Situation Overview & Humanitarian Needs

Fear of violence ahead of elections due in June led large numbers of Burundian citizens to begin crossing into southern Rwanda in late March. In response, the Government of Rwanda activated its Contingency Plan, launching an emergency response. Initially, refugees gathered at reception centres in Bugesera and Nyanza, but as of late April, they were being moved to new temporary accommodation at a newly established refugee camp in Mahama in eastern Rwanda. Of 25,214

As of 7 May 2015

25,214
Recently-arrived Burundian refugees now in Rwanda

17,478
Hosted at Mahama refugee camp

616
Average number of daily arrivals into Rwanda since last SitRep

82%
are children and women

Main issues

772
unaccompanied/separated children

High risk that nutrition status of young children will deteriorate

UNICEF funding requirements

$2,780,000

Highlights

• Fear of continued violence ahead of Burundi’s elections due in late June has prompted 8,000 more Burundian refugees to arrive in Rwanda since the last UNICEF SitRep of 26 April, taking the total number of newly arrived refugees to 25,214, of whom 82% are women and children

• Two-thirds of the refugees, or close to 17,500 people, have been moved to the new Mahama Refugee Camp in eastern Rwanda from the two initial Reception Centres that were established at the outset of the crisis

• At Mahama, UNHCR and UNICEF, through World Vision constructed 328 latrines, and installed 224 showers. In total, at Mahama and the reception centres in Bugesera and Nyanza, UNICEF WASH supplies have reached close to 24,000 individuals

• UNHCR and partners have registered 772 children separated from their families or unaccompanied by any adult, a tripling of the 276 recorded in the previous SitRep

• UNICEF is supporting partners to respond to severe acute malnutrition among refugee children and to ascertain the nutritional status of children under the age of five, and has distributed Ready to Use Therapeutic Food (RUTF)

• An application to the CERF Rapid Response mechanism has been submitted. Notwithstanding, funding gaps remain in all sectors, with the most urgent need for response being in Nutrition, WASH and Child Protection

• Registration delays, a shortage of shelter, and insufficient water supply are the leading bottlenecks in the response
recently-arrived Burundian refugees registered in Rwanda by May 5, close to 17,500 had already been moved to Mahama. There, the Government of Rwanda and its humanitarian partners have met needs, although due to a number of factors the rate of arrivals has slowed in the first week of May. Given the ongoing uncertainty in Burundi, it is estimated that 100,000 refugees may arrive by the end of September, exceeding the current national response capacity.

| Registered refugees – UNHCR initial figures 7 May |
|---------------------------------|----|----|
| Total Registered Refugees       | 12,547 | 5,941 | 6,606 |
| Children Affected (Under 18)    | 7,512 | 3,827 | 3,685 |
| Children Under Five             | 2,559 | 1,344 | 1,215 |
| Children 5 to 11                | 2,782 | 1,382 | 1,400 |
| Children 12 to 17               | 2,171 | 1,101 | 1,070 |
| Refugees Not Yet Registered     | 12,667 | n/a | n/a |

**Humanitarian leadership and coordination**

Under the overall coordination of the Rwandan Ministry of Disaster Management and Refugee Affairs (MIDIMAR) and UNHCR, humanitarian partners’ priorities are to provide life-saving emergency protection and assistance, including through the establishment of a new camp in Mahama in the south east of Rwanda. In these early phases, the focus is to register refugees, provide them with shelter, basic household equipment, food and water, maintain sanitation and hygiene, and provide emergency health and nutrition services. Cases of children that are unaccompanied by adults or separated from their families are being registered and managed, and mechanisms are in place to help trace their families and reunite them. Protection outreach to prevent and respond to violence against children is also being provided as is psychosocial support. Under the overall 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 & district hospitals and health centres; AHA, ARC (Health and Nutrition); Plan International (Child Protection); CARE (ECD), ADRA (Education); shelter (ARC) and Ministry of Infrastructure, Rwanda Water and Sanitation Corporation (WASAC) and World Vision Rwanda (WASH).

**Humanitarian Strategy**

UNICEF’s strategy focuses on providing supplies and technical assistance to ensure access to water, sanitation and hygiene facilities for all refugees according to the Core Commitments for Children (CCCs); screening, treating and managing severe acute malnutrition; providing polio and measles vaccines for all children aged under five; and distributing large tents for health and nutrition services, as well as for Child Friendly Spaces. As the emergency continues, UNICEF is prioritising access to early learning and primary education for refugee children. UNICEF is supporting the provision of these critical services at the reception and transit sites as well as in the newly established refugee camp.

**Summary Analysis of Programme response**

**Shelter:**

Given the sudden and large-scale movement and the urgent need for temporary shelter, UNICEF provided 51 large tents to create child friendly spaces, and to provide nutrition and health services.
In the short term, due to shortage of shelter for newly arriving refugees, some of the large tents provided by UNICEF are also being used for shelter. UNHCR had already erected 798 family tents, and a further 4,050 are due to arrive by 8 May. Already, 17,478 refugees have been moved from reception areas to Mahama.

**Water, Sanitation and Hygiene (WASH):**

In Mahama camp and the reception centres at Bugesera and Nyanza, UNICEF and UNHCR provided WASH supplies to more than 24,000 people. At Mahama, camp staff built 328 latrines (40 refugees/latrine) and 224 showers (58 refugees/shower). Each refugee at the camp receives 12 litres of clean water per day, and 60 partner staff and volunteers who have been employed to promote good hygiene are already working in the camp. However, the water source currently being used will not have enough supply to meet demand as the number of refugees increases. Funds are needed urgently to build a new water supply system at Mahama. Meanwhile, at Bugesera reception centre, which is still congested, restrictions on supplies mean that only 7.5 litres of clean water can be provided per refugee per day.

**Nutrition:**

Nutritional screening is ongoing at the reception centres and at Mahama, and UNICEF is supporting partners to respond to severe acute malnutrition needs for refugee children. Systematic MUAC screening conducted in Mahama on 1,077 children aged 6-59 months revealed that 10% of the screened children are in need of SAM treatment and 15% of the screened children are in need of MAM treatment. Possible reasons for the poor nutritional status of children include: already high rates of malnutrition among refugees prior to their arrival in Rwanda; exhausting travel with little food intake before reaching reception centres; issues in the current food intake (reception centres not yet able to provide full food entitlement to refugees / hot meals, and reduced intake of wet rations due to communal sharing with new arrivals). Systematic nutrition screening has now started, supplies for the management of SAM are available, and community health workers have been selected and are being trained. However, there are still bottlenecks in food distribution, and the implementing partners working in the camp need additional capacity building and support for managing severe acute malnutrition. UNICEF supplies of 2,277 boxes of ready-to-use therapeutic food, sufficient to treat all severely malnourished refugee children for at least four months, arrived in Mahama as of 8 May. Sadly, the deaths were reported of two children with severe acute malnutrition and other medical complications.

**Health:**

Two vaccination sessions were carried out at the end of April, covering 95% of under-5s, a total of 2,375 children, with polio immunisation, and 87% of under-15s, or 4,721 children, with measles and rubella immunisation. Vaccination days at Mahama are planned to take place twice a week, but as it is a new camp, the provision of regular healthcare will be an area of concern and priority in the coming weeks. Priorities will be treatment of malaria, diarrhoea and respiratory tract infections, which are already the leading illnesses experienced among the refugee population. 200 pregnant women have been registered, who will need ante-natal care and skilled attendants at their deliveries. Health centres managed by the Government of Rwanda, which have been managing vaccinations for refugee children, will need help with staffing. Already, weekly coordination meetings are established, and the health sector carried out a comprehensive health assessment in Mahama on 7 May. Insecticide-treated nets are being distributed. Training for community health workers is being planned as a priority action in order to improve outreach and treatment.

**Child Protection:**
There has been a tenfold increase in the number of unaccompanied or separated refugee children registered, up from 78 on 16 April to 772 as of this report. Of these, 148 have been reunited with their relatives and the remainder are being given appropriate care while attempts to trace their families continue. Registration staff are struggling to keep up with the number of unaccompanied or separated children arriving, but additional human resources have been drafted in to help. Separately, nine cases of violence against children have been reported. A total of 54 volunteers were recruited to help run child protection activities. Referral pathways for children and women at risk, and people with special needs, have been developed, and partners were trained on Child Protection in Emergencies.

**Education/ECD:**
Child-Friendly Spaces (CFS) have been set up at Bugesera and Nyanza, and three more will soon open at Mahama. There, up to 130 children have used recreational facilities operated by Plan, the implementing partner. Early childhood development (ECD) specialists carried out a rapid assessment to identify where their facilities can be located. Operations will begin soon, and the process of procurement of necessary supplies has started. Preparations are underway to provide formal education to refugee children.

**Communication for Development (C4D)**
UNICEF staff visited Mahama to assess the needs and prioritise preparation of materials that will enable the best response to the crisis. Communications materials including flipcharts and counselling cards were tested to check which will work best to get across key messages, especially regarding nutrition and health. Those materials are now being designed and will be produced. Large signs have been designed and are being produced to be put up near a river close to Mahama as a warning about crocodiles and hippos in the water that pose significant risks to children who may swim there, or for people collecting water.

**Supply and Logistics**
Supplies of 2,277 boxes of ready-to-use therapeutic food, sufficient to treat all severely malnourished refugee children for at least four months, have been procured and are being transported from Uganda, arriving in Mahama Camp on 8 May. Supplies for Mahama, including water tanks, latrines, showers, hand-washing stations and large tents to be used for Child Friendly Spaces were procured and installed.

**Media and External Communication**
The UN Communication Group met to establish a task force to liaise with local, regional and international media regarding the Burundian refugee situation in Rwanda. Already, Rwandan media are publishing stories about the large influx of refugees into the country, with a focus on the number who are women and children, and about how many children are malnourished.

**Funding Requirements**
UNICEF is working closely with UNHCR and other partners to develop an Inter-Agency Refugee Response Plan that will be the basis of coordinated, inter-agency resource-mobilisation efforts. UNICEF’s most urgent financial needs have been included in Rapid Response CERF proposal. To date, no additional funds have been received. UNICEF has supported the initial phases of the response using contingency supplies and re-allocations of non-programme internal funding amounting to $670,000.

The humanitarian funding requirements articulated below are based on responding to the needs of 30,000 for a period of four months based on activated contingency plan.
## Appeal Sector Requirements | Funds received | Funding gap
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WASH | $1,400,000 | $0 | $1,400,000 (100%)
Nutrition | $300,000 | $0 | $300,000 (100%)
Health (including HIV/AIDS) | $350,000 | $0 | $350,000 (100%)
ECD/Education | $270,000 | $0 | $270,000 (100%)
Child Protection | $340,000 | $0 | $340,000 (100%)
C4D and Communication | $120,000 | $0 | $120,000 (100%)
**Total** | **$2,780,000** | **$0** | **$2,780,000 (100%)**

**Next SitRep: 15 May 2015**

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