In Mahama camp, an additional 30,000 people are receiving water, however they do not meet the minimum standard of 15 litres per day (currently 12.7 l/day).

Cases of severely acute malnourished children have decreased as they have been successfully treated (164 children so far).

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

<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;20,000*</td>
</tr>
<tr>
<td>Health: Children under-15 vaccinated against measles and children under 5 against polio</td>
<td>54,000</td>
<td>25,095</td>
</tr>
<tr>
<td>Nutrition: Severely malnourished under-5s being treated</td>
<td>2,400</td>
<td>220**</td>
</tr>
<tr>
<td>Child Protection: Unaccompanied/separated children reached with tracing and alternative care arrangements</td>
<td>3,660</td>
<td>2,492</td>
</tr>
<tr>
<td>Education: Children with access to education programmes</td>
<td>30,000</td>
<td>9,535</td>
</tr>
<tr>
<td>ECD: Children 0-59 months receiving ECD services</td>
<td>24,000</td>
<td>3,627</td>
</tr>
</tbody>
</table>

* In Mahama camp, an additional 30,000 people are receiving water, however they do not meet the minimum standard of 15 litres per day (currently 12.7 l/day).
**Cases of severely acute malnourished children have decreased as they have been successfully treated (164 children so far).
Situation Overview & Humanitarian Needs

The situation in Burundi remains volatile with sporadic violence in the capital, and a steady influx of refugees to Rwanda.

As of 10 August, a total of 72,907 Burundian refugees are in Rwanda, with 32,599 registered in Mahama refugee camp. There are a further 15,855 refugees currently in Bugesera reception centre, 771 in Nyagatare transit centre, and 87 in Nyanza. More than 23,000 urban refugees are based mainly in Kigali, and their registration is ongoing.

Refugees registered at the Bugeesera and Huye reception centres are being relocated to Mahama camp, where an expanded second camp (Mahama 2) is being established. Structures are in place to receive 15,000 people from reception centres, and the pace of shelter construction is being increased to facilitate the relocation of more refugees from reception centres.

During this reporting period, it remained a challenge to meet the demand for clean water and sanitation facilities due to the large number of refugees. A temporary solution through the treatment of Akagera river surface water in the camp yields up to 256 m³ of water per day, and water trucking will eventually be stopped. In Mahama camp currently each refugee receives an average of 12.7 litres of water per day; in Bugesera reception centre, refugees receive 16 litres per day compared to 32 litres in Nyanza reception centre. Regarding latrines and shower facilities, in Mahama there are 25 refugees per latrine and 35 refugees per shower facility; in Bugesera reception centre, there are 20 refugees per latrine and 30 refugees per shower facility; and in Nyanza, there are 22 refugees per latrine and 38 refugees per shower.

The nutrition status among newly arrived children significantly improved since the beginning of the refugee influx, and severe acute malnutrition is successfully being treated. Nonetheless, UNICEF and partners remain on alert and are prepared for further waves of refugees which could entail a significant increase in the number of children with severe acute malnutrition (SAM).

The rate of utilization of health facilities in Mahama has dropped, which could be an indication that the health status of the refugee community is beginning to stabilize. The main health issues remain respiratory infections (34 per cent), watery diarrhoea (14 per cent), malaria (4 per cent) and intestinal worms (6 per cent), with a slight reduction in all diseases since the last report. There have been 25 hospitalizations in the last week. In the past two weeks, 37 deliveries took place in the camp’s health centre and 2 caesarean sections were performed in Kirehe district hospital. A new health post is being erected in the new extended refugee camp (Mahama 2) which will increase the capacity to deliver health services. No under-five deaths were reported during last two weeks.

A total number of 9,535 pupils enrolled in education orientation classes in Mahama camp, with Burundian teachers from the refugee community working alongside Rwandan teachers.

As of 30 July¹, there have been 2,492 unaccompanied and separated children (727 separated children and 1,765 unaccompanied children) registered at the reception centres and receiving support. Out of these, 389 have been reunited with their families or caregivers so far. The number of registered child protection cases (physical, sexual and emotional abuse of children) being handled is 51.

¹ Update data pending as cases are being registered.
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. Humanitarian partners’ priorities were initially to provide life-saving emergency protection and assistance, including building and managing the Mahama camp. Under the leadership of UNHCR, UNICEF is the 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; the 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); ARC (shelter); and the Ministry of Infrastructure, Rwanda Water and Sanitation Corporation (WASAC), and World Vision Rwanda (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. To support WASH and shelter, UNICEF distributed prepositioned supplies (tents for health and nutrition services, water tanks) and activated contingency cooperation agreements with partners to address child protection, nutrition and education (including ECD) needs.

UNICEF continues to provide 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.

Summary Analysis of Programme response

Water, Sanitation and Hygiene (WASH)

UNICEF has supported a temporary solution through the treatment of Akagera river surface water in the camp (the water was tested and found to be clean and suitable for drinking). UNICEF has agreed with UNHCR to transform the current system into a permanent treatment facility and to upgrade the capacity so that it can serve as a water source to local communities as well.

Nutrition

A national nutrition screening was conducted in Mahama Camp on 28-30 July. 4379 children aged 6-59 months were screened, 32 (0.7%) and 215 (4.9%) children were identified with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) respectively; they are all under treatment. The analysis of children’s weight for height data is ongoing.

UNICEF has so far dispatched 500 cartons of RUTF as well as anthropometric equipment to Mahama camp and reception centers.

With UNICEF’s support, a total of 164 severe acutely malnourished children have recovered from SAM since the onset of the influx of Burundian refugees. Currently a total of 220 children with SAM are being treated in Mahama camp, referral hospitals, and the reception centres.
Health
UNICEF support is mainly focused on immunization and community health.

Routine Immunization activities started in Mahama Camp; the package of routine immunization includes: OPV (four doses), BCG, Penta (three doses), PCV13 (three doses), MR (two doses) and Rota (three doses) as well as HPV for 12-year-old girls and TT for pregnant mothers. Measles-rubella (for nine months to 15 years) and polio (for all under-fives) vaccination is being carried out daily at the reception centres as children register. Since the beginning of routine immunizations in Mahama in July, 659 children have been immunized making the total over 25,095 children vaccinated at the reception centres and Mahama camp.

With UNICEF’s technical and financial support, community health worker (CHW) training targeting a total of 110 new recruits from the refugee population in Mahama camp was recently completed in Kirehe. This increases the capacity of the health care system to provide quality nutrition and health services to children and women in the camp.

An isolation tent is set up in case of a cholera outbreak. A prevention and response plan for cholera is being developed, with diarrhoea diseases kits being procured currently by UNICEF.

Child Protection
UNICEF works with partners to provide a comprehensive response to child protection risks; reunite children with their families; provide alternative care arrangements where needed; and set up and manage safe spaces for children to play and engage with peers in a stimulating and nurturing environment.

To date, a total of 13 Child Friendly Spaces (CFS) have been set up, and approximately 6,000 children are attending regular recreational and psychosocial support activities. Child Protection officers at Mahama are currently managing a caseload of 37 cases, in addition to monitoring 16 other children of concern (53 cases total). Both Child Protection and Sexual and Gender-Based Violence (SGBV) officers are managing an additional 51 cases involving SCBV. Training of a para-social child protection workforce took place 6-7 August, who will begin to provide support to unaccompanied minors (UAM) next week. A second recruitment of 40 additional para-social workers is expected by the end of next week.

A Child Protection baseline assessment is scheduled for 18-27 August. Preparation for three sensitization campaigns (to be conducted by Plan) is ongoing, with the first campaign focusing on family reunification over the next two weeks.

Education/ECD
UNICEF, in partnership with CARE, completed the construction of temporary ECD facilities, which include 30 temporary classrooms, two kitchens and two storage spaces in Mahama camp. Last week, 618 new refugee children were registered to receive ECD services, amounting to a total of 3,627 children enrolled in the ECD programme. These children are
accommodated in the temporary facilities in double shifts (one group in the morning and another group in the afternoon). Early learning and early stimulation activities take place under the guidance of 60 trained caregivers, who were selected from the refugee population. Ten ECD kits provided by UNICEF are used to enhance the early learning activities. Children attending the ECD programme continue to receive nutritional support in the form of a cereal plus porridge, which is provided by the American Refugee Committee (ARC) and supported by WFP. Water supply at the two ECD sites remains a serious issue, and UNICEF is collaborating with World Vision to accelerate the water connection work.

A six-month education orientation programme is continuing with enrolment of more than 9,535 Burundian students from P1-S6. In the orientation programme, Burundian students attend English lessons and life skills education, in preparation for their integration into the Rwandan education system in January 2016. Sixty School-in-a-Box kits provided by UNICEF are being used during the orientation program. UNICEF is also purchasing individual student kits that will be distributed when refugees are integrated in local schools. Both refugee children and local children will receive the materials. A two-week teacher training is ongoing with UNICEF support, through a partnership with International Education Exchange (IEE). UNICEF provided support to UNHCR in developing an Education in Emergencies strategy, which is costed and nearly finalized. The ECD and education response for Burundian refugee children is further strengthened through emergency Human Resource support from another UNICEF office (staff deployed last week).

Communication for Development (C4D)
In collaboration with the WASH team, the communication team has engaged an illustrator to create visual hygiene promotion materials including cholera prevention and response. These materials have been translated into Kirundi, pre-tested in the field, and will be printed for use by partners for social mobilisation activities.

Media and External Communication
The news on the Burundi crisis continues to be featured in the Rwandan print and online media. Social media posts are being updated through official UNICEF Rwanda channels (Facebook and Twitter) on a regular basis. Human interest stories on immunisation and community health workers were posted, generating increased traffic to the country office website. Other materials including photo essays and stories on education, nutrition, health and child protection were shared with the UNICEF Regional Office, National Committees and Headquarters.

Funding Requirements
On 6 August, UNHCR and 21 partners, including UNICEF, launched the revised Regional Refugee Response Plan (RRRP) which aims at addressing the current and evolving needs, with a revised scenario of 120,000 refugees in Rwanda by September 2015. The revisions were a result of the worsening situation on the ground in Burundi, which resulted in a continued steady flow of refugees leaving the country. As per the RRRP, UNICEF Rwanda requires a total of US$4,050,000, yet significant gaps remain at 72 per cent underfunding.

UNICEF welcomes the timely support from the CERF Rapid Response Mechanism for Child Protection and Nutrition totalling US$270,000, and a further US$80,000 from the French National Committee. DFID funding is supporting Nutrition, WASH, Health, Education and Child Protection with a total amount of US$790,000. Timely funding will be critical for scaling up operations.
Funding
The table below collates funding requirements according to UNICEF’s share of the revised Burundi RRRP. It assumes a total of 120,000 Burundi refugees in Rwanda in the six months to September.

<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>Total</td>
<td>4,050,000</td>
<td>1,141,573</td>
<td>2,908,427</td>
<td>72%</td>
</tr>
</tbody>
</table>

Next UNICEF Rwanda SitRep: 26 August 2015

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