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 56,441 (47% of the planning figure).

Reporting on the water supply indicator, previously included, has been removed due to handover of responsibility for water supply services to UNHCR in 2016, in agreement with the government, responsibility for sanitation services was handed over to UNHCR in May 2017 and therefore, UNICEF did not continue efforts towards the target.

### UNICEF’s Response with Partners

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF Target</th>
<th>UNICEF Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WASH:</strong> People provided with appropriate sanitation services</td>
<td>10,000</td>
<td>5,680</td>
</tr>
<tr>
<td><strong>Health:</strong> Children under five provided with routine immunisation</td>
<td>12,000</td>
<td>13,196</td>
</tr>
<tr>
<td><strong>Nutrition:</strong> Children under 5 with severe acute malnutrition (SAM) admitted to therapeutic services</td>
<td>400</td>
<td>274</td>
</tr>
<tr>
<td><strong>Early childhood development:</strong> 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>5,968</td>
</tr>
<tr>
<td><strong>Child protection:</strong> Children, including UASC, provided with appropriate care and protection services</td>
<td>50,000</td>
<td>26,703</td>
</tr>
</tbody>
</table>

1 More than 13,000 children 0-5 years were vaccinated with essential vaccines.

2 Nutrition surveillance, timely treatment and admission of children under-5 with severe acute malnutrition (SAM) to therapeutic services benefited 94 per cent children.

WASH facilities are available as per SPHERE standards.

More than 5,900 children 0-6 years are benefitting from early learning opportunities, home-based care, and early childhood development centres.

Improved school infrastructure, trained teachers, and teaching and learning materials are benefitting more than 25,000 children.

More than 26,000 children and youth are benefitting from child-friendly and youth-friendly spaces.

UNICEF Rwanda would like to thank the Governments of the UK, Korea, Japan, Sweden and USAID, CERF and the US Fund for UNICEF = for their timely support.

*END OF YEAR SITREP: January – December 2017*

- More than 13,000 children 0-5 years were vaccinated with essential vaccines.
- Nutrition surveillance, timely treatment and admission of children under-5 with severe acute malnutrition (SAM) to therapeutic services benefited 94 per cent children.
- WASH facilities are available as per SPHERE standards.
- More than 5,900 children 0-6 years are benefitting from early learning opportunities, home-based care, and early childhood development centres.
- Improved school infrastructure, trained teachers, and teaching and learning materials are benefitting more than 25,000 children.
- More than 26,000 children and youth are benefitting from child-friendly and youth-friendly spaces.
- UNICEF Rwanda would like to thank the Governments of the UK, Korea, Japan, Sweden and USAID, CERF and the US Fund for UNICEF = for their timely support.

89,146
Burundian refugees in Rwanda
(UNHCR, 27 December 2017)

56,441
Burundian refugees hosted at Mahama refugee camp
(UNHCR, 27 December 2017)

53%
of the refugees hosted are children

8,166
UNICEF’s Response with Partners
**Situation overview and humanitarian needs**

As per UNHCR statistics of 31 December 2017, the total number of refugees in Rwanda is 173,357. Of this, 53.8 per cent are Burundian, 45.9 are Congolese and 0.3 per cent are other refugees. Burundian refugees in Rwanda are 89,146. New arrivals from Burundi ranged between 732 in January to 589 in December, with an average of 640 refugees in a month. The highest number of arrivals, 1,158, were in the month of October. A new transit centre in Nyarushishi was opened in 2017, which did not receive any new arrivals. Mahama Camp currently hosts 56,441 refugees, while the three reception centres (Bugesera, Nyanza and Gatore) have 850 refugees. In addition, there are 31,855 refugees in the urban areas of Kigali and Huye. The three specific needs/issue faced are; unaccompanied and separated children at 25 per cent, serious medical conditions of refugees at 22 per cent and refugees with disabilities at 21 per cent.

**Humanitarian leadership and coordination**

The 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, to have more strategic level discussions with donors and other partners.

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

WASH

Following the transfer of responsibility for all water supply services to UNHCR in mid-2016, the responsibility for all sanitation services was also transferred to UNHCR in May 2017. Overall, monitoring and reporting by UNHCR and its partners demonstrates the CCCs and SPHERE standards were met throughout 2017 in Mahama camp for 54,154 Burundian refugees.

Throughout 2017, UNICEF maintained pre-positioned stocks to ensure adequate preparedness for outbreaks or unexpected influx of additional refugees; and monitored the situation in the camp to ensure the CCCs are being met. Hygiene promotion activities were largely undertaken by UNHCR although complemented by UNICEF’s Communications for Development activities, detailed below.

From October 2016 to April 2017, UNICEF, with DFID and CERF support and in partnership with Global Humanitarian and Development Foundation (GHDF), supported the construction of 71 additional blocks of durable latrines (each having four stances) that can be simultaneously used as both latrine and shower. Each stance is now in use by 80 people or 16 families, benefitting a total of 5,680 refugees. 71 rain water harvesting tanks were installed at each of the 71 latrine blocks to reduce the use of treated water and to use rain water for cleaning of sanitation facilities and watering of refugees’ small vegetable gardens. The newly constructed latrines, which are located closer to the households, have also contributed to enhanced privacy and security, especially for women and children. Compared to the temporary communal latrines, these latrines are much easier to clean and less malodorous. This, together with related interventions supported by UNHCR and partners, has contributed to an improvement in latrine and shower ratio in Mahama Refugee Camp. Throughout 2017, sanitation services in Mahama were in line with humanitarian SPHERE standards, with an average of 18 people using one drop hole of latrine and sharing one shower room.

Provision of safe drinking water supply in Mahama camp, at or above SPHERE standards was maintained by UNHCR’s partner Oxfam. The quantity of water provided ranging from 26 litres per person per day (lppd), with an average of 21 lppd. All routinely-conducted microbiological tests on collected samples were free of e-coli and total coliform. The pollution risks to water quality posed by the rainy season were consistently well managed and mitigated. Through the Oxfam-run treatment plant located within the camp, initially constructed with UNICEF technical support in 2016, Oxfam extended water supply connections to all new villages of the camp, ensuring the full camp population is served with an adequate quantity and quality of water. By the end of 2017, there were 690 water taps, with an average of 79 users per tap.

Nutrition

In Mahama Camp, regular screening to identify malnourished children aged 6-59 months was continually implemented, including bi-annual mid-upper arm circumference screening. During 2017, 274 children under five (127 boys and 147 girls) were identified as severely malnourished and admitted to the outpatient programme, against the 400 targeted. This was due to a lower number of refugees received in the camp than the originally targeted. Among those admitted to the outpatient programme, 257 (121 boys and 136 girls) children were cured, 15 defaulted (10 boys and five girls),
and two female non-responders were discharged and transferred to the supplementary food programme (moderate acute malnutrition) supported by World Food Programme.

In collaboration with American Refugee Committee (ARC), UNICEF has continued to provide technical support, i.e. supervision, and monitoring support and procured all essential supplies and equipments (scales, mid-upper arm circumference tapes, vitamin A capsules, deworming tablets) for the improvement of nutrition services for malnourished children under five in Mahama Camp and in reception centres. The nutrition programme has been expanded to ensure that refugee children are enrolled in and benefit from routine programmes aimed at reducing all forms of malnutrition. All camps continue to implement routine services, including monthly growth monitoring and promotion, Vitamin A supplementation and deworming, and management of severe acute malnutrition (SAM) without complications using ready-to-use therapeutic food (RUTF). Since the beginning of 2017, UNICEF has provided 460 cartons of RUTF for the treatment of SAM in Mahama Camp and in reception centres. In close collaboration with district hospitals, children with SAM were admitted and treated using therapeutic milk F-75 and F-100. The number of children reached through the provision of RUTF and therapeutic milk are 1,274.

Efforts are continuously made to ensure all nutrition services are available and implemented in camps to prevent all forms of malnutrition. UNICEF emphasised community-based services; trainings on maternal, infant and young child nutrition; and counselling and sensitisation of caregivers for behaviour change. As a result, 36 care providers from Mahama Camp and Kirehe District Hospital, as well as 150 community health workers supporting children in Mahama, were trained on the comprehensive package of maternal, infant and young child nutrition (MIYCF). To prevent anaemia among children under five, a home fortification programme using micronutrient powders was integrated into the MIYCN programme in December 2017. These trained staff will continue to work closely with caregivers to improve the quality of services provided to children.

Health

During 2017, UNICEF continued to support routine immunisation in Mahama Camp to reach eligible children with BCG, polio, DTC, Hepatitis B, Hemophilis influenza B, Rotavirus, Pneumococcal conjugate, and measles/rubella (MR) combined vaccines. In total, 13,196 children aged 0-5 years were vaccinated with essential vaccines (over 100 per cent of the target, due to an increased number of under-five refugee children reaching Rwanda), and 1,953 pregnant women were provided with tetanus toxoid vaccines. Polio and MR vaccinations for new arrivals were done at reception centres for all children under 15 years. No outbreaks of vaccine-preventable diseases were reported in Mahama Camp or in reception centres.

To promote good health among the refugee population and in the host communities, supplementary immunisation activities were promoted for vaccine-preventable diseases. UNICEF, in partnership with the Ministry of Health and Kirehe District Hospital, supported the national measles-rubella (MR) campaign implementation in Mahama Camp from 2-8 October 2017. UNICEF provided vaccines, syringes, vaccine carriers and safety boxes to Kirehe District Hospital and transferred funds
to Kirehe District Hospital for implementation of the campaign. The number of children between nine months and 15 years reached with MR vaccinations were 21,704, and 9,424 children aged 0-5 years were reached with polio vaccines during the seven-day mass vaccination campaign held in October 2017.

Maternal and child health in Mahama Camp has improved. In November 2016, antenatal check up was at 59%, which has gone up in December 2017 to about 66 per cent of pregnant mothers attended their first antenatal care visit. About 97 per cent of deliveries were attended by a skilled health care provider trained by development partners working with the One UN, which is consistent with the 2016 rate. Despite good coverage of skilled attendants, Mahama reported cases of neonatal deaths due to septicaemia, indicating a continued need to invest in capacity building on maternal and newborn care to reduce preventable deaths among the refugee population.

The leading cause of morbidity in children under five is malaria, followed by respiratory diseases, and watery diarrhoeal diseases. Demand promotion has been a priority for UNICEF; social and behavioural change activities, health education messages on disease prevention and on early care-seeking behaviour have been developed and disseminated through community health workers and health promotion campaigns. Health messages targeted key family practices including safe motherhood, newborn health care, immunisation, maternal / newborn tetanus elimination, malaria, and HIV prevention reaching 50,000 refugees. Education on malaria prevention was synchronised with distribution of insecticide-treated nets carried out by UNHCR and instructions on how to correctly hang the nets.

Disease surveillance has been maintained, including yellow fever vaccination activities conducted in all reception centres to prevent importation of the disease and to protect refugees in Rwanda.

**Communication for Development**

Communication approaches and channels to promote social and behavioural changes included social mobilisation events, door-to-door sensitisation, group discussion, and home visits by community health workers (CHWs) using innovative devices called “Talking Books.” With support from the Government of Japan, UNICEF established a partnership with the Global Humanitarian Development Foundation (GHDF) to promote key family practices in Mahama Refugee Camp through CHWs.

To strengthen the quality of messaging and monitoring, 385 Talking Books were distributed to CHWs (360 for CHWs, 25 for ECD) in Mahama and are currently in use. Talking Books contain key health messages recorded in Kirundi, the language spoken by all Burundian refugees. All 360 CHWs were trained on the use and application of the device. In addition to health promotion messages, the devices also play ECD audio programmes and children’s songs. Talking Books have reached 2.75 times more men, 2.5 times more women, and 1.5 times more children than routine door-to-door efforts.
For additional outreach activities, CHWs used door-to-door approaches and small group meetings to disseminate key family practice messages. Twenty megaphones were procured for sensitisation and dissemination of these messages. These messages included hygiene promotion, safe motherhood, new born health care, nutrition (including exclusive breastfeeding and complementary feeding), immunisations, malaria, and HIV prevention. About 50,000 Burundian refugees benefitted these health promotion activities.

To strengthen the dissemination of hygiene messages, local influencers (hair salon, bar and restaurant owners) and 20 religious leaders were trained on their role in promoting key family practices and food premises inspections. These community members will be responsible for inspecting all restaurants, bars and other public premises for good hygiene.

In addition, 10 toilet facilities in different corners of the camp were painted with murals on good handwashing behaviour. The handwashing murals reflect four critical times for handwashing. Ten posters with the same design and messages were produced and mounted in different areas of the camp.

In October, GHDF collaborated with the Refugee Executive Committee to organise a football competition, which was attended by more than 10,000 Burundian refugees. Messages on key family practices, including HIV prevention and adolescent and reproductive health, were relayed during half time by 150 young peer educators.

In August 2017, CHWs conducted a baseline survey in 397 households. The survey focused on the use of mosquito nets, proper handling of drinking water, household hygiene, observation of typhoid fever posters, knowledge of handwashing with soap at critical times, HIV and malaria prevention. An endline survey will be undertaken in early 2018 to establish any changes in the behaviour.

Child Protection

During 2017, UNICEF partnered with Save the Children to provide child protection services to 26,703 children in Mahama Refugee Camp, including 13,619 boys and 13,084 girls. Emphasis is placed on increasing monitoring of unaccompanied and separated children (UASC), of whom 1,316 are currently hosted in Mahama Camp, (742 separated; 574 unaccompanied). Community-based volunteers make
daily home visits to these children living in alternative care arrangements, and monthly visits are made to those placed in foster families.

Since January 2017, 242 UASC (122 boys and 120 girls) have been reunited with their families, and 149 boys and 98 girls have been placed in foster care. By the end of 2017, 1,489 child protection cases were still open. These cases range from child neglect, physical and emotional violence, and some cases of rape. UNICEF supports the provision of psychosocial support and referral to child protection services.

Community-based child protection volunteers and other members of child protection structures, including 176 children and 58 child protection committee members, benefited from refresher training in 2017. These trainings focused on how to identify and report child protection cases, and overall case management and referral services for victims of abuse under the supervision of social work professionals.

Psychosocial support is being provided to all children in Mahama as a prevention strategy against child rights violations. Support is provided through activities in 13 child-friendly spaces and two youth-friendly spaces, two of which have been upgraded with funding support from the Government of Japan. 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. During this reporting period, 25,741 children and youth utilised these facilities.

Challenges faced during the reporting period include the absence of an appropriate space for teenage mothers to leave their children as they return to school, and cases where survivors of sexual abuse do not want to disclose the identity of their perpetrators. Capacity building of child protection service providers and greater awareness of the refugee population on child rights is envisaged to improve the protection of children.

To improve monitoring of the most vulnerable children, with funding support from the Republic of Korea, UNICEF initiated a real-time monitoring project in Mahama Camp which will replace the paper-based case management system with an online system for faster and more accurate child protection response and referrals. The online system will be rolled out in early 2018.

UNICEF and UNHCR have embarked on a new initiative to bridge the humanitarian-development divide in protection, which is based on the best practices and guidelines developed within the region. A meeting was held in June 2017 with key government and civil society partners to develop a draft roadmap which will focus on strengthening the inclusion of refugee children into national systems. The first steps involved meetings with local authorities, social workers, para-social workers from Kirehe District, and refugee leaders to raise awareness around the protection of refugee children within and outside of the camp. UNICEF will transition from a predominantly camp-based approach to supporting refugee children within the national child protection system.
Education

With the influx of Burundian refugees to Rwanda since April 2015, and in accordance with the Education Policy for Rwanda that promotes and supports integration of refugee children in the national education system, Burundian refugee children have been integrated into the local school system, beginning in February 2016.

Since 2015, to respond to education needs of the large number of students (both national Rwandese and Burundian refugees), 112 additional classrooms were constructed, a satellite school was established for early grades, the recruitment of additional teachers was undertaken, and scholastic materials were provided to students and teachers.

From January to December 2017, the local school (Paysannat L and its satellite) were cumulatively accommodating 20,770 students from primary level 1 to secondary level 6, with 11,055 boys and 9,715 girls.

To support the integration of Burundian refugee children into the national school system, from January to December 2017, UNICEF interventions in education for Burundian refugee children focused on three major areas:

Ensuring access to school and mitigating dropout

UNICEF, together with the Government of Rwanda (MIDIMAR and Kirehe District authorities), UNHCR, ADRA, and other civil society organisations, coordinated a back-to-school campaign with the refugee and local community. The aim was to launch a year-long effort to ensure all refugee children are in school and learning, while addressing noted absentee and dropout issues amongst refugee children.

The children took part in the launch of the back-to-school campaign in Mahama Camp on 20 February 2017, composed around the theme “all children in school”. The campaign mobilised community members to support all refugee children to attend school based on their right to education.

As a result of the campaign approximately 1,222 students in primary and secondary school who had previously dropped out re-enrolled, and approximately 1,078 students who had never enrolled entered the education system.

UNICEF has also procured student kits for approximately 20,000 students in support of the 2018 academic year. These kits are expected to be delivered in early January 2018.

Improving the quality of education

In an effort to complement the back-to-school campaign, mitigate dropout and increase attendance, UNICEF, with support from USAID, partnered with Inspire, Educate, and Empower (IEE), a local NGO, to improve the quality of education at the local schools. A school-based mentorship programme was implemented from June to November 2017, with 16 pedagogical experts placed in the two schools to work and build the capacity of teachers. As a result, 389 teachers were trained on the competency-based curriculum, with a focus on child-centre teaching methods and the development of teaching and learning materials. In addition, 90 teachers at the pre-primary level were trained on the use of the pre-primary curriculum.
Together with school management and teachers, the 16 pedagogical experts have been assisting students in the preparation of national exams through regular coaching sessions focusing on subjects that students reported as difficult. Subsequently, in mid-November, 1,090 Burundian refugee students (671 boys and 745 girls) sat for the primary leaving national exam. An additional 772 refugee students (470 boys and 302 girls) sat for their secondary leaving national examinations at the end of November 2017. Results are expected to be published by Rwanda Education Board in the first quarter of 2018.

Building the capacity of school management

UNICEF, with the support of the Government of Japan, procured and delivered ICT materials to Paysannat L (Grades 3 – 12) and Paysannat Satellite (Grades 1 – 2) to help the school’s overall management, teachers’ lesson planning, and record keeping.

This support will directly benefit over 300 teachers, and indirectly support the learning of more than 20,000 students.

To ensure functionality of these computers, UNICEF supported the installation of two generators, their connection to the information and technology room, and the installation of software on computers.

Early childhood development (ECD)

By January 2017, the first permanent ECD centre was constructed in Mahama Camp with UNICEF support. The centre has been equipped to provide integrated services to children aged 3-6 years. The construction of the centre started in May 2016 as a response to the large number of children under six who were not receiving adequate early stimulation and learning opportunities. Investment in this centre was a strategic response to the Government’s directive for all partners working in the camp to transition from temporary to permanent infrastructure. The completed centre was handed over to MIDIMAR and UNHCR and began operating in February 2017. While the centre was meant to accommodate 250 children aged 3-6 years, by the end of 2017 the new centre was serving 370 children, indicating many young children in the camp in demand of ECD services. The centre is now running a double-shift system (morning and afternoon classes) to benefit as many children as possible. Six caregivers have been providing services to 370 children who regularly attend the new permanent ECD centre, while 88 caregivers are supporting 4,756 children enrolled in early learning programmes organised in temporary shelters. Home based ECD services account for 842 children bringing the total number of children 0-6 years under UNICEF supported programme to 5,968 children by December 2017.

Current ECD facilities fall far short of the demand. UNICEF has secured additional resources from the Swedish International Development Cooperation Agency (SIDA), to build an additional ECD centre with the capacity to enrol at least 600 additional children. To keep children engaged and healthy, UNICEF secured funds from JICA to construct a multipurpose children’s play park which will serve children up
to the age of 12 years. The additional ECD centre and play park are expected to contribute to the provision of quality early childhood development programmes, and to mitigate the impact of the refugee crisis on children’s holistic development. Construction for the second permanent ECD centre and the play park is expected to be completed by end of March 2018.

**Home-based ECD services**

In addition to the center-based activities, home-based ECD services were also initiated, run by parents of children aged 0-3. Trained parent leaders have supported the establishment of 60 home-based groups operating across the camp and are providing services to 842 young children. As the program grows and more families are enrolled, the number of children is also expected to grow, potentially to reach about 2000. Trained parent leaders have supported the establishment of home-based groups currently operating across the refugee camp and providing services to young children. Parent leaders benefit from coaching by ECD caregivers through twice weekly visits to their respective home-based groups.

With the support of UNICEF and UNHCR, the Adventist Development and Relief Agency (ADRA) is the implementing partner for ECD programme in Mahama Refugee Camp. Together with supporting children’s centre based learning, broader outreach activities of the ECD programme incorporate a tailored parenting programme for families. The programme aims to strengthen parenting skills, especially for parents with children aged 0-3 years. The parenting programme focuses on best child care practices, nutrition, protection, hygiene, child health and parental support to early learning at home.

**ECD centre equipment: furniture, play and learning materials**

The permanent ECD centre was equipped with outdoor and indoor play materials, including slides, seesaws, merry-go-rounds, and swings. The centre was also equipped with one UNICEF ECD kit per stimulation room. UNICEF also equipped the new permanent ECD centre with child-friendly furniture, including 120 chairs, 45 hexagonal tables, and five shelves. In addition to furniture for children, the centre was equipped with four tables and eight chairs for caregivers, as well as 15 benches for parenting sessions. As part of emergency pre-positioning, UNICEF ordered 50 ECD kits, now in the warehouse, to replenish the existing stock. Three ECD kits were provided to UNHCR for one newly opened reception centre.

**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, US Fund for UNICEF, Japan, USAID, 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</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Current Year*</td>
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<tr>
<td>Nutrition</td>
<td>110,000</td>
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<tr>
<td>Health (including HIV/AIDS)</td>
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<tr>
<td>WASH</td>
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<tr>
<td>Education</td>
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<tr>
<td></td>
<td>Available</td>
<td>Required</td>
<td>Shortfall</td>
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<tr>
<td>---------------------</td>
<td>-------------</td>
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</tr>
<tr>
<td>ECD</td>
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<tr>
<td>Operational support</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,548,000</strong></td>
<td><strong>2,357,499</strong></td>
<td><strong>150,501</strong></td>
</tr>
</tbody>
</table>

* Funds available includes funding received against 2016 appeal as well as carry-forward from 2016.
** 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>
<tr>
<th>Name</th>
<th>Role</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

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