



Rwanda

Humanitarian Situation Report

Burundi Refugees

Highlights

- The number of Burundian refugees in Rwanda has increased to 84,194, with about 52,520 refugees living in Mahama Camp.
- The prevalence of global acute malnutrition (GAM) is decreasing over time compared to the last screening (from 4.1% in July 2015 to 2.6 % in December 2016).
- The first permanent Early Childhood Development centre is operational in Mahama.
- As a result of routine immunisations in reception centres, no vaccine-preventable diseases were reported in Mahama Camp since the initial influx of Burundian refugees to Rwanda.
- UNICEF would like to acknowledge the timely and generous contributions of donors, including the UK Department for International Development (DFID), UN Office for the Coordination of Humanitarian Affairs (UNOCHA CERF), the Republic of Korea, and the Swedish International Development Cooperation Agency (SIDA) who have supported critical interventions in Mahama Camp.

UNHCR Figures as of 23 January 2017

84,194
Burundian refugees in Rwanda

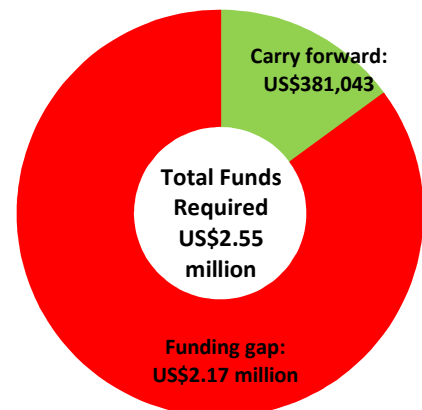
52,520
Burundi Refugees hosted at Mahama refugee camp

46% of Burundi refugees are children

Funding Status

UNICEF Response with Partners in 2017		
Sector	Target	Results*
WASH: People provided with access to safe water (7.5-15 litres per person per day)	10,000	-
WASH: People provided with appropriate sanitation services	10,000	-
Health: Children under 5 provided with routine immunization	12,000	-
Nutrition: Children under 5 with SAM admitted to therapeutic services	400	-
Early Childhood Development: Children aged 0-6 years benefiting from the provision of early childhood development (ECD) services through centre and home-based care	20,000	-
Child Protection: Children, including UASC, provided with appropriate care and protection services	50,000	-
Education: School-aged children accessing quality education	19,000	-

*Sector interventions have begun, with results for 2017 to be presented in UNICEF Rwanda's next Humanitarian Situation Report in March 2017.



*Funds available currently are carry forward funds from 2016. Note that the carry forward figures are provisional and subject to change due to the 2016 year-end financial closure.

Situation Overview and Humanitarian Needs

According to the Government of Rwanda and UNHCR statistics, as of 23 January 2017 there are 84,194 Burundian refugees in Rwanda, with 52,520 registered in Mahama Camp. The number of refugees in the three reception centres (Bugesera, Nyanza and Gatore) is 821, and approximately 30,853 refugees are living in urban areas of Kigali and Huye. In the last two weeks of December 2016, the rate of arrival of new refugees ranged from 22 to 80 per day, most of whom were women and unaccompanied or separated children.

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 (ECD), 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), World Vision, Global Humanitarian and Development Foundation and Oxfam (WASH).

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 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 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 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 durable solutions.

Summary Analysis of Programme Response

Water, Sanitation, and Hygiene (WASH)

Over 53,000 Burundian refugees living in the Mahama Camp and three reception centres are receiving WASH services supported by UNHCR, UNICEF, Oxfam and the Global Humanitarian and Development Foundation (GHDF) which began in 2016. Water availability in Mahama Camp averaged 20.25 litre per capita per day (lpcd) in January 2017. The latrine and shower ratio in Mahama averaged 24 people per drop-hole and 28 people per shower room, respectively. In December 2016, UNICEF, with financial assistance from DFID, supported construction of 27 additional blocks of durable latrines in Mahama Camp, each with four doors, resulting in improved sanitation facilities for 2,160 refugees. Construction of an additional 44 blocks of durable latrines, which can also be used as showers, is in the advanced stage of construction. In the reception centres, water availability averages over 20 litres per person per day. Sanitation facilities in Bugesera and Nyanza are per SPHERE standards while in Gatore, the latrine and shower ratio averages 34 people per drop-hole and 34 people per shower, respectively. In order to promote safe hygiene practices



Women carry water to their camp from the water points supported by UNICEF and partners. ©UNICEF Rwanda

among refugees, door-to-door sensitisation campaigns will continue along with dissemination of hygiene messages through hygiene clubs.

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 reception centres. In 2016, UNICEF distributed 15,083 kilograms of ready-to-use therapeutic food (RUTF) for the treatment of SAM in Mahama Camp and reception centres. Routine screening to identify malnutrition cases in the camp is ongoing, targeting all children 6-59 months old. As of December 2016, 928 children have been identified with SAM and enrolled for treatment. Of these, 655 children have been cured. Cured children continue to receive follow-up from the supplementary feeding programme.

From 7- 13 December 2016, with support from UNHCR, UNICEF and WFP, implementing partners (CARITAS and ARC) conducted a mass mid-upper arm circumference (MUAC) screening among children 6-59 months in Mahama Camp to:

- Screen their nutrition status and identify those who are malnourished and not currently enrolled in the feeding programme. Malnourished children were referred to nutrition rehabilitation services;
- Determine rates of acute malnutrition using MUAC measurements and use this data to identify the trends of malnutrition for further action;
- Use the mass screening exercise as a platform to provide Vitamin A and deworming tablets to children under five.

It was noted that the overall prevalence of malnutrition by MUAC was 2.6 per cent, moderate malnutrition was 2.4 per cent and SAM was 0.2 per cent. Furthermore, the screening revealed that the prevalence of global acute malnutrition (GAM) is decreasing over time when compared to the last screening (from 4.1% in July 2015 to 2.6 % in December 2016). The MUAC also found that females are more likely to be malnourished than males (males = 0.86, females = 1.77).

Results of the mass MUAC screening in December 2016		
Category	Number	%
Normal (MUAC >= 13.5)	6,878	91.9%
At risk (MUAC< 13.5cm)	406	5.4%
Moderate (MUAC<12.5cm)	184	2.4%
SAM (<11.5cm) /oedema	14	0.2%
GAM (SAM+MAM)	198	2.6%

Child Protection

UNICEF continues to provide support for capacity building of partners for increased protection of children in Mahama Camp through the identification of cases for quality case management with harmonised standard operating procedures. These include identification, assessment, case planning and referrals. There were eight child protection cases reported in Mahama camp in January 2017. These cases were supported through existing case management mechanisms. The cases were handled according to age and gender-based approaches, including individual referrals, psychological counselling, and home visits.

Apart from individual management of child abuse cases, UNICEF is also focusing on the assessment of unaccompanied minors who have recently turned 18 to support their transition to independent living. Following completion of the assessment, the Child Protection working group worked with children to identify areas of individual needs and vulnerabilities to ensure a continuous linkage with community services. These young adults have now been removed from the existing unaccompanied minors and separated children (UAMSC) database. Alternative care arrangements for UAMSC have been reinforced through staff trainings

and the identification of foster caregivers; in total, 174 foster families have been identified and continue to benefit from tailored trainings and group discussions to share experiences and enhance positive parenting practices. Over the past two months, there were 22 cases of children being placed in foster families in Mahama camp (12 boys, 10 girls).

Child-friendly spaces (CFS) have been continually operational and attendance was particularly high during school holidays, with an average participation of approximately 6,000 children per week. UNICEF put an emphasis on ensuring the harmonisation of monitoring tools and processes for tracking registration in CFS, daily attendance, activities, and the identification of particular vulnerabilities - including children with disabilities - for the adaptation of activities to their specific needs. The activities consisted mainly of reading books and playing games, jump rope, playing football, cultural dances and songs. The CFS are also helping to identify new cases that need referral for additional social support. The CFS serve as hubs to establish and manage community-based SGBV response through “socio therapy”, which consists of group therapy as a way to prevent gender-based abuse and instil amicable social and family conflict management. Currently, 199 community mobilisers are trained on socio therapy, SGBV prevention and response to increase their knowledge in providing adequate psychosocial support to children and their families.

In line with harmonisation, supervision and child protection, monitoring tools in Mahama Camp were adapted to guide the inter-agency child protection and SGBV interventions.

The inter-agency child protection team also worked towards analysis of 2016 data to understand the trends in child protection needs and services, in order to establish a common framework in prioritising 2017 interventions. The core activities in focus include birth registration, redefining a protective environment, availability of trained community-based social workers, and case management and referral including to services in the host community such as schools, health facilities, the police and the judicial system.

Health

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

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 over a period of two months.

Yellow fever surveillance activities are ongoing from July 2016 and yellow fever vaccinations are being conducted at reception centres. As of December 2016, 2,947 new arrivals including children were vaccinated to prevent yellow fever from entering Rwanda.

UNICEF continues to support routine immunisations in Mahama Camp. In December 2016, 1,333 children were reached with routine immunisation services and 196 pregnant mothers were vaccinated against tetanus.

Education

The 2017 school year started in Rwanda on 23 January 2017. Mobilisation of the refugee community to prepare children for school began two months ahead of schools opening, facilitated by the Adventist Development and Relief Agency (ADRA) with coordination from UNHCR and UNICEF support. UNICEF also



Vaccines for measles, polio and a Vitamin A supplement are given by UNICEF and partners to children in Mahama camp. ©UNICEF Rwanda/Bannon

contributed to the preparation of the school year with the procurement and delivery of 19,000 students kits and 300 teacher kits for both Burundian refugee children and local children between November 2016 and January 2017. The distribution of student and teacher supplies began during the first week of school after debriefing children on a code of conduct that included the proper use of scholastic materials.

Cases of out-of-school Burundian refugee children are still found, and specific strategies to tackle this issue will be implemented in 2017. UNICEF, UNHCR, ADRA, MIDIMAR, and other partners are preparing a back-to-school campaign for refugee children with the theme “together in school”. This advocacy and mobilisation campaign will be launched on 23 February 2017 and implementation of activities will extend throughout the year.

UNHCR and ADRA have constructed 163 new classrooms outside Mahama Camp. These include 53 classrooms for P1 and P2. In addition, kitchen facilities and a teacher’s room were constructed. These facilities opened for use at the beginning of the 2017 school year.



Students receiving a debriefing on the code of conduct given by the head teacher at Paysannat L School, on the first day of the 2017 school year. ©ADRA 2017

Major education gaps and needs in Mahama camp include:

- ICT facilities and equipment (e.g. computers)
- Office equipment (e.g. photocopiers)
- Skill development for teachers to provide quality learner-centred education
- Teaching and learning materials (e.g. textbooks, supplementary materials, teachers’ guides)
- Recreation facilities and equipment

With funding support from SIDA and the US Fund, UNICEF will address the first three needs identified above in early 2017.

Early Childhood Development

By January 2017, the first permanent Early Childhood Development (ECD) centre in Mahama Camp was equipped to provide integrated services for children aged 3-6 years. The construction of the centre began in May 2016 as a response to the large number of children under six who were not receiving adequate early stimulation and learning opportunities. The investment also coincided with the Government’s transition from temporary to permanent structures in the camp. Once provided with child-friendly furniture and outdoor and indoor play and learning materials, the centre is expected to begin operating in mid-February 2017. It will enrol an estimated 250 children between 3-6 years of age. Children will attend in double shifts and teachers will utilise the Rwandan curriculum. The centre will be supported by ADRA for an initial six months before handover to MIDIMAR and UNHCR for continued support. UNICEF and UNHCR will work together to form a multi-sectoral task force that will ensure integration of services and monitoring of the quality of services provided to the children.

Though the centre will enrol only children, its broader outreach activities within the camp will incorporate a specifically tailored parenting programme. The programme aims to strengthen parenting skills in general, particularly for parents with children under 2 years. The centre will be a meeting point for parents to learn various aspects of childcare. UNICEF and ADRA have begun a new six-month agreement aimed at developing an ECD programme tailored to the refugee community. UNICEF will provide tools and resources, already in use in community-based ECD settings, which will guide the implementation of the parenting component of ECD including training toolkits and home visitation checklists. Eventually, the ECD centre can also 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 in late 2016.

Communication for Development (C4D)

In Mahama Camp, C4D is focusing on establishing a social mobilisation and awareness-building system to promote selected practices related to hygiene and sanitation. These practices include hand washing with soap to prevent diarrhoea and other diseases, the use of bed nets to protect against malaria, safe sex behaviour for HIV prevention, and promotion of exclusive breastfeeding of children between 0-6 months. 360 community mobilisers and 71 village leaders were trained to disseminate messages through community mobilisation and sensitisation using approaches such as household visits, community and youth engagement through cultural sessions (dances, songs, poems, and sports), conducting sessions with mothers, and peer education.

Household visits were conducted on a daily basis in 2016, reaching 30,058 households with an aim to promote specific key health and hygiene-related messages in every household in the camp. In addition, 290 peer education sessions were conducted using football and drama using playgrounds, schools, and other youth-friendly spaces, reaching 29,000 youth to promote HIV prevention. While 22 cultural sessions were organised in the evenings at the convenience of community members, reaching 500 mothers and 600 parents on the promotion of good hygiene and health practices throughout 2016.

Funding Requirements

As outlined in UNICEF's Humanitarian Action for Children appeal, UNICEF Rwanda required \$2.55 million for the Burundi refugee response in 2017. Funding was received in the third quarter of 2016 from DFID and UNOCHA/CERF, and more recently from the Republic of Korea. With the arrival of these funds, UNICEF's 2017 humanitarian funding gap is currently \$ 2.17 million.

Funding Requirements for Burundi refugee response in Rwanda (Jan-Dec 2017)				
Appeal Sector	Requirements (US\$)	Funding available (US\$)*	Funding gap	
			(US\$)	%
Nutrition	\$110,000	0	\$110,000	100%
Health (including HIV/AIDS)	\$405,000	0	\$405,000	100%
WASH	\$1,000,000	\$56,969	\$943,031	94%
Education	\$315,000	0	\$315,000	100%
Early Childhood Development	\$50,000	0	\$50,000	100%
Child Protection	\$278,000	\$238,000	\$40,000	14%
Operational Support**	\$390,000	\$86,074	\$303,926	78%
Total	\$2,548,000	381,043	2,166,957	85%

*Funds available includes funding carried forward from 2016. Note that the carry-forward figures are provisional and subject to change due to the 2016 year-end financial closure.

**Operational Support includes M&E and C4D funding.

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Annex 1

UNICEF Response with partners in 2016		
Sector	UNICEF 2016 Target	UNICEF 2016 Results
WASH: People reached with safe hygiene messages and promotional activities	60,000	53,000
Health: Children under 1 year reached with routine immunization	1,500	6,842
Nutrition: Children under 5 years suffering from SAM admitted to therapeutic feeding programmes (as per Sphere Standards for programme coverage and programme performance)	360	327
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

*The targets for Child Protection were on the basis of assumption of receiving 100,000 refugees in 2016, which did not materialize. Secondly, 1,548 is the number of UASC children who benefitted from case management. These are the reasons the results are low compared to the target for 2016.