Rwanda

Factsheet • August 2016

HIGHLIGHTS:

As of 18 August, Mahama refugee camp has officially surpassed 50,000 refugees. It currently hosts 50,013 Burundian refugees, making it the largest refugee camp in Rwanda, more than twice the size of the country's largest Congolese camp (Kiziba Camp, at 19,000 refugees).

UNHCR is continuing to prioritize the construction of semi-permanent shelters in Mahama as the camp grows every day. In addition to receiving new arrivals on a daily basis, there are currently some 1,400 refugees remaining in the reception centres throughout the country. Urban refugees are also increasingly requesting to be relocated to the camp due to the high cost of living in the cities. In Mahama, 69.4% are still living in emergency shelters (tents and hangars), which are starting to deteriorate.



As of mid-August 2016, Mahama camp hosts over 50,000 Burundian refugees.



KEY STATISTICS (31 AUGUST 2016)

164,561

Total population of concern (Refugees & Asylum Seekers)

2,119

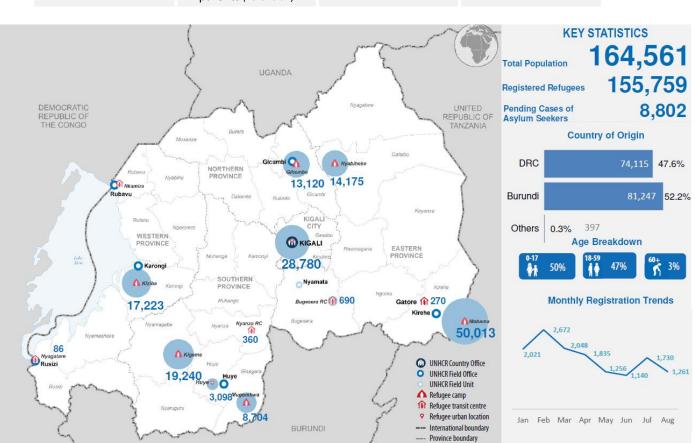
Refugees who are unaccompanied or separated from their parents (Burundian)

31,878

Refugees living in urban areas

3,584

Rwandan returnees received in 2016



District boundary

UNHCR Factsheet

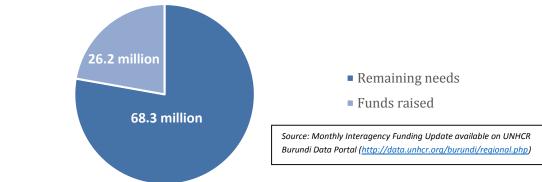
BURUNDI EMERGENCY UPDATE

New arrivals:

The rate of new arrivals of refugees in Rwanda has increased in August to an average of 20 new Burundian refugees per day.

Burundi Refugee Response Plan (RRP) - Funding Status

The comprehensive needs for the 2016 interagency Burundi refugee response in Rwanda are estimated at over **USD 94.5** million, however as of August only **USD 26.2** million had been received – representing a gap of **USD 68.3** million. This means the **2016** RRP for Rwanda is only **28%** funded.





Child Protection:

There are currently 2,119 registered unaccompanied and separated Burundian children (UASC). Out of the UASC identified and assisted by UNHCR and partners since the beginning of the emergency, there have been 1,042 known cases of UASC reunified with their parents/customary caregivers or relatives. At the beginning of August, a meeting was held in Mahama camp for over 95 UASC and their caregivers to discuss why children want to return to Burundi, and children's behaviours in the refugee camp, including at home, school and in the community.

Sexual and Gender Based Violence (SGBV) prevention and response

- 320 SGBV cases in Mahama and the reception centers have been reported and assisted to date by UNHCR and partners through the referral mechanism established at the onset of the emergency. These cases include sexual assault, psychological/emotional abuse and denial of resources, opportunities and services.
- 2,649 refugees hosted in reception centres and camp (i.e. 2,054 in Mahama, 330 in Bugesera and 275 in Nyanza) benefited from sensitization sessions on the root causes and different types of SGBV and harmful traditional practices, duty to report SGBV incidents, reporting mechanisms, etc.
- 73 community health workers (30 men and 43 women) benefited from a refresher training on human rights and SGBV with the aim to enhance their skills on SGBV prevention and response. Participants were taught about root causes of SGBV, how to prevent SGBV and how to ensure timely multisectoral response. Community health workers committed to participate actively in SGBV prevention activities and to educate community members about the consequences of SGBV. The next training of community health workers will focus on psychosocial support interventions for SGBV survivors.

Education

 ADRA, with the support of UNHCR, has started the implementation of the hot meal school feeding program to ensure secondary students remain in school. Previous to the school feeding program, it was noted that secondary students

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were dropping out in the afternoon due to hunger. Since 10 August, 3,581 refugee students are being provided with a hot meal at school. Within three weeks, it was noted that afternoon attendance had increased from 65% to 75%.



Health

- UNHCR, through its partners ARC and Save the Children, provided primary level medical care to 10,352 refugees in Mahama camp for the month of August, representing an average of 53 patients per clinician a day.
- UNHCR supported 419 refugee patients in Mahama camp to access secondary and tertiary referral health care through ARC and Save the Children during the reporting period. Among them there were 88 referrals for obstetrics and gynecological issues.
- UNHCR and partners continued to provide Maternal and Child Health care (MCH) in Mahama refugee camp. 184 refugee women gave birth during the reporting period out of which 97% were recorded as institutional deliveries. The health staff of Mahama camp clinics attended a three-week long training event on Emergency Obstetrics and New-born Care (EmONC) conducted in collaboration with UNFPA.
- Respiratory tract illnesses represented the bulk of morbidity (32%) in August. The burden of malaria has gone down to 2%, which represented 152 cases.
- Crude Mortality Rate (0.2%), and Under Five Year Mortality Rate (0.4%) remained improved and stable. The rates are significantly better that SPHERE minimal standards.
- All refugee patients with HIV who are eligible for anti-retroviral therapy (ART) have access, and a cumulative number of 576 were supported by UNHCR through partners to access ART in August.
- Save the Children carried out 366 on-arrival medical screenings at Gatore reception center during the reporting period. 365 new arrivals received Yellow Fever vaccine complying with the recommendations of Ministry of Health (MoH) to prevent outbreak.
- African Humanitarian Action (AHA) continued to avail on-arrival medical screening and primary health care at Bugesera, Nyanza and Nyagatare reception centers. 163 on-arrival medical screenings were carried out in said reception centers during the reporting period. 958 refugee patients receive primary health care treatments. All three reception centers continued on-arrival Yellow fever vaccination with the support of UNHCR under which 248 new arrivals were vaccinated.
- Community sensitization activities on Infant and Young Child Feeding Practices (IYCFP), Maternal and Child Health, Reproductive Health, communicable diseases and hygiene measures were conducted in different villages in the camp.



Food Security and Nutrition

- Moderate and Severe Acute Malnutrition management programs have been rolled-out in Mahama implemented by ARC, SCI/Concern Worldwide with the collaboration of UNHCR, UNICEF and WFP. 31 refugee children under five years who have been diagnosed with Moderate Acute Malnutrition are being treated with supplementary feeding.
- 13 refugee children were newly admitted to Therapeutic Feeding Program in Mahama. UNICEF continued to provide Plumpy'nut (ready-to-use product for the treatment of severe acute malnutrition) to the therapeutic feeding program.



Water and Sanitation

- Water supply in Mahama camp continues to meet the standards of 20L/Person/Day.
- The construction of 17 dischargeable latrines (4 doors each) has been completed and inspected in Mahama camp.
- Oxfam completed the installation of handwashing stations around 90 previously constructed latrine blocks.
- GHDF (formerly PAJER) has completed the construction of the water treatment plant in Bugesera reception center, which will become operational pending connection to a power/electricity source.

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- Disinfection of clean water (water chlorination) has been increased to 0.6mg/l to control any potential outbreaks of typhoid in Mahama camp. This has considerably reduced water contamination at household level to 0 total coliform and 0 E-coli.
- GHDF was able to construct 15 out of the 73 latrine blocks during the reporting period. This will reduce number users from 45 users to 35 users per drop hole.
- 277 dischargeable latrines were installed and there are still needs to construct 348 more latrine blocks.



Shelter and NFIs

- One of the challenges has been in relation to space; Mahama II is nearly completed with the construction of semi-permanent shelters, which means refugees living in emergency shelters in Mahama I must be relocated to make way for construction of the remaining shelters. UNHCR and partners must therefore dismantle the existing tents to relocate families again to temporary shelters. In the month of August, UNHCR through local contractors constructed 200 additional duplex semi-permanent shelters. This has increased the coverage from the past month to 30.6% of the current population (50,013) for a total of 1,971 completed shelters.
- GHDF has installed roofing for 223 of the 600 mudbrick shelters they have constructed.
- 115 new family tents have been distributed to refugees relocated from Village 7B to free up space in Mahama I to make way for construction of the remaining semi-permanent shelters.
- UNHCR, through its partner ADRA, has completed the construction of MIDIMAR and Police offices in the camp.
- 20 hangars damaged by wind have been rehabilitated.
- 2 additional tents have been installed in Gatore reception centre to accommodate all new arrivals.
- UNHCR & GHDF have assessed the shelter situation in Bugesera reception centre, where the rehabilitation will start shortly. 10 communal kitchens have been constructed in Bugesera TC.

CONGOLESE REFUGEE PROGRAM UPDATE



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Resettlement to a third country:

- Total submissions in August 2016: 202 individuals (68 cases)
- Total submissions in 2016: 1,707 individuals (625 cases)
- Total departures in August 2016: 325 individuals (69 cases)
- Total departures in 2016: 2,281 individuals (553 cases)

Education

Further to UNHCR's strategy to integrate all refugee students from pre-primary through secondary into the national
education system, UNHCR and ADRA have started the construction of 21 classrooms at Groupe Scolaire Gasaka to
accommodate 900 secondary students from Kigeme camp and the host community. All of these students will be
integrated with the next school year 2017.



Water and Sanitation

• Mugombwa camp is the only camp in Rwanda which meets minimum standards for sanitation, with 34 dischargeable latrine blocks of 12 stances (21 users per drop hole). However, there is still need to construct 2 more blocks in order to have 20 users/drop hole. However, Mugombwa camp still has gaps in showers (currently 34 users/ shower). 4 showers of 12 stances are now under construction to increase the standards.

- Water supply in Mugombwa is still below the standards (15.5L/P/D during reporting period). The main cause of the insufficiency of water is the frequent breakdown of the water pumps at pumping station and high demand during dry season. UNHCR, World Vision International (WVI) and Rwandan Energy Utility Corporation (EUCL) are planning to connect the distribution line to electrical power in order to increase water supply to both refugees and host community in Mugombwa.
- Water supply in Gihembe has increased to 16.5 L/P/D during reporting period due to completed pipeline and new constructed storage tank in the camp.



Shelter and NFIs

- ARC has started increasing ownership of shelters in Kiziba and Gihembe camps by providing construction materials to refugees to build and maintain their own shelters.
- ARC has started renovating 50 shelters in Gihembe, 50 shelters in Kiziba and 100 shelters in Nyabiheke.

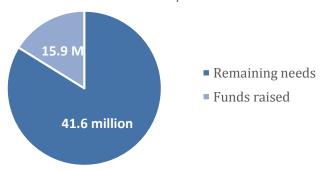


Health

- 13,278 Congolese refugee patients were provided with medical care at camp refugee health facilities in the month
 of August. Refugees in all Congolese refugee camps were provided with secondary and tertiary health care on
 prioritized basis by ARC and AHA with the support of UNHCR.
- Upper Respiratory Track diseases continued to be the leading cause of morbidity in all Congolese refugee camps during the reporting period. Weekly proportional morbidity of Upper Respiratory Track Diseases range from 34.4% to 38% in Kigeme while the same range between 38.9% to 51.8% in Mugombwa.
- Nybiheke camp health center received two HIV mentors from Ngarama Hospital. The quality chain of the HIV services
 and the implementation of the novel strategy "treat All HIV +" were evaluated as the continuous effort of
 maintaining the standards of the services.
- Under Five Year Moderate and Severe Acute Malnutrition management programs were continued in Congolese refugee camps during the reporting period. Additionally 207 refugee patients with HIV received supplementary feeding at Kigeme and Mugombwa.

Financial Information – CONGOLESE REFUGEE PROGRAM

The comprehensive needs for the 2016 Congolese program amount to **USD 57.5 million**. Approximately **USD 4.5 million** has been raised by WFP and **USD 11.4 million** has been raised by UNHCR Rwanda for its Congolese operation.

























































UNHCR is grateful for the generous contributions of donor countries who have given un-earmarked and broadly earmarked contributions as well as the following key donors who have directly contributed to the operation in 2016:

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Daily Statistics: http://data.unhcr.org/burundi UNHCR Rwanda: www.unhcr.org/rw Twitter: @RefugeesRwanda