HIGHLIGHTS July-August 2018

- With support from the Government of Japan two additional rooms and a play park for young children were completed; these facilities will be handed over to the Government of Rwanda and UNHCR on 5 September.
- Anaemia among children under-5 remains high at 44.6 per cent in Mahama Camp (Burundian refugees) and Nyabiheke Camp (Congolese refugees). Advocacy with the Government has resulted in home fortification using micro nutrient powders, which was introduced in the refugee camps in January 2018.
- From January to July, 6,456 children and 666 pregnant women were reached with essential vaccines.
- In August, the outbreak of Ebola Virus Disease in North Kivu and Ituri provinces, in the north-eastern part of the Democratic Republic of the Congo (DRC), bordering Rwanda, has activated emergency preparedness planning.

UNICEF’s Response with Partners

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF Target</th>
<th>UNICEF Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH: # of people provided with pre-positioned materials</td>
<td>10,000</td>
<td>0²</td>
</tr>
<tr>
<td>Health: # of children vaccinated against measles</td>
<td>9,900</td>
<td>6,456</td>
</tr>
<tr>
<td>Nutrition: # of children admitted for SAM treatment</td>
<td>300</td>
<td>162</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>6,176</td>
</tr>
<tr>
<td>Child protection: # of children and adolescents including unaccompanied and separated children (UASC) receiving critical child protection services</td>
<td>30,000</td>
<td>29,535</td>
</tr>
<tr>
<td>Child protection: # of UASC receiving appropriate alternative care services</td>
<td>200</td>
<td>931</td>
</tr>
<tr>
<td>Education: # of children accessing quality education</td>
<td>19,000</td>
<td>22,947</td>
</tr>
</tbody>
</table>

¹ The targets were set based on the planning figure of an expected 120,000 Burundian refugees in Mahama Camp and reception centres.
² This activity relates to the pre-positioning of WASH supplies for 10,000 new refugees. Supplies will only be used if a new influx of refugees occurs. Since no new influx has taken place between January and July 2018, no supplies have been distributed.
Situation overview and humanitarian needs

According to the UN Refugee Agency (UNHCR) statistics, as at 31 July 2018 the total active population of concern is 150,226 in Rwanda. Of these, 68,417 are Burundian refugees (see table below), 74,847 are Congolese refugees, and 583 are refugees from other countries. In addition, there are about 6,379 asylum seekers. 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>237,716</td>
<td>59.6</td>
<td>31 July</td>
<td>UNHCR, Government</td>
</tr>
<tr>
<td>Rwanda</td>
<td>68,417</td>
<td>17.5</td>
<td>31 July</td>
<td>UNHCR, Government-MIDIMAR</td>
</tr>
<tr>
<td>DRC</td>
<td>46,502</td>
<td>11.9</td>
<td>31 July</td>
<td>UNHCR, Government</td>
</tr>
<tr>
<td>Uganda</td>
<td>42,656</td>
<td>10.9</td>
<td>31 July</td>
<td>Office of the Prime Minister</td>
</tr>
</tbody>
</table>


Two refugee camps for Congolese refugees were established in 1996 and 1997, and the other three camps were established in 2005, 2012 and 2014. In 2012, UNHCR took full responsibility for the Congolese refugee response. However, as an additional 10,000 Congolese refugees were predicted in 2018, UNICEF has ensured contingency planning is in place and supplies are pre-positioned.

Mahama Camp currently hosts 57,666 Burundian refugees, while the three reception centres (Bugesera, Nyanza and Gatore) host 154 Burundian refugees. In addition, there are more than 10,000 Burundian refugees in the urban areas of Kigali and Huye. In June and July, 692 and 522 new Burundian refugees arrived, respectively. Between January and July 2018, a total of 7,334 new Burundian refugees have been registered.

There are 22,028 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), officially declared on 1 August in North Kivu and Ituri provinces, in the north-east of DRC, bordering Rwanda, adds to the need for emergency preparedness. Together with the World Health Organization (WHO) and the Ministry of Health (MoH), UNICEF has contributed to national level Ebola contingency planning. The measures already put in place include pre-positioning of life-saving commodities; preparing Information, Education and Communication (IEC) materials; sensitizing communities on the disease and strengthening the capacity of caregivers. However, scarcity of resources to plan and prepare for this emergency remains a matter of concern.

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

**Humanitarian strategy**

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

In Mahama Camp for Burundian refugees, 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 the Core Commitments for Children are not being met due to UNHCR’s funding limitations. UNICEF is thus looking into potential opportunities with funding windows unavailable to UNHCR to address the capital investment needs to increase the water provision to 20 litres per person per day in two camps.

**Health**

UNICEF continues to support immunization services in Mahama Camp. During this reporting period, 2,126 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 6,456. In addition, 331 pregnant women were provided with the Tetanus Toxoid vaccine bringing the cumulative figure of pregnant women vaccinated since January 2018 to 666. For Congolese refugees, health services, including immunization services, are provided by UNHCR and the Government of Rwanda in five refugee camps.

**Nutrition**

UNICEF continued to provide technical support and nutrition supplies through the Government of Rwanda for malnourished refugee children under 5 years from Burundi and the DRC. These services are integrated into ongoing national programmes. From January to July 2018, Mahama Refugee Camp received 200 cartons of ready-to-use therapeutic foods (RUTF) from Kirehe District Pharmacy for the treatment of severe acute malnutrition (SAM), as well as 79 cartons of micronutrient powders (MNPs) for the prevention of deficiencies like anaemia for children under the age of 2.

1 The targets were set based on the planning figure of an expected 120,000 Burundian refugees in Mahama Camp and reception centres.

2 This activity relates to the pre-positioning of WASH supplies for 10,000 new refugees. Supplies will only be used if a new influx of refugees occurs.
Community-based activities for improving maternal, infant and young child nutrition continued in all sections of Mahama Camp as the figures from January 2018 to 12 August 2018 highlight. Of the 162 cases of children admitted with SAM, 94 per cent were treated and cured, 5.7 per cent discontinued the treatment and 0.9 per cent did not survive. A total of 7,382 children under 2 received MNPs.

The prevalence of anaemia among refugee children under-5 remains high at 44.6 per cent in Mahama (Burundi) and Nyabiheke (DRC) Refugee Camps, and of concern in the other four refugee camps with DRC refugees. There has not been any significant improvement in the nutritional levels in any refugee camp since 2015, therefore home fortification using MNPs was introduced in the refugee camps in January 2018. Through the implementing partners in the camps, UNICEF has continued to encourage caregivers and parents to follow home fortification and has ensured that children are consuming the MNPs, and mothers are encouraged to include vegetables in the diet of children.

**Early Childhood Development (ECD)**

With support from the Government of Japan, construction of two additional stimulation rooms at Mahama Camp was completed during this reporting period, bringing to 11 the rooms available for ECD services in the camp. A total of 5,283 children aged 3-6 years (2,705 boys and 2,578 girls) are receiving centre-based ECD services. These children are engaged in age-appropriate early learning and play activities using the essential package that covers early stimulation, child health, nutrition, protection and WASH. Centre-based sessions were facilitated by 88 trained caregivers (25 male; 63 female). The number of home-based settings increased from 60 to 72. A total of 893 (495 boys; 398 girls) under-3 received early care, stimulation and learning through good parenting. Trained volunteers facilitated sessions with parents and other primary caregivers to strengthen their skills to provide good parenting at home. This improves the home environment for optimal child growth and development.

**Play park at Mahama Refugee Camp**

The installation of a multi-purpose playpark has also been completed, with formal handover to MIDIMAR and the camp authorities planned for 5 September 2018.

This facility will enhance opportunities for play, with safety measures in place, which is key for optimal child protection and development. Besides physical development, it will also promote the emotional wellbeing of the children in the camp, many of whom face stress due to the camp environment.

In April 2018, some temporary ECD structures collapsed due to heavy rains, which affected ECD services for 2,700 children. UNICEF reached out to potential donors to support construction of semi-permanent structures for continuation of ECD services and safety of the young children. A UNICEF United Kingdom team visited Rwanda and Mahama Camp in May and after assessing the situation and needs for children, provided financial support in July to support the construction of semi-permanent structures to provide more capacity at a relatively low cost compared to the permanent designs. One block will have six stimulation rooms and each room will be able to accommodate 40 children. A total of 240 children aged 3-6 years old will benefit from these structures.

Efforts are under way to mobilise more resources to construct an additional three blocks (18 stimulation rooms), which will provide safe early care, stimulation and learning for over 1,400 children by holding double daily shifts to accommodate the significant demand.
Semi-permanent ECD Structural Designs
The availability of adequate play and learning materials remains a challenge. This is critical for child development, especially in a refugee camp environment where children are stressed and in need of stimulation materials for their optimal development.

An Ebola response plan has been developed in readiness for a potential outbreak. In the event of an outbreak, ECD centres will be closed to prevent infection. As part of preparedness, IEC materials and parent sensitization sessions will be conducted for continued early care, stimulation and learning at home, mainly using locally available materials.

Child Protection
In July and August 2018, UNICEF continued to work with Save the Children to provide child protection support to 29,535 children in Mahama Camp. Interventions responded to the different needs of girls and boys, especially unaccompanied and separated children (UASC) based on specific protection risks. By the end of July, 390 unaccompanied children (284 boys; 106 girls) and 541 separated children (245 boys; 296 girls) resided in Mahama Camp. Ten of these UASC include seven boys and three girls who have been fostered or reunified with families.

UNICEF is continuously strengthening the technical capacity of its partners to manage child protection cases. Trainings were conducted on case management using a survivor-centred approach for para-social workers, positive disciplining skills for case workers, and management and best interest assessment and determination tools for child protection and Sexual and Gender-based Violence (SGBV) officers. So far, these capacity building programmes have benefited 67 case managers and 111 SGBV child protection volunteers trained on positive parenting. Campaigns were conducted on preventing SGBV, focusing on children and parents’ roles in preventing SGBV, and defining the causes and consequences in the refugee community.

An average of 6,865 children (2,331 boys; 4,534 girls) used the child and youth friendly spaces on a weekly basis during the month of July.

Education
During the reporting period, UNICEF continued supporting education services in schools in Mahama Camp by helping refugee children to stay in school. Procurement of scholastic material and supplies that will benefit more than 23,000 students for the 2019 academic year is under way. These supplies were identified in consultation with the Mahama school administration and UNHCR. UNICEF is planning to deliver these supplies by December 2018 so that the distribution to students can take place by early January 2019 prior to the new academic year opening in mid-January 2019.

UNICEF is also working on Ebola response preparedness. Education is part of the plan, including the communication for Ebola prevention for students and different groups working at schools.

Ebola preparedness
As reported in other sections, the Government has activated Ebola preparedness mechanisms to strengthen in-country actions to minimize the risk of importation/cross border transmission. Good hygiene, especially handwashing, is critical to infection prevention and control. Beyond targeting activities around the immediate risk of the current EVD outbreak, UNICEF will continue strengthening the foundations of interpersonal communication (IPC) through efforts to promote hygiene, improve disease surveillance, and build capacities of community health workers (CHWs). The below activities will help to bolster preparedness for outbreaks of EVD, cholera or other highly infectious diseases:
• **Immediate risk communication and awareness raising:** The MoH and its implementation wings, the Rwanda Biomedical Centre (RBC) and the Rwanda Health Communication Centre (RHCC), are the main coordinators for the risk communication and community engagement (RC&CE) strategy, along with UNICEF as the co-chair. A joint comprehensive strategy on RC&CE led by UNICEF has been developed to increase community knowledge and awareness (including transmission, signs and symptoms, prevention and associated taboos), increase community awareness of risks, and increase the proportion of the population that understands it is possible to survive EVD through practicing healthy hygiene and seeking medical care within the first hour of the onset of symptoms.

• **Promotion of handwashing with soap:** UNICEF is supporting the MoH to develop a comprehensive handwashing strategy, to be completed in 2018. The strategy will include identification of various entry points (schools, CHWs, health centres, ECD centres etc.) and activities. Integrating IPC risk communications, especially on handwashing, within the strategy will be critical to increasing preparedness in communities. Activities will include message and material development, mass communications, and training to improve hygiene promotion through district authority structures.

• **Support to CHWs and pre-positioning of supplies:** In collaboration with the MoH, UNICEF will pre-position supplies including personal protective equipment, items for standard infection control precautions and tents. In addition, UNICEF will also work on the existing platform of the frontline CHWs, who are the first point of contact at community level for any health emergency. UNICEF will build their capacity by supporting the MoH to develop and disseminate training materials on active EVD surveillance and the integrated Viral Haemorrhagic Fever package and support the procurement of CHW surveillance tools and communication materials.

**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). UNICEF has made concerted resource mobilization efforts to approach donors, as well as other UN agencies. One of these efforts resulted in the timely support received from UNICEF UK for ECD services, for which UNICEF Rwanda is grateful. There are a few more proposals in the pipeline awaiting response from donors. Critical funding gaps across all sectors is a challenge for UNICEF to continue responding to the needs of refugees.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements Burundi Refugees</th>
<th>Requirements DRC Refugees</th>
<th>Total Requirements</th>
<th>Funds available</th>
<th>Funding gap***</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>198,000</td>
<td>50,000</td>
<td>248,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nutrition</td>
<td>198,000</td>
<td>50,000</td>
<td>248,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Health (includes C4D)</td>
<td>440,000</td>
<td>110,000</td>
<td>550,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>WASH</td>
<td>220,000</td>
<td>240,000</td>
<td>460,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Education**</td>
<td>385,000</td>
<td>240,000</td>
<td>625,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ECD**</td>
<td>297,000</td>
<td>140,000</td>
<td>437,000</td>
<td>32,842</td>
<td>0</td>
</tr>
<tr>
<td>Child Protection</td>
<td>297,000</td>
<td>220,000</td>
<td>517,000</td>
<td>0</td>
<td>89,244</td>
</tr>
<tr>
<td>Total</td>
<td>1,837,000</td>
<td>1,000,000</td>
<td>2,837,000</td>
<td>32,842</td>
<td>89,244</td>
</tr>
</tbody>
</table>

**R** RRP 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.

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