**Highlights**

- Since November, the total number of Burundian refugees in Rwanda remained stable, with a low number of new arrivals.
- Nearly 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.
- Attendance at the education orientation programme increased by 25% from 11,000 to 14,000 students in the past month.
- Cases of severe acute malnutrition continue to decline and treatment is ongoing successfully; to date 417 children have been discharged as cured and 93 remain in treatment.
- Water provision in Mahama camp has improved during December, meeting minimum standards of 15 litres/day/person. Durable sanitation facilities are being built to serve the Burundian refugee population who might stay in the camp for a longer period.

**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: 16,596, U5: 7,836</td>
</tr>
<tr>
<td>Nutrition: Severely malnourished under-5s being treated</td>
<td>828</td>
<td>417 successfully treated; 93 currently in treatment</td>
</tr>
<tr>
<td>Child Protection: Unaccompanied children reached with tracing and alternative care arrangements</td>
<td>1,200</td>
<td>536**</td>
</tr>
<tr>
<td>Education: Children with access to education programmes</td>
<td>15,000</td>
<td>14,000</td>
</tr>
<tr>
<td>ECD: Children 0-59 months receiving ECD services</td>
<td>12,000</td>
<td>5,407</td>
</tr>
</tbody>
</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.

**UNHCR figures as of 21 December 2015**

71,820
Burundian refugees now in Rwanda
45,476
Hosted at Mahama refugee camp
50% are children

**Main Issues**

- Typhoid outbreak and response
- Ongoing treatment of surface water in Mahama camp
- Child Protection cases

**UNICEF funding requirements**

$3,385,000
(based on Regional Refugee Response Plan)
46% funding gap
Situation Overview & Humanitarian Needs

The Special Advisor to the UN Secretary General, Jamal Ben Omar, met high-level officials of the government and UN agencies in Rwanda, including the UNICEF Representative, to discuss the Burundi refugee situation and response. UNICEF briefed the Special Advisor on the ongoing response, as well as planning and pre-positioning for a potential additional influx in 2016.

According to the Government of Rwanda, as of 21 December, the number of refugees had reached 71,820, with 45,476 registered in Mahama Camp. The remaining refugees are in Kigali and other urban areas. UNHCR continues to register a small number of new arrivals from Burundi at an average of 33 persons per day. Following a discussion with Government and in an effort to report more accurately on refugees receiving assistance, changes have been made to the statistical reporting template. The total figure now indicates only ‘active refugees’ (i.e., those that are individually registered and those in reception centres). A number of refugees have been temporarily deemed ‘inactive’ because they have missed three consecutive food distributions.

In the past month, Burundian refugees have been arriving directly in Mahama camp without passing through the Bugesera border entry point. UNHCR and MIDIMAR are looking into the possibility of establishing a new reception centre at Kirehe, where refugees will be screened prior to their transfer to Mahama camp.

During the past month, the provision of clean water to almost 46,000 refugees in Mahama camp has improved with a range of 14.6 – 19.6 litres/person/day, meeting minimum standards again.

The nutrition status among children living in the camps continued to improve and severe acute malnutrition is successfully being treated when detected. As of 18 December, 417 children have been successfully cured and transferred for follow up in the supplementary feeding programme (SFP). Only 93 children remain on SAM treatment.

During the reporting period, eight typhoid cases were confirmed in Mahama Camp, which triggered comprehensive response measures. UNICEF-supported immunization activities, including polio and measles campaigns have to date covered a total of 24,432 children, and 398 women were vaccinated against tetanus.

Out of the 1,168 unaccompanied minors living in the camp, 536 are provided with support through para-social workers. At present, 91 registered cases of child protection (physical, sexual and emotional abuse of children) are being managed. UNHCR, UNICEF, PLAN and SCI undertook 28 focus group discussions for unaccompanied minors (UAM) who expressed interest to return to Burundi, but who are currently unable to do so due to the volatile security situation.

Approximately 14,000 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. 5,407 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, 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 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.

UNICEF Rwanda organizes an Emergency Management Team (EMT) meeting every week chaired by the Deputy Representative. The previous meeting on 28th December was organized to plan and prepare for a potential additional influx of refugees in 2016. The team reviewed supply stocks and prepositioning as well as the capacity of internal teams and external partners.

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 18 litres per capita per day. This, however, varied from 14.6 to 19.6 litres per capita per day during December 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 27 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 and construction is planned to start in early January 2016. This activity is now managed by Oxfam directly, following UNICEF’s engagement in the design process.

In December 2015, UNICEF shifted support to the provision of sanitation facilities by partnering with Oxfam in constructing 50 blocks of latrines and 35 laundry spaces. With the likelihood of refugees staying in Mahama Camp for a longer period, plans are in place to construct durable sanitation facilities.

As part of typhoid prevention and response, UNICEF committed to providing 500 handwashing stations to promote hygiene and sanitation in the camp. To date, 120 of those handwashing stations have been distributed in Mahama Camp and are being used by refugees; the distribution is ongoing. In addition, by mid-January UNICEF will also distribute 300 large waste bins.

Nutrition
UNICEF has to date distributed 10,722 kg of RUTF for the treatment of SAM without medical complications in Mahama Camp and the reception centres.

Mother-to-mother support groups have been integrated into the Mahama Camp early childhood development (ECD) programme, to promote appropriate child feeding, care and stimulation. UNICEF in collaboration with ARC, Concern Worldwide and CARE International supported a four-day training targeting
35 mother leaders of the already established mother-to-mother support groups. The training covered maternal, infant and young child nutrition as well as home-based early childhood education, aiming to build the required skills for mothers to lead the support groups and promote optimum breastfeeding, complementary feeding practices and early stimulation of young children.

From 15-21 December, a mass mid-upper arm circumference (MUAC) screening exercise was conducted in Mahama Camp, in combination with Vitamin A supplementation targeting all children aged 6-59 months, and a deworming campaign for children aged 12-59 months. Data analysis is ongoing and the results will be shared in the next report.

During the reporting period 52 children were identified with severe acute malnutrition (SAM) and admitted for treatment. This makes the cumulative number of admissions 623 since the onset of the emergency, of which 417 have been discharged as cured. Ninety-two children remain on treatment.

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, and typhoid response.

During the reporting period, the total number of suspected typhoid cases reached 949. To date, 8 cases were confirmed positive. The typhoid outbreak triggered comprehensive response measures, including active screening, appropriate case management, and prevention measures. UNICEF supported the response through the provision of family water kits, hygiene awareness raising and promotion.

Expanded immunization services continued: in reception centres, 84 children aged 0-5 years were vaccinated against polio and 108 children aged 9 months to 15 years were vaccinated against measles, as they were registered. At Mahama Camp, routine immunization continued successfully for all antigens available in Rwanda, covering 621 children in December. Pregnant women are receiving tetanus toxoid vaccines through antenatal care services.

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 the promotion of improved hygiene and sanitation for disease prevention in the refugee population.

In the past month, with UNICEF’s support, community health services were strengthened in the camp. The Community Health Worker (CHW) capacity was built through a training of trainers on integrated
management of newborn and childhood illness (IMNCI); and a training on integrated community case management (iCCM) will follow early next month.

For cholera contingency planning, UNICEF supported UNHCR and ARC in constructing a cholera treatment centre and the procurement of cholera kits (two diarrhoea disease kits, covering a total of 200 people). Preparations are underway for the Outbreak Surveillance training for ARC and SCI health personnel and community health workers.

**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 91 individual child protection cases through case management.

UNICEF, in collaboration with PLAN and UNHCR, is supporting the design, implementation, and monitoring of three community-based child protection structures to include para-social workers (67), child protection community mobilizers (50), and child-friendly space (CFS) mobilizers (64). 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.

Currently there are 1,168 unaccompanied minors in the camp, and an additional 755 separated children. Of these, 536 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.

There has been active home visiting of unaccompanied and separated minors, and in the week from 14 to 20 December, the number of face-to-face home visits conducted by community volunteers to unaccompanied children peaked at 1,700 visits. UNICEF is in the process of improving current monitoring and reporting systems to ensure that all unaccompanied and separated children receive weekly face-to-face home visits, and that children with identified protection concerns receive additional support.

Attendance at child friendly spaces (CFS) has been consistent, with an average of 6,400 children (61% boys; 39% girls) participating on a weekly basis in activities that also unite the community through cultural events. 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 December, UNICEF and CARE continued to engage refugee community leaders in an awareness raising campaign on the importance of ECD. The campaign resulted in an increased demand for ECD services, and 717 additional children were registered in the ECD programme in December (to start attending in January). Registration was completed and the number of children for ECD and pre-primary education now totals 5,800. Promoting transition to school, UNICEF with CARE and ADRA have so far registered around 1,100 six-year-olds (who are currently attending ECD services) to be enrolled in primary school in 2016.

While the attendance rate at the education orientation programme continues to fluctuate, mobilization efforts resulted in an overall increase in numbers from 11,152 children in November to 14,000 children in December. This may be due to the newly initiated school feeding programme, and the fact that the date of school opening is approaching (February 2016).

Preparations are underway for a smooth integration of Burundian refugee students into the Rwandan education system:

- An action plan for integration of refugee children into the national education system was developed with UNICEF support.
- The construction of 112 new classrooms by UNHCR through ADRA is almost completed for the extension of the local ‘Payasanat L School’ to host more than 14,000 refugee students starting in February 2016.
- UNHCR has sent an official request to the Ministry of Education for the integration of refugee children in the national education system.
- UNICEF is completing the procurement of 18,000 individual student kits, which will be distributed to both refugee children and local students before the beginning of the school year.

**Communication for Development (C4D)**

In response to the typhoid outbreak in Mahama Camp, the UNICEF Rwanda C4D team coordinated an inter-sectoral technical group (MoH, UNHCR, UNICEF, NGOs) to identify key messages for typhoid awareness that were then developed as a poster. After pretesting with the audience and approval from the MoH, the poster was translated into Kirundi and 450 copies were distributed to Mahama Camp and reception centres.

In addition, the key messages (handwashing with soap, safe food handling, safe water and early care-seeking) will be included in the refresher training to health and hygiene promoters planned for the first week of January.
Special event

UNCHR and MIDIMAR organised a special Christmas event on 23 December for the refugee population in Mahama Camp, supported by UNICEF and partners. The activities included distribution of materials and food, a cultural programme, and songs by the Burundian artists and children. The Honourable Minister of MIDIMAR delivered encouraging remarks during the festive event.

Funding Requirements

The original Regional Refugee Response Plan (RRP) 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 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 1,525,000 in three tranches supporting Nutrition, WASH, Health, Education, ECD and Child Protection. These last tranche was made available in December 2015 and can be used until the end of March 2016.

As per the revised RRP, UNICEF Rwanda requires a total of USD 3,385,000, of which 54% 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 Burundi refugees in Rwanda.

<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>359,112</td>
<td>-29,112*</td>
<td>-9%*</td>
</tr>
<tr>
<td>Health (including HIV/AIDS and C4D)</td>
<td>655,000</td>
<td>309,000</td>
<td>346,000</td>
<td>53%</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>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>1,836,573</strong></td>
<td><strong>1,548,427</strong></td>
<td><strong>46%</strong></td>
</tr>
</tbody>
</table>

*The funding per sector presented in this matrix also includes funds for M&E and operational support, which is why the total amount received for nutrition appears to exceed the funding requirements, whereas no funds appear to have been received for M&E and Operational Support.

Next UNICEF Rwanda SitRep: end January 2016

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