**Highlights**

- *Since September the total number of Burundian refugees in Rwanda did not increase significantly. New arrivals were low, peaking at 100 on 21 October.*

- *The relocation of refugees from reception centres is completed with approximately 45,000 now living in Mahama refugee camp (30,000 in the original camp, and 15,000 in the extended camp).*

- *As a result of the joint social mobilization efforts, the attendance rate of children in education services significantly increased from 61% to 82% in the past month.*

- *Preliminary results of a nutrition survey (SENS) confirmed a further reduction in malnutrition rates, with global acute malnutrition at 6.6%.*

- *A temporary solution for water provision through Akagera river surface water is in place, yet it remains challenging to meet minimum standards of 15 litres/day/person. UNICEF and partners are progressing on the development of a longer-term option.*

**Main Issues**

- Completing a long-term solution to meet current and future demands for clean water
- Child Protection cases
- Childhood diseases are expected to increase during the rainy season

**UNICEF funding requirements**

$4,050,000
*(based on Regional Refugee Response Plan)*

---

<p>| Key targets and results – UNICEF with partners, according to Refugee Response Plan (RRP) |
|-----------------------------------------------|----------------------|------------------|</p>
<table>
<thead>
<tr>
<th>Sector</th>
<th>Target*</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WASH:</strong> People provided with minimum 15 litres clean water daily</td>
<td>120,000</td>
<td>&gt;45,000**</td>
</tr>
<tr>
<td><strong>Health:</strong> Children under-15 vaccinated against measles and children under 5 against polio</td>
<td>54,000</td>
<td>28,561</td>
</tr>
<tr>
<td><strong>Nutrition:</strong> Severely malnourished under-5s being treated</td>
<td>2,400</td>
<td>331 successfully treated; 95 currently in treatment</td>
</tr>
<tr>
<td><strong>Child Protection:</strong> Unaccompanied/separated children reached with tracing and alternative care arrangements</td>
<td>3,660</td>
<td>2,503***</td>
</tr>
<tr>
<td><strong>Education:</strong> Children with access to education programmes</td>
<td>30,000</td>
<td>11,555</td>
</tr>
<tr>
<td><strong>ECD:</strong> Children 0-59 months receiving ECD services</td>
<td>24,000</td>
<td>4,086</td>
</tr>
</tbody>
</table>

*The targets were set based on a scenario of 120,000 refugees as per the official Regional Refugee Response Plan.*

** All refugees in Mahama camp are receiving clean water, however the daily amount is temporarily not meeting the SPHERE standard of 35l/day.

*** Of the 2,503 registered unaccompanied or separated minors, to date 1,931 were supported by UNICEF with tracking and/or alternative care support.
Situation Overview & Humanitarian Needs

While in the past month the number of new refugee arrivals in Rwanda has not significantly increased, the situation in Burundi remains volatile with continued incidence of sporadic violence. The Rwandan government and partners remain alert and prepared for potential new waves of arrivals.

As of 27 October, a total of 70,179 Burundian refugees are in Rwanda, with the majority (45,018) in Mahama refugee camp. More than 21,000 urban refugees are based mainly in Kigali, and their registration is ongoing. The total number of refugees registered in Rwanda has not increased significantly since last month despite continued new arrivals, most likely due to some refugees returning home in the same period. In addition, there are a number of ‘inactivated’ refugee cases (approx 6,500) reported by UNHCR, with formal confirmation of their return to Burundi pending. A mapping and verification exercise is planned to assess the situation and needs of refugees residing in Kigali. This will inform the provision of legal advice, education orientation and psychosocial support services for urban refugees.

During this reporting period, the provision of clean water and sanitation facilities in Mahama camp continued, including the treatment of Akagera river surface water reaching over 45,000 refugees. Water trucking from nearby springs is only used to fill gaps when there are shortages in water supply.

The nutrition status among children living in the camp continued to improve in the past month, and severe acute malnutrition is successfully being treated when detected. As of 23rd October, a total of 454 under-five children have been treated for SAM. UNICEF-supported immunization campaigns have to date covered a total of 28,561 children and women among the Burundian refugee population.

A total number of 11,555 pupils are enrolled in education orientation classes in Mahama camp, with 120 teachers from the Burundian refugee community and nationals. 4,086 young children are attending ECD and pre-primary programmes in temporary classrooms cared for by 60 trained refugee caregivers and 4 CARE field staff.

2,503 unaccompanied and separated children have been registered, of which to date 1,931 (1,224 unaccompanied and 707 separated children) were supported by UNICEF with tracing or alternative care support. Eighty registered cases of child protection (physical, sexual and emotional abuse of children) are being managed.

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 (WASH).
**Humanitarian Strategy**

The initial 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 severe acute malnutrition; 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 organized. Support to prevent and respond to violence against children is provided. UNICEF is also supporting access to early learning and basic education for refugee children. After the initial provision of 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)**

To stabilize the water supply situation in Mahama camp and reduce the dependency on water trucking, UNICEF, together with UNHCR, World Vision and Oxfam, supported the construction of a temporary surface water treatment plant. However, since the last report the water availability in Mahama camp has dropped to 11.7 litres per capita per day. The capacity of the temporary water treatment plant in Mahama camp has reduced due to an increase in the turbidity of raw water from the Akagera River and maintenance issues with the generators. Measures are being taken to address these issues, while the design for a permanent surface water treatment plant for Mahama camp has been finalized. Tender for construction of the plant is planned to be launched during the 1st week of November 2015.

The ratio of sanitation facilities to refugee in Mahama has slightly improved, with currently one latrine for every 27 refugees and one shower for every 35 refugees.

In the reception centres, the water and sanitation facilities are meeting the minimum standards.

**Nutrition**

Severe and moderate acute malnutrition rates have dropped significantly since the onset of the refugee crisis in April as reflected in the number of admissions (see figure with data from June to October; April and May data was less reliable and therefore not included).

UNICEF has so far distributed 8,363 kg of ready to use therapeutic food (RUTF) for treatment of SAM without medical complications in the camp and reception centres.

A cumulative total of 454 children with SAM have been admitted since April, out of which 331 were successfully treated and discharged for further
follow up in the supplementary feeding programme (SFP). Since the last reporting period, 26 children with SAM without complications were enrolled in the outpatient treatment program (OTP). The total number of children currently receiving treatment through OTP is 95. Five children with SAM with complications were referred for inpatient treatment at the Kirehe district hospital and eight were discharged and transferred to the OTP for further follow up. One death due to SAM with complications was reported, and further investigations are underway.

While the current nutrition response is showing positive results, a UNICEF supported standard expanded nutrition survey (conducted from 14-20 October in Mahama refugee camp) still highlights alarming nutrition and health issues:

**Preliminary findings of the nutrition survey (SENS)**

There was a reduction in the global acute malnutrition (GAM) from 10.3% in May to 6.6% with no significant change in prevalence of severe acute malnutrition (0.6%). Despite the reduction in GAM, the situation remains poor according to the WHO classification of acute malnutrition (5-9%). Stunting levels remained the same as in May (44.6%) which is considered very high according to the WHO classification of severity.

Anaemia remains a major public health concern among children 6-59 months, the prevalence being 43.6% for this age group and 61.2% in children aged 6-23 months. There is a significant improvement in the prevalence of anaemia among women of reproductive age which is now at 32.4% down from 47.6% in May.

Other key public health indicators that have impact on the nutritional status of children and women include measles vaccination coverage of children 9-59 months (84.7%), vitamin A supplementation among children 6-59 months (89.0%), ANC attendance (60.3%) and iron–folate acid supplementation among pregnant women (41%). The prevalence of diarrhoea among children 6-59 month in the past two weeks is alarmingly high at 52.9%, and 1.3 times higher among malnourished than non-malnourished children.

**Health**

UNICEF’s main support in the health response involves immunization, capacity building of health staff, and most recently cholera preparedness. Expanded immunization services continued at the reception centres and Mahama camp. In reception centres, children aged 0-5 years were vaccinated against polio and children aged 9 months to 15 years are being vaccinated against measles, reaching 133 children in the reporting period. At Mahama camp, routine immunization for different antigens successfully continued, covering 1027 children in October 2015.

In Mahama camp all basic health services are in place, with the exception of postnatal services. However, health centres are overcrowded, affecting the quality of service provision. In response to this situation, health services are being expanded: two additional large rub halls are under construction for Inpatient and Outpatient treatment, to be complemented by a separate block for maternity/delivery services; and the provision of post-natal care will commence. UNICEF supported the expansion of health services with the provision of two tents, to be used for inpatient maternal and child services.

The main childhood illnesses treated in under-fives are respiratory infections, watery diarrhoea and malaria. The number of cases with skin diseases and intestinal worms is notable with 7% and 12% of consultation per week. Therefore, there is a need to strengthen hygiene and sanitation promotion in Mahama Camp. Three deaths were reported from Mahama camp during the week of 10-16 October 2015.
Child Protection

UNICEF support has been focused on the provision of psycho-social support to refugee children to prevent and respond to family separation, violence, abuse and neglect. With Plan International, UNICEF is currently supporting 80 individual child protection cases.

A cadre of community-based workers, including para-social workers, child protection (CP) mobilizers and child-friendly spaces (CFS) mobilizers has been recruited. A comprehensive training for 51 CP mobilizers and 69 CFS mobilizers on the prevention and response to child protection issues was conducted, to standardize child protection interventions at the community level. This resulted in a significant increase in knowledge and skills among participants, contributing to effective, community-based prevention and response to child protection issues. Furthermore, the roles and responsibilities of CP mobilizers have been aligned with the national initiative of Inshuti z’Umuryango (‘Friends of the Family’) to provide a platform for child protection system strengthening.

Activities organized within the Child Friendly Spaces are ongoing. On average about 3,500 children (52% boys; 48% girls) participate on a weekly basis in activities such as soccer, volleyball, songs, traditional dance, skipping rope, drawing, and drama. Not only do these activities bring structure to the everyday lives of vulnerable children, they also provide entertainment for both children and adults in the camp.

Education/ECD

The UNICEF response in the education sector to date includes the provision of supplies, capacity building and technical support. During coordination meetings at national and camp levels, UNICEF advocates with humanitarian partners and the government to strengthen and expand education services in the camp in order to ensure the rights of refugee children are realized.

In October, the focus of UNICEF with support of CARE was to accelerate the connection of water in two ECD sites. At national level, UNICEF and UNHCR assessed the sustainability of current ECD and pre-primary services in Mahama camp; as a result UNHCR committed to advocate and mobilize additional funds for ECD and pre-primary services.

School-based teacher mentoring continued to be provided by UNICEF’s implementing partner, International Education Exchange (IEE). In October, 60 additional teachers were trained on delivering quality orientation classes to prepare learners for their integration into Rwanda’s national education system. To date a total of 120 teachers (Burundian refugees and Rwandan nationals) have been supported to deliver content in English, as well as to improve their pedagogical and classroom management skills. Follow up training on child-centred approaches was conducted to further enhance teachers’ competency and skills.

UNICEF supported planning for the implementation of recommendations from the out-of-school assessment. Community sensitization on the importance of education, the provision of nutrition services to ECD children, and coordination with protection partners with a special focus on girls and unaccompanied minors are some of the ongoing interventions to boost enrolment and ensure success of the ECD and
education programme. As a result of the joint social mobilization efforts, the attendance rate of children in education services increased from 61% to 82% in the past month.

Construction of 112 news classrooms has started by UNHCR for the extension of the local ‘Payasanat L School’ to host refugee students starting in January 2016. Pending the availability of new funding, the construction of permanent ECD facilities in Mahama camp is also planned for the coming months.

Communication for Development (C4D)

In preparation for an expected incidence for communicable diseases due to the rainy season, UNICEF has recently signed a Partnership Cooperation Agreement with PAJER, a local NGO with a track record in social mobilisation for health practices. Activities are expected to commence in the coming weeks. The project will initially establish a social mobilization network of 360 Burundian mobilisers and 75 young peer educators recruited from the refugee population. The mobilisers will be trained on key family practices based on Facts for Life complemented by communication materials approved by the Ministry of Health. The peer educators will be trained on HIV/AIDS prevention. Through various modalities such as community visits, community education sessions and peer education, the social mobilisation system is expected to cover 90% of the current population. The project will also include a simple observation survey to monitor the correct usage of distributed bed nets and handwashing practices in the camp.

Media and External Communication

The Burundi crisis and response continues to be featured in the Rwandan print and online media. Social media posts are updated through official UNICEF Rwanda channels (Facebook and Twitter) on a regular basis.

Funding Requirements

The revised Regional Refugee Response Plan (RRRP) which was developed in August with UNHCR and 21 partners, including UN agencies and INGOs, used a planning figure of 120,000 refugees. In October a revision of the RRP was initiated, and an updated version with a new refugee scenario will be published in the first week of November.

UNICEF received timely funding support from the CERF Rapid Response Mechanism for Child Protection and Nutrition totalling USD 270,000, as well as USD 80,000 from the French National Committee for Nutrition interventions. DFID has provided generous funding of USD 790,000 in two tranches supporting Nutrition, WASH, Health, Education and Child Protection. As per the revised RRRP, UNICEF Rwanda requires a total of USD 4,050,000, of which only 28 per cent has been received. To meet the current needs and expected demands, additional funding is required.

<table>
<thead>
<tr>
<th>Sectors</th>
<th>2015 Requirements (US$)</th>
<th>Funding Received (US$)</th>
<th>Funding Gap (US$)</th>
<th>Funding gap in %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>500,000</td>
<td>314,112</td>
<td>185,888</td>
<td>37%</td>
</tr>
<tr>
<td>Health (including HIV/AIDS and C4D)</td>
<td>900,000</td>
<td>234,000</td>
<td>666,000</td>
<td>74%</td>
</tr>
<tr>
<td>WASH</td>
<td>1,000,000</td>
<td>330,000</td>
<td>670,000</td>
<td>67%</td>
</tr>
<tr>
<td>Education and ECD</td>
<td>1,050,000</td>
<td>78,500</td>
<td>971,500</td>
<td>93%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>600,000</td>
<td>184,961</td>
<td>415,039</td>
<td>69%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,050,000</strong></td>
<td><strong>1,141,573</strong></td>
<td><strong>2,908,427</strong></td>
<td><strong>72%</strong></td>
</tr>
</tbody>
</table>
Next UNICEF Rwanda SitRep: end November 2015

More information:

Ted Maly  
Representative  
+250 788 162 701  
tmaly@unicef.org

Oliver Petrovic  
Deputy Representative  
+250 788 300 717  
opetrovic@unicef.org

Siddartha Shrestha  
Chief of Communications  
+250 788 162 703  
sidshrestha@unicef.org