As of December 2018, there are 69,423 Burundian refugees (25,821 households) who fled insecurity and unrest due to the political situation. The vast majority (58,277 persons) are living in the country’s largest refugee camp, Mahama, which opened on 22 April 2015. The remaining 11,146 Burundian refugees include 10,061 living in urban areas, mainly in Kigali and Huye, and 1,085 others spread between other camps and reception centres. There are four transit/reception sites currently in operation. RRP partners cover urgent, life-saving needs. However, now that the Burundian refugee population has been in Rwanda for three years and continues to grow, emergency facilities established in 2015 are deteriorating and need rehabilitation.

In 2018, UNHCR registered 5,531 new Burundians who fled into Rwanda, with an average of 106 new arrivals weekly. New arrivals require continuous intervention to ensure that adequate levels of protection and basic assistance are provided. Currently, RRP partners do not foresee a possibility for a safe and dignified repatriation of the majority of refugees in Rwanda to Burundi in the near future.

RRP partners worked closely with the Government of Rwanda (GoR) and with its primary counterpart, the Ministry of Emergency Management (MINEMA), to ensure protection and basic assistance for all refugees in the country and in identifying appropriate durable solutions. A total of nine agencies are involved in the interagency refugee response plan and are working with other partners in Rwanda, providing services in the refugee camp and transit/reception sites and ensuring protection and assistance in urban settings.

UNHCR, in the context of the Government-UNHCR Strategy for Economic Inclusion of Refugees (2016-2020), and UNHCR Policy on Alternatives to Camps (2014), is seeking together with RRP partners to enable refugees to fulfil their productive potential as members of the Rwandan society who contribute to the economic development of host communities. Corresponding to the Government’s ambition to enable and promote socio-economic inclusion, the operation started implementing its Multi Year Multi-Partner Protection and Solutions Strategy in 2018.

RRP partners continued to ensure that refugees fleeing from Burundi had access to the territory, the right to seek asylum and protection from refoulement, access to registration, documentation, protection and life-saving support in multi-sectoral areas.

Following the verification exercise conducted in urban settings in the first half of the year, UNHCR registered a 69 per cent decrease of the Burundian urban refugee population from 31,825 persons before the verification exercise to 11,061 persons by the end of the year. The verification will take place in Mahama camp in 2019. This will pave the way for refugees to obtain identity documents issued by the Government.
Regular border monitoring activities were conducted to assess the situation of new arrivals, the conditions and the access to territory. The GoR set up an electronic system to register all births in both health centers in Mahama resulting in 100 per cent of newborns registered and issued birth certificates.

All Burundian refugees are registered on individual basis with biometrics, and the GoR plans that in 2019 all refugees over the age of 16 years will be issued ID cards following completion of verification exercise. UNHCR facilitated the provision of Machine Readable Conventional Travel Documents to five refugees for job livelihoods opportunities abroad, and in October 2018, the GoR began issuing travel documents who process up to 30 requests weekly. Partners organized capacity building for GoR staff and refugees on refugee rights and duties, legal protection of children, SGBV, etc.

Legal assistance was provided to refugees in need, including representation before courts and follow up of persons accused or in detention. Some 702 unaccompanied and separated children, out of a total of 866, as well as other children at risk, continued to be closely monitored. RRP partners provided emergency case management including meetings, immediate legal action was also taken to provide assistance to juvenile cases, BID and alternative care placements, as well as psychosocial support. Community-based child protection committees played a key role to monitor protection violations, assess children’s protection needs and mobilize community resources to support vulnerable children and their families.

Community-based action groups carried out SGBV prevention campaigns and psychosocial support to survivors. Capacity building was carried out on the ‘SASA!’ Prevention approach to SGBV and on case management, clinic management of rape, and prevention of sexual exploitation and abuse. Case management and response were ensured for all 450 SGBV survivors who came forward; all cases received psychosocial support and appropriate services such as psychosocial support and referrals to health, legal services and material support. RRP partners supported the community to identify persons with specific needs and to ensure their equal access to services. A community-based complaint desk and hotline were in operation to hear issues from the community. Refugee leadership was active, with community leaders, village leaders and quartier leaders elected within the camp.
In line with the Sustainable Development Goals (SDGs), and CRRF that strengthens the commitment by the Government of Rwanda, there are ongoing efforts to integrate refugee children into the national education system, to improve access to education for all refugee children and to ensure quality education at all levels. Gaps remain in the capacity absorption of national schools.

By end of 2018, a total number of 5,211 refugee children (2,705 boys and 2,506 girls) were enrolled and supported in Early Childhood Development (ECD). 13,850 children (7,125 boys and 6,725 girls) were enrolled in primary school and 4,180 refugee students (2,522 boys and 1,658 girls) were enrolled in lower and upper secondary at the Paysannat L public school, integrated along with Rwandan children. RRP partners ensured that 23,241 students in ECD, primary and secondary were receiving school feeding, scholastic materials and school uniforms.

In 2018, the RRP partners paid monthly incentives to 197 Burundian and 98 Rwandan qualified teachers. Out of the 44 Burundian teachers who were supported to attend In-Service Training, 35 teachers achieved Diploma in Teaching. The RRP partners continued to advocate the Government to integrate the qualified teachers in the national system. As part of enhancing school management capacity, Kirehe District recruited four head teachers (three male and one female) under Government payroll.

Despite progress in the educational opportunities available for refugee students, a number of challenges remain, including crowded and insufficient numbers of classrooms, lack of facilities such as laboratories and libraries, and the need for more latrines. Recently, the Government of Rwanda announced that the education system for primary schooling will shift from double to single shifts, which will further increase the need for more classrooms, spaces, teachers and resources.

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**Food**

All Burundian refugees in Mahama Camp and reception centers received a monthly food basket of dry food rations to meet their food and nutritional needs. These food rations aim to ensure that refugees receive the minimum recommended caloric requirement of 2,100 kcal per person per day. The food basket is comprised of cereals, beans, fortified vegetable oil, salt and Super Cereal (CSB+). Super Cereal (CSB+), a fortified micronutrient food, was added to the general food distribution ration for all Burundian refugees to combat undernutrition and to support the particular food needs of those most in need, such as young children and the elderly. The general food distribution rations were reverted/restored to full ration from July on-wards. A hybrid general food distribution modality (combination of cash and in-kind food assistance) was introduced in Mahama camp from October. The cereals, vegetable oil and salt were converted to cash while beans and Super Cereal remained as in-kind food distribution.

RRP partners focused on ensuring gender equality in the distribution of food assistance by encouraging and sensitizing women to participate in food management committees, particularly in leadership positions, as representatives elected by other refugees. To ensure gender equality in the management of food assistance at the household-level, food ration cards were issued in women’s names wherever possible. In most refugee households, women make the decisions over the use of food.
A mid-morning porridge was provided to primary and secondary school students and ECD children in Mahama and nearby communities to support their attendance and reduce pressure on household food security.

% refugees benefiting from food assistance (receiving 75% or more food ration) in 2018

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<th>% of refugee women delivering with assistance by qualified personnel in 2018</th>
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<td>97%</td>
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Health & Nutrition

132,546 Outpatient medical consultations in 2018 for Refugees and Nationals

100% Vaccination coverage for fully immunized children under 1.

Prevalence of anaemia (45%) and stunting (30%) among children remains high.

In 2018, Primary Health Care services were 100 per cent accessible and free to both the Burundian refugees in Mahama camp and local host communities through two health centers. A total of 132,546 outpatient consultation services were rendered to refugees including 1,679 persons among the host communities.

Vaccination campaigns were conducted in the camp, including house-to-house immunization. This resulted in high vaccination coverage for fully-immunized children under 2-year-olds (100 per cent) and all children under 12 months. By the end of 2018, the HIV program in Mahama tested 10,092 people through voluntary counselling and testing wherein 15 were found HIV positive. All 712 registered persons living with HIV were on anti-retroviral therapy.

Outreach programs continued to engage refugees and raised awareness on prevention of communicable, non-communicable diseases (NCD) and positive behavioral changes, such as prompt health seeking behavior in the event of an illness. To tackle the burden of NCDs, RRP partners strengthened the capacity of Mahama health centers to deliver quality NCD services through training health staff, community health workers (CHWs), improving NCD drug supply and screening of NCDs at community level. A total of 13 health professionals and 132 CHWs were trained as part of NCD capacity building.

Some of the remaining challenges identified include, lack of access to Hepatitis B and C screening, vaccination and treatment as this program is not yet integrated to the national hepatitis control program, high level of anemia and stunting due to low consumption of iron rich food (e.g. meat) and other nutritious foods, a gap of about 16,500 mosquito nets, non-accredited health centers on TB diagnosis and treatment (MoH to accredit-advocacy initiated), rehabilitation of the four community nutrition kitchens, lack of an infant and young child feeding center, lack of a laboratory technician for TB testing and adolescent Sexual reproductive health staff to support reproductive health services: (including prevention early pregnancies, family planning and HIV and sexually transmitted infection prevention among adolescents and young people).

% of refugee households having semi-permanent shelter in 2018 for Refugees

Livelihoods & Environment

64 Burundian refugees received life skills training for livelihoods

780 Burundian refugee entrepreneurs trained in business skills in Mahama camp

Livelihoods opportunities for refugee youth remain limited.

In 2018, there were 268 Village Savings and Loans Associations (VSLAs) in Mahama. A total of 3,000 Burundian refugees received loans from VSLAs and/or RRP partners to support their businesses.

RRP partners trained refugees and members of host community on business management and connected them to financial institutions, including 780 individuals trained in scope of Business Model Canvas, 163 individuals (114 Refugees, 49 nationals) attending Boot Camp training and 100 individuals (94 Refugees, 6 nationals) trained on book keeping.

RRP Partners trained 100 refugee women on basket weaving and basic knowledge on business and linked them with markets.
to local and international market through the global MADE51 initiative. In addition, an Elite Center was constructed in Mahama camp where 120 young refugees received life-skills trainings on ICT, tailoring, plastic arts and tie and dye. 79 students graduated, while others continued ICT and shoe making. The trained students were also provided with startup capital.

RRP partners also facilitated an average of 80 young PoC to attend vocational trainings in different Government TVET institutions. In addition, 40 refugees and 60 Rwandans were trained on briquettes making, 65 young mothers were trained in tailing and others attended Driving schools and masonry training.

Refugees continued to do business in four markets in Mahama camp and Munini Market in the host community; and are making savings in local financial institutions. An average of 200 refugees were daily employed in Moringa Plantation.

The population in camps formed environmental clubs responsible for environmental management and 10,000 tree seedlings were planted.

1,500 meters of retaining wall was constructed to prevent landslides.

| % of refugees that have access to self-employment/facilitated businesses | 2% |
| % refugee that have access to wage employment | 4% |

Shelter & NFi

In Mahama camp, 343 semi-permanent shelters were newly constructed in the new village extension of village 17 and more than 7,383 refugees, including new arrivals from the three reception centers (Nyanza, Bugesera, and Gatore) and some urban refugees relocated to Mahama camp, received adequate shelters. A total of 1,250 family shelters were repaired in order to improve on families living conditions and improve on the shelter conditions. RRP partners maintained 3km of access road through community work and refugee communities, and constructed 450m of drainage channel to improve on the drainage system in Village 7, 8 and part of 9. RRP partners also constructed a new kitchen block at the Gatore TC, a multipurpose hall, a new police post compound with seven accommodation units and other essential amenities, a masonry perimeter wall at the Permanent Water Treatment Plant (PWTP) to improve on the security of the plant, a new waiting area at MINEMA compound and eight new classrooms at Paysannat L school.

Cash-based initiatives for non-food items were rolled out in Mahama at the end of 2018. The first round of CBI transfers were completed in December 2018 and involved a partial transfer for mattress, blankets and jerry cans. Soaps and sanitary pads were still distributed in-kind. All new arrivals received the standard NFi package (kitchen set, blanket, mats, jerry cans, soaps and sanitary pads). RRP partners planned to replenish kitchen sets distributed during the beginning of the emergency in 2015, as per the standard three year life cycle, however due to underfunding only 40 per cent of households were supported. Lack of replenishment of kitchen sets and mosquito nets is having a significant negative impact on the refugees’ daily life in Mahama Camp.
In 2018, the capacity of the permanent treatment water plant (PWTP) in Mahama was extended from 1,200 to 1,800 m3 of water/day to serve the camp within the minimum standard of 20 l/pers/day and 65 m3/day to host community. Regular operation and maintenance of water supply facilities ensured the continuous supply of clean water. Some 65 additional dischargeable latrines (260 drop holes) were constructed and a total of 3,532 drop holes for communities were maintained and regularly dislodged to serve the camp at 16.5 persons per drop hole. In addition, and 22 blocks were dedicated to market places, public spaces. Latrine blocks in Mahama were also serving as shower rooms. Safe waste management including general cleaning was carried out to improve the sanitation and hygiene conditions within the camp. A monthly average of 157.0 m3 of solid waste was collected and 214.0 m3 dislodged waste from latrines were transported to the designated waste dumping site for disposal. A total of 200 handwashing stations were distributed based on latrine blocks in newly constructed villages. All refugees in the camp were reached by hygiene promotion activities through daily sensitization, mobilization and campaigns on best hygiene practices to prevent waterborne diseases conducted by 120 community hygiene promoters (CHPs) and WASH clubs at village level.

The challenges faced in the WASH response include high prevalence of vandalism of WASH public infrastructure (i.e. hand washing facilities, water taps, tanks etc.), damaged access roads, which makes dislodging truck access difficult and insufficient drainage network with big gullies under formation. About 83 per cent of households in Mahama did not have the access to handwashing stations (1,500 units required). With the Mahama latrine model, in which the same block includes both latrines and showers, dislodging of the latrine block is a major challenge in the entire camp. There is the need to improve on the infiltration system (700 latrine blocks require construction of a soak-away pit) and for an additional large capacity truck (20,000 liters). There is also a need to extend the national power grid to Permanent Water Treatment Plant (PWTP) to reduce high rate of fuel consumption (350 litres/day). The water intake, pumping pipeline and storage facilities also need to be upgraded to cope with the design capacity of PWTP.
CRRF

In February 2018, Rwanda issued a declaration that it would be formally adopting the Comprehensive Refugee Response Framework (CRRF) approach. A CRRF workshop was convened in June 2018 by the Ministry in charge of Emergency Management (MINEMA) with various Government institutions and RRP partners. The workshop confirmed that the GoR intends to frame its CRRF application around the four commitments made at the Leaders’ Summit which were to integrate refugees into national systems in health and education sectors, issue 100 per cent of refugees with national IDs and adopt a joint livelihoods strategy with RRP partners to graduate refugees off humanitarian assistance. During his mission in April 2018, the UN High Commissioner for Refugees met the Head of State who indicated that all durable solutions—resettlement, voluntary return, and local integration—would be available to all refugees in Rwanda. The GoR is in the process of revising its nationality law with a refugee solutions lens.

It is hoped that the naturalization procedures may become clearer and simpler, to pave the way for large numbers of refugees, who currently could meet eligibility criteria for naturalization, to have access to this option. As the initial step towards exploring alternatives to camps and possibilities for refugees (existing or new influx) to settle in districts, RRP partners conducted a stakeholder mapping to sensitize local authorities on the CRRF approach and explore the districts’ interest in and their requirements for integrating refugees into their planning. Initial findings were positive and as there is an indication that both local Government officials and development partners are eager for a “whole of society” approach. RRP partners will continue efforts to apply the CRRF in the Burundi refugee response in Rwanda.

The Government of Rwanda’s four commitments at the Leaders’ Summit:

a) Public launch of joint MIDIMAR-UNHCR livelihoods strategy, with a focus on graduating camp-based refugees out of assistance programs and increasing formal access to work opportunities.

b) Commitment to ensure that 100% of refugees are in possession of valid refugee identity cards issued by the Government of the Republic of Rwanda (NIDA) by the end of 2017.

c) Commitment to ensure that 100% of refugee students in secondary school and 50% in primary schools will be integrated into national education systems by the end of 2018.

d) Commitment to ensure that 100% or urban refugees will have the opportunity to buy into national health insurance systems by the end of 2017.

FOR MORE INFORMATION


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