

HIGHLIGHTS:

- UNHCR and the Ministry of Disaster Management and Refugee Affairs (MIDIMAR) held a conference on refugee solutions and socio-economic inclusion in Rwanda's development planning. Among the outcomes of the stakeholder consultations included an affirmation that refugees can contribute positively to Rwanda's economy and plans for next steps to boost their self-reliance through the launching of the MIDIMAR-UNHCR Joint Strategy for Economic Inclusion of refugees.



Hon. Minister of MIDIMAR and UNHCR Representative sign strategy for refugee livelihoods.

- UNHCR and delegations from African countries as well as the African Union agreed on final steps to end the protracted Rwandan refugee situation after seven years of negotiations. This ministerial meeting, hosted by UNHCR in Geneva, marks the last phase of the Comprehensive Solutions Strategy. The participants, who hailed from Rwanda as well as the major refugee hosting countries reaffirmed their commitment to bring the strategy, launched in October 2009, to its conclusion by the end of next year. *Highlights continued on page 2 and at www.unhcr.org/rw*



Rwandan refugees return home after a decade in Angola. UNHCR/M. Pereira

- UNHCR welcomes the significant new commitments made by the Government of Rwanda to improve protection and solutions for refugees at the Leaders' Summit on Refugees, convened by US President Barack Obama in New York on 20 September. At the summit, Rwanda announced that it will further integrate refugees into the national education system, ensure all refugees have proper documentation, all urban refugees will have access to health insurance and will promote self-reliance of refugees through a MIDIMAR-UNHCR Joint Strategy on Economic Inclusion of Refugees. Marking this significant achievement, several ambassadors and representatives of diplomatic missions in Rwanda joined the UNHCR Representative and Minister of MIDIMAR in a visit to Mugombwa Refugee Camp, which is home to nearly 9,000 Congolese refugees. The visit also followed the UN General Assembly Summit for Refugees and Migrants, which was held on 19 September. Prior to both summits, UNHCR and MIDIMAR organized a joint visit to Mahama camp with over 20 ambassadors and representatives of international organizations in order to meet Burundian refugees and see their living conditions first-hand, and also monitor the facilities and services which are funded by international donors.



Envoys speaking to the media after visiting Mahama refugee camp.

KEY STATISTICS (30 SEPTEMBER 2016)

164,315

Total population of concern (*Refugees & Asylum Seekers*)

2,087

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

31,790

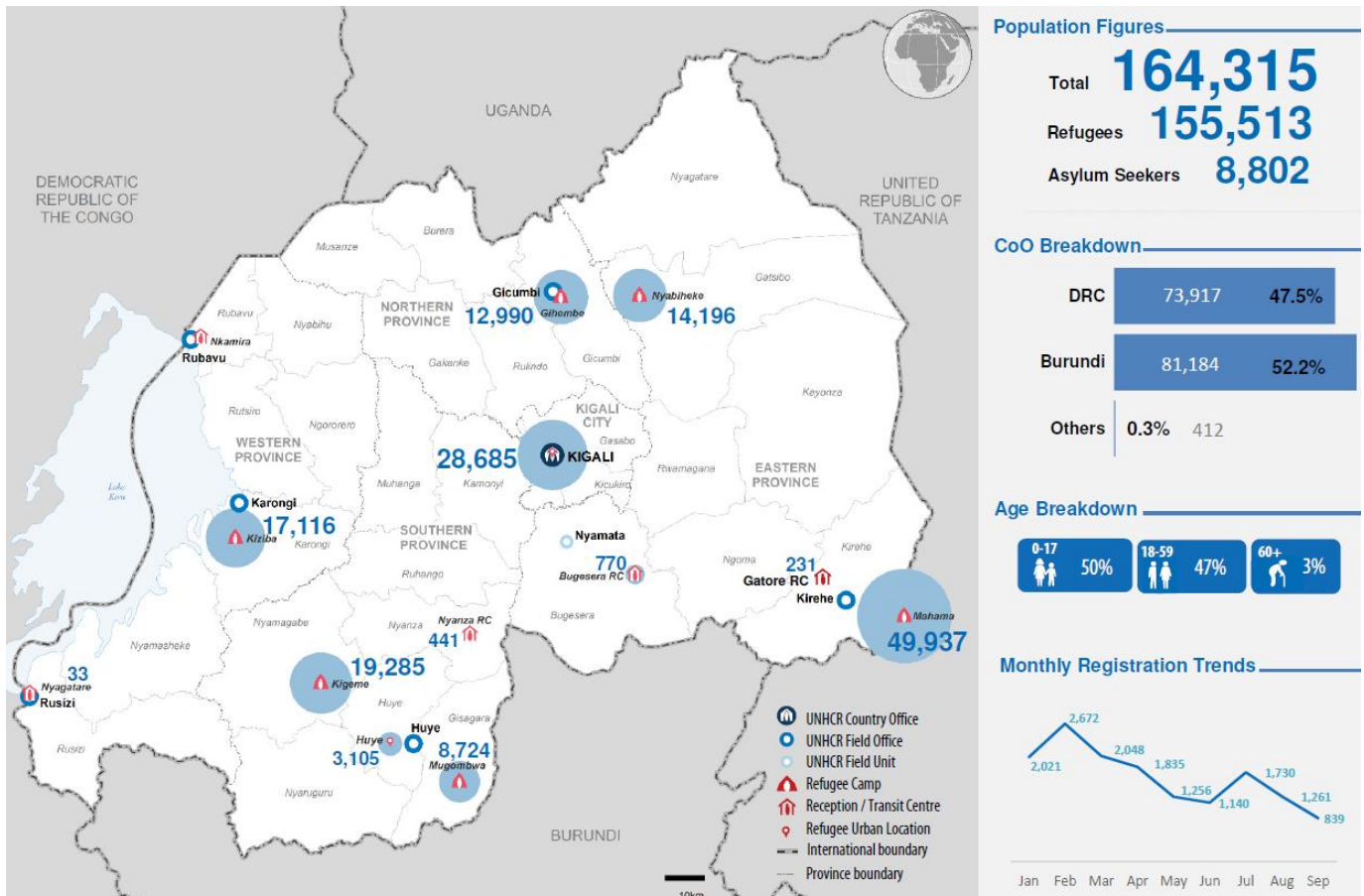
Refugees living in urban areas

4,100

Rwandan returnees received in 2016

Rwanda

Factsheet • September 2016



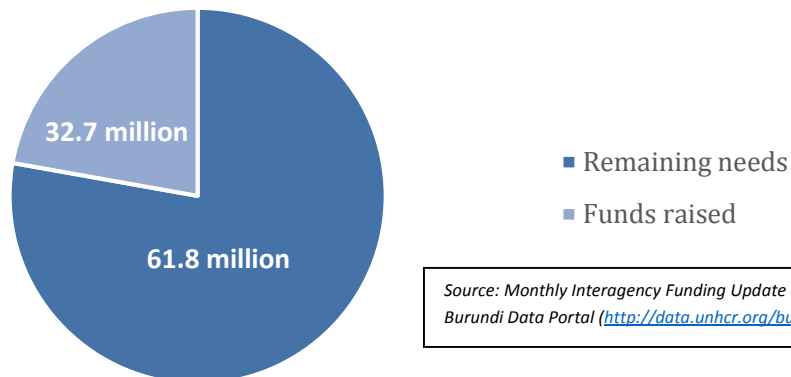
BURUNDI EMERGENCY UPDATE

New arrivals:

The rate of new arrivals of refugees in Rwanda remained consistent during September with an **average of 20 new Burundian refugees per day**. In Mahama camp, 779 individuals were inactivated for missing three consecutive food distribution cycles, thus concluding they are no longer residing in the camp.

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 September only **USD 32.7 million** had been received by all appealing agencies – representing a gap of **USD 61.8 million**. This means the 2016 RRP for Rwanda is only **34% funded**.



Source: Monthly Interagency Funding Update available on UNHCR Burundi Data Portal (<http://data.unhcr.org/burundi/regional.php>)

 Protection
Child Protection:

- There are currently **2,087** 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 **1,071** known cases of UASC reunified with their parents/customary caregivers or relatives.

Sexual and Gender Based Violence (SGBV) prevention and response

- There is very limited lighting in Mahama camp, whose residents are primarily women and children, and some of the individual solar lights distributed to refugees have been sold or stolen. UNHCR is currently undertaking an assessment with the camp site planner to understand the most strategic places in need of solar lights, and will conduct a workshop to sensitize refugees on the importance of taking ownership of community lights in order to prevent vandalism and theft.
- The One Stop Center in Kirehe district, a center designed to complement national efforts in responding to SGBV, raised the issue that very few perpetrators in the camp seem to be prosecuted and punished. This contributes to a sense and culture of impunity which can set the stage for continued incidents of SGBV. UNHCR and its legal partner Legal Aid Forum will be looking carefully into this issue to make sure justice is upheld to prevent further crimes.

 Health

- UNHCR through its partners ARC and Save the Children, provided primary level medical care to **14,603** refugees in Mahama refugee camp during the reporting period, representing an increased average of **58** patients per clinician a day.
- The data from UNHCR's Health Information system (HIS) indicates that the coverage for use of contraceptives is low among women of reproductive age living in Mahama camp compared to the coverage in same age group women in Rwanda and Burundi. In order to better understand the perception of refugees towards contraception, current status of the service provision, and to develop appropriate strategies for improvement of the program, UNHCR has planned to conduct a survey to collect baseline information on family planning services in the camp. Findings and recommendations from this baseline study will be used to inform and improve FP programming and services provided to the refugees and help them to get access to wider range of contraceptive methods and take informed and voluntary decision.
- Respiratory tract illnesses represented the bulk of morbidity (**32%**) during the reporting period. The burden of malaria has gone down to **1%**, which represented **129** cases.
- Crude Mortality Rate (**0.1/1000.month**), and Under Five Year Mortality Rate (**0.3/1000/month**) remained improved and stable. The rates are significantly better than SPHERE minimal standards.
- A cumulative number of **600** refugee patients with HIV were supported by UNHCR through partners to access ART during the reporting period.

 Food Security and Nutrition

- A total of 29 children with Severe Acute Malnutrition and 263 with Moderate Acute Malnutrition received services under Moderate and Severe Acute Malnutrition management programs.
- The Blanket Supplementary Feeding Programme provided supplementary feeding to 2,200 children between age 6-23 months and 2,457 pregnant and lactating mothers.
- Fresh food and SOSOMA was distributed to 1,003 chronically ill patients and vulnerable groups.



Water and Sanitation

- Water supply to Mahama camp decreased to **19.38L/person/day** from 20L due to frequent breakdowns of the generator at the water treatment plant. UNHCR and Oxfam will look into securing a backup generator.
- The current latrine usage in Mahama camp is **45 users/drop hole**. Out of the 73 dischargeable latrines being constructed, GHDF has already completed 15 latrine blocks. UNHCR has funded an additional 276 blocks and UNICEF 69 blocks to be constructed before the end of the year.
- More than 50 emergency latrines have been decommissioned during the relocation exercise in order to avail more space for construction activities.
- UNHCR through its partner ARC is responding to the drainage issues in Mahama. Road banks have been washed out by heavy rains, inhibiting UNHCR and other humanitarian actors from easily accessing certain villages in the camp. There is need to dig proper drainage channels over a span of 14.2 km, construct 46 bridges, and correct 3 gullies. With the current funding, ARC has begun phase 1 of the response which involves constructing 10 bridges, digging proper drainage channels over a span of 3.36km and correcting a gully.



Shelter and NFIs

- During the reporting period, thanks to newly mobilized resources, the Rwanda Operation was able to double the end-year target for semi-permanent shelter construction from 3,000 to 6,000. UNHCR through local contractors has currently constructed 1,919 semi-permanent shelters, housing 30.7% of the current population in Mahama. The new target of 6,000 shelters will cover 48,000 refugees, however land remains a significant constraint. UNHCR continues to advocate with the Government of Rwanda for allocation of more land in Mahama, or else construction will be delayed and refugees will have to remain in temporary emergency shelters which after over one year and a half of existence are in very serious state of disrepair.
- UNHCR has recruited an associate civil engineer to oversee camp site planning and the construction of shelter.
- Construction of ARC's permanent health center in Mahama Site 1 has started, to replace the old emergency structure which remains under plastic sheeting.



Community Empowerment and Self-Reliance

- Indego Africa, a social enterprise, has begun work in Mahama to source arts and crafts from refugee cooperatives to be exported to America and sold via Indego's online-retail store. This project will increase the access to markets for refugee artisans and improve Rwanda's trade balance.

CONGOLESE REFUGEE PROGRAM UPDATE



Protection

- UNHCR and the Child Protection in Crisis (CPC) Learning Network have come together to assess the impact of child protection activities in a humanitarian context with the overall objective to better protect refugee children through research work carried out in Rwanda and Uganda. In Rwanda, two studies were carried out in Kiziba camp in 2013 (Time 1) as well as in 2015 and 2016 (Time 2) by the CPC Learning Network in collaboration with UNHCR Rwanda and the support of Plan International Rwanda. Further to this, the final report 'Measuring Impact Through A Child Protection Index' has been drafted and is currently under finalization. This report aims at measuring changes in the strength of the child protection system in Kiziba camp, in addition to gauging the prevalence of child protection risks and psychosocial well-being of adolescents through a comparison of Time 1 and Time 2 studies.

In order to share and validate the final report's findings as well as discuss the way forward to ensure that identified child protection issues be addressed in a coordinated manner, a workshop took place on 26th September 2016 in

Kigali with UNHCR, its partners (including Plan International, ADRA, AHA, ARC and FSDS) and the Rwanda National Police at national and Kiziba camp levels.

Resettlement to a third country:

- Total submissions in September 2016: 155 individuals (63 cases)
- Total submissions in 2016: 1862 individuals (688 cases)
- Total departures in September 2016: 382 individuals (139 cases)
- Total departures in 2016: 2338 individuals (623 cases)



Water and Sanitation

- Despite the substantial water shortage in Mugombwa camp and the host community due to the frequently required repairs of the diesel motors needed to run the pumping station, World Vision managed to provide an average of **16.6 liters per person** per day during the reporting period.
- In Kigeme the average water consumption per capita remains low at **13 liter per person per day**.
- During reporting period, ARC has managed to supply an average of **33L/P/D** of clean water to PoCs in Kiziba, **16.5 L/P/D** in Gihembe and **13L/P/D** in Nyabiheke.



Health

- **15,247** Congolese refugee patients from all Congolese refugee camps were provided with medical care at camp refugee health facilities in the month of September. Refugees 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, which represented 50% of the total proportional morbidity.

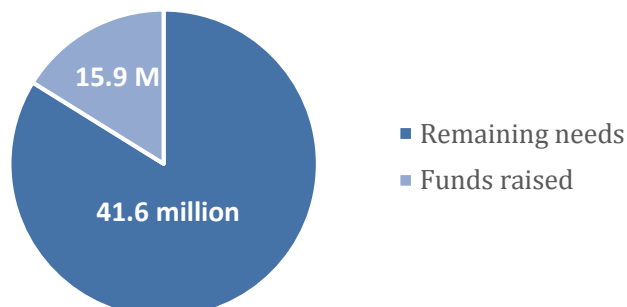


Community Empowerment and Self-Reliance

- Inyenyeri's efficient cooking solution pilot project launched with opening of a retail location in the camp to serve the residents of the Kigeme camp;
- UNHCR has selected Inkomoko to develop a comprehensive entrepreneurship support program and finance refugees (Kigali & Huye and in Kigeme, Gihembe, and Nyabiheke camps) where refugees will receive cash in lieu of in-kind food assistance. Inkomoko conducted training on improved business management and innovative financing models for urban refugees in Kigali.

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.



Rwanda

Factsheet • September 2016



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

Contacts:

Martina Pomeroy, External Relations Officer, pomeroy@unhcr.org, Tel: +250-252-589-874, Cell: +250 (0) 78-830-2769

Erika Fitzpatrick, Associate PI/Reporting Officer, fitzpat@unhcr.org, Tel: +250-252-589-874, Cell +250 (0) 78-838-9828

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