



Rwanda

Humanitarian Situation Report

Refugees

HIGHLIGHTS- FEBRUARY 2018

- The new academic school year began in January. Of the 1,090 Burundian refugee students that undertook examinations in Primary Level, 83.1 per cent passed. Of the 772 students at Secondary Level, 71 per cent passed.
- More than 5,700 Burundian refugee children in 0-6 years are receiving early childhood care through different approaches.
- Following a six month health promotion campaign, there has been significant improvement of the behaviour on handwashing with soap at critical times reducing the risk of waterborne diseases among Burundian refugees

164,692 refugees

(89,171-Burundian, 75,019 DRC)
(UNHCR, 31 January 2018)

130,276 in refugee camps

(56,738 Burundians in one camp and 73,538 DRC refugees in five camps)
(UNHCR, 31 January 2018)

49%

are children -0-17 years
(UNHCR, 31 January 2018)

UNICEF's Response with Partners

Sector	UNICEF Target ¹	UNICEF Results
WASH: # of people provided with prepositioned materials (squatting plates, water purification kits, portable water testing field test, hygiene material, water tanks ²	10,000	0
Health: # of children vaccinated against measles	9,900	1,248
Nutrition: # of children admitted for SAM treatment	300	45
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	1,100	0 ³
Child protection: # of children and adolescents including UASC receiving critical child protection services	30,000	26,700 ⁴
Child protection # of UASC receiving appropriate alternative care services	200	0 ⁵
Education: # of children accessing quality education	19,000	22,947



The funding requirement is part of the overall Burundi refugee response plan

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 This activity relates to the preposition of WASH supplies that is expected to cater 10,000 new refugees. Supplies will only be used if new influx of refugees will take place.

³ Due to no change in the numbers of 0-6 years during Jan-Feb 2018, the sector has reported zero progress.

⁴ This intervention is for the most vulnerable children. Since the population has remained static, it is only a minor change in this indicator unless a new influx happens.

⁵ Due to no change in the number of UASC children during Jan-Feb 2018, the progress is being shown as zero.

Situation overview and humanitarian needs



As per UNHCR statistics from 31 January 2018, there are 173,419 refugees and asylum seekers in Rwanda. Of this, 89,171 are Burundian refugees, 75,019 are Democratic Republic of Congo (DRC) refugees, 8,727 are asylum seekers from DRC and 502 are other refugees. Two refugee camps for DRC refugees were established in 1996, 1997 and the other three camps in 2005, 2012 and 2014. UNICEF handed over the DRC refugee response responsibility to UNHCR in 2012. However, as an additional 10,000 DRC refugees are expected in 2018, UNICEF Rwanda has started contingency planning and prepositioning of supplies. For the Burundian refugees, a new transit centre in Nyarushishi was opened in 2017, which did not receive any new arrivals. Mahama Camp currently hosts 56,738 Burundian refugees, while the three reception centres (Bugesera, Nyanza and Gatore) have 618 Burundian refugees. In addition, there are 33,798 Burundian refugees in the urban areas of Kigali and Huye. Specific needs of 19,952 refugees include serious medical conditions of 21.2 per cent, refugees with disabilities at 19.3 per cent and unaccompanied and separated (UASC) children at 13.7 per cent (UNHCR, 31 January 2018).

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). The Government of Rwanda decided to be part of the joint Comprehensive Refugee Response Framework (CRRF).⁶ The decision to become an official CRRF country should bring Rwanda global recognition and can be the basis for mobilizing additional resources.

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 such as the World Bank.

⁶ which is a new framework adopted by all 193 Member States of the United Nations as part of the New York Declaration for Refugees and Migrants in September 2016 that provides for a more comprehensive, predictable and sustainable response that benefits both refugees and their hosts

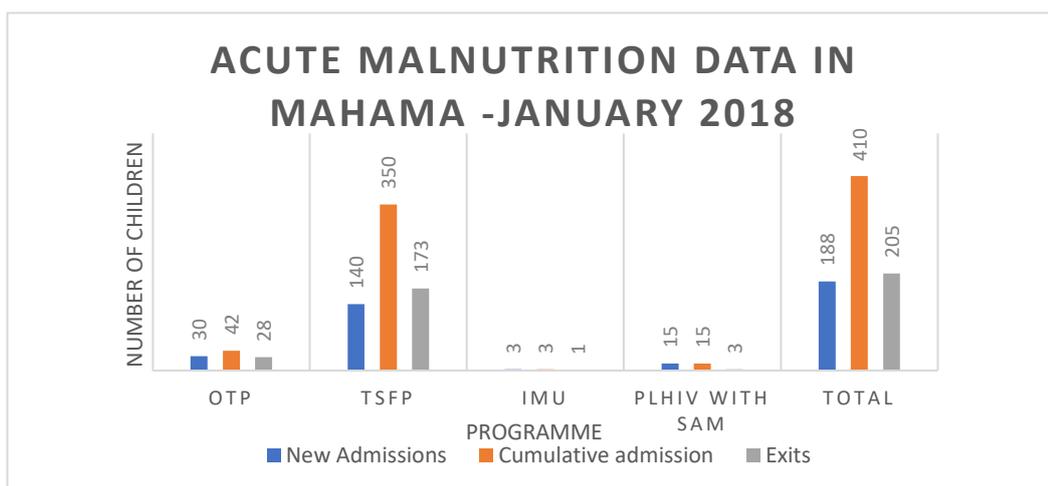
UNICEF’s continuing response includes the provision of improved sanitation facilities, technical assistance, screening and management of severe acute malnutrition, promotion of appropriate infant and young child feeding practices, and provision of polio and measles vaccines for children, as well as routine 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.

Summary analysis of programme response for Burundian refugees in Mahama Camp

Nutrition

During the reporting period, in collaboration with American Refugee Committee (ARC) and Save the Children, UNICEF continued to provide technical support and nutrition supplies for malnourished children under five. In addition, UNICEF built capacities of camp partners and health facilities through post-training, supportive supervision and mentorship to ensure effective integration of services. In close collaboration with the Ministry of Health, camp nutrition facilities were integrated into the national supply chain.

Community-based activities for maternal, infant and young child nutrition continued in all villages. By February 2018, 45 cases of severe acute malnutrition (SAM) had been identified (20 boys and 25 girls). All these children received treatment in the nutrition rehabilitation centre in the camp. Out of the 45, three cases (two boys and one girl) with medical complications were admitted and treated at Kirehe District Hospital. 28 cases of SAM have been successfully rehabilitated and transferred to the moderate acute malnutrition (MAM) programme; no deaths were reported. 150 cartons of ready-to-use therapeutic food have been provided for the treatment of SAM, as well as 75 cartons (6,840 boxes) of micronutrient powders for the prevention of deficiencies like anaemia.



Health

During this reporting period, UNICEF and the Ministry of Health, Kirehe District Hospital, and implementing partners (ARC and Save the Children) continued routine immunisations to reach children with essential vaccines-BCG, polio, DTC, Hepatitis B, Hemophilis influenza B, Rotavirus, Pneumococcal conjugate, and measles/rubella (MR). In 2018, 1,248 children aged 0-5 years have been vaccinated with essential vaccines and 50 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. MR vaccines reached 126 under 15 years of children and no new case under five years was received for polio vaccines.

WASH

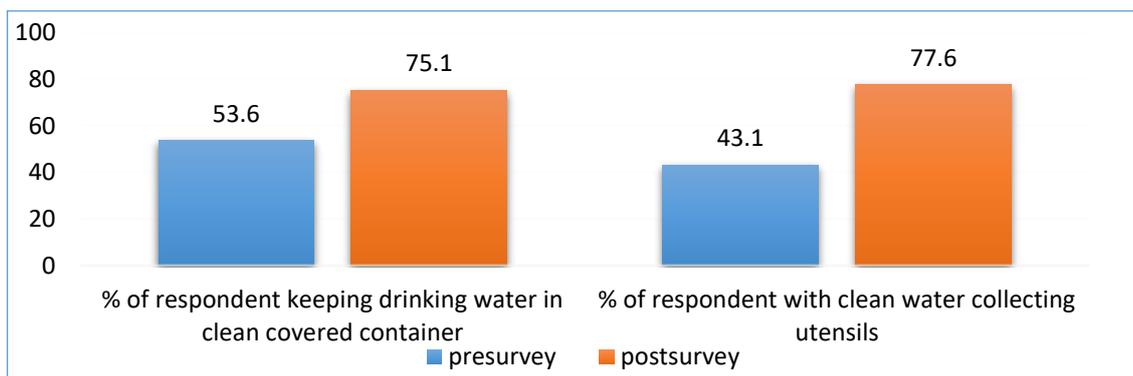
While UNICEF contributed to the establishment of water supply and sanitation services in 2015-17, UNHCR is now responsible for all WASH services in Mahama. UNICEF continues to monitor the situation and will provide prepositioned materials (squatting plates, water purification kits, portable water testing field test, hygiene material, water tanks) in the event of an unexpected disruption of services or an influx of additional refugees.

COMMUNICATION FOR DEVELOPMENT

GHDF and UNICEF conducted a six-month health promotion campaign around seven key practices: hygiene promotion; safe motherhood and newborn health care; nutrition, including exclusive breastfeeding and complementary feeding; immunisation; malaria; and HIV prevention. This campaign lasted from June 2017 to December 2017. Below are some of key results of the pre- and post-survey:

1. Safe handling of water

There has been significant improvement in the safe handling of drinking water, collecting water in clean utensils, and keeping it covered.

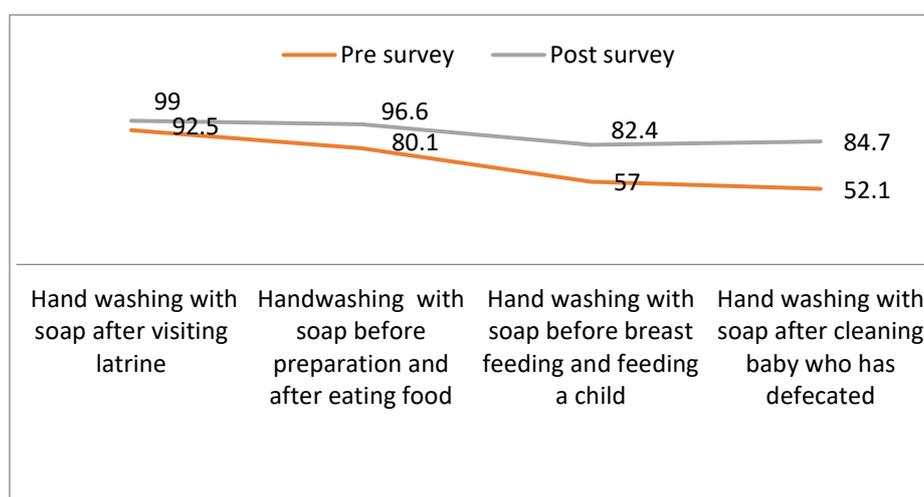


2. Cleanliness at the household level

Pre-survey results indicated that 89 per cent of households were clean on the outside; post survey results show 92.5 per cent households being clean from outside. The cleanliness of households from inside showed an improvement from 75 per cent to 89 per cent.

3. Critical times for handwashing

Results indicated that Burundian refugees are now knowledgeable on critical times for handwashing with soap. A significant increase has been observed in washing hands with soap before breastfeeding and after cleaning the baby’s faeces.



4. HIV prevention

Knowledge on HIV prevention was tested among Burundian refugees by posing a similar question in the pre- and post survey. Knowledge on HIV prevention methods increased across the following categories: abstinence (77 per cent to 88.1 per cent); condom use (70.5 per cent to 88.1 per cent); having only one partner (39 per cent to 67.4 per cent); voluntary counseling and testing (49 per cent to 63.8 per cent); avoiding shared sharp objects (50 per cent to 86.8 per cent), PMTCT (30 per cent to 60.2 per cent); screening and treatment of sexually transmitted infections (26 per cent to 54.3 per cent); and male circumcision (17.8 per cent to 45.5 per cent).

5. Malaria prevention methods

Knowledge on malaria prevention drastically improved, especially on the following methods: removing stagnant water (75 per cent to 90 per cent); clearing the bush around the house (71 per cent to 92 per cent); and seeking early medical care (52 per cent to 67 per cent). However, sleeping under mosquito net decreased due to lack of supply.

6. Observation on hand washing after visiting the latrine according gender

	Total visited the latrine	Male washed hands after visiting latrine	Male who did not wash hands after visiting latrine	Females washed hands after visiting latrine	Females who did not wash hands after visiting latrine
Pre survey	1,971	59%	41%	67%	33%
Post survey	3,219	67%	33%	73%	27%

As shown above, there is significant progress among females and males in terms of washing hands with soap after visiting the latrine. The report indicates that females have applied this practice more than males.

CHILD PROTECTION

In partnership with Save the Children, UNICEF continues to support child protection services for over 26,700 children Mahama Camp. There are 562 unaccompanied (Girls-164 and Boys-398) and 684 separated children (Girls-290; Boys-394) in the camp.

UNICEF supports increased monitoring of these children. 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.

By 15 February, 1,462 child protection cases were still open. These cases ranged from child neglect, physical and emotional violence, and some cases of rape. UNICEF supports the provision of psychosocial support and referrals.

Community-based child protection volunteers and other members of child protection structures, including child protection committees and youth clubs, have benefited from refresher trainings on the prevention of child abuse, exploitation and neglect. 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. Community sensitization campaigns were also conducted through cultural dramas and sketches.

Psychosocial support is being provided to all children in Mahama as a prevention strategy against child rights violations. Child- and youth-friendly spaces disseminate messages on the prevention of early pregnancies and early marriage, school drop-out, delinquency and reproductive health. An average of 7,500 children and youth utilize these facilities on weekly basis.

As of 15 February, there are 318 cases (170 child parents are living in the camp, and 148 teenagers are pregnant), 214 cases are still open – which are under investigation or under trial. Eight of them are receiving medical assistance, 63 received material assistance, 11 received psychosocial counselling, and some perpetrators have been brought to trial with support from Legal Aid Forum and Rwanda National Police.

Challenges during the reporting period include the absence of an appropriate space for teenage mothers to leave their children to return to school, and cases where survivors of sexual abuse do not want to disclose the identity of their perpetrators. With UNICEF funding and in partnership with Save the Children, capacity building of child protection service providers and sensitization on child rights would improve protection in the camp.

From 2018, UNICEF will transition from a predominantly camp-based approach to supporting refugee children within the national child protection system. This entails using national structures for identification, management, and referral of child protection cases.

EDUCATION

The 2018 academic year began in January with the continued integration of Burundian refugee students at the national government school Paysannat L.

According to UNHCR/ADRA records, 22,947 Burundian refugee students (12,299 males and 10,648 female) enrolled, an increase of 4,477 refugees from 2017.

In 2017, UNICEF ensured support for Burundian students studying for exams in Primary Level 6 and Secondary Level 3. Of the 1,090 Burundian refugee students who sat for the primary leaving exam (Grade 6), 83.1 per cent passed. Of the 772 who sat for the Secondary Level 3 leaving exam, 71 per cent passed.

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 continues to provide technical support to the integration of ICT for school management, with capacity building of education stakeholders and provision of fuel for generators.

Early childhood development (ECD)

To meet demand for ECD services, a second permanent ECD centre is being constructed with support from SIDA funds. This centre will be handed over to MIDIMAR and UNHCR by April 2018. The centre will have five stimulation rooms to accommodate 400 children attending in double shifts. The existing ECD centre will also be upgraded with two additional stimulation rooms. Construction of a multi-purpose play park is also ongoing; fencing and ground-laying has begun. Outdoor play materials are expected to reach Mahama by March 2018.

ECD services are provided to children aged 0-6 through three main approaches: integrated ECD services in the permanent ECD centre; pre-primary services in temporary shelters; and home-based services through parent-led groups.

The new academic session began in January 2018, with 420 children (219 girls and 201 boys) enrolled in the permanent ECD centre, and 4,730 children (2,235 girls and 2,495 boys) enrolled in pre-primary operating in the temporary shelters. Children under three benefit from childcare services through 60 home-based groups established managed by 120 trained parent leaders. Home-based groups serve 606 children (327 girls and 279 boys). Provision of ECD services in the centre and in the temporary shelters is carried out by 88 caregivers. In addition to supporting children's



Construction of the second permanent ECD centre underway in February 2018.

learning, broader outreach activities incorporate a programme to strengthen parenting skills, with a focus on parents with children aged 0-3 years. ECD caregivers facilitate parenting sessions and organize supervision and coaching visits to home-based groups.

In total, 5,756 children aged 0-6 have benefited from ECD services through these approaches.

Funding

In 2018, UNICEF Rwanda requires 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 RRRPs. The carry over sources from last year have been utilised by the end of February 2018, and thus UNICEF Rwanda is in critical need for funding support to continue responding to the refugee response.

Sector	Requirements Burundi Refugees	Requirements DRC Refugees	Total Requirements	Funds available		Funding gap	
				Funds Received Current Year*	Carry-Over from 2017	\$	%
Nutrition	198,000		198,000	0	0	198,000	100
Health	440,000	160,000	600,000	0	0	440,000	100
WASH	220,000		220,000	0	0	220,000	100

Education**	385,000	260,000	645,000	0	0	385,000	100
ECD**	297,000	260,000	557,000	0	56,490	500,510	100
Child protection	297,000	320,000	617,000	0	35,977	320,000	100
Total	1,837,000	1,000,000	2,837,000	0	92,467	2,744,533	96%

* Carry-forward from 2017, which were committed and utilised by February 2018.

** RRRP has ECD and Education figure combined.

For more information:

Ted Maly

Representative
+250 788 302 716
tmaly@unicef.org

Oliver Petrovic

Deputy Representative
+250 788 300 717
opetrovic@unicef.org

Rajat Madhok

Chief of Communications, Advocacy and Partnerships
+250 788 301 419
rmadhok@unicef.org