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Highlights

- The number of Burundian refugees in Rwanda has increased to 81,834, with about 51,437 refugees living in Mahama Camp, making it the largest refugee camp in Rwanda.
- As a result of community mobilisation and the role of trained community health workers in the camp, the Ante-natal Care is increasing, 91 per cent of pregnant mothers received at least one ANC.
- Celebration of the world AIDS day has begun on 23 November 2016, with community mobilization activities and mobile voluntary counselling and testing.
- Construction of a permanent water treatment plant is complete and being commissioned on 30 November 2016.
- The construction of the first permanent Early Childhood Development centre was completed in October 2016.

UNHCR figures as of 14 November 2016

81,834

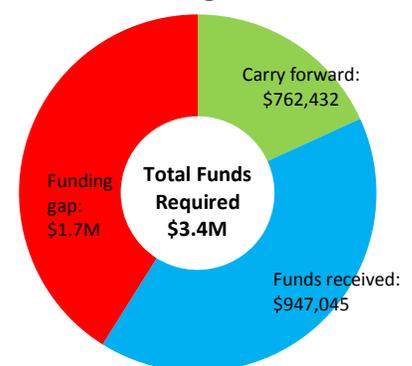
Burundian refugees in Rwanda

51,437

Burundi Refugee hosted at Mahama refugee camp

47% are children

Funding Status



- Carry forward funds:
- Funds received to date:
- Funding gap:

*Funds available includes funding received for the current appeal year as well as the carry-forward from the previous year.

UNICEF response with partners		
Programme Sector ¹	Target	Results
WASH: People reached with safe hygiene messages and promotional activities	60,000	51,600
Health: Children under 1 year reached with routine immunization	1,500	5,509
Nutrition: Children under 5 years suffering from SAM admitted to therapeutic feeding programmes (as per Sphere Standards for programme coverage and programme performance)	360	307 ²
Early Childhood Development: Children benefitted from the provision of early childhood development services through centre and home-based approaches	14,000	5,400
Child Protection: most-vulnerable children, including unaccompanied and separated children, provided with case management services	6,000	1,548
Education: School-aged children, including adolescents, accessed quality education, including through temporary structures	17,000	19,422

¹ Education, ECD and CP results did not change as per last sitrep. For CP, no new vulnerable children were identified, and for education and ECD, the number of children enrolled has remained steady.

² The SAM figure in the previous sitrep was 821, which reflected cumulative data since 2015, when the Burundi refugee influx started (cumulative SAM data is now 908). The SAM data in the results table has been revised to reflect 2016 results only, 307 children admitted for SAM treatment.

Situation Overview and Humanitarian Needs

According to the Government of Rwanda and UNHCR statistics, as of 14 November 2016, there are now 81,834 Burundian refugees in Rwanda, with 51,437 registered in Mahama Camp. By the end of October, UNHCR relocated 1,040 Burundian refugees to Mahama Camp who were living in Bugesera, Nyanza, and Nyagatare reception centres. The number of refugees in the reception centres has reduced to 547 and approximately 29,850 refugees are in urban areas of Kigali and Huye. At the end of October, the rate of new arrivals was the highest recorded since mid-July 2016, with an average of 23 new arrivals per day over the span of two weeks.

Humanitarian Leadership and Coordination

The Rwandan Ministry of Disaster Management and Refugee Affairs (MIDIMAR) and UNHCR are the overall coordinators of the inter-agency response to the refugee situation. UNICEF is the UN Co-Coordinator for the response in WASH, child protection, education, 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 Centre, district hospitals and health centres, Africa Humanitarian Action, American Refugee Committee (health, nutrition and shelter), Plan International (child protection), ADRA (ECD and education), the Ministry of Infrastructure, Rwanda Water and Sanitation Corporation (WASAC), and World Vision, 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 the fulfilment of their basic rights, by providing registration, shelter and household equipment, food and water, maintain sanitation and hygiene, health and nutrition services, education and protection.

UNICEF's continuing response includes the provision of WASH supplies and technical assistance, screening and management of severe acute malnutrition (SAM), promotion of appropriate infant and young child feeding (IYCF) practices, and provision of polio and measles vaccines for children, as well as routine immunisations. In addition, unaccompanied and separated children (UASC) are registered, their families are traced, and child-friendly spaces are established. Support for 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

Water, Sanitation, and Hygiene (WASH)

Following a partnership involving UNICEF, UNHCR, and Oxfam under the leadership of MIDIMAR, a permanent water treatment plant was inaugurated in Mahama Camp on 30 November 2016. The treatment plant has a maximum daily capacity of 1,500 m³, providing 20 litres/p/d for 60,000 refugees. The plant will deliver water to refugees and parts of the neighbouring and host communities.

About 51,600 Burundian refugees continue to benefit from improved WASH services provided through partnerships between UNICEF, UNHCR and NGOs like Oxfam and Global Humanitarian and Development Foundation (GHDF). Water and sanitation services are being provided with a ratio of 20 litres of water per person per day and one latrine for 24 people. Despite the current rainy season that complicates the surface water treatment process because of high water turbidity, water quality control results have been meeting required quality standards and water distribution has been consistent.

In Gatore and Bugesera reception centres, WASH services meet humanitarian assistance standards.

To ensure continuous access to improved sanitation facilities, UNICEF and UNHCR with DFID and CERF funds are running a construction project of 71 latrine blocks, among which 24 are in the completion stage.

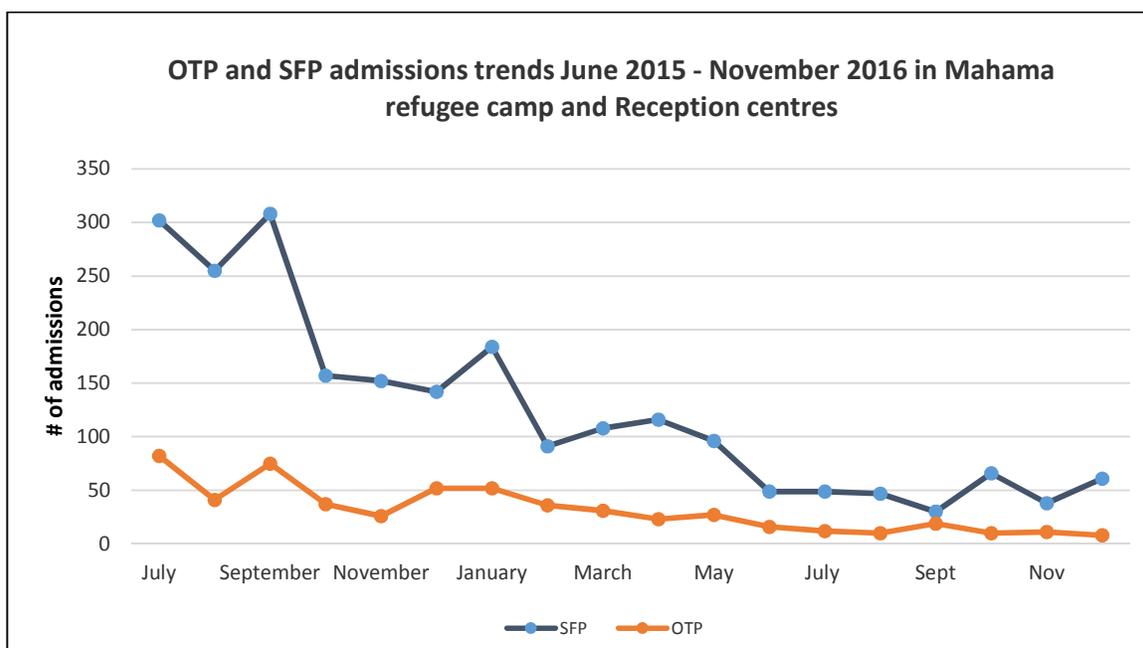
Nutrition

In collaboration with American Refugee Committee (ARC), UNICEF continues to provide technical support and supplies for malnourished children under five in Mahama Camp and at reception centres. As of 27 November 2016, UNICEF has distributed 14,776 kilograms of Ready to Use Therapeutic Food (RUTF) for the treatment of SAM in Mahama Camp and in reception centres.

Routine screening to identify malnutrition cases in the camp is ongoing, targeting all children 6-59 months. As of 27 November, 908 children have been identified with SAM and enrolled for treatment since the influx of Burundi refugees in to Rwanda started in 2015 (of which 307 have been admitted for treatment in 2016). Of these, 646 children have been cured. The cured children will continue to receive follow-up from the supplementary feeding programme.

From September 2016, ARC conducted cooking demonstrations in Mahama with mothers of children under five. In the camp, 42 mother leaders and community health workers are assisting 21 mother-to-mother support groups to learn appropriate infant and young child feeding practices. Supplementary feeding for children aged 6-23 months is continuing on a daily basis with a ratio of 150 grams of CSB++ per child.

From 1 November in Mahama Camp, Concern Worldwide phased out, while Save the Children has started operations there, to ensure the continuity of nutrition activities.



Health

UNICEF continues to support health response efforts in immunisation, provision of health supplies, community health programmes for identification of sick children, cholera preparedness, and typhoid response.

Incidences of diarrhoeal disease and malaria are reducing, though incidences of acute respiratory disease (ARI) (47% of U5) are still high. 3,595 cases of ARI in under-five children were reported during a period of two months.

Yellow fever surveillance activities are ongoing from July 2016 and new refugee arrivals are being vaccinated at reception centres. 463 people at Gashora, Nyanza, and Nyarushishi reception centres have been vaccinated and 1,700 have been vaccinated at the Gatore reception centre.

UNICEF continues to support routine immunisation at Mahama Camp, covering 2,554 children who attended vaccinations from 23 September to 18 November 2016.

In Mahama Camp, community mobilisation activities and identification of new pregnancies by trained community health workers have increased. As a result, 59% of mothers attended their first ante-natal care visits during the first three months of pregnancy. 91% of pregnant mothers have consulted a healthcare provider at least one time during their pregnancy. Vaccination of pregnant mothers is ongoing in Mahama Camp and 385 mothers have been vaccinated against tetanus between 23 September and 18 November 2016.

To prepare for World AIDS Day 2016, health partners prepared one week of community mobilisation activities that included mobile counselling and testing. The World AIDS Day celebration will take place on 1 December, beginning with a walk around Mahama Camp to raise awareness for HIV prevention.

The crude mortality rate (0.2/1000/month), and the under-five mortality rate (0.3/1000/month) remain stable and significantly above Sphere standards.

Child Protection

UNICEF continued to provide psychosocial support to over 8,000 children and their families for the prevention of and response to violence, family separation, exploitation, and abuse. UNICEF and Plan International are currently supporting 145 child protection cases since January 2016, including 59 closed cases and 86 active cases related to physical, sexual, and emotional abuse.

Currently there are 1,542 UASC in the camp (712 unaccompanied, 830 separated). These children have benefited from home visits either on a daily basis (unaccompanied children) or a weekly basis (separated children) by community-based para-professional social workers and child protection mobilisers. These workers provide children with basic care, life skills, and support. Regular monitoring is sustained and has proved very effective in the identification, assessment, and referral of child protection issues. To date, 283 children have been reunified.



A boy juggles his football at the UNICEF supported child friendly space in Mahama camp ©UNICEF Rwanda/ 2016

UNICEF and Plan International focused on strengthening community-based child protection mechanisms in the camp to promote an enhanced protective environment for children. UNICEF and Plan International trained 112 volunteers (child protection volunteers, para-professional social workers, and coordinators of the child-friendly spaces) in order to build capacities of community-based systems. Mobilisers were also trained in areas such as child labour and trafficking.

UNICEF has supported the upgrade of five out of eight child-friendly spaces (CFS) in the camp, which has directly impacted attendance of activities implemented with Plan International. Participation in CFS activities is up to 5,584 children (2,455 girls and 3,129 boys) weekly and up to 1,733 children (841 girls and 892 boys) daily. CFS have been reopened and are fully functional with good results observed after the launch. After upgrading these CFS, UNICEF and partners launched the re-opening of all activities. Attendance is expected to increase further.

Overall, there is a steady increase of CFS participation due to the school holidays and improvement of games that are adapted to different age groups, including for adolescents. Activities include art, reading, games, telling and interpretation of stories, and traditional Kirundi dances.

The child-friendly spaces have been well accepted by the refugee community. Parents and caregivers consider CFS as a safe alternative for their children, freeing parents' time to work or conduct household activities. This was possible due to the supply of both recreational and educational UNICEF materials. In addition, UNICEF played a significant role in the elaboration of standard operating procedures for alternative care, which established the criteria for the identification of foster parents as well as training in basic children's rights and positive parenting. 56 foster families have been trained on child rights, fostering, and protection in emergencies.

Education

In October and November 2016, over 2,400 Burundian refugee children living in Mahama Camp sat for national exams. These include 982 children in P6, 697 adolescents in S3, and 741 adolescents in S6. The refugee children were integrated into the Rwanda national education system in February 2016 to learn the new competency-based curriculum in Paysannat L local school. These children also benefited from extra support of teachers who used their free time to help them prepare for national exams. According to the Paysannat L headmaster, refugee children performed poorly compared to local children, which indicates the need to put revigorate efforts at all levels in order to help refugee children improve their school performance in the 2017 school year.

UNICEF, through Rwanda Education Board, provided textbooks and supplementary learning materials to Paysannat L School and Mahama School. These teaching and learning supplies are contributing to the implementation of the new competency-based curriculum.

UNICEF is also procuring 19,000 students kits and 300 teacher kits. The student's kits will be distributed to both Burundian refugee children and local children. The 300 teacher kits will be delivered to Paysannat L School and Mahama School. Kits will be available in schools during the launch of the Back-to-School campaign in January 2017.

Burundian and Rwandan children at Paysannat L School
©UNICEF Rwanda/ 2016



UNHCR and ADRA are constructing 53 classrooms for P1 and P2 outside of Mahama. This school will open in January 2017 and combine Rwandan children in P1 and P2 levels with refugee children in similar grades. In addition, kitchen facilities and a teacher's room are being constructed. In Paysannat L School, UNHCR and ADRA are constructing additional classrooms.

The remaining challenges in the education response include:

- The capitation grant for the school does not include refugees.
- The salary for Burundian teachers is covered by UNHCR, but there is no long term plans to integrate them into the Rwandan government payroll.
- There is a continued need for education supplies, including textbooks, supplementary materials, teachers' guides, computers, and photocopiers.
- There are minimal recreational opportunities for students at the school.

Early Childhood Development

In October 2016, UNICEF completed the construction of the first permanent ECD centre in Mahama Camp, with only minor landscaping remaining. The construction of the centre began in May 2016 as a response to the large number of children under six years who are not receiving adequate early stimulation and learning opportunities. The investment was also strategic as it coincided with the Government's transition from temporary to permanent structures in the camp. The centre will begin operations at the end of January 2017, enrolling an estimated 250 children between 3-6 years. Children will attend in double shifts and teachers will utilise the approved REB curriculum. Through a partnership between UNICEF, ADRA, and UNHCR, the centre will be supported by ADRA for an initial six months before handover to MIDIMAR and UNHCR for continued support. Indoor furniture and outdoor play equipment are being procured for the centre, and ECD caregivers are being identified and trained.



The only permanent ECD centre brightens up the Mahama landscape
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Though the centre will enrol children, its broader outreach activities within the camp will incorporate a specifically tailored parenting programme for families. The programme aims at strengthening parenting skills in general but particularly for parents with children aged 0-2 years. The centre will be a meeting point for parents to learn various aspects of child care. In 2017, UNICEF will enter into a new six-month agreement with ADRA to develop an ECD programme tailored to the refugee community in Mahama Camp. Eventually, the ECD centre can provide services to the host community.

As part of emergency pre-positioning, UNICEF ordered 50 ECD kits in November to replenish the current stock. Three ECD kits were provided to UNHCR for new reception centres.

Funding Requirements

UNICEF's Humanitarian Action appeal for Rwanda requires a total of US\$ 3.4 million for the Burundi refugee response. In August, UNICEF received its first emergency support for 2016 from DFID amounting to US\$ 450,530 and in September received US\$ 499,250 from CERF. With the arrival of these funds, the funding gap has been reduced to 50 per cent. The total funding gap for 2016 is US\$ 1.7 million.

Funding Requirements (as defined in UNICEF's Humanitarian Appeal Jan-Dec 2016)				
Appeal Sector	Requirements (US\$)	Funding available (US\$)*	Funding gap	
			(US\$)	%
Nutrition	378,000	38,169	339,831	90%
Health (including HIV/AIDS)	505,000	250,054	254,946	50%
WASH	500,000	532,302	(32,302)	-6%
Education and ECD	900,000	589,050	310,950	35%
Child Protection	460,000	225,918	234,082	51%
Operational Support*	540,000	64,827	475,173	88%
M&E Including C4D	150,000	9,157	140,843	94%
Total	3,433,000	1,709,477	1,723,523	50%

* Funds available includes funding received against current appeal as well as carry-forward from the previous year.

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