



Rwanda

Humanitarian Situation Report



DATE OF SITREP – 26 August 2015

IN NUMBERS

Highlights

- The average influx of refugees from Burundi to Rwanda remains at 150 people per day in the last 15 days. The total number has now reached 75,327.
- The relocation of refugees from the reception centres to Mahama camp is progressing well with about 1,000 refugees being relocated daily to Mahama Refugee Camp.
- A new refugee camp site (Mahama 1) is being established to accommodate an additional 15,000 refugees. The existing refugee camp will still be called Mahama.
- A temporary solution for water provision through Akagera river surface water has been fulfilling the current needs, though UNHCR, UNICEF and partners are working on a longer term solution.
- Education and Early Childhood Development services are being provided for more than 12,000 children in Mahama camp.
- Cases of severe acute malnutrition continue to decline, and 190 children with SAM have been successfully treated.
- A joint child protection assessment is ongoing to inform current and future child protection programmes in the camp.
- Prevalence of childhood illnesses remains high.
- UNICEF Rwanda’s funding gap at 72 per cent is making a comprehensive response to the Burundian refugee crisis challenging.

UNHCR figures as of 25 August 2015

75,327

Burundian refugees now in Rwanda

42,330

Hosted at Mahama refugee camp

76% are children and women

Main Issues

- Finding a longer term solution to meet future demand for WASH
- Sustainable access to education
- Meeting minimum standards for maternal and newborn health services
- Continued issues related to Child Protection

UNICEF funding requirements

\$4,050,000

(based on revised Regional Refugee Response Plan)

Key targets and results – UNICEF with partners, according to Refugee Response Plan (RRP)		
Sector	Target	Results
WASH: People provided with minimum 15 litres clean water daily	120,000	>50,000
Health: Children under-15 vaccinated against measles and children under 5 against polio	54,000	26,223
Nutrition: Severely malnourished under-5s being treated	2,400	190*
Child Protection: Unaccompanied/separated children reached with tracing and alternative care arrangements	3,660	2,750
Education: Children with access to education programmes	30,000	12,000
ECD: Children 0-59 months receiving ECD services	24,000	3,500

*Cases of severely acute malnourished children have decreased as they have been successfully treated (164 children so far).

Situation Overview & Humanitarian Needs

The situation in Burundi remains volatile with sporadic violence in the capital, and a steady influx of refugees to Rwanda. Burundi's president, Pierre Nkurunziza, was sworn in for a third term on 20 August, six days ahead of schedule and with virtually no advance notice. The average daily arrivals since then has not seen a marked increase.

As of 25 August, a total of 75,327 Burundian refugees are in Rwanda, with the majority 42,330 in Mahama refugee camp. More than 21,000 urban refugees are based mainly in Kigali, and their registration is ongoing.

Most of the refugees from Nyagatare transit centre and Nyanza reception centre have been relocated to Mahama camp. Relocation of refugees from Bugesera reception centre is continuing, with approximately 1,000 of them reaching Mahama camp on a daily basis. A new site (Mahama 1) is being established at the refugee camp with the view to accommodate the additional 15,000 people that will be arriving from the reception and transit centres by the end of August, and the pace of shelter construction and other relevant facilities is being increased to facilitate this relocation.

During this reporting period, the provision of clean water and sanitation facilities to Mahama camp and reception centres has significantly improved. A temporary solution through the treatment of Akagera river surface water in the camp yields up to 484 m³ of water per day, and water trucking from nearby springs has been progressively reduced to 131 m³ and will eventually be stopped. In Mahama camp, each refugee currently receives an average of 15.4 litres of water per day, there are 26 refugees per latrine and 34 refugees per shower facility. All the above data are well within the established SPHERE standards.

The nutrition status among newly arrived children significantly improved since the beginning of the refugee influx, and severe acute malnutrition is successfully being treated when detected. Nonetheless, UNICEF and partners remain on alert and are prepared for further waves of refugees which could entail an increase in the number of children with severe acute malnutrition (SAM). A small nutrition centre has been set up at Mahama 1 with activities currently limited to screening but projected to expand soon.

A total number of 9,535 pupils enrolled in education orientation classes in Mahama camp, with Burundian teachers from the refugee community working alongside Rwandan teachers.

2,750 unaccompanied and separated children have been receiving support for child protection and 67 registered cases of child protection (physical, sexual and emotional abuse of children) is being managed.

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. Humanitarian partners' priorities were initially to provide life-saving emergency protection and assistance, including building and managing the Mahama camp. Under the leadership of UNHCR, UNICEF is the UN Co-Coordinator for the response in WASH, Child Protection, Early Childhood Development, Education, Health (with WHO and UNFPA), and Nutrition (with WFP). The main implementing partners are: district and community authorities; the Ministry of Health and the Rwanda Biomedical Centre, district hospitals and health centres; AHA; ARC (Health and Nutrition); Plan International (Child Protection); CARE (ECD); ADRA (Education); ARC (shelter); and the Ministry of Infrastructure, Rwanda Water and Sanitation Corporation (WASAC), and World Vision Rwanda (WASH).

Humanitarian Strategy

The initial humanitarian strategy jointly agreed by the government and development partners was to register refugees, provide them with shelter, household equipment, food and water, maintain sanitation and hygiene, and provide emergency health and nutrition services. To support WASH and shelter, UNICEF distributed pre-positioned supplies (tents for health and nutrition services, water tanks) and activated contingency cooperation agreements with partners to address child protection, nutrition and education (including ECD) needs.

UNICEF continues to provide WASH supplies and technical assistance; screening and management of severe acute malnutrition; and provision of polio and measles vaccines for children (as well as routine immunization). In addition, unaccompanied and separated children are registered, while their families are traced, and child-friendly spaces are organized. Support to prevent and respond to violence against children is provided. UNICEF is also supporting access to early learning and basic education for refugee children.

Summary Analysis of Programme response

Water, Sanitation and Hygiene (WASH)

UNICEF has supported a temporary solution through the treatment of Akagera river surface water in the camp (the water was tested and found to be clean and suitable for drinking). UNICEF has agreed with UNHCR to transform the current system into a permanent treatment facility and to upgrade the capacity so that it can serve as a water source to local communities as well. Construction of additional water and sanitation facilities will continue to be installed in Mahama refugee camp to meet the demand of the increasing refugee population.



@UNICEF Rwanda/2015, a boy fetches water for his family from the assigned water source.

Nutrition

A national nutrition screening was conducted in Mahama Camp on 28-30 July. 4,379 children aged 6-59 months were screened, 32 (0.7%) and 215 (4.9%) children were identified with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) respectively; they are all under treatment. The analysis of children's data is ongoing with the results expected soon.

UNICEF has so far dispatched 6,900 kgs of RUTF as well as anthropometric equipment to Mahama camp and reception centres.

As of 25 August 2015, the cumulative number of children under five years with SAM treated by RUTF is 190 and that of MAM in supplementary feeding programme (SFP) is 897.

With UNICEF's support, a total of 190 children with SAM are being treated in Mahama camp, referral hospitals, and the reception centres. Currently, four SAM cases are in Kirehe District Hospital for treatment. 167 severely acute malnourished children out of the 190 children have recovered from SAM.

Health

UNICEF support is mainly focused on immunization (routine and supplementary) and community health.

The package of routine immunization includes: OPV (four doses), BCG, Penta (three doses), PCV13 (three doses), MR (two doses) and Rota (three doses) as well as HPV for 12-year-old girls and TT for pregnant mothers. Measles-rubella (for nine months to 15 years) and polio (for all under-fives) vaccination is being carried out daily at the reception centres as children register. During the last two weeks, 700 children were vaccinated against polio and Measles/Rubella in the reception centres and 428 vaccinated through routine immunisation services in Mahama camp making a cumulative of 26,223 children vaccinated in the Burundi refugee population.



@UNICEF Rwanda/2015/Ayisi Fiona, 7-week-old baby, who just received a second dose of polio vaccine in Mahama camp

The training of community health workers increased the capacity and supported the health care system to provide quality nutrition and health services to children and women in the camp. UNICEF is planning, with

other stakeholders, to organise a series of trainings on a comprehensive community health package including integrated community case management and maternal and newborn health to increase outreach activities in Mahama camp.

An isolation tent is set up in case of a cholera outbreak. A prevention and response plan for cholera is being developed, with diarrhoeal diseases kits being procured currently by UNICEF.

Mortality was reported in under five children, with two reported cases of deaths in Gashora reception centre due to severe pneumonia and prematurity and one under five death in Mahama camp due to chronic pulmonary disease. A girl child drowned in the Akagera river while swimming which has led the camp authorities to accelerate preventive measures such as building a fence near the river, sign boards etc.

Child Protection

UNICEF continues to work with partners to provide a comprehensive response to child protection risks; reunite children with their families; provide alternative care arrangements where needed; and set up and manage safe spaces for children to play and engage with peers in a stimulating and nurturing environment.

UNICEF and its partner PLAN International are providing assistance as soon as the unaccompanied and separated children arrive to the camp. 67 cases of violence, abuse, exploitation and neglect of children has been addressed so far and support provided to 2,750 unaccompanied and separated children, including 233 newly arrived unaccompanied and separated children who have been relocated from the reception centres to Mahama camp.

Since August 3rd, UNHCR, UNICEF and PLAN International have also been conducting a joint child protection assessment to inform current and future child protection programmes in the camp.

Education/ECD

More than 12,000 school aged children are being provided Education and ECD services by UNICEF and partners. To date, an orientation training of 96 teachers has been completed in partnership through a local partner, IEE. Provision of early learning and nutrition support were provided to 3500 ECD children.

UNICEF continues to advocate with partners on the expansion and strengthening of Education services. Education coordination meetings are now held regularly in Mahama camp, as well as at the national level to address bottlenecks and come up with concrete strategies to address them. Key challenges remain related to the attendance of children, particularly in secondary education. In response, partners are conducting a rapid assessment to determine the causes and an appropriate course of action.



@UNICEF Rwanda/Ayisi/2015
Pupils attending education orientation programme in Mahama refugee camp

Communication for Development (C4D)

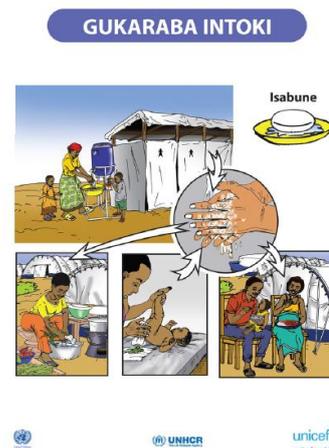
C4D supported the Child Protection (CP) team in designing and organising key messages for family reunification of unaccompanied and separated children. The messages included: description of different duty-bearers to protect children, importance for children to live in a family environment and appropriate actions to be taken. Further collaboration between CP and C4D teams are planned to disseminate more comprehensive messages during recreational activities organised at the Child Friendly Spaces.

A range of Emergency communication materials including all the key health behaviours are currently under development and will be employed through partners in social mobilisation activities and trainings.

A sample of communication materials currently under development

Media and External Communication

The news on the Burundi crisis continues to be featured in the Rwandan print and online media. Social media posts are being updated through official UNICEF Rwanda channels ([Facebook](#) and [Twitter](#)) on a regular basis. Other materials including photo essays and stories on education, nutrition, health and child protection are being developed for sharing with the UNICEF Regional Office, National Committees and Headquarters.



Funding Requirements

The revised Regional Refugee Response Plan (RRRP) of August 6 developed with UNHCR and 21 partners (including UN agencies and INGOs) reflects the needs of 120,000 refugees expected to be in Rwanda by September 2015.

UNICEF received timely funding support from CERF Rapid Response Mechanism for Child Protection and Nutrition totalling USD 270,000, and USD 80,000 from the French National Committee for Nutrition interventions. DFID has provided generous funding of USD 790,000 in two tranches supporting Nutrition, WASH, Health, Education and Child Protection. As per the revised RRRP, UNICEF Rwanda requires a total of USD 4,050,000, of which only 28 per cent has been received. To meet the current needs and expected demands, additional funding is required.

The table below collates funding requirements according to UNICEF's share of the revised Burundi RRRP.

Sectors	2015 Requirements (US\$)	Funding Received (US\$)	Funding Gap (US\$)	Funding gap in %
Nutrition	500,000	314,112	185,888	37%
Health (including HIV/AIDS and C4D)	900,000	234,000	666,000	74%
WASH	1,000,000	330,000	670,000	67%
Education and ECD	1,050,000	78,500	971,500	93%
Child Protection	600,000	184,961	415,039	69%
Total	4,050,000	1,141,573	2,908,427	72%

Next UNICEF Rwanda SitRep: 9 September 2015

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