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Rwanda

Humanitarian Situation Report



DATE OF SITREP – 3 June 2015

IN NUMBERS

Highlights

- Flows of Burundian refugees into Rwanda averaged 136 a day in the seven days since the last SitRep, consistent with the previous four weeks. **UNICEF** remains concerned about protection issues for children, especially those arriving unaccompanied or separated.
- Water supplies to the main Mahama refugee camp, which suffered a temporary reduction last week, are once again within targeted standards.
- **UNHCR, WFP and UNICEF** are continuing to treat a high number of severely malnourished children, and a new baseline survey this week found that Global Acute Malnutrition (GAM) among Burundian refugee children in Rwanda aged under five was beyond “serious” thresholds, at 10.3%.
- The same baseline study found anaemia among babies between six and 23 months far exceeded “critical” thresholds, at 64.4%.
- **UNICEF** has commenced Early Childhood Development activities, reaching over 2,400 children.
- The gap in **UNICEF Rwanda’s** funding for its work to respond to the Burundian refugee crisis remains significant, despite approvals of some applications to the CERF Rapid Response Fund, and money from the French National Committee. Less than 5% of its required \$7,400,000 has been received to date.

UNHCR figures to 2 June 2015

29,353

Recently-arrived Burundian refugees now in Rwanda

24,027Hosted at Mahama refugee camp
77% are children and women

Main issues

- **Malnutrition and health status of children**
- **Unaccompanied or separated children**

UNICEF funding requirements

\$7,400,000

(based on Regional Refugee Response Plan)

Key targets and results – UNICEF with partners, according to Refugee Response Plan

Sector	Target*	Results
WASH: People provided with minimum 10 litres clean water daily	100,000	>29,000
Health: Children under-15 vaccinated against measles	45,000	10,516
Nutrition: Severely malnourished under-5s being treated	2,000	323
Child Protection: Unaccompanied/separated children reached with tracing and alternative care arrangements	3,050	1,133
Education: Children with access to education programmes	30,000	0**
ECD: Children 0-59 months receiving ECD services	30,000	2,449

* Targets based on RRP calculation of 100,000 refugees over six months

** Education services will start once on-going needs assessment is completed

Situation Overview & Humanitarian Needs

The number of Burundians fleeing to neighbouring countries including Rwanda appears to have slowed, and the response to their needs has stabilised as interventions begin to pick up momentum. However, partners are warning that the relatively “slow drip” in the emergency during this period does not mean that the situation may not change again, and that the numbers do continue to climb. The total refugee population is now greater than 29,000, and UNICEF and its partners, under the overall coordination of the Government of Rwanda and UNHCR, are readying to support as many as 100,000 refugees in Rwanda over six months, should the situation deteriorate further as the planned June 26 Burundi presidential election nears. In the areas where refugees first gather – the Reception Centres – and at the main refugee camp at Mahama, early priorities of providing shelter and basic household supplies have expanded. They now include improving water sources, widening immunisation coverage and other health services to refugees, and launching early childhood development services while looking into how to expand access to basic interim education to ensure refugee children miss as little schooling as possible.



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 situation. Humanitarian partners’ priorities were initially to provide life-saving emergency protection and assistance, including by building and managing the Mahama camp. Under the leadership of UNHCR, UNICEF is UN Co-Coordinator for the response in WASH, Child Protection, Early Childhood Development, Education, Health (with WHO and UNFPA), and Nutrition (with WFP). The main implementing partners are: district and community authorities; Ministry of Health and the Rwanda Biomedical Centre, district hospitals and health centres; AHA, ARC (Health and Nutrition); Plan International (Child Protection); CARE (ECD), ADRA (Education); shelter (ARC) and the Ministry of Infrastructure, Rwanda Water and Sanitation Corporation (WASAC), and World Vision Rwanda (WASH).

Humanitarian Strategy

The initial focus is to register refugees, provide them with shelter, household equipment, food and water, maintain sanitation and hygiene, and give emergency health and nutrition services. UNICEF is providing WASH supplies and technical assistance; screening, treating and managing severe acute malnutrition; providing polio and measles vaccines for children; and distributing tents for health and nutrition services,



and for Child Friendly Spaces. Unaccompanied and separated children are registered and helped, while their families are traced. Support to prevent and respond to violence against children is provided, with psychosocial support. UNICEF is supporting access to early learning and basic education for refugee children.

Summary Analysis of Programme response

Water, Sanitation and Hygiene (WASH):

At Mahama, last week’s difficulties bringing sufficient water to the refugee population were eased by drafting in extra supply trucks and building a pipeline to a water source closer than the one that was already being used, although the yield is not as significant as was hoped. Notwithstanding, together, these interventions had the effect of increasing the amount of water available to each refugee from last week’s 8.7 litres per day to 14.7 litres now. Attempts to dig a borehole at Mahama have faced difficulties, which are expected to be solved now that a specialist hydrogeological technician is on site to advise further.

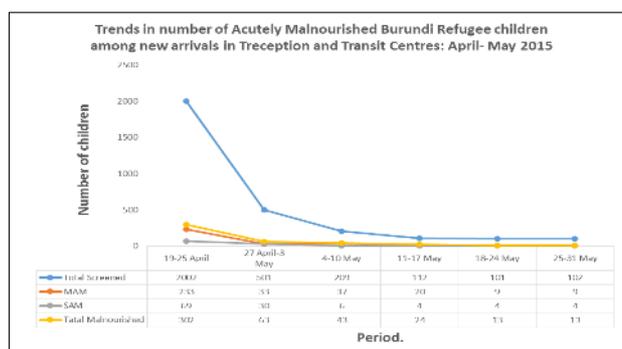


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At Mahama, and at the Reception Centres at Bugesera and Nyanza, UNHCR, with the support of UNICEF, and through the lead implementing partner, World Vision, reached more than 29,000 Burundian refugees with services including clean water, sanitation and hygiene, and the programme of installing latrines and showers continued at Mahama. There are now 1,030 latrines at the camp (28 refugees/latrine), and 619 showers (46 refugees/shower). UNICEF has helped pay for 182 hand-washing stations in the camp, and 100 rubbish or dust bins have also been installed. The 120 hygiene promoters recruited last week continued to expand their social mobilisation activities through the camp.

Nutrition:

UNICEF is now providing all the supplies for its implementing partners to treat more than 300 children aged under five for Severe Acute Malnutrition (SAM), and its partners are monitoring rates of acute malnutrition by screening every possible refugee child, both at Mahama camp and at the Reception Centres. As the rate of Burundians arriving into Rwanda falls, the same drop is identified in the number of malnourished children being screened at the Reception Centres, as seen in the graph to the right. There are still a high number of SAM cases among refugee children, some of whom would be best served being transferred to local health facilities outside of the camp for inpatient treatment. UNICEF specialists are helping with a capacity assessment of such facilities this week.



- To date, 277 of the 4,983 children aged between six and 59 months screened at Mahama camp were found to be severely malnourished and are being treated
- Another 738 children at Mahama are being treated for moderate acute malnutrition (MAM)
- At the Reception Centres, 46 children are being treated for SAM and 108 for MAM

This week, the results of the first Standardised and Expanded Nutrition Survey (SENS) at Mahama were released, providing a trusted baseline for many nutrition indicators. Global Acute Malnutrition (GAM) is above the World Health Organisation’s “serious” threshold, and stands at a current rate of 10.3% among refugee children, according to the survey’s findings. Cases of Severe Acute Malnutrition accounted for 0.3%. This refugee GAM level is significantly higher than the rate of 7.1% of children in a baseline nutrition survey carried out during 2014 in the area of northern Burundi from where the majority of the refugees originate. The higher level of acute malnutrition in refugee children is perhaps not surprising: most have travelled far for days, under stressful conditions, with a limited access to enough food or essential services including health care. Despite



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generally good conditions at both the refugee camp and the Reception Centres, children still risk contracting diarrhoea, malaria or an upper-respiratory tract infection, all of which are at high levels among the refugee population, and all of which contribute to malnutrition.

Equally of concern in the SENS data, anaemia rates in babies aged between six and 23 months were 64.4%, significantly above the WHO's "critical" threshold of 40%. Anaemia rates of all children under five years old were also beyond that "critical" level, at 52.4%. The SENS study also identified very high rates of stunting in children aged between six and 59 months, at 47.2%, although that level was in line with the national average in Burundi. UNICEF remains concerned about Infant and Young Child Feeding practices and delayed introduction of complementary feeding to breastfeeding at the appropriate time. None of the children surveyed had been receiving an acceptable diet, according to WHO dietary diversity scores, the SENS study found.



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Health:

Following last week's successful mass vaccination of more than 10,000 children at Mahama, UNICEF is investigating expanding the exercise to the Reception Centres, where there are still in excess of 4,500 people, more than half of them children. UNICEF continues to advocate for the introduction of routine vaccination, particularly with the number of newborns increasing, and this is a priority area for funding. Meanwhile at Mahama, there were improvements in the rates of cases of the most common illnesses. The percentage of children aged under five with an acute respiratory infection fell from 35% of cases last week to 33% this week, while the rate of acute watery diarrhoea cases as a percentage of all reported illnesses among under-fives fell from 18% to 16%. Malaria cases rose slightly, from 16% to 18%, and five children aged under five died sadly this week at Mahama, two of them of septicaemia, the remaining three of unknown causes.

Child Protection:

UNICEF helped to streamline the process of registering and counting the number of children who arrived to Rwanda separated from their families or unaccompanied by any responsible adult, giving a figure to date now of 1,133 such children. UNICEF's partner at Mahama, Plan International, has already helped to reunite 230 of those children with their parents or another nominated caregiver. Specialist staff identified 19 cases of child protection issues, and each case has been appropriately managed, including with psychosocial support and referrals where necessary. Plan International has added more social workers to assist in its response, and this has resulted in improved access to support for child protection cases and for unaccompanied or separated children. In addition, construction has started on seven Child Friendly Spaces and ECD and family centres, and ad hoc recreational activities continue in the meantime.

Education/ECD:

The numbers of children aged between three and six taking part in Early Childhood Development (ECD) activities continued to increase, to 2,449 this week, an increase of more than 1,000 from last week. More



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than 4,300 children have now registered for these activities, and all will be able to take part as soon as covered ECD spaces that UNICEF is putting up are in place. Currently children join ECD activities in open areas, and are not separated from the ongoing activities of the camp. Supplies of 30 ECD kits arrived at Mahama on 2 June, and they will be distributed to be used when the new activity spaces are completed. To help manage these ECD activities, seven new care assistants were recruited this week, taking the total to 55. Consultations continued on how to offer access to basic interim education to older children, following the recent needs assessment carried

out by UNICEF with Adra and Plan International, and led by MIDIMAR and UNHCR.

Communication for Development (C4D)

A C4D assessment revealed that there are a significant number of people in the camp who are unable to read and write, which may mean they are unable to understand materials detailing what services they can expect to receive, or signposts directing them to various activities. In order to support this vulnerable population, UNICEF is in discussion with partners to strengthen activities in Mahama camp to reach these people more effectively. Young educated refugees may be recruited as volunteers through a partner to help those less literate to access services in support of behaviour change/C4D.

Supply and Logistics

UNICEF logistics teams arranged for 70 tarpaulins to be moved to Mahama that will be used quickly to construct ECD and Child Friendly Spaces, alongside 30 ECD kits that will be used once the ECD spaces are finished. UNICEF procured emergency nutrition supplies including Vitamin A supplements, therapeutic milk, and deworming tablets are being distributed extensively this week.

Media and External Communication

The news on the Burundi refugees continues to be featured in the Rwandan print and online media. Social media posts are being updated to official UNICEF Rwanda channels ([Facebook](#) and [Twitter](#)) on an increasingly frequent basis, with the aim of driving greater traffic to the website, and boosting the engagement of the general public. A package of materials on UNICEF-supported interventions, including stories, photo essays and social media are being developed this week for sharing with regional offices, the Africa Support Unit, National Committees and the Division of Communication (DoC).



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Funding Requirements

Significant funding gaps remain, despite welcome approvals of parts of UNICEF's applications to the CERF Rapid Response Mechanism for Child Protection and Nutrition totalling \$270,000, and a further \$80,000 from the French National Committee. According to the inter-agency Burundi Regional Refugee Response Plan (RRRP), UNICEF's requirements for its share of the response – in WASH, Nutrition, Health, Education/ECD and Child Protection – stands at \$7,400,000. Funding for routine vaccination is a key emerging priority. Total funding received so far accounts for about 5% of the total required.

Appeal Sector	Requirements	Funds received	Funding gap	
WASH	\$2,800,000	\$0	\$2,800,000	100%
Nutrition	\$500,000	\$242,112.24	\$337,887.76	68%
Health (including HIV/AIDS and C4D)	\$2,550,000	\$0	\$2,550,000	100%
ECD/Education	\$1,050,000	\$0	\$1,050,000	100%
Child Protection	\$500,000	\$109,461	\$390,539	78%
Total	\$7,400,000	\$351,573.24	\$7,048,426.76	95%

Next UNICEF Rwanda SitRep: 10 June 2015

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