

# Rwanda: 2020 Mid Year Report BURUNDI REGIONAL RRP

January - June 2020



## 71,973

BURUNDIAN REFUGEES  
HOSTED IN RWANDA (30  
JUNE 2020)

## US\$ 72.4 M

REQUIRED IN RWANDA IN  
2020

## 20%

FUNDING RECEIVED  
(SEPT 2020)

## 15

RRP PARTNERS IN  
RWANDA IN 2020

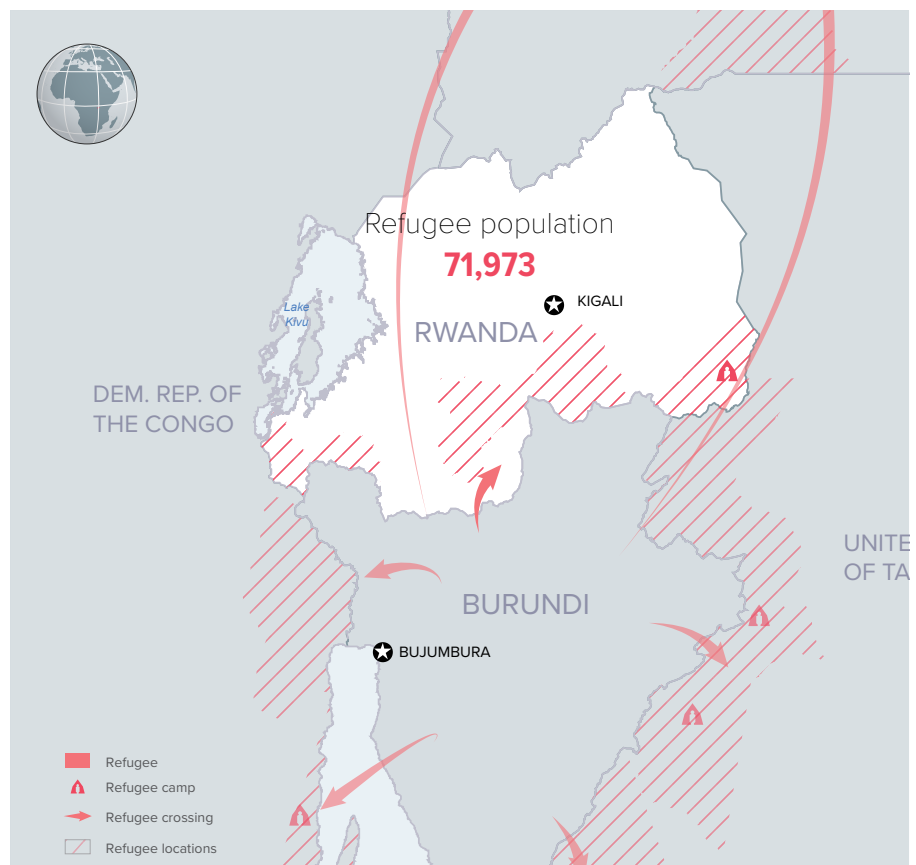
### SITUATION OVERVIEW

As of June, Rwanda was host to 149,149 refugees, including 71,973 refugees from Burundi who had fled insecurity and political unrest. Women and children make up 72 per cent of population. Some 60,000 are living Mahama refugee camp established in 2015. The remaining Burundian refugees are living in urban areas, mainly in Kigali and Huye, while others reside in other camps and reception centres. With the Burundian refugee population having been in Rwanda for five years and continuing to grow, emergency facilities established in 2015 are deteriorating and need rehabilitation.

The verification exercise in Mahama was completed on 17 January with 96 per cent of all refugees in Mahama verified. The camp population remains quite stable with few new arrivals (652 between January and June 2020), limited spontaneous departures and a small number of no shows (2,500 refugees did not show up were inactivated in the database).

The camp which was built to host up to 60,000 people is now at full capacity. The verification exercise was coupled with an intention survey which confirmed a very low prospect for return to Burundi in 2020, at least not before the general elections in May. During the reporting period, RRRP partners updated the Inter-Agency Contingency Plan for the Burundi Situation with the Ministry of Emergency Management (MINEMA), other relevant government

departments and partners. This plan includes emergency preparedness activities and specific measures to prevent the spread of COVID-19 in case of a mass influx of refugees into Rwanda. Due to the huge radius of the common border between the two countries, the government identified 13 sites for the purpose of establishing transit/reception centres and one site for a new camp.



As of end June, there were no reported cases of COVID-19 in Mahama camp which continues to be in lockdown since 16 June as a precautionary measure, and only essential services are being provided to refugees. Despite these limitations, RRRP partners continue to ensure that refugees fleeing from Burundi have access to essential protection services and humanitarian assistance in multi-sectoral areas.



## Protection

**6,226 Urban refugees, majority are Burundians, benefited from C-19 assistance**  
**100%** of persons of concern were **registered on an individual basis.**

Suspension of child protection community awareness, child friendly spaces and sports activities has led to **an increase in child neglect, and adolescent engagement in negative coping mechanisms**

As of 16 May, Rwanda introduced a number of preventive measures, including a lockdown, to fight the spread of COVID-19 in the country. Similar to nationals, the livelihood of refugees in the urban areas, who mostly rely on daily wages, has been affected due to these measures. RRRP partners identified the most vulnerable groups of refugees and asylum-seekers and targeted them with a multi-purpose, one-time cash assistance of USD 60 for an individual and USD 30 per person for a family size of two persons and above. Vulnerable refugees and those with urgent protection needs continue to receive exceptional financial assistance after a protection and socio-economic assessment. Refugee leaders, at different levels, in Mahama camp were assisted with communication incentives and in the sensitization and messaging campaigns in the camp.



## Education

**95% of primary school-aged children enrolled in primary education**  
**96%** of persons of concern have access to **national education systems**  
**250 additional classrooms needed** to meet the national standards

In line with the Sustainable Development Goals (SDGs), and the CRRF commitments by the Rwandan government, 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. During the reporting period, 6,015 refugee children (2,971 boys and 3,044 girls) were enrolled and supported in Early Childhood Development (ECD). 15,151 children (7,699 boys and 7,452 girls) were enrolled in primary school and 5,995 refugee students (2,825 boys and 3,170 girls) in lower and upper secondary school. All students were provided with scholastic materials, uniforms and school feeding. At the start of the pandemic and school closures, efforts



**233**

Burundian refugees **tested for COVID-19** by 30 June 2020



**0**

Burundian refugees **tested positive for COVID-19**, with 0 deaths reported



**71%**

of Burundian refugees and targetted host communities **reached with COVID-19 related messaging**



**2**

health centres supported or established for COVID-19 response, as well as **2 isolation centres & 1 quarantine centre**



**67%**

of health staff participated in **COVID-19 related trainings**



**302**

**additional handwashing facilities established**



**69%**

of Burundian refugee students reached with **remote learning** (e.g. radio lessons, study packs etc.)



**26,336**

Burundian refugee households received **additional core relief items** as part of the COVID-19 response

were made for refugee children to follow remote learning broadcasted by the Government via radio, TV, and online learning. It is estimated that some 60% of refugee children followed the distance learning programmes.

Despite continued efforts undertaken, there are still gaps that will continue to impact refugee learning, when children return to school, such as overcrowded classes that affect their learning environment; these learning conditions negatively affect the teaching methodology as well as the learning process. In addition to limited number of classrooms the schools are lacking other facilities such as laboratories and libraries, IT rooms and girls' room and there is a need for more latrines and other sanitary provisions.

Distance learning during COVID-19 has also proven challenging as it requires devices such as computers, phones, radios, connectivity, which few refugee families can afford to purchase and therefore many children could not follow classes broadcasted by the Government.



## Food

**62,133 refugees** received monthly **in-kind food assistance**.

**60,609 refugees** received monthly **cash-based food assistance**

There was a **lack of funding for food assistance to refugees in quarantine**.

Food and nutrition assistance were provided to all refugees residing in Mahama camp and in reception centres on a monthly basis to cater for their daily dietary needs either in the form of in-kind food assistance or a combination of food and cash-based transfers (CBT). The most vulnerable groups including children aged 6 to 23 months, pregnant and lactating women, children with moderate acute malnutrition aged 6 to 59 months and HIV/TB patients), received supplementary feeding with enriched fortified blended food in addition to general food distribution. These groups, including the caregivers for the targeted children also received Nutrition Education and Counselling (NEC) which includes counselling on appropriate maternal, infant and young child feeding practices. NEC interventions also promote access to fresh foods, such as through the establishment of kitchen gardens, community nurseries and mushroom farming. In order to strengthen ownership of the NEC intervention, camp leaders are trained on issues related to gender and nutrition.

Under the school feeding programme in the refugee camps, morning feeding was provided to refugee children in primary and secondary schools and those in Early Childhood Development (ECD) centres, as well as children from the host communities attending the same schools. Due to the COVID-19 outbreak, schools have been closed since 16 March and the school feeding programme suspended. It will resume once schools reopen in September.

A business continuity plan was developed to ensure provision of food assistance during the pandemic. WFP implemented a reduced number of food distributions for its nutrition programme, from twice a month to once a month to minimize the risk of COVID-19 transmission within refugee camps. The general food assistance was provided fully in cash in April to avoid the number of times refugees must congregate for food collection. With the rise of COVID-19 cases in the second half of April, a double general food distribution to cover the months of May and June was provided in May, to help refugees stockpile food commodities in case of total lockdown of the camp. Restriction of movements has affected refugees' livelihoods, hence, in addition to the general food distribution WFP provided a one-off take home ration of 4kgs of Super Cereal (CSB+) per refugee household in May.



## Health & Nutrition

**No refugees tested positive** to COVID-19

**990 births (99%) attended by trained health care workers**

The prevalence of **anaemia and stunting remain high**

Primary Health Care services were provided to all refugees through the 2 health centres in Mahama camp. Due to the COVID-19 pandemic, some health programs and activities were affected, but the essential health services

continued and followed strict infection prevention and control measures aligned with MoH and WHO protocols. From January to June, 87,335 outpatient consultation services were recorded. There were 1,423 secondary and tertiary medical referrals made, while 233 COVID-19 tests were conducted by MoH wherein no one was found positive.

Immunization campaigns for children below the age of 5 years continued with observance of physical distancing and other infection control measures and achieved high coverage (100%) of measles vaccination.

The planned 2020 Standardized Expanded Nutrition Survey (SENS) was affected by the COVID-19 pandemic and deferred to 2021, but the 2019 SENS result had revealed progress in reducing malnutrition. The GAM prevalence dropped from 3.3 per cent to 2.3 per cent between 2018 and 2019. Similarly, stunting prevalence levels showed improvement from 29.6 per cent in 2018 to 25.5 per cent in 2019, and prevalence of under 5 anaemia reduced from 45 per cent in 2018 to 31 per cent in 2019.

Outreach programs continued to engage refugees and raised awareness primarily on prevention of COVID-19 and other communicable diseases, non-communicable diseases (NCDs) and positive behavioural changes, such as prompt health seeking behaviour in the event of an illness through the community health workers (CHWs). Training on COVID-19 for health care workers and CHWs, procurement of COVID-19 medicines and supplies, and establishment of quarantine and isolation facilities were supported in collaboration with the district health teams. In addition, refugees were recently integrated into the national viral hepatitis management by the Ministry of Health, where hepatitis B and C screening and treatment are conducted.



## Livelihoods & Environment

**994 refugee entrepreneurs in Mahama camp trained in business skills.**

**55 refugee entrepreneurs received affordable business loans and 9 refugee businesses got grants** from RRRP partners to help them rebuild and recover from the negative impacts of COVID-19. Up to RWF 32,000,000 was disbursed for both loans and grants.

**Livelihood opportunities particularly for refugee youth remain limited**

**Livelihoods:** Implementation in the first half of 2020 was challenging due to COVID-19 restrictions. RRRP partners adapted regular programming to the COVID-19 context by digitizing the services where applicable. 994 Burundian refugees were trained in business skills through video training, interactive voice response, individual consulting and coaching on phones. 55 Burundian refugees received business loans and nine refugee businesses got grants in a bid to support them recover and rebuild from the negative effects of the pandemic. Due diligence to process loans and grants was conducted on phone and with the support from refugee volunteers at camp level. The refugees also had access to other financial services including savings, financial education and loans provided by microfinance company “Umutanguha”, which is operating in Mahama camp, as well as other local financial institutions available in the communities. In an effort to help refugee and host community entrepreneurs to cope with negative effects of COVID-19, financial service providers waived penalties on delayed loans repayment and are delivering more affordable loans to support entrepreneurs to revamp their businesses. Some 40 refugee tailors were engaged to produce fabric masks as part of fighting COVID-19 contamination which improved the livelihood for their families..

**Environment:** Environmental conservation has been mainstreamed in water, sanitation, shelter rehabilitation and construction activities. The new construction projects are reviewed by UNHCR’s Energy/Environment experts to ensure that rainwater harvesting, and storm water control measures are incorporated in the design. However, there are gaps in terms of drainage channels, insufficient water harvesting systems (on communal facilities), garbage disposal and absence of nursery beds (seedlings for tree planting).



## Shelter & NFIs

**19,316 (100%) households received cash grants**

**381 family shelters rehabilitated** to improve living conditions.

Only 80% of the refugees have adequate semi- permanent shelters. **No shelter space in the camp to accommodate 343 new arrivals.**

Shelter: Physical distancing within communities has not been easy to attain due to the proximity of the family shelters and no space for the construction of new shelters.

RRRP partners managed to improve and rehabilitate

381 family shelters to improve living conditions in order to decongest and relocate families to safe houses to maintain the required physical distancing. In terms of general public infrastructures, eight classrooms were completed which will decongest existing classrooms when schools resume in September 2020; the main road leading to Mahama camp has been improved in order to ease transport activities; structures at the gas distribution site were improved through the construction of a perimeter fence and waiting area to provide security and cover, and ; a new modern food distribution block at Mahama I was completed.

CBI: Refugees in Mahama camp received NFI assistance including kitchen sets, blankets, jerry cans, mattresses, soap and sanitary towels through unconditional cash grants provided to households.



## WASH

**20L of water per person per day** provided to refugees in Mahama camp.

Standard for latrines in transition phase (**one latrine for 20 people**) was met at Mahama camp.

There are **no formal waste collection points** in Mahama camp.

The permanent water treatment plant (PWTP) provided 20 litres of potable water per person daily for approximately 65,000 people in the camp and host community. Water quality was tested and monitored daily. The PWTP computer operating system was upgraded and fully automated. Duplication of the rising main at the intake are underway, to ensure greater security of supply. Additional works are required to secure the intake structure against floods.

A total of 3,532 drop holes for communities and 88 stances for public spaces have been dislodged since the beginning of the year. Ongoing management of solid waste was carried out to maintain the sanitation and hygiene conditions; however, the lack of formalized garbage disposal points remains a gap and will be addressed in the second half of 2020.

100 per cent of the camp population was reached by hygiene promotion activities through daily sensitization, mobilization and campaigns, with the support of 120 community hygiene promoters (CHPs). All persons of concern received enough soap on a monthly basis through CBI, including an allowance for menstrual hygiene management.

The water storage facilities were upgraded at Gatore Transit Centre to provide additional storage. High prevalence of vandalism of public infrastructure, insufficient access roads and drainage, with gullies under formation and aging water system assets were constraints in the provision of water.

Hygiene promotion, according to approved Ministry of Health messages, was undertaken daily. Infection prevention and control, through the installation and management of handwashing facilities in communal locations, and increased disinfection of communal latrines and bathing spaces were undertaken daily. An additional one month of soap was provided through CBI at the start of the COVID-19 response.

WASH support to health facilities included the provision of dedicated latrines to service in- camp quarantine facilities and strengthened water supply facilities.

## Energy

**10,500 LPG stoves distributed in Mahama camp** and household receive regular LPG refills.

**Gatore RC switched from use of firewood to LPG.**

**All households** in Mahama camp receive **60% of their energy need** for cooking.

In October 2018, the Government of Rwanda issued a directive to stop the distribution of firewood in refugee camps, in order to transition to alternative clean cooking solutions, following the decision taken at the National Leadership Retreat in 2017, to gradually ban the use of firewood as source of cooking fuel in Rwanda as a mitigation measure to the rapid deforestation faced by the country. Given limited cooking fuel options on the market, it was agreed with the Government to facilitate a refugee camp setting where firewood and charcoal would no longer be used and that a mix of briquette and pellet solutions would be utilised instead. To date, the refugee population in Mahama camp are provided with LPG gas for cooking.

## Good Practices and Innovative Approaches

**Education:** Rwanda is committed to integrate refugee children into the national education system. RRRP partners and the Government have enrolled 95 per cent of primary and secondary children into national schools. Refugee children study the same national curriculum along with host community children in schools close to the camps and receive a recognized national certification when they complete their schooling. This has helped in ensuring social integration and social cohesion. RRRP partners, recognizing the critical value of this, have supported the process by constructing additional classrooms in existing national schools in order to upgrade their absorption capacity. This has permitted refugees and national students to share the existing resources, follow the same curriculum with the same teachers and access the same certification.

**Healthcare:** 11,487 urban refugees (91.5 per cent from Burundi) and 2,000 students from the camps studying in boarding schools in urban areas were given access to enrol in the national Community Based Health Insurance (CBHI). In 2019-2020 more than 78 per cent of the target refugees were enrolled, subject to verification and documentation. RRRP partners have financially supported and pushed this project as a more cost-effective and sustainable approach to meet the health needs for targeted refugees.

### 2020 BURUNDI REGIONAL RRP PARTNERS IN RWANDA

- Adventist Development and Relief Agency
- Alight
- CARE International
- Food and Agriculture Organization
- Handicap International
- International Organization for Migration
- Save the Children International
- The Legal Aid Forum
- United Nations Development Programme
- United Nations High Commissioner for Refugees
- United Nations Children's Fund
- United Nations Population Fund
- UNWOMEN
- World Food Programme
- World Vision International

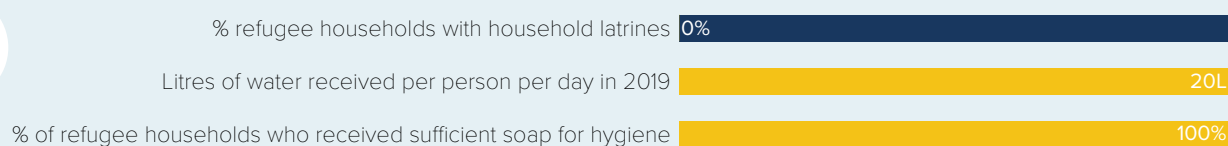
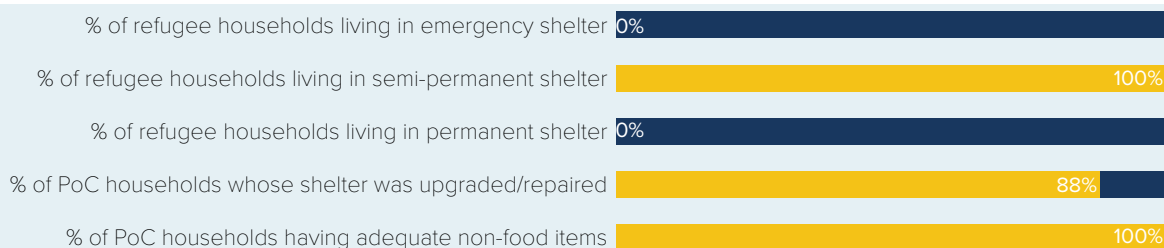
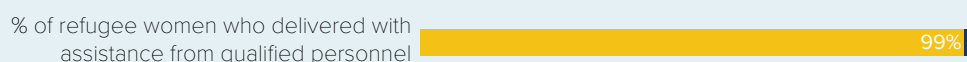
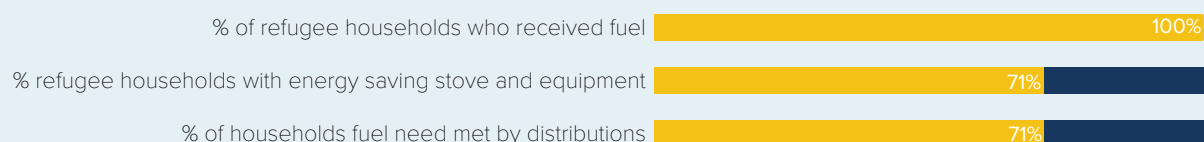
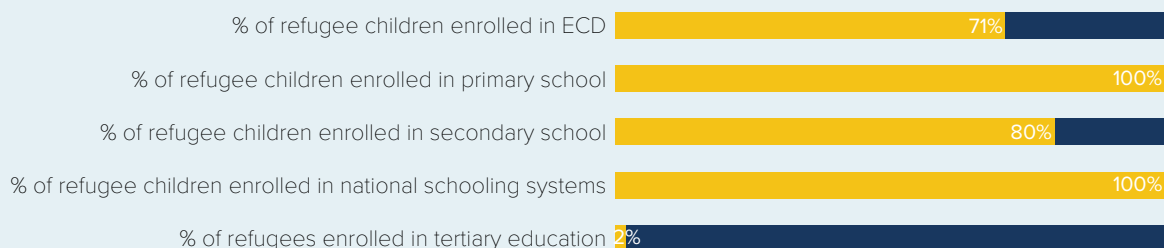
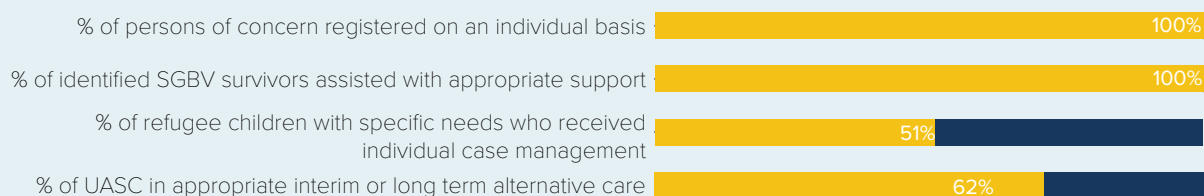
### FOR MORE INFORMATION

**Burundi Data Portal** - <http://data2.unhcr.org/en/situations/burundi>

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