HIGHLIGHTS:

- The UN Refugee Agency (UNHCR), Airtel and I&M Bank (Rwanda) Limited have signed an agreement that will facilitate the issuance of cash assistance to Rwandan refugees who return home, mainly from a number of sub-Saharan African countries.

In this new alliance, each returnee family will receive a mobile phone and a sim card with an activated Airtel Money account so that the cash assistance can be delivered instantaneously at any entry point. Rwandan refugees will receive a cash grant of USD $250 per adult and USD $150 per child. In addition this approach will support the local Rwandan economy by replacing in-kind assistance and helping returnees stand on their own feet upon their return.

The decision to move to cash is intended to encourage more Rwandan refugees in the region to return home as the deadline of the Cessation Clause is scheduled to come to an end – at the close of this year, 2017. UNHCR anticipates a planning figure of 20,000 refugees returning to Rwanda for 2017. Story continued at www.unhcr.org/rw

KEY STATISTICS (28 FEBRUARY 2017)

<table>
<thead>
<tr>
<th>Total population of concern (Refugees &amp; Asylum Seekers)</th>
<th>Refugees who are unaccompanied or separated from their parents (Burundian)</th>
<th>Refugees living in urban areas</th>
<th>Rwandan returnees received in 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>168,184</td>
<td>1,764</td>
<td>32,879</td>
<td>307</td>
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</tbody>
</table>

A Rwandan returnee mother with her child are among the first to receive the new cash assistance through mobile phones.
BURUNDI EMERGENCY UPDATE

New arrivals:

- The rate of new refugee arrivals in the month of February has recorded the highest number since May 2016 at 761 new arrivals, which represents an average of 28 individual per day. Most new arrivals are recorded to be settling in Kigali City.

Burundi Refugee Response Plan (RRP) – Funding Status

The comprehensive needs for the 2017 interagency Burundi refugee response in Rwanda are estimated at USD 83.1 million. As of February 2017, only USD 100,000 had been reported received by all appealing agencies. The latest RRP Interagency Funding Update is available on the UNHCR Burundi Data Portal: http://data2.unhcr.org/en/situations/burundi.

Education

- The Back to School Campaign was officially launched in Mahama camp with representatives of the government of Rwanda, UNHCR, UNICEF, ADRA and other partners to sensitize parents and the refugee community to send children to school. The campaign will continue until March 2017 and the community and refugee leaders will be involved and make sure a number of refugee children re-enrol in school.

Water and Sanitation

- The average daily clean water supplied to refugees was 17.6 L/person/day, reduced from 20L due to rainfall in the camp. All bacteriological water tests conducted during February have tested negative for both total coliforms and E. coli.
- 51 dischargeable latrines were completed and handed over to refugees.
- 50 meters of pipe extension from the camp’s permanent water treatment plant to the host community was completed, which is intended to provide water to the local Paysannant School and to the nearby villages.

Shelter and NFIs

- During the reporting period, 594 semi-permanent duplex shelters were constructed by Global Humanitarian and Development Foundation (GHDF) and UNHCR’s private contractors. 400 additional semi-permanent shelters are in the final stages of construction.
- There are currently 30,333 refugees living in semi-permanent shelters in Mahama camp, while 23,585 Burundian refugees continue to live under plastic sheeting in communal hangars (22,663 in Mahama, 992 in Gatore and Bugesera Reception Centres) pending the allocation of land.
- 48 individual shelters and 7 communal hangars in villages 17-20 were repaired.
- 2km of drainage maintenance was completed by American Refugee Committee (ARC) through community participation.
Health

- UNHCR handed over two ambulances to health partners in Mahama, ARC and Save the Children International (SCI), to support referral of emergency and complex medical cases to secondary and tertiary level care hospitals without delays.
- A total of 11,704 consultations were made in both of Mahama’s camp clinics. Major causes of illnesses were; Respiratory Tract Infection (35%), Intestinal worms (7%) and Gastritis (6%).
- African Humanitarian Action (AHA) and SCI continued to avail on-arrival medical screening and primary health care at Bugesera, Nyanza, Nyarushishi and Gatore reception centers. All four reception centers continued on-arrival Yellow fever vaccination with the support of UNHCR.

CONGOLESE REFUGEE PROGRAM UPDATE

Protection

- UNHCR in Rwanda now has an Associate Integrity Officer whose primary task is to deal with SGBV and fraud prevention. For this purpose, a confidential complain E-Mail account, Tubivuge, has been created. TUBIVUGE means “let’s speak about it” in Kinyarwanda. TUBIVUGE@unhcr.org is a dedicated anti-fraud email address, designed for receiving reports related to actual, suspected or attempted fraudulent and unethical acts perpetrated by any individual holding contractual relationships with UNHCR, as well as Persons of Concern, Implementing Partners, and third parties.

Resettlement to a third country

- Total submissions in February 2017*: 453 individuals (128 cases)
- Total submissions in 2017: 1,088 individuals (295)
- Total departures in February 2017: 15 individuals (2 cases)
- Total departures in 2017: 117 individuals (25 cases)

*Submissions by Location: Kiziba- 45 cases /153 individuals; Nyabiheke- 24 cases /119 individuals; Gihembe- 59 cases/181 individuals.

Health

- UNHCR handed over three ambulances to the health partners working for Congolese refugees in order to facilitate timely referrals of emergency and complex cases to secondary and tertiary health facilities.
- In Congolese refugee camps there were 13,385 consultations at camp refugee health facilities. Refugees were provided with secondary and tertiary health care on prioritized basis by AHA and ARC with the support of UNHCR.
- Respiratory tract diseases continued to be the leading cause of morbidity in all Congolese refugee camps during the reporting period, which represented 36% of the total proportional morbidity. Malaria constituted 4%.
- There were a total of 170 births; 99% of deliveries were conducted at health facility. Refugee women also have access to antenatal and postnatal care services through UNHCR health partners.

Shelter and NFIs

- A ‘Shelter Ownership’ approach, introduced by UNHCR and implemented by ARC, has served to mitigate the challenges of insufficient funding for shelter construction, rehabilitation, and reconstruction. Under this approach,
refugees participate in constructing their shelters, while vulnerable refugees continue to receive full assistance for constructing their shelters.

Financial Information – CONGOLESE REFUGEE PROGRAM

The needs for the 2017 Congolese program amount to USD 45.7 million. Only USD 1.48 million has been raised to date.

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:

United States of America | UK Department for International Development (DFID) | Government of Japan | EU Humanitarian Aid and Civil Protection department (ECHO) | Netherlands | Canada | Finland

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