HIGHLIGHTS - January - December 2018

- In 2018, over 10,800 new Burundian refugees arrived in Rwanda. Over 55 per cent of all Burundian refugees in Rwanda are children under 18.
- A total of 9,100 children under five years received essential vaccinations in Mahama refugee camp.
- A total of 6,400 children were provided access to centre- and home-based care in Mahama, including through construction of a permanent ECD centre and play park.
- UNICEF supported the provision of scholastic materials for 25,341 students for 2019.
- Through UNICEF support, 941 unaccompanied and separated children were placed in foster families and 10 were reunited with their own families.
- For Ebola Virus Disease (EVD) response, US$ 370,000 was mobilised for preparedness, simulation exercises, pre-positioning of supplies, risk communication, and community engagement.
- Twenty-thousand community health workers were trained to prepare for and respond to a potential outbreak of EVD in 10 high-risk districts.

UNICEF’s Response with Partners

<table>
<thead>
<tr>
<th>SECTORS</th>
<th>UNICEF Target</th>
<th>UNICEF Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health: # of children vaccinated against measles</td>
<td>9,900</td>
<td>9,121</td>
</tr>
<tr>
<td>Nutrition: # of children admitted for SAM treatment</td>
<td>300</td>
<td>214</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>1,100</td>
<td>6,433</td>
</tr>
<tr>
<td>Child protection: # of children and adolescents including UASC receiving critical child protection services</td>
<td>30,000</td>
<td>29,939</td>
</tr>
<tr>
<td>Child protection # of UASC receiving appropriate alternative care services</td>
<td>200</td>
<td>941</td>
</tr>
<tr>
<td>Education: # of children accessing quality education</td>
<td>19,000</td>
<td>25,341</td>
</tr>
</tbody>
</table>

FUNDING STATUS

- Carry forward: $89,244
- Funds received: $468,668
- Funding gap: $2.28M

1 The targets were set based on the planning figure of an expected 120,000 Burundian refugees in Mahama Camp and reception centres. Currently Burundian refugees are 47% of the planning figure.
2 Results in Education were achieved using Education Thematic Funds.
Situation overview and humanitarian needs

According to statistics from the UN Refugee Agency (UNHCR), there are 150,448 refugees and asylum seekers in Rwanda as of 30 November 2018. Of these, 69,089 are Burundian refugees (see table below), 76,202 are refugees from the Democratic Republic of Congo (DRC), and 604 are refugees from other countries. In addition, there are about 4,553 asylum seekers. Refugee children under the age of 18 make up over 50 per cent of the total refugee and asylum-seeker population.

Breakdown of Burundian Refugees

<table>
<thead>
<tr>
<th>Location</th>
<th>Population</th>
<th>%</th>
<th>Data Date</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanzania</td>
<td>218,928</td>
<td>60.1</td>
<td>31 December 2018</td>
<td>UNHCR, Government</td>
</tr>
<tr>
<td>Rwanda</td>
<td>69,089</td>
<td>19.0</td>
<td>30 November 2018</td>
<td>UNHCR, Government, Ministry of Emergency Management</td>
</tr>
<tr>
<td>DRC</td>
<td>42,309</td>
<td>11.6</td>
<td>30 November 2018</td>
<td>UNHCR, Government</td>
</tr>
<tr>
<td>Uganda</td>
<td>33,657</td>
<td>9.2</td>
<td>31 October 2018</td>
<td>Office of the Prime Minister</td>
</tr>
</tbody>
</table>


Five refugee camps for Congolese refugees were established in 1996, 1997, 2005, 2012 and 2014. In 2012, UNHCR took full responsibility for the Congolese refugee response. In 2018, UNICEF prepared for an additional influx of up to 10,000 Congolese refugees due to the election in DRC, which took place in December 2018. However, only a few additional refugees entered Rwanda and they did not require humanitarian assistance.

Mahama Camp currently hosts 58,164 Burundian refugees, while the three reception centres (Bugesera [13], Nyanza [3] and Gatore [44]) host 60 Burundian refugees. In addition, there are more than 12,300 Burundian refugees in the urban areas of Kigali (11,625) and Huye (772). In 2018 a total of 10,879 new Burundian refugees were registered. Approximately 49 per cent of Burundian refugees are male, and about 51 per cent are female. Over 55 per cent of Burundian refugees are children under the age of 18.

On 1 August 2018, an outbreak of Ebola Virus Disease (EVD) was officially declared in the North Kivu and Ituri Provinces in north-eastern DRC, close to Rwanda. UNICEF contributed to national level Ebola contingency planning led by the Ministry of Health. Measures include pre-positioning of life-saving commodities, such as a minimum supply of chlorine powder (300kg), 1,000 bars of soap, 20 handwashing stations, and a one-month supply of water tablets for 10,000 people. Measures also include printing and dissemination of information, education and communication (IEC) materials in high-risk districts; sensitizing communities on the disease; and

A three-month-old Burundian child is vaccinated in Mahama Refugee Camp. ©UNICEF Rwanda/2018/Mugabe
initiating capacity building of community health workers. However, scarcity of resources to plan and prepare for this emergency remains a concern.

**Humanitarian leadership and coordination**

The Ministry of Emergency Management and UNHCR are the overall coordinators of the inter-agency response to the refugee situation. For the Burundian refugees residing in Mahama Camp, UNICEF is the UN co-coordinator for the response in WASH (with UNHCR), child protection, education, early childhood development (ECD), health (with the WHO and the United Nations Population Fund (UNFPA), and nutrition (with the World Food Programme - WFP). The main implementing partners are district and community authorities, the Ministry of Health, Rwanda Biomedical Centre, district hospitals and health centres, Africa Humanitarian Action, American Refugee Committee (health, nutrition and shelter), Save the Children (child protection), the Adventist Development and Relief Agency (ADRA) in ECD and education, the Ministry of Infrastructure, Rwanda Water and Sanitation Corporation (WASAC), Global Humanitarian and Development Foundation (GHDF), and Oxfam (WASH). In 2016, the Government of Rwanda joined the Comprehensive Refugee Response Framework (CRRF), which aims to strengthen donor and government engagement towards the inclusion of refugees in national systems, while also promoting equity in refugee hosting areas so that development investments benefit both host and refugee communities.

**Humanitarian strategy**

The humanitarian strategy agreed between the Government and development partners is to provide comprehensive services to refugees and seek fulfilment of their basic rights. This includes provision of registration, shelter, household equipment, food and water, maintaining sanitation and hygiene, health and nutrition services, education, and protection. Refugee coordination meetings are held each month and include donors and development partners.

In Mahama Camp, UNICEF’s continuing response includes technical assistance, screening and management of severe acute malnutrition (SAM), promotion of appropriate infant and young child feeding practices, and the provision of routine immunisation. Polio and measles vaccines for children are provided on arrival at reception centres. In addition, unaccompanied and separated children are registered, their families are traced, and child friendly spaces are established. Support for the prevention of, and response to, violence against children is being provided. UNICEF is also supporting access to early learning and basic education for refugee children.

**Summary analysis of programme response for refugees**

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

While UNICEF contributed to the establishment of water supply and sanitation services from 2015-17, UNHCR is now responsible for all WASH services. Although UNHCR continues to provide WASH services in all camps and leads efforts to address the gaps, UNICEF is concerned that the Core Commitments for Children are not being met due to UNHCR’s funding limitations. UNICEF recognises that water provision in two camps must be increased to 20 litres per person per day, and is exploring opportunities, with funding windows unavailable to UNHCR, to address this need for capital investment.

**Health**

UNICEF continues to support immunisation services in Mahama Camp. In 2018, 9,121 children (92 per cent) under five years were reached with the following essential vaccines: BCG, Polio, DTC, Hepatitis B, Haemophilus Influenza B, Rotavirus, Pneumococcal Conjugate and Measles/Rubella. This resulted in the prevention of any outbreaks of vaccine-preventable diseases and contributed to the reduction of childhood illness in Mahama Camp. In addition, 1,183 pregnant women were provided with the Tetanus Toxoid vaccine to prevent maternal

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3 Cabinet reshuffle on 25 October 2018—changes in the ministry’s name and the minister.
4 The targets were set based on the planning figure of an expected 120,000 Burundian refugees in Mahama Camp and reception centres.
4 This activity relates to the pre-positioning of WASH supplies for 10,000 new refugees. Supplies will only be used if a new influx of refugees occurs.
and neonatal tetanus. For Congolese refugees, health services, including immunisation services, are provided by UNHCR and the Government of Rwanda in all five camps.

Nutrition

Despite a 100 per cent funding gap, results in nutrition were achieved through the reallocation of Regular Resources (RR). Throughout 2018, UNICEF provided technical support and nutrition supplies through the Government of Rwanda for malnourished refugee children under-five from Burundi and the DRC. These services are integrated into ongoing national programmes. From January to October 2018, Mahama Refugee Camp received 352 cartons of ready-to-use therapeutic food (RUTF) from Kirehe District Pharmacy for the treatment of severe acute malnutrition (SAM), as well as 79 cartons (7,205 boxes) of micronutrient powders (MNPs) for the prevention of deficiencies like anaemia for children under the age of two years.

Community-based activities for improving maternal, infant and young child nutrition continued in Mahama Camp. During 2018, 214 children under five were admitted for treatment of SAM (104 boys; 110 girls) against the 300 targeted. This was due to a lower number of refugees received in the camp than expected. Among them, 205 were treated and cured, seven discontinued treatment and two girls did not survive. SAM data from the Congolese refugee camps were integrated within government data.

The prevalence of anaemia among refugee children under five remains high at 44.6 per cent in Mahama (Burundi) and Nyabiheke (DRC) Refugee Camps, and of concern in the other four refugee camps with Congolese refugees. To improve the nutrition situation in these camps, home fortification using MNPs was introduced in January 2018. Through the Ministry of Health and partners such as American Refugee Committee and Save the Children, UNICEF continued to encourage caregivers to provide their children with a nutritious diet including vegetables, fruits, and eggs or meat, and by adding MNPs to their children’s diets. To monitor the impact of these interventions, UNICEF nutrition specialists visit Mahama Camp once per month, and the service providers submit monthly reports to UNICEF. In collaboration with UNHCR, UNICEF collects survey data from refugee families receiving these services.

Early Childhood Development (ECD)

In 2018, a total of 6,433 children (3,282 boys; 3,151 girls) received integrated centre- and home-based ECD services. Of these, 5,315 children (2,754 boys; 2,561 girls) aged 3-6 years received integrated centre-based ECD services, including 28 children living with disabilities. Targets in ECD initially focused on children in permanent and semi-permanent ECD facilities but were exceeded due to the success of the home-based ECD programme. UNICEF supported the initial training of parents and caregivers on home-based ECD, which reached more children than expected through a ripple effect of knowledge-sharing among parents.

Age-appropriate early learning and play activities were delivered through the “essential package”, which covers early stimulation, child health, nutrition, protection and WASH. Centre-based early care, stimulation and learning activities were facilitated by 88 trained caregivers (24 male and 64 female). Parents continued to acquire skills to provide good parenting services at home, resulting in improved home environments for optimal child growth and development.

In April 2018, a second permanent ECD centre was constructed in Mahama Camp, consisting of six stimulation rooms, which accommodate 480 children attending in double shifts. From June to August 2018, the first permanent ECD centre was upgraded with two additional classrooms, reaching an additional 200 children (3-6 years) and bringing the total number of permanent ECD stimulation rooms to 11. A multi-purpose play park was also constructed, giving 10,000 children (3-12 years) access to a range of outdoor play activities and structures. This play park will enhance children’s development through play and provide a child-friendly space for social, emotional and psychological healing.

In April 2018, some temporary ECD structures collapsed due to heavy rains, which affected ECD services for 2,700 children. To address this issue, UNICEF reached out to potential donors to support construction of semi-permanent structures for the continuation of ECD services and for the safety of young children. UNICEF is
currently developing a new partnership agreement with the Adventist Development and Relief Agency (ADRA) for the construction of 18 semi-permanent stimulation rooms. This will provide opportunities for an additional 1,440 children to access centre-based ECD services. Construction is expected to commence in early 2019.

Child Protection

In 2018, more than 29,000 children in Mahama Camp were provided with comprehensive child protection services. Interventions responded to the varied needs of girls and boys, especially unaccompanied and separated children based on specific protection risks. These interventions included campaigns (e.g. back-to-school campaign, early marriage prevention campaign), providing access to child- and youth-friendly spaces, and supporting child protection committees. These committees conducted community sensitisation sessions and educated children on violence prevention and response. By the end of September, of the 394 unaccompanied (287 boys; 107 girls) and 547 separated children (249 boys; 298 girls), 10 (seven boys; three girls) were fostered and 10 (six boys; four girls) were reunited with families.

UNICEF worked with partners in 2018 to strengthen technical capacity to manage child protection cases. Trainings were conducted on case management using a survivor-centred approach for para-social workers, positive disciplining skills for case workers, and management and best interest assessment and determination tools for child protection and sexual and gender-based violence (SGBV) officers. These capacity building programmes have benefited 67 case managers and 111 SGBV child protection volunteers trained on positive parenting.

On average, 7,500 children utilised the child- and youth-friendly spaces on a weekly basis in 2018. UNICEF also began developing a tablet-based learning intervention, which will provide children in the child and youth-friendly spaces with opportunities to use learning and play applications. As of December 2018, existing applications were mapped and the project inception report completed, which included interactive consultations with refugee children in Mahama Camp. Implementation will continue in 2019.

Education

In 2018, Burundian refugee students from Mahama Refugee camp continued to be integrated into the national education system at Paysanniat L School and the accompanying satellite school. According to UNHCR records, 25,341 Burundian refugee students (13,651 males; 11,690 females) from the refugee camp were enrolled.

UNICEF’s 2018 support in education has focused on delivery of scholastic materials, benefiting both refugee and national students. Education supplies were distributed in January 2018 to coincide with the school opening. UNICEF continued to provide technical support to the integration of ICT for school management, with capacity building of education stakeholders and provision of fuel for generators.

To support the 2019 academic year, UNICEF has procured and delivered scholastic material and supplies for approximately 23,000 refugee and national students using Education Thematic Funding.

Ebola Virus Disease preparedness response

In 2018, the Government activated Ebola preparedness mechanisms to minimize the risk of importation/cross-border transmission. Although Rwanda remains free of Ebola Virus Disease (EVD), there are 10 districts at risk of cross-border spread, six of which border DRC and Uganda and one with air links to DRC.

UNICEF extended technical support to the Government in preparedness, simulation exercises, pre-positioning of supplies, risk communication and community engagement, streamlining WASH services into preparedness, and in building capacity at all levels, including among community health workers. A technical working group meeting chaired by the Ministry of Health on 24 October 2018 decided to have weekly meetings on six thematic areas, of which UNICEF will be involved in four\textsuperscript{5}. In 2018, UNICEF also supported EVD training with 29 master

\textsuperscript{5} EOC coordination; Risk Communication & Community Engagement- RC&CE; Surveillance, Laboratory, Contact tracing, data management, point of entries; Case management - Ebola: Treatment centre Infection Prevention and Control/WASH, psycho-social and social integration safe & dignify burial, home disinfection;
trainers in 14 district hospitals, 181 health centre staff, and over 20,000 community health workers in 10 high-risk districts. Training focused on EVD surveillance in communities, risk communication on signs and symptoms, and prevention using information, education and communication (IEC) tools and hygiene promotion.

To respond to the elevated risk of an Ebola outbreak in 2018, UNICEF placed a WASH/infection prevention and control (IPC) consultant in the Ministry of Health. This consultant helped strengthen capacity and available resources to manage WASH services – including containment, disinfection and cleaning – in Ebola treatment centres, health facilities, points of entry, and in communities. UNICEF also co-chaired the IPC/Case Management Working Group and supported improved planning, standard operating procedure (SOP) development, training at national and district levels, quality assurance during construction of the Ebola Treatment Centre and procurement of supplies. In 2018, a minimum supply of chlorine (300kg), soap (1,000 bars), handwashing stations (20), water tablets (one-month supply for 10,000 people) and other standard WASH supplies were pre-positioned, while a package of supplies for 10 priority districts was procured. UNICEF held a one-day training at the national level for the Ministries of Health and Infrastructure and the Water and Sanitation Corporation (WASAC). A comprehensive training package will be rolled out at the district level in early 2019.

Under the Risk Communication and Community Engagement (RCCE) strategy, C4D facilitated a knowledge, attitudes and practices (KAP) study on EVD preparedness in Rwanda. The findings were presented to the Risk Communication and Community Engagement (RCCE) Technical Working Group in November and to the Ministry of Health for endorsement in early November, helping plan for future C4D interventions. IEC materials in the local language Kinyarwanda were distributed in high-risk districts. Radio spots were aired on national and community radio with Ebola prevention messages, as well as TV spots during prime time to reach large audiences. The toll-free call centre received daily calls. Forty-five members of the RCCE Technical Working Group were trained on EVD prevention and symptoms, who then trained 53 members of district RCCE task forces. These task forces then trained 331 social mobilisers at the community level on EVD prevention, signs, and symptoms.

Community sensitisation activities (e.g. community meetings and home visits) were conducted and 2,885 homes were visited in 13 high-risk districts. Over 250 community meetings were held, 25 schools were visited, and 36 sensitisation sessions through community meetings (inteko z’umudugudu) were organised. Towards the end of 2018, a new partnership was initiated with a local broadcaster to disseminate messages on EVD prevention through radios in public spaces like bus parks and markets.

As part of preparedness, IEC materials and parent sensitization sessions will be conducted for continued early care, stimulation and learning at home, mainly using locally available materials. Education is included in the contingency planning process, ensuring communication messaging for Ebola prevention for students, teachers, and other relevant stakeholders. In 2019, UNICEF will develop awareness messages for social workers and child protection frontline workers, including information to share with families. In addition, recreational materials will be pre-positioned for quarantined children in the event of an outbreak.

UNICEF has been collaborating with the Rwanda Education Board (REB), under the auspices of the Ministry of Education (MINEDUC), for capacity development of key education stakeholders to respond to and mitigate the impact of Ebola on the education sector. Training has been planned for quarter one of 2019 and support to this work will be ongoing throughout 2019.

A loan of US$ 370,000 was received from UNICEF’s Emergency Programme Funds (EPF) and it will be repaid in early 2019 since funding has been secured. Additional funding is required to support psychosocial activities, EVD preparedness within the education sector, and for pre-positioning essential supplies.

**Funding**

In 2018, UNICEF Rwanda required a total of US$ 2,837,000 for the refugee response, including US$ 1,837,000 for the Burundian refugee response, and US$ 1 million for the Congolese response, as per the inter-agency Regional Refugee Response Plans (RRRPs). As of 31 December 2018, only 18 percent of the funds were mobilised including the Ebola response. UNICEF has made concerted resource mobilisation efforts to approach donors.
Critical funding gaps across all sectors are a challenge for UNICEF to continue responding to the needs of refugees and Ebola preparedness.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements Burundi Refugees</th>
<th>Requirements DRC Refugees</th>
<th>Total Requirements</th>
<th>Funds available</th>
<th>Funding gap**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Funds Received Current Year</td>
<td>Carry-Over from 2017</td>
<td>$</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>198,000</td>
<td>50,000</td>
<td>248,000</td>
<td>0</td>
<td>248,000</td>
</tr>
<tr>
<td>Health (includes C4D)</td>
<td>440,000</td>
<td>110,000</td>
<td>550,000</td>
<td>250,000</td>
<td>300,000</td>
</tr>
<tr>
<td>WASH</td>
<td>220,000</td>
<td>240,000</td>
<td>460,000</td>
<td>120,000</td>
<td>340,000</td>
</tr>
<tr>
<td>Education^</td>
<td>385,000</td>
<td>240,000</td>
<td>625,000</td>
<td>0</td>
<td>625,000</td>
</tr>
<tr>
<td>ECD</td>
<td>297,000</td>
<td>220,000</td>
<td>517,000</td>
<td>98,668</td>
<td>338,332</td>
</tr>
<tr>
<td>Child Protection</td>
<td>297,000</td>
<td>220,000</td>
<td>517,000</td>
<td>0</td>
<td>427,756</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,837,000</strong></td>
<td><strong>1,000,000</strong></td>
<td><strong>2,837,000</strong></td>
<td><strong>468,668</strong></td>
<td><strong>2,279,088</strong></td>
</tr>
</tbody>
</table>

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** Results have been achieved partially through the allocation of regular resources, including carry over from 2017, to the refugee response.

^ RRRP has ECD and education figures combined.

^ Total funds received in 2018 excluding recovery costs.