**DATE OF SITREP – 30 September 2015**

**Highlights**

- For the first time since the beginning of the Burundian refugee influx to Rwanda in April 2015, the number of refugees has dropped, probably due to some of the refugees returning home. At the same time, there is a continued daily influx (peaking at 97 people on 21 September), with the total number of refugees now at 69,319.

- The relocation of refugees is nearly completed with approximately 30,000 refugees living in Mahama refugee camp (full capacity reached), and approximately 14,000 refugees living in the newly constructed ‘Mahama 1’ camp. Less than 800 refugees remain in the reception centres. The remaining 21,000 are urban refugees.

- A temporary solution for water provision through Akagera river surface water is in place. However, it is still not completely stable with significant daily fluctuations in September from 10.3 to 16.9 litres per capita per day. UNICEF and partners are progressing on the development of a permanent water treatment plant.

- Education and Early Childhood Development services are being provided for nearly 18,000 children in Mahama camp.

- Cases of severe acute malnutrition (SAM) continue to decline, and 241 children with SAM have been successfully treated.

- Cholera preparedness is being prioritized, after a suspected case strongly highlighted the need for preparedness.

**Main Issues**

- Completing a long-term solution to meet future demands for WASH
- Cholera preparedness
- Integration of children into the national education system
- Child Protection cases

**UNHCR figures as of 24 September 2015**

- **69,319** Burundian refugees now in Rwanda
- **44,090** Hosted at Mahama refugee camp
- **76%** are children and women

**UNICEF funding requirements**

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

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**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><strong>WASH:</strong> People provided with minimum 15 litres clean water daily</td>
<td>120,000</td>
<td>&gt;44,000</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>27,401</td>
</tr>
<tr>
<td><strong>Nutrition:</strong> Severely malnourished under-5s being treated</td>
<td>2,400</td>
<td>241 successfully treated 180 still 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>14,092</td>
</tr>
<tr>
<td><strong>ECD:</strong> Children 0-59 months receiving ECD services</td>
<td>24,000</td>
<td>3,829</td>
</tr>
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*The targets were set based on a scenario of 120,000 refugees as per the official Regional Refugee Response Plan.

**Of the 2,503 registered unaccompanied or separated minors, to date 1,344 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 decreased, the situation in Burundi remains volatile. The Rwandan government and partners remain alert and prepared for potential new waves of arrivals in the coming weeks.

As of 24 September, a total of 69,319 Burundian refugees are in Rwanda, with the majority (44,090) 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 dropped since last month, most likely due to some refugees returning home. Approximately 6,500 ‘inactivated’ refugee cases were reported by UNHCR, however without formal confirmation of return. 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 to the urban refugees.

Most of the refugees from Nyagatare transit centre and Nyanza reception centre have been relocated to Mahama camp. A new site (Mahama 1) has been established at the refugee camp to accommodate the approximately 15,000 people that were relocated from reception and transit centres.

During this reporting period, the provision of clean water and sanitation facilities in Mahama camp continued, including the treatment of Akagera river surface water in the camp which now yields up to 611 m3 of water per day, reaching over 44,000 refugees. Water trucking from nearby springs is only used to fill gaps when there are shortages in water supply.

The nutrition status among newly arrived children continued to improve in the past month, and severe acute malnutrition is successfully being treated when detected. As of 25 September, a total of 421 under-five children have been treated for SAM. UNICEF-supported immunization campaigns have to date covered a total of 27,401 children and women among the Burundian refugee population.

A total number of 14,092 pupils are enrolled in education orientation classes in Mahama camp, with Burundian teachers from the refugee community working alongside Rwandan teachers. 3,829 young children are attending ECD and pre-primary programmes in temporary classrooms with 60 trained refugee caregivers.

2,503 unaccompanied and separated children have been registered, of which to date 1,344 (874 boys and 470 girls) 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

On 17 September, a joint UNICEF monitoring visit was conducted to Mahama camp, to assess progress, challenges and opportunities in the each sector, and to identify cross-cutting coordination needs. The visit included the inspection of service delivery sites as well as the organization of three focus group discussions with parents, children and key stakeholders, revealing the perspectives and needs of refugees first-hand.

Water, Sanitation and Hygiene (WASH)

To improve 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 which is currently producing 611 m$^3$/day of clean water. Additional work, including installation of pumps and water tanks is ongoing and is expected to increase the production capacity of the temporary water plant to 900 m$^3$/day by the end of October 2015.

In Mahama camp, water availability is currently at 14 litres per capita per day, with significant fluctuations between 10.3 litres and 16.9 litres in September. There is one latrine for every 28 refugees and one shower for every 36 refugees. In the reception centres, the water and sanitation facilities are meeting the minimum standards.

In the meanwhile, it has also been decided to construct a permanent surface water treatment plant for Mahama camp. In this context, UNICEF has engaged the services of a consulting firm, which, following a comprehensive assessment, is currently finalizing the design of the plant and tender documents.
Nutrition

Severe Acute Malnutrition rates have dropped significantly since the onset of the refugee crisis in April, and cases are being successfully treated.

UNICEF has so far distributed 7370 kg of ready to use therapeutic food (RUTF) for treatment of SAM without medical complications in the camp and reception centres. UNICEF in collaboration with WHO and Concern Worldwide supported the training for health and nutrition staff on inpatient and outpatient management of acute malnutrition and maternal, infant and young child nutrition. 44 staff from the district hospital serving the refugee population and 28 community health workers in Mahama camp participated in the training, strengthening their capacity on effective case management. To support caregivers on improved infant and young child feeding practices in Mahama camp, 20 mother-to-mother support groups have been established targeting pregnant women and mothers of children under two years.

241 children with SAM have been successfully treated and were discharged from the programme, with 180 children currently still in treatment, totalling 421 children treated. In the past month, 55 children with SAM were enrolled in the outpatient treatment program (OTP) and 10 children with SAM complications were referred for inpatient treatment at the Kirehe district hospital. A new nutrition site was established in Mahama 1 at the beginning of the month and is now operational.

While the current nutrition response is showing positive results, a standard expanded nutrition survey (SENS) is planned for October 2015, to provide an updated overview of the general nutrition situation in the camp and to guide future programme priorities.

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 are being vaccinated against polio and children aged 9 months to 15 years are being vaccinated against measles, reaching 196 children in the last month. At Mahama camp, routine immunization for different antigens successfully continued, covering 982 children and 136 pregnant mothers vaccinated for TT in September.

During a joint UNICEF monitoring visit on 17 September, it was observed that 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 existing health services are overstretched and do not match the increasing influx of people coming for care seeking services” – Beatrice Mukamisha, community health worker
The main childhood illnesses treated in under-fives are respiratory infections, watery diarrhoea and malaria. No deaths have been reported from reception/transit centres or Mahama camp during this reporting period.

In the past month, a suspected case of cholera (later confirmed negative) triggered a ‘dry run’ of cholera response and brought the urgent need for preparedness to the forefront. UNICEF provided three tents for isolation centres, cholera kits are prepositioned, and cholera prevention communication materials have been developed.

**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.

Additional community para-social workers have been recruited and trained to assist with the care and supervision of unaccompanied children, who are amongst the most vulnerable children in the camp. Para-social workers are tasked to provide basic and developmental care, assist with meal preparation, accompany children to the clinic and oversee the use of medication, encourage consistent attendance at school, help children build healthy relationships within the community, and educate them on topics such as hygiene, gardening, health, nutrition, and household care.

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, but they also provide entertainment for children and adults in the camp. On 17 September, the final game of a children’s soccer tournament supported by UNICEF was attended by several thousand people, providing an effective platform for large-scale social messaging and community mobilization on child protection issues.

**Education/ECD**

The UNICEF response 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.

School-based teacher mentoring is provided by UNICEF’s implementing partner, International Education Exchange (IEE). To date 96 teachers 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 is planned for October to further enhance teachers’ competency and skills.

UNICEF supported a rapid assessment on the causes of low attendance rates and a comprehensive out-of-school assessment in the camp, resulting in the development of a joint action plan by all agencies to address the identified challenges. 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 education programme.

UNICEF’s technical and financial support to education partners in the camp helped to accelerate and expand the six-month education orientation services to 9,335 Burundian children (4,293 girls and 5,042 boys) in primary and secondary school, and 3,829 children (1,919 boys and 1,910 girls) in ECD for early learning and stimulation. Since the last report, an additional 6,163 (3,530 Boys and 2,633 Girls) registered to join the ongoing education orientation and ECD programmes. In order to accommodate these additional children, a new temporary school with 51 classrooms has been completed and four additional sites have been secured for education and ECD services in the camp. 60 new classrooms will be constructed by UNHCR for the extension of the local ‘Payasanat L School’ to host refugee students starting in January 2016.

However, at present overall low attendance rates (61%) remain a serious issue, and this challenge needs to be addressed.

Additional funds are required for classroom construction to be able to accommodate all refugee students in schools outside the camp.

Communication for Development (C4D)

UNICEF’s communication team provided technical assistance to health partners to prepare for a possible cholera outbreak in the camp. A module on interpersonal communication has been included in the cholera training for primary health. Emergency communication materials are being printed for distribution to partners for health and hygiene promotion, many of which are essential for prevention of and response to a cholera outbreak, such as the safe disposal of solid waste, handwashing, early care seeking, and ORS.

A focus group discussion was conducted with three community health workers and seven hygiene promoters coordinated with UNICEF’s partner, the World Vision WASH facilitator. The discussion brought interesting insight for C4D programming and the findings are being included in the implementation arrangements with partners.
Media and External Communication
The Burundi crisis 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. Other materials including photo essays and stories on education, nutrition, health and child protection have been updated on official online channels, including the country office website.

Funding Requirements
The revised Regional Refugee Response Plan (RRRP) was developed in August with UNHCR and 21 partners, including UN agencies and INGOs. The plan uses a planning figure of 120,000 refugees.

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>Total</td>
<td>4,050,000</td>
<td>1,141,573</td>
<td>2,908,427</td>
<td>72%</td>
</tr>
</tbody>
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Next UNICEF Rwanda SitRep: end October 2015

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