Highlights

- The total number of Burundian refugees in Rwanda is 79,217, with about 49,451 refugees living in Mahama camp.
- Cases of severe acute malnutrition (SAM) among children 6-59 months living in the camp have continued to decline, with 26 children currently enrolled for SAM treatment.
- There were no new cases of typhoid reported in May and June, due to an effective health and WASH response.
- Water provision in Mahama camp has significantly improved and has exceeded the minimum standards, with currently providing 20 litres/person/day. Construction of additional sanitation facilities is ongoing.
- 7,166 children (3,612 girls and 3,554 boys) are being reached with recreational activities and psychosocial support through child friendly spaces.
- The integration of Burundian refugee learners into the Rwandan National education system is almost complete. To date, 19,422 learners are enrolled in grades P1-S6. Shortage of teaching and learning material and capacity of teachers to deliver quality teaching remain key challenges.

Main Issues

- Child protection issues related to child labour, teenage pregnancy and child marriage.
- Shortage of teaching and learning material and capacity of teachers to deliver quality teaching remain key challenges.

*UNHCR figures as of 29 June 2016.

UNICEF Key Targets and Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Target*</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH: People provided with minimum 15 litres clean water daily</td>
<td>120,000</td>
<td>&gt;49,000</td>
</tr>
<tr>
<td>Health: Children under 15 vaccinated against measles and children under 5 against polio</td>
<td>U15: 37,800, US: 16,200 (Total = 54,000)</td>
<td>U15: 17,940, US: 11,312 (Total = 29,252)</td>
</tr>
<tr>
<td>Nutrition: Severely malnourished under-5s being treated</td>
<td>2,400</td>
<td>587 treated, 26 currently in treatment</td>
</tr>
<tr>
<td>Child Protection: Unaccompanied children reached with tracing and alternative care arrangements</td>
<td>3,660</td>
<td>877</td>
</tr>
<tr>
<td>Education: Children with access to education programmes</td>
<td>16,800</td>
<td>19,422 enrolled in Rwanda national education system</td>
</tr>
<tr>
<td>ECD: Children 0-59 months receiving ECD services</td>
<td>13,200</td>
<td>5,400 (3-6 years old)</td>
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</table>

*Targets were set based on the original RRP scenario of 120,000 refugees, and are in line with UNICEF’s Humanitarian Action for Children (HAC) appeal for Burundian refugees. However, refugee arrival numbers have not yet reached the scenario. The HAC will be updated shortly, and the targets will be adjusted accordingly.
Situation Overview & Humanitarian Needs
The total number of refugees in Rwanda has slightly increased since April. According to the Government of Rwanda and UNHCR statistics, as of 29 June 2016 the number of Burundian refugees had reached 79,217, with 49,451 registered in Mahama Camp. The remaining refugees are in reception centres (approximately 4,000) or in Kigali and other urban areas (approximately 25,700).

A recent nutrition survey revealed a further reduction in global acute malnutrition (GAM) from 6.6 percent in October 2015 to 4.7 per cent by May 2016, with a low severe acute malnutrition (SAM) prevalence of 0.5 per cent.

No new cases of typhoid were reported in May and June but surveillance activities continue.

Humanitarian leadership and coordination
The Rwandan Ministry of Disaster Management and Refugee Affairs (MIDIMAR) and UNHCR are the overall coordinators of the inter-agency response to the refugee situation. UNICEF is the UN Co-Coordinator for the response in WASH, Child Protection, Education, Health (with WHO and UNFPA), and Nutrition (with WFP), and is a lead in Early Childhood Development. The main implementing partners are: district and community authorities; the Ministry of Health, the Rwanda Biomedical Centre, district hospitals and health centres; Africa Humanitarian Action; ARC (health, nutrition and shelter); Plan International (child protection); CARE (ECD); ADRA (education); the Ministry of Infrastructure, Rwanda Water and Sanitation Corporation (WASAC); and World Vision, PAJER and Oxfam (WASH).

Humanitarian Strategy
The humanitarian strategy jointly agreed by the government and development partners was to register refugees, provide them with shelter, household equipment, food and water; maintain sanitation and hygiene; and provide emergency health and nutrition services. UNICEF’s continuing response includes the provision of WASH supplies and technical assistance; screening and management of SAM; promotion of appropriate infant and young child feeding practices; and provision of polio and measles vaccines for children (as well as routine immunization). In addition, unaccompanied and separated children are registered, while their families are traced, and child-friendly spaces are established. Support to prevent and respond to violence against children is being provided. UNICEF is also supporting access to early learning and basic education for refugee children. After the initial life-saving interventions, UNICEF’s focus is now on the provision of basic social services and support to the development of more permanent solutions.

Summary Analysis of Programme response
Water, Sanitation and Hygiene (WASH)
WASH services are being provided to over 49,000 refugees in Mahama camp with support from UNHCR, UNICEF, PAJER and Oxfam. The water availability from the temporary surface water treatment plant in the Mahama camp has significantly increased since the last reporting period, and averaged 20 litre per person per day in June 2016. The latrine and shower ratio in Mahama averaged 23 persons per drop-hole and 26 people per shower room, respectively. Construction of an additional 19 blocks of latrines (each having 4 drop holes) is ongoing.
The construction of the permanent water treatment plant in Mahama is progressing well with the operation house and a pipeline to the pumping station completed. In addition, the construction of the raw water tank, sand trap, sedimentation tank and clean water tank are ongoing. As part of the ongoing response to the typhoid outbreak, UNICEF has provided 300 additional handwashing units to Mahama camp, and hygiene promoting interventions in Mahama are continuing, including door to door sensitisation campaigns.

In Gatore, Nyanza and Buge sera reception centres, the water availability is over 20 litre per person per day. The sanitation facilities in Buge sera and Nyanza are as per sphere standards while in Gatore the latrine and shower ratio is 28 person per latrine or shower. Construction of additional latrines/showers in Gatore is ongoing.

**Nutrition**

As of June, UNICEF has distributed 14,147 kilograms of Ready to Use Therapeutic Food (RUTF) for the treatment of SAM without medical complications in Mahama camp and the reception centres.

Screening and identification of malnutrition is continuing for all children 6-59 months in the camp. As of 19 June, a cumulative total of 779 children have been enrolled for SAM treatment of which so far 587 children have been discharged after being cured. The cured children are being further followed up in the supplementary feeding programme.

In May 2016 a standardized expanded nutrition survey (SENS) was conducted in Rwandan refugee camps. The SENS has shown that in Mahama camp there is a reduction in GAM rates from 6.6 per cent in October 2015 to 4.7 per cent by May 2016, with the SAM prevalence now at 0.5 per cent. Stunting has reduced from 44.6 per cent to 37.1 percent.

UNICEF supported a five-day Maternal and Infant Young Child Nutrition (MIYCN) training for all health staff working in Mahama and the district hospital in Kirehe.

A quarterly mass Mid-Upper Arm Circumference (MUAC) screening exercise targeting all children 6-59 months is ongoing.

**Health**

UNICEF’s main support in the health response includes immunization, capacity building of health staff and community health workers, the provision of health supplies, as well as cholera preparedness and typhoid response.

The control of typhoid cases was achieved through a comprehensive response that included prevention measures, active screening and appropriate case management. UNICEF continues to support the prevention of new cases by providing family water kits and conducting hygiene promotion activities. In addition, yellow fever surveillance activities continue based on clinical case identification and laboratory tests for suspected
cases. The capacities of all health staff and community health workers working in Mahama Camp were built on cholera preparedness and the typhoid response.

UNICEF-supported immunization activities, including polio and measles campaigns, have to date covered a cumulative total of 29,252 children from 0-15 years. A cumulative total of 766 women were vaccinated against tetanus. Expanded immunization services continued both at the reception centres and Mahama camp: in May in reception centres, 21 children aged 0-5 years were vaccinated against polio and 48 children aged 9 months to 15 years were vaccinated against measles, as they were registered. At Mahama camp, routine immunization continued successfully covering 267 children in the reporting period. During the same period, a 116 pregnant women received tetanus toxoid vaccines through antenatal care services.

The leading causes of morbidity within the camp remain upper and lower respiratory tract infections, malaria, and diarrhoea.

**Child Protection**

UNICEF continued to provide psychosocial support to over 8,000 children and their families to prevent and respond to violence, family separation, exploitation and abuse. UNICEF is currently supporting the response to 80 child protection cases (physical, sexual and emotional abuse).

Currently, there are 1,534 unaccompanied and separated children in the camp (710 unaccompanied, 824 separated). Among these children, almost 900 children have benefited from home visits either on a daily basis (unaccompanied minors) or weekly basis (separated children) by community-based child protection structures such as the Para-Social Workers and Child Protection Mobilizers who provide children with basic care, life skills and support for school. Regular monitoring has proved very effective in the identification, assessment and referral of child protection related concerns.

UNICEF has supported the upgrading of five out of eight Child Friendly Spaces (CFS) in the camp, which has had a direct impact on the attendance rate of the CFS activities implemented in partnership with Plan International, including a notable increase in the participation of girls. 7,166 children (3,612 girls and 3,554 boys) attend CFS activities weekly and an average of 1,023 children (516 girls and 508 boys) participate in CFS activities every day. The participation of adolescents in recreational activities has also increased with more than 600 adolescents participating in adolescent-friendly activities on a weekly basis. More than 800 children (52 per cent girls) receive daily dedicated psychosocial support in the CFS. The Child Friendly Spaces have been well accepted by the refugee community: parents and caregivers consider CFS as a safe and educative alternative for their children, freeing parents’ time to work or conduct household activities.

UNICEF, together with Plan International, focused on strengthening **community-based** child protection mechanisms in the camp so as to promote an enhanced protective environment for children. In addition to 50 active child protection mobilizers, 61 para-social workers and 64 child friendly space volunteers were trained and made operational in the camp, while 77 children-led committees have been set up by the community. The community-based structures have with the successful celebration of the World Day against Child Labour and the Day of the African Child under the theme “Quality education is a stable foundation for a bright future of children” in the camp on 16 June 2016.

**Education/ECD**

The integration of Burundian refugee children in the Rwanda National Education System had been completed in March, and by April, 19,422 students were enrolled in P1-S6, and continued to attend school during the reporting period. A total of 12,407 refugee students (grade P3-S6) are attending school in Paysana L local
school, whereas another 7,015 children (grades P1&P2) continue to learn in temporary classrooms, which were constructed within Mahama refugee camp due to an acute shortage of classrooms in Paysanat L School.

To date, a total of 227 teachers (refugees and locals) have been trained and are teaching children. The previously reported issue of shortage of salaries for newly recruited teachers is now solved. Like the local students, refugees sat for end of quarter exams (89 per cent of enrolled refugee students attended). It is expected that the school attendance rate of refugee children will increase in the second trimester.

The remaining challenges in the education emergency response include:

- Shortage of textbooks and other supplementary materials to enhance quality teaching and learning for the large number of students;
- Lack of capacity of teachers to roll out the new competency-based curriculum;
- Insufficient permanent classrooms to accommodate children inside the local school;
- Lack of computers and other equipment for overall management and administration of the school.

To address some of the above mentioned challenges, UNICEF, through the Rwanda education board (REB), is procuring textbooks and supplementary materials that will be delivered by August 2016. UNICEF, with the organization International Education Exchange (IEE), trained all 227 teachers and school managers on the new competency based curriculum and child-centred teaching methods in April 2016.

In May and June 2016, the UNICEF-supported delivery of ECD services continued to reach over 5,400 children with daily play-based early learning activities in the existing temporary ECD spaces in Mahama camp. Furthermore, UNICEF organised an orientation session on the new play-based pre-primary curriculum for the 45 ECD caregivers. In partnership with ADRA, UNICEF is supporting the construction of one additional permanent ECD facility.

**Communication for Development (C4D)**

In the months of May and June, UNICEF’s implementing partner PAJER performed the following activities in Mahama Camp to continue awareness generation amongst refugee communities on key health and hygiene behaviours, including malaria prevention:

- 6 hand washing demonstration sessions reached 750 students and teachers
- A two-day sensitization campaign on the causes and prevention of malaria and typhoid reached approximately 4,000 refugees
- 4 mother evening sessions reached 1,200 refugees
- Daily house-to-house visits reached 9,536 households in Mahama camp
- Community mobilization events (’umuganda’) reached 800 people
- 16 peer education sessions were organized at the youth-friendly spaces attended by approximately 4,000 young people

In addition, PAJER organised 11 football matches and used the opportunity to sensitize the community on proper hand washing, malaria prevention and other key family practices. For promotion of HIV prevention among youth/adolescents, 6 peer education sessions using “edutainment” were organized and attended by more than 7,500 people.

**Funding Requirements**

The funding requirements are based on the scenario of 100,000 refugees, as per the Regional Refugee Response Plan (RRP) which was developed with UNHCR and 21 partners, including UN agencies and INGOs in 2015.
As per the RRP UNICEF Rwanda required a total of USD 3,433,000 for the refugee response, of which USD 762,432 was available from carry forward funds from the previous year. Therefore, the funding gap for 2016 is **USD 2,670,568**.

<table>
<thead>
<tr>
<th>Sectors</th>
<th>2016 Requirements* (US$)</th>
<th>2016 Funds Available** (US$)</th>
<th>Funding gap (US$)</th>
<th>Funding gap %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>378,000</td>
<td>38,169</td>
<td>339,831</td>
<td>89.9%</td>
</tr>
<tr>
<td>Health (including HIV/AIDS and C4D)</td>
<td>505,000</td>
<td>429</td>
<td>504,571</td>
<td>99.9%</td>
</tr>
<tr>
<td>WASH</td>
<td>500,000</td>
<td>139,677</td>
<td>360,323</td>
<td>72.1%</td>
</tr>
<tr>
<td>Education and ECD</td>
<td>900,000</td>
<td>450,000</td>
<td>450,000</td>
<td>50%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>460,000</td>
<td>103,555</td>
<td>356,445</td>
<td>77.5%</td>
</tr>
<tr>
<td>Operational Support</td>
<td>540,000</td>
<td>21,445</td>
<td>518,555</td>
<td>96%</td>
</tr>
<tr>
<td>M&amp;E Support</td>
<td>150,000</td>
<td>9,157</td>
<td>140,843</td>
<td>93.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,433,000</strong></td>
<td><strong>762,432</strong></td>
<td><strong>2,670,568</strong></td>
<td><strong>77.79%</strong></td>
</tr>
</tbody>
</table>

*Funding requirements for one year as per the RRP; the funding requirements will soon be updated.

**No funding has been received in 2016; the available amount presented is the carry forward from 2015.

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