**Highlights**

- Since October the total number of Burundian refugees in Rwanda did not increase significantly. New arrivals remain low, with occasional peaks such as on 23 November with 169 arrivals.

- Approximately 46,000 refugees are now living in Mahama camp (30,000 in the original camp, and 16,000 in the extended camp); transition to semi-permanent housing is ongoing.

- Social mobilization on the importance of ECD has yielded a 30% increase in enrolment in the early learning programme since October. At the same time, however, the attendance rate of children in education orientation services decreased from 82% to 75% in November.

- Cases of severe acute malnutrition continue to decline in the camp and the reception centres, with currently only 86 children remaining on SAM treatment; a total of 391 children have been discharged as cured.

- It remains challenging to meet water provision standards of 15 litres/day/person. Progress is being made on the development of a long-term solution. Durable sanitation facilities are being built to serve the Burundian refugee population who might stay in the camp for a longer period.

**Main Issues**

- Ongoing treatment of surface water in Mahama camp
- Education attendance rates
- Child Protection cases
- Childhood disease increase due to rainy season

**UNHCR figures as of 23 November 2015**

- 71,695 Burundian refugees now in Rwanda
- 46,108 Hosted at Mahama refugee camp
- 48% are children

**UNICEF funding requirements**

$3,385,000 (based on Regional Refugee Response Plan)

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**Key targets and results – UNICEF with partners, according to 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;45,000**</td>
</tr>
<tr>
<td>Health: Children under 15 vaccinated against measles and children under 5 against polio</td>
<td>U15: 27,000 U5: 12,000</td>
<td>U15: 16,488 U5: 7,677</td>
</tr>
<tr>
<td>Nutrition: Severely malnourished under-5s being treated</td>
<td>828</td>
<td>391 successfully treated; 86 currently in treatment</td>
</tr>
<tr>
<td>Child Protection: Unaccompanied children reached with tracing and alternative care arrangements</td>
<td>1,200</td>
<td>971***</td>
</tr>
<tr>
<td>Education: Children with access to education programmes</td>
<td>15,000</td>
<td>11,152</td>
</tr>
<tr>
<td>ECD: Children 0-59 months receiving ECD services</td>
<td>12,000</td>
<td>5,307</td>
</tr>
</tbody>
</table>

*The targets were set based on the revised RRP scenario of 100,000 refugees, out of which UNICEF supports an expected 60,000 refugees in Mahama camp and reception centres. The remaining are urban refugees.*
** Situation Overview & Humanitarian Needs

According to the Government of Rwanda, as of 23 November the number of refugees had reached 71,696 individuals with 46,108 registered in the Mahama camp. UNHCR continues to register new arrivals from Burundi at an average of 30-40 persons per day. Refugees continue to report barriers to movement within Burundi and particularly towards the northern border with Rwanda, which is closed. Those who cross do so either on the premise of temporary stay in Rwanda or by crossing on foot through unofficial crossing points.

During the past month, the provision of clean water to more than 46,000 refugees in Mahama camp varied significantly due to river turbidity caused by seasonal storms. After a low point of 8 litres/person/day on 23 November, the provision of clean water is currently meeting minimum standards again (15 litres/person/day).

The nutrition status among children living in the camps continued to improve and severe acute malnutrition is successfully being treated when detected. As of 20 November, 391 children have been successfully cured and only 86 children remain on SAM treatment.

Due to the rainy season, respiratory infections and malaria have increased in the camp, requiring partners to strengthen community health services. UNICEF-supported immunization campaigns have to date covered a total of 29,332 children and women among the Burundian refugee population.

Out of the 1,200 unaccompanied minors living in the camp, 971 are provided with alternative care support (para-social workers). At present, 100 registered cases of child protection (physical, sexual and emotional abuse of children) are being managed.

A total number of 11,152 pupils are enrolled in education orientation classes in Mahama camp, with more than 120 teachers from the Burundian refugee community as well as Rwandan nationals. 5,307 young children are attending ECD and pre-primary programmes in temporary classrooms.

**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**

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

UNCHR and UNICEF, in partnership with PAJER, Oxfam and World Vision are providing WASH services to the Burundian refugees in Mahama camp as well as in the reception centres. In Mahama camp, the water availability is currently at 15.5 litres per capita per day. This, however, varied from 7 to 16 litres per capita per day during November 2015 due to the impact of high turbidity of the Akagera River on the capacity of the temporary water treatment plant.

In terms of sanitation facilities, there is currently one latrine for every 28 refugees and one shower for every 34 refugees in Mahama camp. In the reception centres, the water and sanitation facilities are meeting the minimum standards.

Following finalization of the design for the permanent surface water treatment plant for Mahama camp, bids were launched for construction works. The closing date of the bids has been set for 15 December 2015, after which OXFAM will take over the construction of the plant with direct support from DFID.

As of mid-December, UNICEF will shift its support toward the provision of sanitation facilities. With the likelihood of refugees staying in Mahama camp for a longer period, plans are in place to construct durable sanitation facilities. Construction of over 700 durable latrines has commenced in partnership with PAJER and Oxfam.

**Nutrition**

A nutrition survey conducted by UNHCR, WFP, UNICEF, STC, Concern Worldwide and ARC in Mahama camp shows that the prevalence of global acute malnutrition (GAM) has declined from 10.3% to 6.6%. The drop of severe and moderate acute malnutrition rates since the onset of the refugee crisis is also reflected in the number of admissions per month (see figure).

During this reporting period more children were admitted in the OTP (increase from 26 in October to 44 in November), which can be attributed to an increased...
enrolment of acute watery diarrhoea and SAM cases that were identified during the nutrition survey screening exercises. All cases are currently being treated.

UNICEF has so far distributed 10,046 kg of RUFT for the treatment of SAM without medical complications in Mahama refugee camp and the reception centres.

UNICEF continued to support the capacity building of 97 community health workers (CHW) in Mahama camp, through a refresher training on integrated management of acute malnutrition and maternal infant and young child nutrition that was conducted in collaboration with Concern and ARC.

Promotion of infant and young child feeding (IYCF) practices continued in both Mahama camp and the reception centres, through individual counselling, home visits for pregnant and lactating women, and community sensitization through group sessions targeting the caregivers of children 0-23 months as well as other community members such as men and the elderly. Going forward, mother-to-mother support groups will be integrated into the ECD programme to promote appropriate child care and stimulation.

A cumulative total of 569 children with SAM have been admitted since April, out of which 391 have been successfully treated and discharged for further follow up in the supplementary feeding programme (SFP). A total of 86 children received treatment in the Outpatient Treatment Programme (OTP) and eight were admitted with medical complications for inpatient treatment in Kirehe district hospital.¹

For mid-December plans are to conduct a mass MUAC screening exercise, Vitamin A supplementation targeting children 6-59 months, and a deworming campaign for children 12 -59 months in Mahama camp.

Health
UNICEF's main support in the health response involves immunization, capacity building of health staff and community health workers, provision of health supplies, as well as cholera preparedness. Expanded immunization services continued: in reception centres, children aged 0-5 years were vaccinated against polio and children aged 9 months to 15 years are being vaccinated against measles, as they are registered. At Mahama camp, routine immunization continued successfully for all antigens available in Rwanda, covering 771 children in November 2015. Pregnant women are receiving tetanus toxoid vaccines through antenatal care services.

All basic health services are in place in Mahama camp. In November, a new semi-permanent maternity ward was established, which is expected to improve maternal and newborn services in the camp.

During the current rainy season morbidity has increased due to Malaria and upper respiratory infections. UNICEF’s response includes provision of insecticide-treated nets, and promotion of improved hygiene and sanitation at the community level for disease prevention in the refugee population. Community health

¹ The remaining SAM children discontinued treatment because they were either referred to other programmes / health centres, or left Mahama camp.
services need to be further strengthened by building the capacity of CHWs on integrated community case management. UNICEF has expressed this need and the willingness to support the activity to UNHCR and partners.

For cholera contingency planning, UNICEF supported UNHCR and ARC in constructing a cholera treatment centre. In-patient services have been equipped with additional beds, patient cupboards and other medical facilities. Preparations for the Outbreak Surveillance training aimed at ARC and SCI health personnel and community health workers have started.

**Child Protection**

UNICEF support has been focused on the provision of case management and psychosocial support to refugee children to prevent and respond to family separation, violence, abuse and neglect. In partnership with Plan International, UNICEF is currently supporting 100 individual child protection cases.

UNICEF, in collaboration with PLAN and UNHCR, completed training for all community-based child protection volunteers in the camp. In total, 181 volunteers were trained including 67 para-social workers, 50 child protection community mobilizers, and 64 child-friendly space (CFS) mobilizers. Each community-based child protection structure serves a unique role in the camp to ensure that children are safe, cared for, and can access their fundamental rights. One of the community-based structures, para-social workers, has been activated in response to the unusually high number of unaccompanied minors and child-headed households throughout the camp.

Of the 1,198 unaccompanied minors in the camp, 971 have been assigned a para-social worker whose responsibility it is to provide basic care for the child including monitoring the child’s safety and whereabouts, teaching the child valuable life skills (i.e. how to prepare meals, clean their home, maintain good hygiene, garden, etc.), helping the child build healthy relationships within the community, ensuring the child can access resources within the camp (i.e. food, NFIs, medical treatment, etc.), and encouraging consistent education in school. As refugees move from tents/hangars into new semi-permanent housing, these community-based structures will play an important role in ensuring the protection of vulnerable children throughout the camp, while providing them with consistency and familiarity.

Over the last month participation in CFS has significantly increased, as a result of the deployment of additional CFS mobilizers as well as completed renovation of all eight CFSs. On average about 6,000 children (53% boys; 48% girls) participate on a weekly basis in activities that also unite the community through cultural activities. Systems have been put in place to ensure that participation in CFS does not adversely impact school attendance, and CFS mobilizers are liaising with educational partners to encourage school attendance.

**Education/ECD**

In November, UNICEF and CARE engaged refugee community leaders in an awareness raising campaign on the importance of ECD, resulting in an 30% increase of enrolment of children in the ECD programme (particularly those living in hangars who had low enrolment rates). Registration was completed and an enrolment database was updated (5,307 children aged 3-6 years). Efforts are underway to further increase coverage in order to reach all young children in the camp with ECD services. Water connection to two
ECD sites is close to completion, which will increase children’s hygiene and reduce diseases linked to lack of potable water.

The attendance rate at the education orientation programme fluctuates, and an overall decrease was reported from 85% in October to 75% in November. This may partly be due to limited motivation of students to participate in lessons taught in English (coming from Burundi, students are used to French as a language of instruction). UNICEF-supported social mobilization efforts are aiming to further increase and stabilize education attendance rates. Teacher capacity building and mentorship is ongoing to enhance the quality of the education orientation programme. Last month, UNICEF in partnership with IEE conducted a refresher training for 120 teachers on child-centred teaching methodologies, which was complemented by performance monitoring to ensure application of the child-centred methodologies.

Preparations are underway for a smooth integration of Burundian refugee students into the Rwandan education system:
- Construction of 112 news classrooms by UNHCR through ADRA is progressing well for the extension of the local ‘Payasanat L School’ to host more than 14,000 refugee students starting in February 2016 (Source: ADRA education records).
- Additional orientation programme classes started for newly settled refugees in Mahama camp, in 58 temporary classrooms recently constructed by ADRA.
- An evaluation of performance of learners enrolled in orientation program since July 2015 took place this month. The results identified gaps and priority areas, which will inform the process of integrating learners into the national education system.
- Community sensitisation on the eventual integration of learners into local schools is ongoing, with the aim to increase regular attendance rates of children in the orientation programme.
- UNICEF is planning the provision of 18,000 student kits for refugee and local students, to be distributed in January 2016, leading up the official integration of refugee children in the local school.

**Communication for Development (C4D)**
In response to an expected increase of communicable diseases due to the rainy season, UNICEF Rwanda’s C4D partner, PAJER, is establishing a temporary office in Mahama camp to set up and coordinate regular social mobilization activities. Training of 360 Burundian mobilisers for health promotion and 75 young peer educators for HIV/AIDS prevention is commencing in early December. The mobilisers will be trained on key family practices based on Facts for Life, complemented by communication materials approved by the Ministry of Health. Through various modalities such as community visits, community education sessions and peer education, the social mobilisation system is expected to cover 90% of the current Mahama camp population.

**Media and External Communication**
The Burundi crisis and response 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.

**Funding**
As per the revised RRRP, UNICEF Rwanda requires a total of USD 3,385,000, of which only 34% has been received. To date, 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. DFID\(^2\) has recently committed an additional USD 735,000 additional funding from DFID mentioned above (USD 735,000) is not yet included, as it will only be disbursed in December.
additional amount of £490,000 (USD 735,000) to continue supporting the humanitarian response for the Burundi refugees in Mahama camp. These funds will be made available in December 2015 and can be used until the end of March 2016. 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>330,000</td>
<td>314,112</td>
<td>15,888</td>
<td>5%</td>
</tr>
<tr>
<td>Health (including HIV/AIDS and C4D)</td>
<td>655,000</td>
<td>234,000</td>
<td>421,000</td>
<td>64%</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>78,500</td>
<td>821,500</td>
<td>91%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>460,000</td>
<td>184,961</td>
<td>275,039</td>
<td>60%</td>
</tr>
<tr>
<td>M&amp;E and Operational Support</td>
<td>540,000</td>
<td>0</td>
<td>540,000</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,385,000</strong></td>
<td><strong>1,141,573</strong></td>
<td><strong>2,243,427</strong></td>
<td><strong>66%</strong></td>
</tr>
</tbody>
</table>

Next UNICEF Rwanda SitRep: end December 2015

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