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Rwanda

Humanitarian Situation Report

Burundi Refugees

Highlights

- The total number of Burundian refugees in Rwanda is 88,500. Mahama Camp is hosting 56,379 of these refugees.
- WASH facilities are being provided to the refugees in Mahama Camp as well in the two reception centres, as per the standards.
- Distribution of ready-to-use therapeutic food and micronutrient powder has been streamlined through Kirehe District Hospital.
- Vaccination of children is ongoing according to the national immunisation calendar. There have been no reported outbreaks of vaccine-preventable diseases.
- Thanks to funding from the Government of Japan, schools are equipped with ICT materials benefitting children from the host community and Burundian refugees.

88,500

Burundian refugees in Rwanda
(UNHCR, 23 November 2017)

56,379

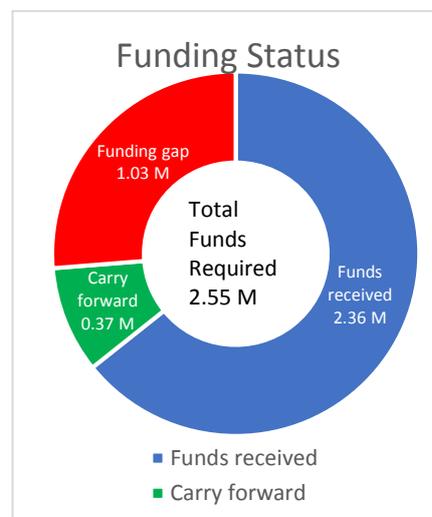
Burundian refugees hosted at Mahama refugee camp
(UNHCR, 23 November 2017)

47%

of the refugees hosted are children

UNICEF's Response with Partners

Sector	UNICEF Target ¹	UNICEF Results
WASH: People provided with appropriate sanitation services	10,000	2
Health: Children under five provided with routine immunisation	12,000	11,913
Nutrition: Children under 5 with severe acute malnutrition (SAM) admitted to therapeutic services	400	247
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	20,000	5,968 ³
Child protection: Children, including UASC, provided with appropriate care and protection services	50,000	26,703
Education: School-aged children accessing quality education	19,000	20,770



The funding requirement is part of the overall Burundi refugees HAC

¹ The targets were set based on the planning figure of an expected 120,000 Burundian refugees in Mahama Camp and reception centres. The actual number of refugees in Mahama and reception centres is currently 56,379 (47% of the planning figure).

² WASH figures are not being reported as per the advice from ESARO

³ The figures reported in September figures had an error



Situation overview and humanitarian needs

According to UNHCR, in October, there was an increase in the new arrivals of refugees from Burundi, 1,158 refugees arrived compared to 456 new arrivals in September. As of 23 November 2017, the total number of Burundian refugees in Rwanda was 88,500. The newly opened transit centre in Nyarushishi did not receive any new arrivals during this reporting period. Mahama Camp currently hosts 56,379 refugees, while the three reception centres (Bugesera, Nyanza and Gatore) have 402 refugees. There are 31,719 refugees in the urban areas of Kigali and Huye.

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).

Refugee coordination meetings are held each month and include donors and other development partners such as the World Bank, in an attempt to have more strategic level discussions with donors and other partners, and to keep them well informed.

Humanitarian strategy

The strategy agreed upon by the Government and development partners is to provide comprehensive services to refugees and seek fulfilment of their basic rights by providing registration, shelter, household equipment, food and water, maintain sanitation and hygiene, health and nutrition services, education, and protection.

In the wake of the increasing number of refugees, UNHCR has requested 55 hectares of additional land in Mahama Camp to continue construction of semi-permanent shelters. UNHCR has agreed to finance a project to benefit the local community in compensation for the land.

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. 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

WASH

During the reporting period, partners in the WASH sector, under the coordination of UNHCR, provided sustained water and sanitation services to 56,154 Burundian refugees, complying with the recommended standards of humanitarian assistance. Through the Oxfam-run treatment plant, initially constructed with UNICEF technical support, safe drinking water was provided to refugees at or above recommended standards. The quantity ranged from 18-26 litres per person per day (lppd), with an average of 21 lppd. All routinely-conducted microbiological tests on collected samples were free of e-coli and total coliform. The pollution risks to water quality posed by the rainy season continue to be managed and mitigated. As the areas of occupation have shifted since the initial construction, Oxfam has extended water supply connections to all new villages of the camp, ensuring the full camp population is served with an adequate quantity and quality of water.

Sanitation services in Mahama are in line with humanitarian guidance, with a ratio of 18 people per drop hole latrine and 18 people per shower room. Hygiene promotion was conducted through home visits and sensitisation on key hygiene behaviours by opinion and religious leaders through community hygiene clubs. Various events, such as drama and theatre, were used to reach out to refugees on health safeguarding practices. House chemical spraying was conducted to prevent endemic mosquito-borne diseases such as malaria. GHDF disseminated information on critical times of handwashing through murals on latrine blocks. Transit centres in Bugesera and Nyanza provided adequate WASH services that also met humanitarian standards.

Nutrition

In collaboration with American Refugee Committee (ARC), UNICEF has continued to provide technical support and supplies for malnourished children under five in Mahama and in reception centres. From the beginning of the emergency in 2015 until today UNICEF has provided 1,502 cartons of ready-to-use therapeutic food (RUTF) for the treatment of severe acute malnutrition (SAM) in Mahama and in reception centres. In August 2017, it was agreed with the Ministry of Health (MoH) that supplies replenishment for the camp will not continue as a stand-alone intervention. Therefore, all camps will receive RUTF and micronutrient powders from the nearest district hospital. Mahama Camp will therefore receive supplies from Kirehe District Hospital.

Routine screening to identify malnutrition cases in the camp is ongoing, targeting children between 6-59 months. Since the beginning of 2017, 241 children (115 boys and 126 girls) have been identified with SAM and enrolled for treatment. Among them, 211 (105 boys and 106 girls) were discharged as cured and transferred to the supplementary food programme (MAM). During this reporting period, 48 children were admitted into SAM treatment and 34 were discharged as cured.

As described in the previous Situation Report, Mahama Camp and Kirehe District Hospital organised a refresher training on maternal, infant and young child nutrition (MIYCN) and micronutrient powder to increase the knowledge of service providers and community health workers to reduce chronic malnutrition of under-five children. The training was organised from 19 September and completed in November 2017. 36 care providers from Mahama and Kirehe District Hospital were trained, as well as 150 community health workers from Mahama. The ARC nutritionist in Mahama and the Kirehe District

Hospital nutritionist were recommended to develop a work plan for mothers' mobilisation on MIYCN in the camp.

Health

UNICEF, in partnership with MoH and Kirehe District Hospital, supported the measles-rubella (MR) campaign in Mahama Camp from 2-8 October 2017. Prior to the national MR follow-up campaign. UNICEF provided vaccines, syringes, vaccine carriers and safety boxes to Kirehe District Hospital through MoH and transferred cash directly to Kirehe District Hospital for implementation of the campaign. The target population was determined by UNHCR two weeks before the campaign based on September statistics in the camp. Out of 22,311 children between nine months and 15 years, 97 per cent (21,704) were reached with MR vaccinations, and 100 per cent of children aged 0-5 years were reached with polio vaccines during the seven-day mass vaccination campaign carried out in the local Paysannat school and community sites. This campaign was possible with the funding support received from the United States Fund for UNICEF.

Routine immunisation activities in Mahama have continued to reach eligible children with BCG, polio, DTC, Hepatitis B, Hemophilis influenza B, rotavirus, pneumococcal conjugate, and measles/rubella combined vaccines. During this reporting period, 3,407 children were vaccinated and 251 pregnant women were provided with tetanus toxoid vaccines. There have been no reported outbreaks of vaccine-preventable diseases in Mahama Camp.

Communication for Development

With funding from the Government of Japan for Communication for Development activities, 360 community health workers (CHWs) in Mahama Camp were trained by GHDF on the use of "talking books" for health promotion. Starting in June until January 2018, the health promotion campaign focuses on reintensifying activities on seven key family practices: hygiene promotion, safe motherhood, newborn health care, nutrition messages on exclusive breastfeeding and complementary feeding, immunisation, malaria and HIV prevention. Following these trainings, CHWs undertook door-to-door approaches and small group meetings to disseminate key family practice messages. To ensure that key family care practices are promoted in the camp, GHDF has purchased and distributed 20 megaphones for sensitisation and dissemination of these messages.

In addition, 10 toilet facilities in different corners of the camp were painted with murals on good handwashing behaviour. The handwashing murals reflect four critical times for handwashing. 10 posters with the same design and messages were printed and mounted in different areas of the camp.

To strengthen the dissemination of hygiene messages, local influencers (hair salon, bar and restaurant owners) and 20 religious leaders were trained on their role in promoting key family practices and food premises inspections. These community members will also be responsible for inspecting all restaurants, bars and other public premises for good hygiene.



During October, UNICEF and GHDF collaborated with the Refugee Executive Committee to organise a football competition. In this way, a large number of Burundian refugees were reached during a short time on key family practices. During half time, messages were delivered to those in attendance by the captain of the selected team. An estimated 10,000 refugees were reached with messages during this event. Messages included HIV prevention and adolescent and reproductive health. Dissemination was facilitated by 150 young peer educators.

In August 2017, and CHWs conducted a baseline survey in 397 households. The survey focused on the use of mosquito nets, proper handling of drinking water, household hygiene, observation of typhoid fever posters, knowledge of handwashing with soap at critical times, HIV and malaria prevention. By the end of the year, an endline survey will be undertaken to establish any changes in the behaviour.

Child Protection

Since September 2017, UNICEF partners with Save the Children to provide child protection services to 26,703 children in Mahama Camp, including 13,619 boys and 13,084 girls. Particular emphasis was placed on increasing monitoring of unaccompanied and separated (UASC) children, of which 1,316 are currently hosted in Mahama Camp, UASC- 742 separated vs 574). 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.

Since January 2017, 391 children have been reintegrated into community placement and foster families, with nine in-country family reunifications. Currently, 1,429 child protection cases are still open. These cases range from neglect, physical and emotional violence, and some cases of child defilement.

Community-based child protection volunteers and other members of child protection structures, including 176 children and 58 child protection committee members, have benefited from refresher trainings between October and November 2017. 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 professionals.

Psychosocial support is being provided to all children in Mahama as a prevention strategy against child rights violations. Support is provided through activities in 13 child-friendly spaces and two youth-friendly spaces, two of which have been upgraded with support from the Government of Japan funding. In October 2017, 9,143 children and youth accessed child- and youth-friendly spaces. These spaces are used to disseminate important messages, such as the prevention of early pregnancies and early marriage, school drop-out, delinquency and reproductive health. During this reporting period, 25,741 children and youth utilised these spaces.

Challenges faced during the reporting period related to teenage pregnancies. These include, the absence of appropriate spaces for teenage mothers to leave their children as they attend school and the delay and difficulty in investigating cases of sexual abuse, as the survivors are often not ready to disclose the identity of their perpetrators.

More awareness-raising campaigns on the prevention of sexual abuse and response are planned before the end of December. These campaigns will involve community leaders and other existing structures, such as sexual- and gender-based violence committees and child protection committees to ensure behaviour change in terms of prevention and improved response.

To improve monitoring of the most vulnerable children, with support from the Republic of Korea, UNICEF has deployed an international consultant as part of the 'real-time monitoring system' initiative. A draft report of the paper-based monitoring system assessment is available and being circulated for comments amongst partners to inform development of digitised real-time data collection and information sharing.

UNICEF and Save the Children are working together to increase access of refugee children to the national child protection system in order to bridge the divide between the camp and the host communities. The first step involves meetings with local authorities, social workers and para-social workers from Kirehe District (host district for Mahama Camp), as well as refugee leaders to raise awareness around the protection of refugee children within and outside of the camp and create greater understanding of available child protection services

Education

UNICEF education interventions for Burundian refugee children have focused on two major areas:

Improving the quality of education. UNICEF, in partnership with Inspire, Educate and Empower (IEE), with USAID funding, has continued to build the quality of education at Paysannat L School. Sixteen pedagogical experts placed in Mahama schools have conducted trainings for 382 teachers on child-centred teaching methods, aligning with the competency-based curriculum, and in the development of teaching and learning materials.

In addition, 90 teachers at the pre-primary level were trained on the use of the pre-primary curriculum. Furthermore, more than 3,000 parents, including refugees, were mobilised to support teaching and learning and were equipped with strategies to support learning at home.

Together with school management and teachers, the 16 pedagogical experts have been assisting students in preparation of examinations through regular coaching sessions, focusing on subjects that students reported as difficult.

Subsequently, in mid-November, 1,090 (671 boys and 745 girls) Burundian refugee students sat for the primary leaving national exam. An additional 772 refugee students (470 boys and 302 girls) are expected to sit for their secondary national examinations at the end of November.

Building the capacities of school management, teachers and students. UNICEF, with the support of the Government of Japan, procured and delivered 50 computers and computer accessories, photocopiers, stationery, and megaphones to Paysannat L (grades 3 – 12) and Paysannat Satellite (Grades 1 – 2) to help the school's overall management and teachers' lesson planning and record keeping.

To ensure functionality of these computers, UNICEF supported these schools in the installation of two generators, their connection to the information and technology room, and the installation of software on computers.

UNICEF is currently undertaking the procurement of students' kits for approximately 20,000 students in support of the 2018 academic year.

Early childhood development (ECD)

The construction of an additional permanent ECD centre and multipurpose play park is ongoing. The new ECD centre design will accommodate a large number of children and help in meeting the high demand. The construction of the ECD centre is funded by the Swedish Government/SIDA, and the construction of the multipurpose play park is funded by the Government of Japan. The play park will benefit a wide range of children aged 3-12 years, contributing to the provision of quality ECD programmes and supporting their holistic development. Construction is expected to be completed by February 2018.

UNICEF is supporting an ECD centre which has six caregivers with 370 children (3-6 years) regularly attending the centre. In addition, a temporary shelter with 88 caregivers supports 4,756 children (3-6 years) in early learning programmes. Due to overpopulation, activities are organised in morning and afternoon shifts, allowing a greater number of children to benefit from ECD services. ECD caregivers coach parent leaders twice per week on child care, nutrition, protection, hygiene and health. As a result, 60 home-based ECD services have been initiated by the parent leaders to 842 children aged 0-3 years.

UNICEF equipped the new permanent ECD centre with child-friendly furniture, including 120 chairs, 45 hexagonal tables and five shelves. In addition to furniture for children, the centre was also equipped with four tables and eight chairs for caregivers, as well as 15 benches.

Funding

As outlined in the Burundi Refugees Humanitarian Appeal for 2017, UNICEF Rwanda required a total of US\$ 2,548,000 for the refugee response. UNICEF is very grateful to generous support from the UK/DFID, CERF, Sweden/SIDA, UNICEF USA, Japan, USAID, Japan and the Republic of Korea. The current funding gap is 40.3 per cent, mainly for the WASH and nutrition sectors.

Funding Requirements (as defined in Humanitarian Appeal of January-December 2017) for a period of 12 months				
Appeal Sector	Requirements	Funds available	Funding gap**	
		Funds Received Current Year*	\$	%
Nutrition	110,000	39,795	70,205	64%
Health (including HIV/AIDS)	405,000	391,283	13,717	3%
WASH	1,000,000	73,481	926,519	93%
Education	315,000	524,870	0	0%
ECD	50,000	293,889	0	0%
Child protection	278,000	660,000	0	0%
Operational support	390,000	374,181	15,819	4%
Total	2,548,000	2,357,499	1,026,260	40.3%

** Surplus in funding for education, ECD, child protection and are not aggregated in the total funding gap with shortfalls in operational support, WASH, Health and Nutrition.

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