Highlights

- The total number of Burundian refugees in Rwanda has increased to 87,382. Mahama Camp is hosting 55,275 of these refugees.
- Education continues to be a priority. Interventions in this area have built capacities, improved quality, and increased access for more than 20,000 children and equipped schools with 389 teachers.
- A well-equipped ECD centre, serving as a model for replication, is fully functional in Mahama Camp.
- Child friendly spaces have been upgraded to improve child protection services in Mahama Camp.
- UNICEF Rwanda is grateful to the donors for their valuable contributions in supporting critical interventions in Mahama Camp.

UNICEF’s Response with Partners

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF Target</th>
<th>UNICEF Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH: People provided with appropriate sanitation services</td>
<td>10,000</td>
<td>5,680</td>
</tr>
<tr>
<td>Health: Children under five provided with routine immunisation</td>
<td>12,000</td>
<td>8,506</td>
</tr>
<tr>
<td>Nutrition: Children under 5 with severe acute malnutrition (SAM) admitted to therapeutic services</td>
<td>400</td>
<td>224</td>
</tr>
<tr>
<td>Early childhood development: Children aged 0 to 6 years benefiting from the provision of early childhood development (ECD) services through centre- and home-based care</td>
<td>20,000</td>
<td>7,400</td>
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<tr>
<td>Child protection: Children, including UASC, provided with appropriate care and protection services</td>
<td>50,000</td>
<td>26,703</td>
</tr>
<tr>
<td>Education: School-aged children accessing quality education</td>
<td>19,000</td>
<td>20,770</td>
</tr>
</tbody>
</table>

Funding Status

The funding requirement is part of the overall Burundi refugees HAC. * There is additional 153,074 funds received for M&E (including C4D) in 2017 which wasn’t part of HAC appeal.

1 The targets were set based on the planning figure of an expected 120,000 Burundian refugees in Mahama Camp and reception centres. The actual number of refugees in Mahama and reception centres is currently 54,720 (46% of the planning figure).

2 As per the decision of the WASH coordination meeting, provision of water was delegated to Oxfam with UNICEF’s technical support. Access to treated water in Mahama is adequate at 20.4 litres per person per day.
Situation overview and humanitarian needs

According to UNHCR, from January 2017 until the end of August 2017, there were a total 4,876 new arrivals from Burundi, averaging about 16 refugees per day. In August alone, there were 483 new arrivals, a decrease from the July 2017 figure of 531. The total number of Burundian refugees in Rwanda to date is 87,382, which is about 21 per cent of the regional total. The newly opened transit centre in Nyarushishi did not receive any new arrivals during the reporting period. Mahama camp currently hosts the largest number of refugees at 55,275 while the existing three reception centres (Bugesera, Nyanza and Gatore) currently have 169 refugees, and the number of refugees in the urban areas of Kigali and Huye is 31,938.

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, early childhood development, health (with WHO and UNFPA), and nutrition (with WFP). The main implementing partners are district and community authorities, the Ministry of Health, Rwanda Biomedical Center, district hospitals and health centres, Africa Humanitarian Action, American Refugee Committee (health, nutrition and shelter), Save the Children (child protection), ADRA (ECD and education), the Ministry of Infrastructure, Rwanda Water and Sanitation Corporation (WASAC), Global Humanitarian and Development Foundation (GHDF), and Oxfam (WASH).

Humanitarian strategy

The strategy agreed upon by the Government and development partners is to provide comprehensive services to refugees and seek fulfilment of their basic rights by providing registration, shelter, household equipment, food and water, maintain sanitation and hygiene, health and nutrition services, education, and protection. Refugee Coordination Meetings, are held each month and include donors and other development partners such as the World Bank, in an attempt to have more strategic level discussions with donors and other partners, and to keep them well informed.

In the wake of the increasing number of refugees, UNHCR has requested 55 hectares of additional land in Mahama Camp to continue construction of semi-permanent shelters. UNHCR has agreed to finance a project to benefit the local community in compensation for the land.

UNICEF’s continuing response includes the provision of improved sanitation facilities, technical assistance, screening and management of severe acute malnutrition, promotion of appropriate infant and young child feeding practices, and provision of polio and measles vaccines for children, as well as routine immunisations. In addition, unaccompanied and separated children are registered, their families are traced, and child-friendly spaces are established. Support for the prevention and response to violence against children is being provided. UNICEF is also supporting access to early learning and
basic education for refugee children. After initial life-saving interventions, UNICEF’s focus is 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)

During the reporting period, partners in the WASH sector, under UNHCR coordination, provided sustained water services and sanitation services to 55,275 Burundian refugees within the recommended standards of humanitarian assistance. Through the Oxfam-run treatment plant constructed with UNICEF technical support, safe drinking water was provided to refugees ranging from 19 litres per person per day to 20.2 litres per person per day. All routinely-conducted microbiological tests on collected samples were free of e-coli. The residual chlorine check was reported at .43mg/l chlorine at household level, which is within the recommended threshold. Extensions of the existing water system were made to ensure accessibility and availability of safe water to all refugees. Three new water points were also built and connected to the existing water network.

As the rainy season begins, the river water source which supplies drinking water to the camp will become more polluted with sediment. This will complicate water treatment and therefore special attention and preventive measures should be carried out to sustain the safe quality of the drinking water distributed to Burundian refugees. Measures required will include prepositioning of greater quantities of treatment chemicals coupled with more frequent routine maintenance of the treatment unit.

Latrine coverage met sanitation standards (no more than 20 people per latrine and shower). The latrine ratio ranged from 17 to 18 persons per drop hole, and the shower ratio was 18 people per bathing room for all 55,275 refugees served in Mahama. Through community participation in “umuganda” (traditional community service), mass camp cleanings were organised, and solid waste collection and safe disposal was continued at the household level. Humanitarian standards for WASH services in transit centres were also respected.

Nutrition

In collaboration with ARC, UNICEF continued to provide technical support and supplies for malnourished children under five in Mahama Camp and in reception centres. From July to 20 September, 117 cartons (1,621 kgs) of ready-to-use therapeutic food (RUTF) were provided. As of 20 September 2017, UNICEF had distributed 1,433 cartons (19,779 kilograms) of RUTF for the treatment of SAM in Mahama Camp and the reception centres. Routine screening to identify malnutrition cases in the camp is ongoing, targeting all children in the age group of 6-59 months. Since the beginning of the year, 224 children have been identified with SAM and enrolled for treatment. Among them, 185 (91 boys and 94 girls) were discharged as cured and transferred to the supplementary food programme.

According to the standardized expanded nutrition survey (SENS) carried out in May 2017, the prevalence of global acute malnutrition decreased from 6.6 percent C.I (5.1-8.6) in May 2015 to 4.5 per cent in May 2017. However, chronic malnutrition has increased from 37.1 per cent in May 2016 to 42.1 per cent in May 2017. UNICEF has been supporting Mahama Camp and Kiriehe District to conduct Maternal, Infant and Young Child Nutrition (MIYCN)/Minimum Needs Programme (MNP) training to service providers and CHWs who are involved in nutrition interventions aimed to reduce chronic malnutrition.
With the objective of reducing chronic malnutrition and strengthening the provision of accurate counselling and nutrition education to parents in Mahama Camp, a refresher training on Maternal, Infant and Young Child Nutrition (MIYCN) is ongoing, targeting 36 service providers from Mahama Camp, Kirehe District Hospital, and 155 community health workers.

Health

With UNICEF’s support, routine immunisations are continuing in Mahama, reaching children with BCG, polio, DTC, Hepatitis B, Hemophilis influenza B, Rotavirus, Pneumococcal conjugate, and measles/rubella combined vaccines. During this reporting period, 1,517 children were vaccinated and 423 pregnant women were provided with tetanus toxoid vaccines, resulting in zero case of vaccine-preventable disease outbreak in the refugee population.

About 66 per cent of mothers attend their first antenatal care visit, and about 97 per cent of deliveries are attended by a skilled health care provider. The leading cause of morbidity in children under five is malaria, followed by respiratory diseases and watery diarrhoeal diseases.

Prevention of diseases in the refugee population and in Rwanda in general is being reinforced through supplementary immunisation activities. The Government of Rwanda and its partners are planning to conduct a measles/rubella follow-up campaign nationwide, and Burundian refugee children are among the target population. UNICEF has provided vaccines, vaccine devices, implementation costs and C4D services to for the October 2017 immunisation campaign in Mahama. The targeted population for measles-rubella vaccination is 23,000 children between 09 months to 14 years old and 10,000 children under five years old for polio vaccination.

Communication for Development

In partnership with GHDF, and with financial support from the Government of Japan, about 50,000 Burundian refugees received health messages from community health workers (CHWs). These messages included hygiene promotion, safe motherhood, newborn health care, nutrition (including exclusive breastfeeding and complementary feeding), immunisations, malaria, and HIV prevention. Communication approaches and channels included social mobilisation events, door-to-door sensitisation, group discussion, and home visits by the community health workers using innovative “talking books.”
This device records key messages in Kirundi for replay during outreach activities. Its monitoring feature allows GHDF to track the work of each CHW. CHW supervisors trained on the use of talking books find them useful in covering a wide range of messages. In addition to health promotion messages, the device contains ECD audio programmes and children’s songs. Results on outreach will be provided in the next update.

During the partnership with GHDF:
- 15 GHDF hygiene promotion officers were trained on the use of talking books.
- 360 CHWs in Mahama were trained on the use of talking books.
- 385 talking books were distributed to CHWs (360 for CHWs, 25 for ECD) in Mahama and currently in use.

The table below indicates the number of refugees reached by key health practice messages:

<table>
<thead>
<tr>
<th>No.</th>
<th>Gender</th>
<th>Door-to-door sensitisation without talking books</th>
<th>Door-to-door sensitisation using talking books</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Males</td>
<td>1,595</td>
<td>4,392</td>
</tr>
<tr>
<td>2.</td>
<td>Females</td>
<td>3,198</td>
<td>7,906</td>
</tr>
<tr>
<td>3.</td>
<td>Children</td>
<td>3,718</td>
<td>5,571</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>8,511</td>
<td>17,869</td>
</tr>
</tbody>
</table>

**Child protection**

UNICEF is partnering with Save the Children to provide child protection services to 26,703 children in refugee settlement areas (13,619 boys; 13,084 girls). Particular emphasis is put on increasing monitoring of unaccompanied and separated (UASC) children (Mahama currently hosts 1,803 UASC-682 girls; 1,126 boys). Community-based volunteers make daily home visits to UASC living in alternative care arrangements, and monthly visits to those placed in foster families.

From January up to the reporting date, 382 children have been reintegrated into community placements and foster families, and receive regular home visits by trained community child protection volunteers. These volunteers also provide case management and referral services for victims of abuse under the supervision of social professionals. The Legal Aid Forum and Rwanda National Police are key players for case investigation and legal support.

Apart from individual case management of child abuse, there is additional support to UASC in alternative care through the provision of non-food items (NFIs) including bedding, kitchen materials and clothes, and regular home visits.
Fifteen child friendly spaces have been upgraded and play a key role in providing psycho-social support to children and their families. These spaces are used to disseminate important messages, such as the prevention of early pregnancies and early marriage, school drop-out, delinquency and reproductive health for youth. During this reporting period, 25,741 children and youth utilised these spaces.

To improve monitoring of the most vulnerable children, UNICEF has deployed an international consultant as part of the ‘real time monitoring system’ initiative. This consultant is currently evaluating the paper-based data collection and reporting system to produce a comprehensive assessment report, which will help replace the paper-based system and provide faster identification and referral for vulnerable children.

UNICEF and Save the Children are working together to bridge the humanitarian-development divide between Mahama and the host community. The first step involves meetings with local authorities, the social workers, para-social workers from Kirehe District, and refugee leaders to raise awareness around protection of refugee children within and outside of the camp.

**Education**

The host school Paysannat L (P2 – S6) and Paysannat (satellite) have been hosting Burundian refugee children since 2015. As of September 2017, the number of enrolled children is 20,770, with 11,055 boys and 9,715 girls. From July to September 2017, UNICEF interventions in education for Burundian refugee children focused on two major areas:

- **Improving the quality of education**
  UNICEF, with support from USAID, partnered with Inspire, Educate, and Empower, a local NGO, to improve the quality of education. As a result, the school-based mentorship programme is being implemented, with 16 pedagogical experts placed in the school to build the capacity of teachers. 389 teachers have been trained on the competency-based curriculum, with a focus on the application of child-centred teaching methods and development of adequate teaching materials. In addition, 2,000 parents were mobilised to support teaching and learning and were equipped with strategies to support learning at home.

- **Building capacity of school management**
  UNICEF, with the support of the Government of Japan, procured and delivered computers and computer accessories to the schools to help teachers access new information and improve teaching content. Other supplies, such as photocopiers, generators, stationery, and megaphones will be delivered to Mahama schools to support school management school functions. The supplies are expected to be delivered by the end of the third quarter of 2017.

Major gaps that need continued attention are:

- A lack of teaching and learning materials (e.g. textbooks, supplementary materials, teachers’ guides). UNICEF will be procuring learning materials to coincide with the 2018 academic year in quarter four, in an attempt to address this supply-side barrier.

- A lack of recreational facilities and equipment. UNICEF is working with UNHCR to advocate for further development in this area, after the rehabilitation of the football field in quarter one of 2017.
• A lack of sufficient classrooms to accommodate the increasing number of children enrolled in school. ADRA, with the support of UNHCR, has been constructing classrooms to continue to offset the need of physical infrastructure.

• A lack of ICT and science laboratories (UNICEF has procured computers for the ICT lab and UNHCR will be accountable for the construction of ICT infrastructure)

• The prevalence of early pregnancies (there are currently 37 cases), putting adolescent girls at risk of dropping out. Cases have been referred to child protection agencies, and coordination to address these issues underway with the Child protection team.

**Early childhood development (ECD)**

A new partnership has been developed between UNICEF and ADRA which includes the construction of another permanent ECD centre and a multipurpose play park. The design of the new centre will include two additional stimulation rooms to accommodate more children. To date, the construction agreement has been approved by UNICEF Supply Division, along with adjusted site plans and structural drawings. Site identification for both the ECD centre and a play park has been completed with UNHCR and MIDMAR.

The spacious play park will benefit children aged 3-12 years. It will strengthen the provision of quality ECD services to the most vulnerable children, with the aim of supporting young children’s holistic development and reducing the impact on the physical, mental and emotional development of young children. Construction is expected to finish by the end of the year.

In anticipation of the home-based ECD component for children under three, trained caregivers are coaching organised parent groups hosting 44 children. UNICEF is planning to build the capacity of caregivers to initiate a more organised parenting programme and to provide guidance on the use of existing tools, including the ECD essential package, the Care for Child Development, and the competency-based curriculum.

**Funding**

As outlined in the Burundi Refugees Humanitarian Appeal for 2017, UNICEF Rwanda required a total of US$ 2,548,000 for the refugee response. UNICEF is very grateful to generous support from the UK/DFID, CERF, Sweden/Sida, UNICEF USA, Japan, US/USAID, Japan and the Republic of Korea. The current funding gap is 40.3 per cent, and is mainly in the WASH and nutrition sectors.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th>Funding gap**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Funds Received Current Year*</td>
<td>$</td>
</tr>
<tr>
<td>Nutrition</td>
<td>110,000</td>
<td>39,795</td>
<td>70,205</td>
</tr>
<tr>
<td>Health (including HIV/AIDS)</td>
<td>405,000</td>
<td>391,283</td>
<td>13,717</td>
</tr>
<tr>
<td>WASH</td>
<td>1,000,000</td>
<td>73,481</td>
<td>926,519</td>
</tr>
<tr>
<td>Education</td>
<td>315,000</td>
<td>524,870</td>
<td>0</td>
</tr>
</tbody>
</table>
* Funds available includes funding received against 2016 appeal as well as carry-forward from 2016. The total includes funds received for M&E (including C4D) USD $153,074 in 2017 which wasn’t part of HAC appeal.
** Surplus in funding for education, ECD, child protection and M&E (including C4D) are not aggregated in the total funding gap with shortfalls in operational support, WASH, Health and nutrition.

For more information:

<table>
<thead>
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<th>Position</th>
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