Rwanda
Humanitarian Situation Report
Burundi Refugee Response

UNHCR figures as of 21 April 2016

76,603
Burundian refugees in Rwanda

48,450
Burundi Refugees hosted at Mahama refugee camp

48%
of Burundi Refugees are children

Main Issues

- Increased reporting on issues related to child labour, teenage pregnancy, and early marriage
- Increase in malaria and upper respiratory diseases due to prolonged rainy season
- Shortage of teaching and learning material and the capacity of teachers remain key challenges

UNICEF Funding Needs

$3,433,000
47% Funding Gap

DATE OF SITREP – 30 April 2016

Highlights

- The total number of Burundian refugees in Rwanda has increased to 76,603. About 48,450 refugees are living in Mahama camp.

- Cases of severe acute malnutrition (SAM) among children 6-59 months living in the camp continue to decline, with currently 51 children enrolled in treatment programmes.

- There were no new typhoid cases reported in April, due to an effective health and water, sanitation and hygiene (WASH) response.

- Water provision in Mahama camp was a little lower than in March at 14 litres/per person/per day due to a fluctuation in the production of water supply. Sanitation facilities (50 latrine blocks and 35 laundry slabs) are being used by 4,000 refugees.

- The number of unaccompanied children is gradually decreasing as 62 out of 813 unaccompanied children have been reunified with their families or relatives in the camp.

- The integration of Burundian refugee students into the Rwanda national education system is almost complete. Currently, 19,422 students are enrolled in Primary One to Secondary Six grades.

Key targets and results – UNICEF with partners, according to the revised 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>60,000</td>
<td>&gt;48,000</td>
</tr>
<tr>
<td>Health: Children under 15 vaccinated against measles and children under 5 against polio</td>
<td>U15: 27,000</td>
<td>U15: 17,217</td>
</tr>
<tr>
<td></td>
<td>U5: 12,000</td>
<td>U5: 9,909</td>
</tr>
<tr>
<td>Nutrition: Severely malnourished under-5s being treated</td>
<td>828</td>
<td>543 successfully treated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>51 currently in treatment</td>
</tr>
<tr>
<td>Child Protection: Unaccompanied children reached with tracing and alternative care arrangements</td>
<td>1,200</td>
<td>637</td>
</tr>
<tr>
<td>Education: Children with access to education programmes</td>
<td>15,000</td>
<td>19,422 enrolled in Rwanda national education system</td>
</tr>
<tr>
<td>ECD: Children 0-59 months receiving ECD services</td>
<td>12,000</td>
<td>5,400 (3-6 years old)</td>
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</table>

*The targets were set based on the revised RRP scenario of 100,000 refugees, out of which UNICEF would support an expected 60,000 refugees in Mahama Camp and reception centres. Arrival numbers have not yet reached the scenario.
Situation Overview & Humanitarian Needs

According to the Government of Rwanda and UNHCR statistics, as of 21 April 2016 the number of Burundian refugees in the country has reached 76,603, with 48,450 registered in Mahama Camp. The remaining refugees are in reception centres (approximately 3,500) or in Kigali and other urban areas (approximately 23,500). The total number of refugees in Rwanda has slightly increased since March, with UNHCR registering nearly 1,700 additional Burundian refugees since last month.

In April, the provision of clean water to more than 48,000 refugees in Mahama camp and reception centres remained at 14 litres per person per day (lower than previous months), due to fluctuating production from the temporary water treatment plant due to high turbidity in the river.

During the reporting period, 23 children were admitted in the outpatient therapeutic feeding programme (OTP), and six in the inpatient malnutrition unit (IMU) in Kirehe district hospital. A total of 51 children with SAM are currently receiving treatment.

UNICEF-supported immunization activities, including polio and measles campaigns, have to date covered a cumulative total of 27,126 children from 0-15 years. A total of 650 women were vaccinated against tetanus. The capacities of all health staff and community health workers working in Mahama Camp were enhanced on cholera preparedness and the typhoid response. No new cases of typhoid were reported in April but surveillance activities will continue.

There are currently 1,633 unaccompanied and separated children (UASC) living in the camp (813 unaccompanied children; 820 separated children). Currently 1,086 UASC are provided with alternative care support, mostly through para-social workers. Ninety-five cases of child protection (physical, sexual and emotional abuse) were registered of which 26 have been closed.

Under Education and Early Childhood Development (ECD), 5,400 young refugee children continued to attend ECD and pre-primary programmes in temporary classrooms in Mahama camp, and 19,422 primary school-aged children were enrolled into the national education system.

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 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 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, UASC 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 life-saving interventions, UNICEF’s focus is now on the provision of basic social services and support to the development of more permanent solutions.
UNICEF Rwanda organises an Emergency Management Team (EMT) meeting every two weeks chaired by the Deputy Representative. The latest meeting on 25 April focused on the recent situation, following up on essential supplies for refugees, utilisation of donor funds, and an update on progress in the response.

Summary Analysis of Programme response

Water, Sanitation and Hygiene (WASH)
Over 48,000 refugees in Mahama camp are being provided WASH services supported by UNHCR, UNICEF and NGO partners including PAJER and Oxfam. The current availability of water supply in Mahama camp is 14 litres per person per day. During April, the production of water from the temporary water treatment plant has been fluctuating due to high turbidity in the river, with water availability ranging from 9.6 to 24 litres per person per day. The latrine and shower ratio in the camp average 23 people per drop hole and 26 people per shower room. In the reception centres, WASH facilities are meeting the minimum standards.

The construction of the permanent water treatment plant at Mahama is ongoing with support from DFID. The process of commissioning 50 blocks of latrines (each having 4 stances) and 35 laundry slabs, which were constructed in Mahama camp with UNICEF support and funding from DFID, has been completed. These facilities are now in use and are benefitting 4,000 refugees.

Nutrition
UNICEF has distributed 13,513 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 22 April, 751 children have been enrolled for SAM treatment and so far 543 children have been discharged after being cured. These children will be further followed up in the supplementary feeding programme.

The first cycle of the quarterly mass Mid-Upper Arm Circumference (MUAC) screening exercise targeting all children 6-59 months was successfully conducted. A total number of 6,422 children were screened. The prevalence of malnutrition using MUAC was overall three per cent, 2.7 per cent and 0.3 per cent moderate acute malnutrition and SAM respectively. During the screening exercise, 65 moderately and nine severely malnourished children were referred for treatment and follow up.

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

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

During April the typhoid outbreak was declared zero with no new confirmed cases. Surveillance activities will continue based on clinical case definition as well as laboratory tests for suspected cases. The control of typhoid cases was achieved through a comprehensive response that includes active screening, appropriate case management, and prevention measures. UNICEF continues to support the prevention of new cases by maintaining the provision of family water kits and hygiene promotion activities.
Expanded immunization services continued both at the reception centres and Mahama camp. In April, in reception centres, eight children aged 0-5 years were vaccinated against polio and 36 children aged 9 months to 15 years were vaccinated against measles, as they were registered. At Mahama, routine immunization continued successfully for all antigens available in Rwanda, covering 691 children in the reporting period. Women continue to receive 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. During the current rainy season, morbidity increased due to malaria and upper respiratory infections. UNICEF’s response includes the provision of insecticide-treated nets, training of community health workers, training of health providers at health centres, and the promotion of improved hygiene and sanitation for disease prevention in the refugee population. Community health workers trained with UNICEF support continue active screening. During April, 110 patients were referred to the health centre, 16 pregnant women were sent to deliver at the health centre, and eight new pregnant women were referred for Antenatal Care (ANC). UNICEF has also supported the training of health providers from ARC and Save the Children in Mahama camp on the new malaria protocol in order to increase their knowledge in the management of malaria in refugee populations.

**Child Protection**

UNICEF continued to provide psychosocial support to over 6,000 children and their families to prevent and respond to violence, family separation, exploitation and abuse. In collaboration with Plan International, UNICEF is currently supporting the response to 95 child protection cases.

Currently, there are 813 unaccompanied children in the camp, and an additional 820 separated children. Among these children, 1,086 have benefited from home visits either on a daily basis (unaccompanied children) 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 school supervision.

The number of unaccompanied children in the camp continues to decrease gradually as 62 children have been reunified with their families or relatives living in the camp and 104 children have turned 18. These young adults are receiving support as part of their transition into adulthood. UNICEF also supports the identification and training of foster carers for the remaining unaccompanied children.

There has been a significant increase in the attendance at the eight child friendly spaces this month, partly due to the delivery by UNICEF of recreational supplies designed following a participatory process with refugee children. On average 5,651 children (2,937 girls and 2,714 boys) attend recreational activities such as soccer, volleyball, songs, traditional dance, skipping rope, drawing, and drama in the child friendly spaces. In addition, more than 800 children (48% boys, 52% girls) receive psycho-social support in child friendly spaces daily.

**Education/ECD**

By March the integration of Burundian refugee students in Rwanda’s national education system was completed. As of April, 19,422 students were enrolled in Primary One (P1) and Secondary Six (S6). About 12,407 refugee students in P3-S6 are attending school in Paysana local school and 7,015 children in P1 and P2 continue to learn in temporary classrooms that were constructed within the Mahama refugee camp due
to the shortage of classrooms in the local school. 227 teachers are on board and are teaching children. The issue of shortage of salaries for newly recruited teachers was solved.

Like the local students, refugees sat for end-quarter exams at a rate of 89 per cent of enrolled refugee students. It is expected that the school attendance rate of refugee children will go beyond that percentage in the second trimester.

The remaining challenges include:
- Shortage of textbooks and other supplementary materials to enhance quality teaching and learning of the large number of children
- Lack of capacity of teachers to use the competence-based curriculum
- Lack of classrooms to accommodate children
- Lack of computers for school management

To address some of these challenges UNICEF, through the Rwanda Education Board (REB) is procuring textbooks and supplementary materials that will be delivered in two months. UNICEF with the International Education Exchange (IEE) undertook a training for teachers and school managers based on the new competence-based curriculum and child-centred teaching methods from 3-6 April.

UNICEF-supported delivery of ECD services continues to reach over 5,400 children with daily play-based early learning activities in the temporary ECD spaces in Mahama camp.

Furthermore, UNICEF organised orientation sessions on the new curriculum for 45 caregivers. In partnership with ADRA, UNICEF will support the construction of one ECD facility starting in April 2016.

Communication for Development (C4D)
In April, UNICEF’s implementing partner PAJER performed the following activities in Mahama Camp to promote awareness amongst refugee communities on hygiene, the prevention of malaria and typhoid, and the importance of breastfeeding:

- Two hand washing demonstration sessions reaching 200 students and teachers
- A two-day sensitization campaign with ARC on the causes and prevention of malaria and typhoid reaching approximately 1,200 refugees
- Community sensitization through umuganda (community mobilisation held on the last Saturday of every month) on malaria causes and prevention and hygiene and sanitation were organized in two villages where 300 community members attended
- A week long community sensitization on exclusive breastfeeding was conducted

In addition, PAJER organised two football matches and used the opportunity to sensitize the community on proper hand washing, malaria prevention and other key family practices. Daily visits to more than 200 households have been concluded. For promotion of HIV prevention among youth/adolescents, three peer education sessions were organized at the youth-friendly spaces attended by approximately 500 young people. Two more peer education sessions using “edutainment” were organized and attended by more than 1,000 people. In the new area of Mahama camp, three additional Hygiene Clubs were established and trained on hygiene and sanitation promotion.
Funding Requirements

The original Regional Refugee Response Plan (RRRP) which was developed in early 2015 with UNHCR and 21 partners, including UN agencies and INGOs, was based on a scenario of 120,000 refugees. A revision of the RRP in October/November reduced the planning figure to 100,000 refugees by the end of 2016. The funding requirements were adjusted accordingly.

To date, UNICEF has received support from the CERF Rapid Response Mechanism for child protection and nutrition totaling USD 270,000, as well as USD 80,000 from the French National Committee for nutrition interventions. DFID has provided generous funding of USD 1,525,000 in three tranches supporting nutrition, WASH, health, education, ECD and child protection.

As per the revised RRP, UNICEF Rwanda requires a total of USD 3,433,000, of which 53% has been received. To meet the current needs and expected demands, additional funding is required. The table below collates funding requirements according to UNICEF’s share of the revised Burundi RRRP. It assumes a total of 100,000 Burundian refugees in Rwanda.

<table>
<thead>
<tr>
<th>Sectors</th>
<th>2016 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>378,000</td>
<td>359,112</td>
<td>18,888</td>
<td>5%</td>
</tr>
<tr>
<td>Health (including HIV/AIDS and C4D)</td>
<td>505,000</td>
<td>309,000</td>
<td>196,000</td>
<td>39%</td>
</tr>
<tr>
<td>WASH</td>
<td>500,000</td>
<td>330,000</td>
<td>170,000</td>
<td>34%</td>
</tr>
<tr>
<td>Education and ECD</td>
<td>900,000</td>
<td>528,500</td>
<td>371,500</td>
<td>41%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>460,000</td>
<td>309,961</td>
<td>150,039</td>
<td>33%</td>
</tr>
<tr>
<td>Operational Support</td>
<td>540,000</td>
<td>0</td>
<td>540,000</td>
<td>100%</td>
</tr>
<tr>
<td>M&amp;E Support</td>
<td>150,000</td>
<td>0</td>
<td>150,000</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>3,433,000</td>
<td>1,836,573</td>
<td>1,596,427</td>
<td>47%</td>
</tr>
</tbody>
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