Influx of Burundi Population #1

**Highlights**

- As of 26 April, 20,408 Burundian refugees crossed into Rwanda since 31 March. The majority of refugees are children and women. There is an increasing trend in arrivals (in the last 3 days on average over 3,200 arrivals per day). It is estimated that 100,000 refugees may arrive within the next 3 months.

- On 6 April, the National Disaster Management Executive Committee (NDMEC) activated the Contingency Plan on Mass Population Influx, with The Ministry of Disaster Management and Refugee Affairs (MIDIMAR) and UNHCR leading the response. Prima Facie refugee status is being granted to the arrivals from Burundi.

- Refugees are accommodated in Mahama Refugee Camp and 2 reception centres in Bugesera and Nyanza. The emergency response on the ground is coordinated by the MIDIMAR and UNHCR, engaging multiple partners, including UNICEF.

- The main challenges in the response following a sharp increase in arrival are:
  - Shelter for all
  - Food distribution capacity
  - Registration

UNICEF is supporting the response primarily in WASH, Early Childhood, Education, Child Protection, Health and Nutrition. A well-prepared contingency plan and availability of contingency stock helped to address immediate needs of refugees. However, the exponential growth in the numbers of refugees requires additional resources to quickly scale up the response and ensure readiness for additional new arrivals.

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**As of 26 April**

**20,408** Burundian refugees have crossed into Rwanda

Hosted in:

1. Refugee Camp: Mahama
2. Main Reception centres: Bugesera, Nyanza districts (plus several small scattered Reception Centres along the border)
3. Transit Centre: Nyagatare

Over **60%** of arrivals are children

**Main issues:**

- Malaria and Diarrhoea most common diseases
- At least **3.5%** of children have severe acute malnutrition with screening ongoing
- **35** cases of HIV/AIDS have been reported
- **276** unaccompanied/separated children registered *(reunification and tracing ongoing with some success, but it is also likely that the numbers will significantly increase with further registration)*

(Source: April 2015, UNHCR)
Overview
On 31 March 2015, UNICEF received information from the Ministry of Disaster Management and Refugee Affairs (MIDIMAR) about a population influx from Burundi entering into the Southern Province of Rwanda due to the prevailing security situation. NDMEC activated the Contingency Plan on Mass Population Influx on 6 April.

Response:
- 2 main reception centres have been established in Bugesera and Nyanza Districts, as well as several small scattered receptions centres along the border.
- 1 refugee camp has been established in Mahama, Kirehe District, and reallocation of the refugee population from reception centres to the transit centre/refugee camp is ongoing.
- The Refugee Coordination Mechanism (RCM) has been established and is chaired by MIDIMAR/UNHCR on a weekly basis.
- Local authorities and UNHCR have completed biometric registration of around 40% of the refugees.
- Basic services including security, shelter, WASH, health, nutrition and child protection have been put in place.
- The health response has been activated through establishing health services in the camps and transit sites, as well as referral to primary health centres/district hospitals. Key services being provided include supply of mosquito nets, fumigation, and referrals when needed. Health screening started, which has revealed that at least 3.5% of under 5 children are suffering from severe acute malnutrition, with screening ongoing; malaria, diarrhoea, Acute Respiratory Infection (ARI) and skin diseases are the most common diseases. One child death has been registered on 11 April.
- 276 children are currently identified as unaccompanied or separated. However, the numbers are likely to increase as further registration progresses. A child protection approach has been activated including tracing, case management, provision of alternative care, establishment of Child Friendly Spaces (CFS) and recreational and psychosocial support.

UNICEF Response
Addressing the urgent gap regarding shelter, UNICEF released 50 large tents, mainly to serve for establishment of temporary health centres, child protection services and CFS. UNICEF’s main support is the response in WASH, ECD, Education, Child Protection, Health and Nutrition.

WASH:
- **What we do:** UNICEF supports sector coordination with UNHCR, provides technical assistance to partners, and has led sector assessments. In partnership with UNHCR, UNICEF supports provision of water supply, water quality monitoring, provision of sanitation and hygiene facilities and hygiene promotion in the reception centres and the new refugee camp in Mahama, through the provision of critical supplies and technical support.
- **Results:** So far, over 10,000 people have benefitted from WASH services including through UNICEF supported supplies and technical assistance.
- **Challenges:** The main gaps are maintaining standards for provision of water and sanitation (latrines and showers) as the population continues to grow.
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Nutrition:
- **What we do**: UNICEF provides critical supplies for the treatment of severe acute malnutrition (therapeutic milk and BP-100™ Ready-to-Use Therapeutic Food/RUTF) to local health facilities and partners in the camps. Screening of children under 5 and treatment of SAM is ongoing.
- **Results**: 43 children with SAM are under treatment and screening is ongoing.
- **Challenges**: There has been a delay in scaling up supplementary feeding in the transit sites and therefore a risk that there will be an increase in Severe Acute Malnutrition. Dedicated human resources for nutrition are required in the camp and reception centres as the existing capacity is limited.

Health:
- **What we do**: UNICEF supports AHA (UNHCR’s health implementing partner) and local health authorities in population screening, admission of children in need, identification of pregnant women and lactating mothers, deliveries, and distribution of ITNs. UNICEF also supported the immediate release vaccines (polio, measles and rubella).
- **Results**: So far, over 2,128 children under 5 have been reached with polio vaccines and 3,591 children under 15 with measles vaccines.
- **Challenges**: Further resources are required to meet the increasing need for health services and to decrease community outbreak within the transit sites and the new camp.

Child Protection:
- **What we do**: Provision of psychosocial support, prevention of and response to violence against children (VAC), temporary care and tracing of unaccompanied/separated children, and raising awareness on the risks of violence against children.
- **Results**: As of 23 April, 269 unaccompanied/separated children were currently registered. The numbers are likely to go up with the increase in daily arrival rates. To date, over 70 children were reunited with their parents and relatives and others placed in alternative care arrangements. Cases of violence against children are being identified and support is being provided.
- **Challenges**: Human resource constraints in the newly established camp to register/trace/respond to the issue of unaccompanied children.

ECD and Education:
- **What we do**: Child Friendly Spaces have been created at the reception centres in partnership with UNHCR. 5 ECD kits, 5 recreational kits, 5 school-in-a-box and 2 big tents (72 m2) have been distributed and used for the CFS, benefitting at least 1,000 children, creating a sense of normalcy and reducing emotional distress. Focus going forward will be on scaling up this response.

Communication for Development (C4D):
- **What we do**: In response to the high incidence of diarrhoea and other diseases among refugees, a taskforce was established comprising the Ministry of Health (chair), UNICEF, UNHCR and partners (PAJER, World Vision and ADRA) to develop hygiene and health promotion material. Revised drafts are developed for production and dissemination, complementing social mobilisation activities being initiated with partners.
Supply and Logistics

In line with the contingency plan, a number of supplies have been provided to the refugee population, including water tanks, water quality testing kits, mobile latrines, mobile showers, latrine slabs, hand washing stations, tarpaulin sheets for construction of latrines/showers, ECD kits, tents for temporary health and child friendly centres, recreation kits and school in a box, therapeutic food (for treating malnutrition) with a total value of more than US$ 150,000.

Funding

The initial funding requirements are defined by the contingency plan to address the needs of 50,000 refugees for a period of 6 months. The current funds available include the value of the contingency stocks and re-allocation of regular resources to address the immediate needs of refugees. These funding requirements are indicative and will be refined as further assessments are completed. UN partners are in the process of developing a CERF Rapid Response application to support initial scale up of the response.

<table>
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<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
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</thead>
<tbody>
<tr>
<td>WASH</td>
<td>1,300,000</td>
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<td>Education and ECD</td>
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<td>Health (including HIV/AIDS)</td>
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<tr>
<td>Nutrition</td>
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<td>20,000</td>
<td>180,000</td>
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<tr>
<td>Child Protection</td>
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<td>460,000</td>
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<tr>
<td>C4D and Communication</td>
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<td><strong>Total</strong></td>
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