UNICEF developed a preparedness and response plan for Ebola Virus Disease and contributed the National Ebola Preparedness and Response Plan. A total of US$ 370,000 was allocated through the UNICEF Emergency Programme Fund as a loan to accelerate implementation of the preparedness activities.

Two additional classrooms for centre-based early childhood development services benefitting 200 Burundi refugee children aged 3-6 years and a play park for 10,000 Burundi refugee children aged 3-12 years funded by the Government of Japan were completed in Mahama refugee camp.

Funding available to date stands at 5 per cent i.e. US$ 128,351. Without additional funding, UNICEF will not be able to address the essential needs of 150,000 women and children.

UNICEF’s Response with Partners

<table>
<thead>
<tr>
<th>SECTORS</th>
<th>UNICEF Target¹</th>
<th>UNICEF Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH: # of people provided with pre-positioned materials²</td>
<td>10,000</td>
<td>0³</td>
</tr>
<tr>
<td>Health: # of children vaccinated against measles</td>
<td>9,900</td>
<td>7,511</td>
</tr>
<tr>
<td>Nutrition: # of children admitted for SAM treatment</td>
<td>300</td>
<td>179</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>6,374</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>22,947</td>
</tr>
</tbody>
</table>

FUNDING STATUS

150,604 refugees and asylum-seekers
68,764 Burundian refugees
75,962 Congolese refugees
5,293 Congolese asylum-seekers
585 others

(UNHCR, 30 September 2018)

133,853 in refugee camps
57,891 Burundians in one camp
75,962 DRC refugees in five camps

(UNHCR, 30 September 2018)

50% are children 0-17 years

(UNHCR, 30 September 2018)

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 per cent of the planning figure.
² This activity relates to the pre-positioning of WASH supplies that is expected to cater 10,000 new refugees. Supplies will only be used if a new influx of refugees takes place.
³ Due to no change in the new influx of refugees during the reporting period, the sector has reported zero progress.
Situation overview and humanitarian needs

According to UN Refugee Agency (UNHCR) statistics, as of 30 September 2018, the total active population of concern in Rwanda is 150,604. Of these, 68,764 are Burundian refugees (see table below), 75,962 are refugees from the Democratic Republic of Congo (DRC), and 585 are refugees from other countries. In addition, there are about 5,293 asylum seekers awaiting registration. Refugee children under the age of 18 make up 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>227,510</td>
<td>59.2</td>
<td>31 August</td>
<td>UNHCR, Government</td>
</tr>
<tr>
<td>Rwanda</td>
<td>68,764</td>
<td>17.9</td>
<td>30 September</td>
<td>UNHCR, Government - Ministry of Emergency Management</td>
</tr>
<tr>
<td>DRC</td>
<td>47,023</td>
<td>12.2</td>
<td>30 September</td>
<td>UNHCR, Government</td>
</tr>
<tr>
<td>Uganda</td>
<td>40,765</td>
<td>10.6</td>
<td>31 July</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. An additional 10,000 Congolese refugees were projected to enter Rwanda in 2018. UNICEF has ensured contingency planning is in place and supplies are pre-positioned in the event of an influx.

Mahama Camp currently hosts 57,891 Burundian refugees, while the three reception centres host 53 Burundian refugees. In addition, there are more than 12,500 Burundian refugees in the urban areas of Kigali (11,799) and Huye (791). In August and September 796 and 823 new Burundian refugees arrived, respectively. Between January and September 2018, a total of 8,953 new Burundian refugees were registered.

There are 22,411 Burundian refugees who are particularly vulnerable due to serious medical conditions, disabilities, or because they are single parents or caregivers.

An outbreak of Ebola Virus Disease (EVD) was officially declared on 1 August in the North Kivu and Ituri Provinces in north-eastern DRC, which borders Rwanda. This led to the scale-up of emergency preparedness in districts at high risk of cross-border spread of Ebola. Together with the World Health Organization (WHO) and the Ministry of Health (MoH), UNICEF contributed to development of the national level Ebola contingency plan. Measures already put in place include pre-positioning of infection prevention and control materials; development and dissemination of information, education and communication (IEC) materials through various media in high-risk districts; increasing community awareness on the disease; and initiating capacity building of community health workers. However, scarcity of resources to plan and prepare for this emergency remains a matter of concern.
Humanitarian leadership and coordination

The Ministry of Emergency Management and UNHCR lead the inter-agency response to the refugee situation. For the Burundian refugees residing in Mahama Camp, UNICEF is the UN co-lead for the response in WASH (with UNHCR), child protection, education, early childhood development (ECD), health (with 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 (IYCF) practices, and the provision of routine immunization. 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 from Burundi and DRC

Water, Sanitation and Hygiene (WASH)

While UNHCR continues to provide WASH services in all camps and leads efforts to address gaps, UNICEF is concerned that the Core Commitments for Children are not being met due to UNHCR’s funding limitations. UNICEF is thus exploring potential opportunities with funding windows unavailable to UNHCR to address the capital investment needs to increase the water provision to 20 litres/person/day in two camps. Responses from potential donors are awaited.

Health

UNICEF continues to support immunization services in Mahama Camp. During this reporting period, 1,055 children under 5 years of age were reached with the following essential vaccines: BCG, Polio, DTC, Hepatitis B, Haemophilus Influenza B, Rotavirus, Pneumococcal Conjugate and Measles/Rubella, bringing the total number of children vaccinated since January 2018 to 7,511, against a target of 9,900. In addition, 231 pregnant women were provided with the Tetanus Toxoid vaccine bringing the cumulative figure of pregnant women vaccinated since January 2018 to 897. For Congolese refugees, health services, including immunization services, are provided by UNHCR and the Government of Rwanda in all five camps.

4 Following a Cabinet reshuffle on 25 October 2018, the name of the Ministry has changed from Ministry of Disaster Management and Disaster Affairs to Ministry of Emergency Management and a new Minister has been appointed.
Nutrition
UNICEF continued to provide technical support and nutrition supplies through the Government of Rwanda for severely acute malnourished refugee children under 5 years from Burundi and the DRC. These services are integrated into ongoing national programmes. UNICEF supplied nutrition commodities to the Ministry of Health for the treatment of severe acute malnutrition cases for all 30 districts including refugee camps for the period January to October 2018. Mahama Refugee Camp received 284 cartons of ready-to-use therapeutic foods (RUTF) from Kirehe District Pharmacy for the treatment of SAM, as well as 79 cartons of micronutrient powders (MNPs) for the prevention of deficiencies like anaemia for children under the age of 2 years.

Community-based activities for improving maternal, infant and young child nutrition continued in Mahama Camp as highlighted in the figures from January 2018 to October 2018. Of the 179 cases of children admitted with SAM (88 boys; 91 girls), 98 per cent were treated and cured, 1.1 per cent discontinued the treatment and 0.9 per cent did not survive. A total of 7,382 children under 2 years have received MNPs, of which 1,765 children benefitted in the month of October.

Early Childhood Development (ECD)
Between September and October 2018, the construction of two additional ECD classrooms and a multi-purpose play park, generously funded by the Government of Japan, was completed. The structures were inaugurated by His Excellency the Ambassador of Japan and the Minister of Emergency Management and were handed over to the Ministry and UNHCR for management. With these additional classrooms, the number of permanent ECD stimulation rooms in Mahama Camp has increased from 9 to 11. The additional rooms have given 200 children (3-6 years) the opportunity to access quality ECD services in a safe space. The play park has given 10,000 children (3-12 years) access to a range of outdoor play activities and structures. This park will enhance children’s development through play and provide a child-friendly space for social, emotional and psychological healing. This is especially critical for children in refugee camps. Since the beginning of the year, a total of 6,374 children (3,308 boys; 3,066 girls) have received integrated centre and home-based ECD services. Of these, 5,481 children (2,813 boys; 2,668 girls) aged 3-6 years are receiving integrated centre-based ECD services. Age-appropriate early learning and play activities have been delivered through the “essential package”, which covers early stimulation, child health, nutrition, protection and WASH. Centre-based early care, stimulation and learning activities are facilitated by 88 trained caregivers (25 male; 63 female).
A total of 893 children (495 boys; 398 girls) aged 0 to 3 years are receiving early care, stimulation and learning in 72 home-based groups facilitated by trained parent volunteers. Parents are acquiring skills to provide good parenting services at home. There has been improvement in the home environment for optimal child growth and development.

**Child Protection**

By September 2018, more than 29,000 children residing in Mahama Camp had been provided with child protection services through child and youth friendly spaces (C/YFS). Specific interventions responded to the different needs of girls and boys, especially unaccompanied and separated children based on protection risks. By the end of September, of the 394 unaccompanied (287 boys; 107 girls) and 547 separated children (249 boys; 298 girls), 10 (7 boys; 3 girls) were provided foster care.

On average, 7,683 children (4,003 boys; 3,680 girls) used the C/YFS on a weekly basis in September. UNICEF is currently in the process of developing tablet-based learning interventions to be implemented in C/YFS that can provide children of different age-groups the ability to interact with learning and play applications using tablets. This project is due to be implemented from 2019 but preparations are already under way to identify the applications to be utilized.

**Education**

During the reporting period, UNICEF continued supporting education services in schools in Mahama Camp to encourage refugee students to enrol and stay in school. In this regard, procurement of scholastic material and supplies for more than 23,000 students for the 2019 academic year was completed. Delivery of these supplies will take place in November 2018. Students will receive the supplies by January 2019 prior to the beginning of the 2019 school year.

**Ebola Virus Disease preparedness**

**Communication for Development (C4D): Health, WASH, ECD and Education**

The Government has activated Ebola preparedness mechanisms to minimize the risk of importation/cross-border transmission. There are 10 districts at risk of EVD cross-border spread, six of which border DRC and Uganda and one with air links to DRC. UNICEF is extending technical support to the Government in preparedness, simulation exercises, pre-positioning of supplies, risk communication and community engagement, and in building capacity at all levels, including among community health workers. A technical working group meeting chaired by the MoH has been held weekly for six thematic areas; UNICEF is involved in four.

UNICEF has advised the MoH on the technical specifications required for WASH facilities in the Ebola Treatment Centre being constructed (i.e. non-return valves, material requirements for chlorinated water, etc). A WASH consultant for infection prevention and control has been engaged for three months to streamline WASH in preparedness efforts and to strengthen WASH at Ebola treatment units,

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5 Child protection issues faced include abuse, physical violence, neglect, child labour, and children with disabilities are more vulnerable.

6 Emergency Operation Centre coordination; Risk Communication and Community Engagement; 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 and dignified burial, home disinfection.
other health facilities, points of entry and in communities. 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 are pre-positioned.

Under the Risk Communication and Community Engagement Strategy, UNICEF facilitated a knowledge, attitudes and practices (KAP) study on EVD preparedness in Rwanda. The findings will be presented to MoH in early November, which will help plan for C4D interventions. Forty thousand IEC materials/flyers, in the local language Kinyarwanda, have been distributed in high-risk districts. A radio spot with Ebola prevention messages is being aired from August 2018 on national and different community radio channels three times a day, as well as a TV spot during prime time is played to reach large audiences. The toll-free call centre is receiving calls daily asking questions on EVD, its causes and prevention methods.

A loan of US$ 370,000 was received from the internal UNICEF Emergency Programme Fund (EPF). Additional funding is required to support psychosocial activities, EVD preparedness within the education sector, and to pre-position essential supplies.

**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 Regional Refugee Response Plans (RRRPs). Funding available to date stands at 5 per cent i.e. US$ 128,351 which includes funding received this year, as well as the carry-over from the previous year. Without additional funding, UNICEF will not be able to address the essential needs of 150,000 women and children.

For Ebola preparedness, UNICEF has developed an internal contingency plan, for an amount of US$ 938,000. This is part of the HAC/RRRP appeal. UNICEF has allocated and mobilized resources for emergency preparedness for the amount of US$ 370,000 from USAID, including Emergency Programme Funds, and its core resources, leaving a funding gap of US$ 450,000. Should cases be confirmed and response activated, the estimated funding needs will significantly increase.

<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>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>0</td>
<td>550,000</td>
</tr>
<tr>
<td>WASH</td>
<td>220,000</td>
<td>240,000</td>
<td>460,000</td>
<td>0</td>
<td>460,000</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>140,000</td>
<td>437,000</td>
<td>39,107</td>
<td>397,893</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>1,837,000</td>
<td>1,000,000</td>
<td>2,837,000</td>
<td>39,107</td>
<td>2,708,649</td>
</tr>
</tbody>
</table>

**RRRP has ECD and Education figures combined.
***Results have been achieved through the allocation of regular resources, including carry-over from 2017, to the refugee response.

Next SitRep: 31 December 2018

For more information:

Ted Malý
Representative
+250 788 302 716
tmaly@unicef.org

Nathalie Hamoudi
Deputy Representative, a.i.
+250 788 300 717
nhamoudi@unicef.org

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