HIGHLIGHTS:

- UNHCR in Rwanda honored International Women’s Day (IWD) with two events in March: the first event was held 7 March in Kigali to launch the report of the comprehensive interagency gender assessment conducted in all refugee camps in Rwanda in 2016 by MIDIMAR, UNHCR, UN Women and other partners.

On 9 March, UNHCR and the Government of Rwanda celebrated IWD with refugees and members of the diplomatic and donor community by inaugurating the Women’s and Girl’s Opportunity Centre in Mahama camp. Story continued at www.unhcr.org/rw

- The National Leadership Retreat held in late February, in which top leaders from central and local government including members of the private sector and civil society convened, made recommendations relating to refugees in Rwanda. These recommendations ban firewood and plastic sheeting in the camps and require public structures (schools, hospitals, etc.) to be built multi-story.

KEY STATISTICS (31 MARCH 2017)

<table>
<thead>
<tr>
<th>2,153</th>
<th>1,882</th>
<th>33,350</th>
<th>307</th>
</tr>
</thead>
<tbody>
<tr>
<td>New arrivals have been received in Rwanda in 2017</td>
<td>Refugees who are unaccompanied or separated from their parents (Burundian)</td>
<td>Refugees living in urban areas</td>
<td>Rwandan returnees received in 2017</td>
</tr>
</tbody>
</table>

Population Figures

Total 168,462
Refugees 159,660
Asylum Seekers (Pending) 8,802

CoO Breakdown

<table>
<thead>
<tr>
<th>Country</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRC</td>
<td>74,267</td>
<td>46.5%</td>
</tr>
<tr>
<td>Burundi</td>
<td>84,898</td>
<td>53.2%</td>
</tr>
<tr>
<td>Others</td>
<td>0.3%</td>
<td>495</td>
</tr>
</tbody>
</table>

Age Breakdown

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17</td>
<td>49%</td>
</tr>
<tr>
<td>18-59</td>
<td>48%</td>
</tr>
<tr>
<td>60+</td>
<td>3%</td>
</tr>
</tbody>
</table>

Monthly Registration Trends
BURUNDI EMERGENCY UPDATE

New arrivals:

- **595 new arrivals** were received in March, which is a 25% decrease from the 791 new arrivals received in February.
- Despite the fact that Government of Tanzania has revoked prima facie recognition of Burundians, this has so far not resulted in a visible increase of Burundians fleeing to Rwanda.
- Many Burundians are opting to settle in urban areas instead of going to the camps. These are mostly the individuals coming from Bujumbura who are more socio-economically well off. 49% of the new arrivals in March have settled in Kigali.

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 March 2017, only **USD 2.2 million** 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](http://data2.unhcr.org/en/situations/burundi).

Food Security and Nutrition

- WFP has communicated to UNHCR, the Government of Rwanda and partners that full food assistance (in-kind and cash transfer) is secured only until the end of April. A possible drastic cut in food rations is foreseen in the month of May (51%) and onwards, if no further contributions are received from donors. UNHCR is working on a multisectoral contingency plan to cope in different areas in case WFP does not manage to secure additional funding.

Protection

- At the end of March 2017, there was a total number of **1,882** Burundian unaccompanied and separated children (UASC) registered as refugees in Rwanda, including 703 unaccompanied children (UAC) and 1,171 separated children (SC).
- There has been a total of **220 Child protection cases** and **101 SGBV cases** identified in all locations since the beginning of 2017. **162 cases** relate to Burundian survivors; **159 cases** relate to Congolese survivors. The majority of cases were reported by the survivors themselves, or their families, in addition to the refugee community mobilizers. This observation highlights the important role of the community in identifying and referring such cases.
Rwanda
Factsheet • March 2017

Water and Sanitation

- The average daily clean water supplied to refugees was 17.8 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.
- 100 dischargeable latrines were completed and handed over to refugees.
- **Supporting the host community around Mahama**: Oxfam has completed 99 latrine blocks; construction is underway for 86 latrine blocks which will enhance proper sanitation services for the host community with adequate durable structures.

Shelter and NFIs

- To date, a total of 4,940 semi-permanent shelters have been constructed in Mahama camp, which currently house 33,422 Burundian refugees. An additional 278 shelters are in the final stages of construction.
- During the month of March, 20 communal plastic hangars were demolished to create space for the construction of an additional 280 semi-permanent shelters.
- Rehabilitation work was carried out to repair 20 communal plastic hangars, 30 Early Childhood Development classrooms, the registration site was repaired and 3km out of the 8.26km of drainage channels was maintained by ARC through community participation.
- 19,872 refugees continue to live in 126 communal plastic shelters in the camp. Despite continued advocacy, 30 hectares of land has still not been provided to complete the construction of all semi-permanent shelters.

Health

- UNHCR has secured a USD 2.1 million grant from the ‘Global Fund to Fight AIDS Tuberculosis and Malaria’ (GFATM). The fund will support strengthening the response to HIV, Malaria and Tuberculosis for Burundian refugees residing in camp, reception centres and urban areas in Rwanda.
- A total of 12,471 consultations were made in both camp clinics (Mahama I & II). Major causes of illnesses were; Respiratory Tract Infection (40%), Malaria (07%) Intestinal worms (6%) and Gastritis (6%)
- Total 384 patients were referred to the secondary level referral hospital and 156 to tertiary level care.

CONGOLESE REFUGEE PROGRAM UPDATE

Protection

Registration

- UNHCR has recorded a gradual increase in the Congolese refugee population (from an average of 150 to 200 additional individuals per month) as a result of natural population growth and severe reduction of resettlement departures.
- There is a significant backlog of late birth registrations for Congolese refugees; 12,500 refugee children are in need of their birth certificates to be properly registered and protected and this is an intervention that UNHCR is prioritizing for 2017.

Persons with disabilities

- Handicap International is conducting mapping exercises in all refugee camps to ensure that infrastructures (houses and facilities) are adjusted to the specific needs of persons with disabilities. This would include making sure doors are wide enough for wheelchairs to enter, latrines include ramps and rails, etc.
Resettlement to a third country

- Total submissions in March 2017*: 80 individuals (24 cases)
- Total submissions in 2017: 1,168 individuals (319 cases)

- Total departures in March 2017: 13 individuals (4 cases)
- Total departures in 2017: 130 individuals (29 cases)

*Submissions by Location: Kigali- 6 cases / 24 individuals; Kiziba- 2 cases / 11 individuals; Nyabiheke- 5 cases / 19 individuals; Gihembe- 11 cases / 26 individuals.

Health

- A total of 13,243 refugee patients from all Congolese refugee camps were provided with medical care 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 45% of the total proportional morbidity. Intestinal worms constitute 8% Malaria 3%.
- There were total 182 births and 99% of deliveries conducted at health facility. Refugee women also have access to antenatal and postnatal care services through UNHCR health partners.
- HIV services provided to a total of 542 patients. UNHCR Health partners, AHA and ARC provides treatment, care and services to the patients with collaboration of district health hospitals.

Water and Sanitation

Gihembe refugee camp

- The Church of Jesus Christ of Latter-day Saints (LDS) has generously increased their most recent donation of dischargeable latrines to 40 blocks from an initial 24 blocks (a block consists of 12 drop holes). LDS will be providing a total of 56 blocks for refugees in Gihembe camp.
- UNHCR’s sanitation Partner, American Refugee Committee (ARC), has continued to connect the 24 newly constructed dischargeable latrines to the camp’s water system to improve hygiene.
- The water consumption during the period under review averaged at 16.6 liters per person daily representing a consistent improvement in water delivery in the camp following the completion of a 250m3 water tank project by UNHCR, UNICEF, and WASAC in 2016 using UNHCR-secured Central Emergency Response Fund (CERF).

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

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