	0.08

Source RMS Survey 2025

The unemployment is of 10% among refugees. Considering camps and urban refugees, in Table 32, refugees in camps have high number of unemployment than urban refugees (11% against 8%).

Table 32: Outcome 13.3 Proportion of People (working age) who are Unemployed by Disability and Population Group

Disability status	counts	Denominator	Denominator (se)	Mean value	Mean value lower	Mean value upper	Mean value (se)
18-59							
Non-disabled	27,734	27,734	12,490	0.52	0.14	0.90	0.15
Disabled	2,699	2,699	1174	0.49	0.08	0.91	0.16
60+							
Non-disabled	2,183	2,183	857	0.39	-0.10	0.89	0.19
Disabled	1,126	1,126	493	0.31	-0.20	0.82	0.20
Refugees camps	1,862	28,277	28,277	0.11	0.11	0.11	0.00
Urban refugees	562	6,234	6,234	0.08	0.08	0.08	0.00
Female	1,532	21,416	17,382	0.10	0.07	0.14	0.00
Male	892	13,095	4,661	0.09	-0.15	0.33	0.02

Source RMS Survey 2025

Table 33 highlights differences in unemployment among working age. The proportion of unemployment is 10%. Both Females and males have the same rate of 10% and 9% respectively. Regarding the location of refugees, urban refugees have lower rate of 8% compare to the refugees live in camps (11%). Focusing on the disability status, and age categories, among refugees aged 18–59, there is only 0.03 difference between two groups while in the 60+ there is a difference of 0.08.

3.2.5 Safety and GBV

Here are assessed the personal safety and experiences with gender-based violence among refugees and asylum-seekers.

Table 33: Impact 3.3 Proportion of People that Feel Safe Walking Alone in their Neighborhood After Dark

	Overall
Count	2,424
Denominator	34,511
Denominator (se)	15,209
Mean value	0.82
Mean value lower	0.73
Mean value upper	0.92
Mean value (se)	0.04
Refugees camps (mean value)	0.80
Urban refugees (mean value)	0.91

Source RMS Survey 2025

Table 33: provide insights into refugees about the safety conditions, revealing that 82% of them are feel safe walking alone in their neighborhood after dark. The mean values for both groups are at 0.80 and 0.91 for camps and urban refugees respectively.

Table 34: Impact 3.3 Proportion of People that Feel Safe Walking Alone in their Neighborhood After Dark by Age/Sex/Diversity

Gender	Disability	Counts	Denominator	Denominator (se)	Mean value	Lower value	Upper value	Mean Value (se)
18-59								
Female	Non-disabled	16,942	17,066	8,028	0.81	0.73	0.9	0.03
	Disabled	1,673	1,673	745	0.68	0.48	0.88	0.08
Male	Non-disabled	10,573	10,668	5,059	0.85	0.73	0.97	0.05
	Disabled	1,026	1,026	510	0.77	0.65	0.88	0.04
60+								
Female	Non-disabled	1,301	1,360	562	0.84	0.68	0.99	0.06
	Disabled	896	916	536	0.79	0.64	0.93	0.06
Male	Non-disabled	772	823	303	0.97	0.91	1.03	0.02
	Disabled	202	210	51	0.89	0.7	1.09	0.08

Source RMS Survey 2025

Table 34 presents information on the outcomes related to gender and disability across two age groups, 18-59 and 60+. For females aged 18-59, non-disabled individuals have a mean value of 0.81, while disabled females have a lower mean value of 0.68. In men of the same age group, non-disabled males show a higher mean value of 0.85 compared to 0.77 for disabled males. In the older age group (60+), non-disabled females have a mean value of 0.84, and disabled females have a mean value of 0.79. Males in this age bracket show even higher figures, with non-disabled males at 0.97 and disabled at 0.89. The mean values are accompanied by confidence intervals, suggesting that non-disabled individuals generally perform better on the measured outcome compared to their disabled counterparts, with males typically showing slightly higher mean values than females across both age groups.

The safety indicator is notably lower among disabled individuals aged 18 to 59 compared to their non-disabled counterparts, regardless of gender. Additionally, when comparing sexes, females consistently report lower safety indicators than males, irrespective of disability status. Overall, the 18 to 59 age group exhibits lower indicators than those aged 60 and above. Ultimately, these findings highlight the heightened vulnerability of disabled individuals, females, and relatively younger persons. As previously noted, this trend appears to reflect perceptions of the broader security context in the region.

Table 35: Core Outcome 4.1: Proportion of People who know where to Access Available GBV Service

Population groups	Overall
Count	2,404
Denominator	34,096
Mean value	0.82
Mean value lower	0.48
Mean value upper	1.16
Mean value (se)	2424
Refugees camps (mean value)	0.84
Urban refugees (mean value)	0.75

Source RMS Survey 2025

Table 35 highlighting that 82% of refugees know where to access available GBV service. The mean values are 0.84 and 0.75 for camps and urban refugees respectively.

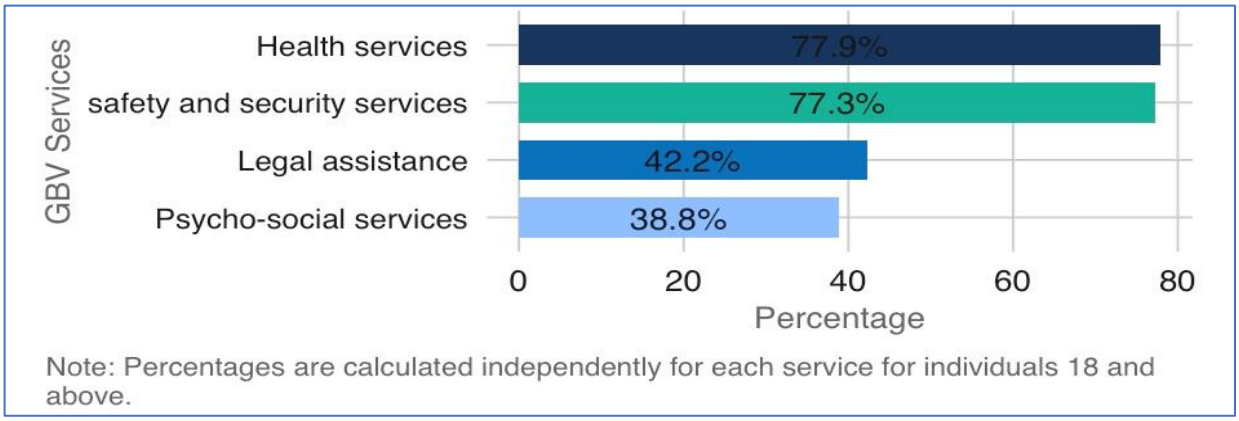
Table 36: Proportion of People who know where to Access Available GBV Service by Age, Gender and Population Group

	Disability	Counts	Denominator	Count	Mean value	Mean value lower	Mean value upper	Mean value (se)
18-59 years								
Female	Non-disabled	16,851	17,066	8,028	0.84	0.80	0.88	0.02
	Disabled	1666	1673	745	0.88	0.73	1.02	0.06
Male	Non-disabled	10,596	10,668	5,059	0.82	0.74	0.90	0.03
	Disabled	1,026	1,026	510	0.70	0.31	1.08	0.15
60+ years								
Female	Non-disabled	1,296	1,360	562	0.77	0.65	0.89	0.05
	Disabled	866	916	536	0.70	0.61	0.79	0.03
Male	Non-disabled	816	823	303	0.72	0.59	0.84	0.05
	Disabled	210	210	51	0.58	0.28	0.88	0.12

Source RMS Survey 2025

Table 36 presents a break-down of counts and mean values for non-disabled and disabled individuals by gender across two age groups: 18-59 and 60+. For those aged 18-59, non-disabled females and males have higher mean values (0.84 and 0.82, respectively), indicating generally positive outcomes, while disabled females and males have mean values of 0.88 and 0.70, showing a same rate in well-being for no disabled and person with disability among refugees under 59 years old. In 60+ age group, non-disabled females still maintain a relatively high mean of 0.77, while disabled females have a mean of 0.70. Among men, non-disabled individuals have a mean value of 0.72, while disabled men have the lowest mean of 0.58, reflecting significant disparities based on both gender and disability status. Overall, Table 37 demonstrates that non-disabled individuals generally fare better in both age groups, while disabled individuals of both genders, especially males, face greater challenges. This significant difference between male disabled and non-disabled age 18 and above indicates that there is a need for an awareness campaign towards disabled male in order to make them more GBV sensitive. However, the higher awareness of GBV services availability among female (disabled or not) aged 18 and plus is good news, because they are the main target of this problem.

Figure 11: Knowledge on where to Access Available GBV Services



Source RMS Survey 2025

Figure 11 outlines the availability of various services, expressed as percentages. Health services are the most widely accessible with 77.9% of individuals having access to medical services. Safety and security services follow closely at 77.3%, reflecting effective measures to ensure safety and security. Psycho-social services are available to 38.8% of individuals, reflecting a more limited reach in providing mental health and social support. Legal assistance is accessible to 42.2% of the population, indicating that many individuals may require help understanding their legal rights and navigating legal issues. Overall, the data shows that while essential health and safety services are well-covered, psycho-social and legal services have more significant room for improvement. Two GBV services require more attention, as their indicator is below 50%: psycho-social services and legal assistance.

Table 37: Proportion of People who do not Accept Violence Against Women

	Overall
Count	2,133
Denominator	30,632
Denominator (se)	15,209
Mean value	0.91
Mean value lower	0.87
Mean value upper	0.95
Mean value (se)	0.02
Refugees camps (mean value)	0.90
Urban refugees (mean value)	0.98

Source RMS Survey 2025

Table 37 shows that 91% of refuges declared to not accept violence against women. Urban refugees are higher than refugees live in camps at 98% and 90% respectively.

Table 38: Proportion of People who do not Accept Violence Against Women by Age, Gender and Disability

Gender	disability	counts	Denominator	Denominator (se)	Mean value	Mean value lower	Mean value upper	mean value (se)
18-59 years								
Female	Non-disabled	15,674	17,066	8,028	0.90	0.87	0.94	0.01
	Disabled	1,461	1,673	745	0.73	0.57	0.89	0.06
Male	Non-disabled	9,341	10,668	5,059	0.96	0.93	0.98	0.01
	Disabled	831	1,026	510	0.97	0.93	1.02	0.02
60+ Years								
Female	Non-disabled	1,175	1,360	562	0.85	0.76	0.95	0.04
	Disabled	617	916	536	0.81	0.76	0.87	0.02
Male	Non-disabled	692	823	303	0.91	0.83	0.99	0.03
	Disabled	175	210	51	1.00	1.00	1.00	0.00

Source RMS Survey 2025

Table 38 provides insight into the experiences of disabled and non-disabled individuals across different age and gender groups. Among females aged 18-59, non-disabled individuals achieved a mean value of 0.90, which indicates generally positive outcomes. In contrast, the disabled females in this age range have a lower mean of 0. 73. For males aged 18-59, non-disabled individuals report a mean value of 0.96,

and disabled males have a high mean of 0.97 as well, suggesting they may have comparable outcomes despite their disabilities. In the 60+ age group, non-disabled females and males show mean values of 0.85 and 0.91, respectively. However, disabled females in this group experience a lower mean of 0.81, while disabled males report a perfect mean value of 1.00, indicating no variability in their outcomes. Overall, the result suggests that while non-disabled individuals generally have better outcomes, disabled individuals, particularly males, find some opportunities even in later life stages.

There exists an important difference between non-disabled females and males aged 18 to 59 (difference of +6% towards males) and those aged 60 and plus (difference of +6% towards males) about the non-acceptance of GBV. This difference becomes more important when considering disable persons (+24% and +19% respectively for 18-59 and 60+). Consequently, there is a room to question this context as females are the main target of GBV

4. Conclusions and Recommendations

The RMS was conducted from March 24 to April 4, 2025, to collect data for UNHCR's monitoring of its operational activities for refugees and asylum seekers. The survey covered the following refugee camps and urban areas: Mugombwa, Kigeme, Kiziba, Nyabiheke, and Mahama, as well as Kigali, Huye, and Nyamata urban areas. In total 2424 households were surveyed, among them 126 were from asylum-seekers and 2298 from refugees. Further, the survey counted 12,676 individuals, among them 603 were asylum-seekers and 12,073 were refugees. About the age, 47% were aged 18 to 59; while 35% were aged 5 to 17. Persons aged 0 to 4 covered 12.24%, while persons of 60 and above were 5.2%. In the sample, female participants were more than male participants: 53.4% against 46.6%. Among participants of the age group of [18-59] more represented in the sample, females were 55.9% while males were 44.1%. However, when considering this age group in both total sub populations, proportions seem more balance: 49.8% in female sub group and 45.0% in male sub group. After data collection, the data analysis was conducted using R scripts designed by UNHCR. The analysis resulted in following key findings:

1. **Mobility and Registration**: the proportion of children under 5 years of age whose births were registered with civil authority was 95%, with 94% of female and 96% of male children; whereas 98% of births registered were in urban area and 95% in refugees' camps. The proportion of 99.5% refugees possess recognized identity documents: 57.5% hold civil or government-issued IDs, while holders of birth certificates are 36.2%.

2. **Energy Sources, WASH, and Housing**: Refugees and asylum seekers continue to face limited access to clean cooking fuels, habitable housing, and safe settlements, with electricity and shelter emerging as their primary concerns.

3. **Land and Housing Rights**: The proportions remain far below both the target and the baseline of 23%. Further analysis is needed to identify the underlying causes of this negative trend.

4. **Social Protection, Health Access, and Education**: Despite improvements in social protection programs, enrollment in secondary education needs enhancement for gender equality between female and male children. However, the access to health services including access to measles vaccination is at an interesting achievement level.

5. **Safety and Gender-Based Violence (GBV)**: Perceptions of safety, particularly when walking alone after dark, is at higher level for all population groups, especially in urban areas. On the other hand, a good proportion of refugees know where to access available GBV services, especially health and security services indistinctive of location, in camps or in urban areas.

The following recommendations are proposed to improve the well-being of refugees and asylum seekers, in both camps and urban areas:

1. Enhance birth registration processes, especially for refugees in camps, to ensure comprehensive documentation and legal recognition.

2. Improve access to clean cooking fuels for both asylum seekers and refugees, especially for urban refugees.

3. Enhance living conditions of refugees in terms of habitable and affordable houses, by specifically focusing on shelter adequacy and electricity access.

4. Promote awareness and facilitate access to property rights documentation, enabling refugees and asylum seekers to secure land and housing more effectively.

5. Strengthen initiatives that promote the employability of asylum seekers and refugees, supporting their long-term well-being and resilience.

6. Strengthen outreach efforts to sensitise refugees to participate in community-based child protection programs. Special attention should be given to integrating asylum seekers and urban refugees, particularly male children with disabilities to ensure they receive the necessary support and protection.

7. Strengthen the integration of refugees and asylum seekers into national social protection systems, building on the existing practices.

8. Increase enrollment rates in secondary education for refugees and asylum seekers, ensuring equal access to learning opportunities for female and male children.

5. References

1. (NISR, 2024). Fifth Rwanda Population and Housing Census, 2022: Thematic Report “Socio-economic status of refugees”. Kigali, May.

2. (NISR, 2023). Fifth Rwanda Population and Housing Census, 2022: Main Indicators Report. Kigali, February.

3. UNESCO (2006), International Standard Classification of Education (ISCE, 1997). Re-edition, May.

ANNEX

Annex 1: Indicator Summary Table

Indicator	Mean value	%	Numerator	weighted N
Core Impact 2.2 Proportion of people residing in physically safe and secure settlements with access to basic facilities.	0.032	3.2	1,106	34,511
Core Impact2.3 Proportion of people with access to health services,	0.97	97.0	127,877	131,832
Core Impact 3.2a: Proportion of children and young people enrolled in primary education	0.90	89.9	32,250	35,875
Core Impact 3.2b: Proportion of children and young people enrolled in secondary education	0.71	70.7	12,820	18,123
Core Impact 3.3: Proportion of people that feel safe walking alone in their neighborhood after dark	0.82	82.0	28,299	34,511
Outcome1.2: Proportion of children under 5 years of age whose births have been registered with a civil authority	0.95	95.0	1,552	15,208
Outcome 1.3: Proportion of people with legally recognized identity documents or credentials	0.995	99.5	11,584	114,741
Outcome 4.1 Proportion of people who know where to access available GBV service	0.82	82.0	2,404	34,096
Outcome 4.2 Proportion of people who do not accept violence against women	0.91	91.0	2,133	30,632
Outcome 5.2 Proportion of children who participate in community-based child protection programmed	0.17	17.0	4,442	48,291
Outcome 8.2 Proportion of people with primary reliance on clean (cooking) fuels and technology	0.62	62.0	2,417	34,465
Outcome 9.1 Proportion of people living in habitable and affordable housing	0.37	37.0	2,424	34,511
Outcome 9.2 Proportion of people that have energy to ensure lighting	0.83	83.0	2,424	34,511
Outcome 10.1 Proportion of children aged 9 months to five years who have received measles containing vaccination	0.97	97.0	222	2,180
Outcome 10.2 Proportion of births attended by skilled health personnel	0.99	99.0	164	3,163
Outcome 12.1 Proportion of people using at least basic drinking water services	0.97	97.0	2,424	34,511
Outcome 12.2 Proportion of people with access to a safe household toilet	0.009	0.9	2,424	34,511
Outcome 13.1 Proportion of people with an account at a bank or other financial institution or with a mobile-money-service provider	0.502	50.2	2,424	34,511
Outcome 13.2 Proportion of people who self-report positive changes in their income compared to previous year	0.03	3.0	2,424	34,511
Outcome 13.3 Proportion of people (working age) who are unemployed	0.10	10.0	1,095	13,863
Outcome 14.1 Proportion of returnees with legally recognized identity documents or credentials	1.00	100.0	12,676	131,832
Outcome 16.1 Proportion of people with secure tenure rights to housing and/or land	0.089	8.9	2,424	34,511
Outcome 16.2 Proportion of people covered by national social protection systems	0.51	51.0	2,424	34,511